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What to Perform When You're Expecting: Pregnancy in the Rehearsal Room and the Academy

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My husband and I learned of our first pregnancy on April 1, 2016. Our elation was tempered by other considerations, certainly not insurmountable, but delicate. Just weeks prior, I had been offered and had accepted a tenure track position at the University of South Carolina Beaufort. At that same time, I was offered the role of Gertrude in *The Underpants* at Lean Ensemble Theatre, a small professional company on Hilton Head Island. I decided to wait to disclose my status until I had finished my first trimester. I first spoke with HR at the University, and then, almost immediately after leaving that meeting, I phoned the Artistic Director at Lean.¹ I explained that while I was still very much interested in the project, I wanted to give the creative team an opportunity to reevaluate casting options. I would be about 34 weeks at the time of opening. After excitedly congratulating me, the AD assured me that he was committed to honoring our agreement. After my day of professional disclosure came and went with so little fanfare, I started thinking about the systems, institutions, tropes, and narratives that had caused me so much anxiety and that many other women were not so lucky to navigate without incident. Those reflections were the genesis of this project, and through those reflections I came to see that, in my performing pregnancy in the rehearsal room and in the Academy, I had in many ways internalized and reproduced ideologies that positioned pregnant bodies as troublesome objects.

In recent years, many feminist scholars and artists have sought to unpack the ways in which the lived experiences of pregnancy and childhood are shaped by and can, in turn, prop up patriarchal systems. In particular, many of these arguments examine how ideas about wellness and illness and the medical institutions that depend on and reproduce these ideas map themselves on to pregnant bodies and the lived experience of pregnancy. This discourse maps onto my own experience. Upon reflecting on these experiences after my pregnancies, I realized that I had repeatedly felt as though by disclosing my pregnancy I was admitting fallibility. A constant refrain from my days as an undergraduate echoed, “Actors don’t get sick.” This mantra had always seemed unacceptably ableist, and yet, I found myself internalizing, upholding, and reproducing that standard even as it meant treating my pregnancy as an illness. My experiences of pregnancy as an actor and an acting professor were continually fraught with such contradictions, between my excitement,

doubts, and insecurities internalized from a lifetime of studying and working in patriarchal structures, and I set out to write this essay in part to see how my individual experience of the medicalization of pregnancy within various institutions might offer a fresh means of engaging with the ongoing discourse surrounding these issues. I am particularly interested in the phenomenological vein of this discourse, exemplified by the work of Iris Marion Young and carried on by many others. Young focuses on the ways in which women's experiences of pregnancy reveal the overt and subtle ways pregnant bodies are othered in order to maintain structural misogyny. Sara Cohen Shabot applies this analytical strategy to the experience of childbirth itself, in order to demonstrate that the medicalization of pregnancy and childhood cannot be understood simply as medicalized violence but must be viewed more specifically as gendered violence. She sets out to examine how "obstetric violence is lived and experienced by women and why it is frequently described in terms not only of violence in general but of gender violence specifically: violence directed at women *because* they are women." She concludes that because pregnant bodies inherently possess power, potential, and agency that in themselves are feminine in excess of masculine control, the institution of medicine commits obstetric violence in order to put women back in their place. Because ideology reproduces itself most successfully by erasing its status as ideology and instead positioning itself as common sense or best practices, pregnant women have a complicated relationship to the ways in which pregnancy, as a social construct and a lived experience, props up hierarchies and structures. The key takeaway from all of this discourse, in my view, is that the lived experience of pregnancy is inescapably political and frequently interpolates women into perpetuating their own othering, essentialization, and objectification. I offer these reflections as my attempt to unpack one such process from a first-hand perspective in order to help lay bare some of the ways in which that interpolation functions.

My pregnancies spent in academia and acting revealed striking ideological similarities across institutions. In many ways, being an actor and a professor are quite similar. The jobs have a very particular term of contract and necessitate your constant health and vigilance during this time frame. Professionals in both fields invest years of diligent preparation, often characterized with humbling and sometimes humiliating critique in order to master

our craft. And when we finally acquire gainful employment, workplace cultures pressure us to exhibit a sense of obligation and gratitude. This pressure—especially acute for women who are always already marked, othered, and marginalized in the workplace—raises the stakes for issues of health: physical, emotional and psychological. When my husband and I discovered we were expecting, we had major concerns about how it might alter not only our individual careers, but also the development and continuance of our burgeoning Theater minor. Our institution offers a policy for new parents called modified duties, where the faculty member can obtain some course releases in exchange for finding some other kind of work, approved by the administration, to do from home for the first two semesters after the birth of the child. As the only two members of the Theater program faculty, modified duties drastically changed our tactics for targeted growth. While modified duties offer accommodations and opportunities, they also reinforce the assumption that productivity must always continue on a linear incline, rather than allowing for moments of actual pause and recuperation to support greater future productivity.

