Personal Growth Summary Paper

Amanda Cagle

SOSC 2060

Instructor: Mel Smith-Tourville

December 11, 2018

Personal Growth Summary Paper

 This course has been extremely enlightening for me on more topics than I can even count. I came into class feeling like I had a general grasp on the basics around LGBTQIA+ care needs and considerations, but quickly found there was plenty of room for knowledge advancement in all areas. This early realization aided in my ability to shed some preconceived notions and biases moving forward. The specific areas of study that were new to me, and therefore provided the most potent learning experience, were that of polyamory and intersex experiences. These are the areas in which my lack of comprehensive knowledge and own internal biases combined to create ignorance and judgment. I am so grateful to have been introduced to the complex concepts related to people within these communities in the course of this class; the readings, videos, and discussions have challenged my core belief systems in healthy, expansive ways.

 Upon much reflection during the polyamory module, and in the weeks that have followed, I can honestly say that I lacked a realistic sense of poly lives. More than that, I lacked the ability to effectively evaluate my own societal privilege related to monogamy. Until this class, my only exposure to the voices of those in poly relationships were from television shows such as “Sister Wives,” “Escaping Polygamy,” and “Big Love.” Since all these representations were of one man and multiple women engaged in seemingly heteronormative marriages with strong religious considerations informing family setup, my perspective of polyamory was exceedingly narrow.

In “Polyamory 101,” Ve Ard and Veaux (2005) presented the first idea that shook my foundational understanding of polyamorous relationships with the introduction of the term “compersion.” The concept is a beautiful one: a person has the ability to feel joy when seeing love shared between others that person loves. I immediately recognized that I have felt this emotion many times, though in ways different than the original definition. For instance, I felt compersion the first time my mother and my partner shared an inside joke and I realized they cared for each other irrespective of me. I had previously believed I was what Ve Ard and Veaux (2005) would call “the hinge,” or the person in the center of a multi-person relationship that holds the group together. Until that point, I had believed that if I were to be removed from the picture, by death, divorce, etc., my mom and partner would go their separate ways. However, I can see now that this isn’t true and the moment I recognized that I felt joy and relief. I love each of these humans and they love each other too. This shared love makes me happy and strengthens my bonds with each individual.

 When I started thinking about this complex, amazing emotion as a possibility within romantic relationships, I began ruminating on how this might exist within interconnected romantic relationships or open relationships. If I can feel superbly happy in the knowledge that my mother and my partner