I had difficulty healing after the birth of my first son, and even though I was in considerable discomfort, I pushed myself to maintain pre-pregnancy standards of availability to students, time commitment to directing projects, and even to expanding my production roles by teaching myself to sew so the students would have costumes. Because my postpartum body complicated professional casting opportunities, I pivoted my output to focus on conference participation. In the eight months following my eldest son's birth, I presented four times at three different conferences, two of which were outside of my discipline. My attitude toward the prenatal period was even more ambitious. I directed four shows, acted in two, taught seven classes, devised and implemented the first Sea Island Shakespeare Symposium, and was an active member of a University strategic planning committee. Nesting wasn't only about decorating the nursery, it was about padding my CV and securing my place as a creative entity so that I might weather the storm of postpartum life. Even as we put together cribs and changing tables, I was trying to get months ahead in output and productivity to offset any potential career decline that motherhood might bring. The systems and institutions in which I worked noted and rewarded these efforts as one of my robust times of productivity as an educator, scholar, and artist. At the same time, however, I was keenly

aware that others perceived me as altered—even fragile. As Cohen Shabot points out, patriarchal systems demand balance from women, which may have even heightened the polite violence I experienced. I was expressing an excess of agency and autonomy not only through the process of pregnancy and childbirth, but also by engaging in such high levels of output. The framing of my pregnancy and postpartum by myself and by my well-meaning friends and colleagues as a kind of illness or diminished condition functioned as part of an ideological apparatus working to restore my feminine subject position by pushing back on that agency and autonomy.

My initial excitement about the pregnancy began to diminish as we started sharing the news. I think this is a common phenomenon. I became increasingly aware of my subjectivity. In her article, “Pregnant Embodiment: Subjectivity and Alienation,” Iris Marion Young states, “Pregnancy does not belong to the woman herself. It either is a state of the developing foetus [sic] for which the woman is a container; or it is an objective, observable process under scientific scrutiny; or it becomes objectified by the woman herself, as a ‘condition’ in which she must ‘take care of herself’” (Young 1984, 45). Young’s research suggests that pregnancy is socially constructed as a condition always tailored for someone other than the pregnant woman, and in that way must always be a kind of performance. My performance seemed to disappoint most audiences. Colleagues would frequently ask how I was doing, then seemed surprised and a bit let down that I did not meet their expectations for pregnancy-as-illness. In fact, I noticed that, while I was pregnant, people would much more often begin a conversation with, “so, how are you feeling?” asked always in a solemn and knowing way. “Fine” or “great” were clearly not the answers they had in mind. I had an uneventful pregnancy, unmarred by morning sickness, unusual bouts of fatigue, or tremendous discomfort. In short, I had no good war stories or battle wounds. Cohen Shabot discusses how obstetric violence can escape notice in childbirth stories such as her own in which everything goes “according to plan,” when we fail to recognize the plan itself as violent. I think the relatively uneventful nature of my pregnancy is part of the reason it took me so long to see how deeply I had internalized some of these ideologies and discourses. It can be hard to see that you’re propping up the more harmful aspects of some norm when you’re living it.

As is common for many regional theater companies, Lean cast its forthcoming season well in advance. I was asked in February of 2016 if I would be interested in the role of Gertrude for the October production of *The Underpants*. The offer came right on the heels of the Board's approval of the 2016-2017 season. It wasn't until a month and a half after agreeing to the project that I had found out I was pregnant. I already felt somewhat overwhelmed by the prospect of playing a character a bit out of range. Gertrude, the older neighbor, had probably a couple of decades on me. And was decidedly not pregnant. For almost two months, I fretted about when to disclose my condition. I was nervous to admit that I had fallen pregnant (again aligning the pregnancy with illness) after I had entered into a verbal contract. The striking thing about pregnancy being conflated with illness for me was that it illuminated my own insecurities about sickness. I felt that in contracting an "illness," I was proving myself to be irresponsible and untrustworthy. "Actors don't get sick," continued to reverberate in my mind. That phrase had engendered in me a sense of supreme fallibility. I felt at fault for operating in any way other than what I had deemed healthy and strong. I was continuing to reproduce ableist ideology, if only in policing myself, and myself alone. I was delighted and shocked that the AD and director agreed to continue with the casting as planned. It had never occurred to me that they might be obligated to do so by law. I know that a fear of retribution for discriminatory practices is not what prohibited my termination. These two individuals happen to be not only inclusive, but clever and practical. They trusted that I would still be able to tell the story, and they knew that a continued relationship with me was invaluable, as I was a local talent and didn't necessitate the same expenses as out of town actors (lodging, transportation, etc.). But having good luck in working with understanding and brilliant individuals does not reflect the systemic risks to which I and many other women have to subject ourselves in order to both work *and* have children.

The rehearsal process for *The Underpants* was even more trying than I had originally anticipated. For one thing, Hurricane Matthew swept through a week before our rehearsals were scheduled to begin. Hilton Head was evacuated, and the storm devastated the Island, knocking over trees, obstructing passage, causing power outages and water shortages. I

was almost thirty weeks pregnant, tucked away in the other corner of South Carolina, eagerly waiting to hear the fate of my show. The cast unanimously decided to continue with the project with an abbreviated rehearsal schedule, shaving a week off the already compact contract. We returned to the Low Country, not knowing what the conditions would be in the rehearsal space. I was anxious that there would be a lack of running water on the Island, or that there might be contaminated standing water. I was anxious about the driving conditions. I was anxious about what a week of displacement would mean for my school schedule and doctor’s appointments, and how I would negotiate that with the new rehearsal schedule. I never mentioned my concerns, however, to anyone but my husband.

Women often struggle with how their response to their own pregnancies will affect them personally and professionally. In her article “Policy and the Pregnant Body at Work: Strategies of Secrecy, Silence and Supra-performance,” Caroline Gatrell examines how women negotiate their pregnancies within the workplace. She asserts that “Pregnancy also limits a woman’s ability to influence the manner in which she is perceived by others (that is, as a rational worker rather than an unreliable, fecund body). In relation to cultural and social norms both within workplace environments and beyond, pregnancy is seen to signify a loss of physical and psychological control” (Gatrell 2011, 160). Not unlike the women included in Gatrell’s study, I felt I had lost control of how I would be viewed as a contributor in this project. I had been trained to avoid being “difficult,” and I rationalized that other cast members were agreeing to leave the safety of their homes in the Northeast to confront the chaos of an Island in the wake of a storm. I didn’t want my pregnancy to be prominent when there were so many other details to negotiate. I, like the women in Gatrell’s study, adhered to “two strategies, namely: secrecy and silence—avoiding announcing or discussing pregnancy at work—and supra-performance—the requirement for pregnant workers to perform above and beyond normal standards” (Gatrell 2011, 159). I opted to keep quiet and then overcompensate. I felt compelled to constantly exhibit gratitude for the opportunity of employment, rather than empowered to advocate for myself. My allegiance and loyalty pulled toward my employer, and I desperately tried to act as the ideal worker. The most staggering realization was how entirely self-policed I was. Never once had the theater company or its leadership voiced anything other than

concern, understanding, and a desire to accommodate. My apprehension to articulate concerns was entirely born of previous conditioning and desires to embody standards associated with the patriarchal ideal (decidedly not pregnant, preferably not overtly female). This was the violence of politeness turned inward, self-inflicted. Part of what makes patriarchal ideologies so pervasive and difficult to disrupt are the ways in which they can make their reproduction seem like resistance against them. I thought that by working that much harder I would prove what a pregnant body could do, and I thought allowing myself to have or express anxieties about the relationship between pregnancy and work would be “complaining.” I now think that by buying more heavily into that system and refusing to express the fullness of my experience, I was in fact reinforcing the idea that a woman’s role should always be the support of others at the expense of herself.

The Underpants is a broad comedy and requires a certain amount of physical endurance in the playing of it. I never shied away from the task. In fact, when asked to do something, I would enlarge the gesture, lunging deeper, jumping higher, leaping further. To be fair, there was absolutely no reason that my director would think I was over-exerting myself. He had never been pregnant and relied on my feedback to understand my limitations. I always acquiesced to directions, to suggestions, to ideas. I was busy performing two roles, that of Gertrude, and that of a “well” actor—one unencumbered by an additional twenty-five pounds distributed almost exclusively to the mid-section. In her article, Young touches upon how pregnancy influences the mother’s perception of her own health. She points out that because medicine defines itself as a “curing profession,” it “encourages others as well as the woman to think of her pregnancy as a condition which deviates from normal healthy” (Young 1984, 46). I internalized this sense that my pregnancy in some way removed my body from its default state. This framing of my pregnancy as a deviation from the norm encouraged me to blame all limitations, real and imagined, on my state. If I was unable to follow a direction, it was because of my condition, and I felt tremendous responsibility to present myself, as well as represent any and all pregnant actors, as *capable*. I was constantly negotiating how much I could give while maintaining the safety of my child. My well-being—mental, emotional, and physical—was never a factor in my calculations. My visits to the gynecologist assured me that we were absolutely on track and doing well. I, however,

was overwhelmed at the prospect that considerations I had to insist upon to secure the well-being of both myself and my son would upend the production. I worried that I was in some way obscuring the original vision of a production because I would be unable to lift heavy objects or do consecutive jumping jacks for any span of time. In reality, most actors would not be asked to perform such tasks even outside of pregnancy. Upon reflection, I realize most of the physical comedy I executed throughout the course of the show mostly stemmed from my own suggestion. Even surrounded by an absolutely ideal assortment of understanding and accommodating individuals, I was constantly reproducing long-internalized harmful assumptions about pregnancy as a form of frailty. Being so eager to exceed expectations, I had offered to explore more physically rigorous choices. My son, Marlowe, did not enjoy being along for the ride in utero. He let his protests be felt. He kicked my castmate every single night of the run. He jostled, kicked, punched, and hiccupped his way through rehearsals and shows. Marlowe didn't start his descent from my ribs to my pelvic bowl until the days following *The Underpants*, and so I always felt crowded and breathless, his form prohibiting deep expansion of my lungs. It was exhausting work, but perhaps the most tiresome thing was acting like I was in the same condition in which I had always been.

Reception of the performance was surprising and, at times, unexpectedly intimate. There was a moment during the show when Gertrude leapt from the stage to a raised platform, maybe two feet high. Every night, at the moment of the jump, I would hear an audible gasp of one or two people who knew me personally, who knew I was pregnant, and in that moment allowed their suspended disbelief to be upended by concern. I continue to feel guilt for that. For one thing, I hate that I caused a temporary lapse in their enjoyment of the show and the conventions of the world where Gertrude was not pregnant. For another thing, I had never been that concerned. Falling short never entered my mind. I felt such a strong duty to my contract as an actor to the company and the audience, and an obligation to myself as an artist. How could I not have considered my obligation to protect the baby? This guilt has only grown over time. I was completely capable of the physicality required of the play, but I feel responsible for the imaginary outcomes my protective loved ones projected on me. The shows were followed by talk backs, and my own participation was

often relegated to questions about my pregnancy, followed by needed comments of reassurance that I was, in fact, actually pregnant. “I thought you just had an odd body shape,” an elderly gentleman offered after our last show. The fact that audience members felt so comfortable to openly and publicly comment on my body and my pregnancy reveals how pervasive and normative these expectations are.

In the Fall of 2018, I found out I was again expecting. Once more, I was overwhelmed by not only the joy of this unexpected news, but also the anxiety of how this would affect my career as an artist and professor. I was entering the third year of my full-time employment at USCB, and the beginning of my first trimester happened to coincide with the submission of my pre-tenure evaluation, also known as the third-year review. I also had another contract with Lean, this time for a principal role in a new work slotted for March. I would be 30 weeks pregnant at opening. The casting for this show was even more precarious than the first as it was essential for storytelling purposes that the main character not appear pregnant. I waited until a few weeks into my second trimester to share the news of this pregnancy with HR at the University and the leadership at Lean. Somehow, I was more tentative to share my condition this second time around than I had been during my first pregnancy. The first time had been a whirlwind during a deeply transitional time. This second pregnancy came at a more stable and settled time in my employment and was informed by the experiences I'd had sharing my first pregnancy. “Pregnant women were generally afraid of announcing their pregnancy at work and some went to great lengths to keep it secret for as long as possible” (Gatrell 2011, 166), and I too waited until I was almost fourteen weeks to share the news with both workplaces, well after I had begun to see and feel some physical expansion. The decision about when to announce pregnancy faces special, fraught challenges in the world of theater. Admitting that the pregnancy affects the potential contours of my performance, both literally and figuratively, places my artistry in the back seat to more practical concerns. As an actor, my profession is also my identity. I am an artist. But pregnancy asserts itself as a higher-priority identity in ways not always fully under my control. It wasn't until January that I received a call from the show's director, asking if I would be willing to switch parts. I agreed, happily, and immediately allowed myself a more relaxed diet regimen. Prior to the call, I had been very attentive to

nourishing the baby but not overindulging, for fear of gaining too much weight for the show. I skipped my daily workout and enjoyed a piece of cake the night I opted to play the sister rather than the lead.

The rehearsal process for this second show was surprisingly more harrowing than *The Underpants*. For one thing, it was a new work, and so the script was still going through extensive revisions throughout the rehearsal process. My character was made pregnant as a means to suit my current physicality. I appreciated the nod and that I had the unique experience of playing a pregnant character while pregnant. I was less enamored of how the script was changed, words mostly pointed at my character's sudden heft. The playing was exhausting, both emotionally and psychologically. There were constant amendments to the script, which would have been difficult in normal circumstances, but memorization in the third trimester is another type of mental gymnastics altogether. Barrett, my second son, was far less active during rehearsals than his brother had been, which in turn made me nervous. Why hadn't he moved more? Why wasn't he kicking more often? And perhaps most difficult was the fact that I was insecure about performing pregnancy. I felt that even though I was myself pregnant, it did not necessarily translate to the stage. Was I doing it correctly? Should I touch my stomach, or would that draw attention to my body, my experience, my child, and away from the action of the play? Performing while pregnant places the audience in the position of voyeur into my actual pregnancy. My character experienced a kick to the inside of the ribs or swollenness because I had. The audience saw my sensations, *my* pregnancy. A layer of distance from the material that had once existed now evaporated in this conflation of experience. I couldn't help but wonder if I was encroaching on some ethical gray areas. Barrett was being interpolated into the performance. In fact, he was absolutely an actor, and I was capitalizing on his presence.

In the week leading up to the show, the playwright announced that she was feeling under the weather and believed she might have the flu. Everyone rallied around her, took care of her, and encouraged her to practice self-care so that she would be able to see her work come to fruition. Everyone but me. I was in my third trimester, and while influenza isn't a walk in the park for anyone unfortunate enough to contract the disease, it is particularly

dangerous for pregnant women and their unborn children. She actually came to a rehearsal and tucked herself in a corner of the small rehearsal room with her cough drops, tissues, and tea. Every time she coughed, I could feel myself wince. I was scared, but I didn't feel comfortable talking to anyone else about my concerns. For one thing, I think as much as actors internalize the necessity to always be well, they romanticize the image of the artist struggling to work through illness. It is the ultimate manifestation of suffering for one's art. I also didn't want to be thought of as "difficult." And I certainly didn't want the rehearsal process to be disrupted by my pregnancy. Now, almost two years later, I am hoping that this will be a small silver lining from the pandemic that upended our creative spaces. Collectively, we are recognizing how we have applauded individuals for working through sickness and realizing that those actions can ultimately endanger others.

The disruption of child-bearing can extend far past the gestation period. It can reshape perceptions of time and linearity itself. Young posits pregnancy as a kind of ontological as well as a physiological stretching, arguing that "pregnant existence entails, finally, a unique temporality of process and growth in which the woman can experience herself as split between the past and future" (Young 1984, 46). In this state of temporal dislocation, auditioning and casting becomes a difficult proposition. While in the last trimester of my second pregnancy, I found myself considering auditioning for an upcoming season at a regional theater company. I was 31 weeks pregnant at the time of the audition. Ultimately, auditioners would be given my headshot and resume and see concrete evidence of my past as a lithe, younger, less maternal self. They would then have to negotiate my current state of bloated gestation, and that of my potential future self. My girth was also a constant reminder that I would always now have two roles to fill, that of actor and that of mother. While other mothers will certainly audition and be cast in desirable roles, I carried the marker of maternity on my person. It was inescapable. Forfeiting the opportunity meant a year-long hiatus from hopefully collaborating with this company. I feel the effects of pregnancy long after its completion—the material sacrifices linger.

While everyone seemed to have words of encouragement and advice, I found pregnancy, and later post-partum, to be a remarkably isolating time, even from other mothers, both in

the theater and the Academy, in part because of expectations of productivity or the lack thereof. My somewhat unusual position of experiencing pregnancy simultaneously in both institutions shaped both my experience and performance of pregnancy. Elena Neiterman looks at such factors that shape and frame how women perform pregnancy, noting that “the social context in which these women experienced their pregnancies, the meanings they attached to their transitions to motherhood, and their interactions with others resulted in each one “doing” pregnancy differently” (Neiterman 2012, 372). I found myself doing pregnancy differently in different professional contexts. When discussing my first pregnancy and subsequent year of modified duties with my Department Chair, I came to realize that, while the alteration to my on-site duties was both understood and encouraged, the necessity of changing my scholarship from creative output to more achievable conference presentations was less so. My Chair, being a mother herself, recognized that priorities shift during that first year of motherhood. The complications of my situation were more complex. Casting practices prohibited my participation as material differences in my physicality made me a less desirable candidate for many roles. I had very little control over my creative output, as collaborative work depends on other parties wishing to pursue a collaborative relationship. Yet in the background of all of these performances and their contexts was the continued implication that pregnancy equaled illness, and illness was mostly a problem because it reduced my productivity.

A suggestion that I often heard, usually but not always from male colleagues, was that I could always extend my tenure clock. This suggestion was very rarely offered to my husband, although we attempted to split the duties of child rearing as evenly as possible. I appreciated the thought, but I didn't have any intention of putting off job security and one of the few pay raises I will see throughout the duration of my career. As much as I had, at moments, internalized and reproduced the assumptions about the necessity of maintaining and even exceeding my pre-pregnancy levels of productivity, the suggestion that I then put off reaping the rewards of that work further highlighted the precariousness and vulnerability I experience as a woman within deeply patriarchal institutions. My commitment to teaching and service have elicited commendations from the University community in the form of awards and internal grants. My creative output has been

recognized and celebrated. Most years, my scholarship and creative output is considered outstanding. My work and output have never been deemed substandard, and yet, I have heard from multiple colleagues that postponing my promotion was not only a possibility, but a positive one granted as an acknowledgment of my early negotiations of work/life balance as a new parent.

This essay has been in part a confessional of the ways I unintentionally reproduced ideologies that frame pregnancy as illness and prioritize productivity over wellness. It also attempts to recognize the practical realities that made my actions necessary. That is the tricky thing about ideology. Our systems place us in situations where not reproducing the underlying ideology can have severe material and personal consequences. I have come to realize that if I were to fail in analyzing and reporting my part in this systemic agenda, I would be allowing for its perpetuation. This tension between the practical necessity of adapting to these institutions, and my recognition of the ideological consequences therein, reflects the tension between the way I experienced my pregnancies and the way I performed them. When I thought about it in a personal way, I always delighted in my pregnancy. I was endlessly amused and amazed as my body bloated and ballooned, impressed by its endurance and versatility. The moment I framed it in the context of work, it became a condition, an ephemeral state, a hurdle that could and would be overcome. Pregnancy and the performance of pregnancy then become a kind of microcosm of the ways in which our selves and our bodies are always already interpolated by the dehumanizing systems on which our lives inescapably depend.

Endnotes

¹ My institution, the University of South Carolina, Beaufort, offers a modified duties policy for faculty members following the birth or adoption of a child. Modified duties, as described in the University of South Carolina policy ACAF 1.60, allows a faculty member expecting a child to request alteration to teaching and/or other responsibilities for the equivalent of one semester or half a semester if the faculty member is considered a secondary caregiver. I always chose to split my modified duties over two semesters, accepting four course releases to be distributed over them. It is important to note that USCB does not grant course releases for directing projects, so while I was only teaching one class my first semester after giving birth to my first child, I was still attached to a directing project that was not factored into my teaching load. It is also important to note

that modified duties is not maternity or paternity leave. “Modified duties should involve either 1) full-time work with flexible schedule, remote work and/or other accommodations as needed or 2) a combination of working less than full-time and utilizing sick leave, annual leave and/or leave without pay as appropriate” (ACAF 1.60). Although faculty members have to apply for modified duties, it is a guaranteed benefit. Even as it is described as a benefit, the faculty member is expected to provide both justification and a mutually agreed upon plan for the work to be completed in lieu of teaching responsibilities.

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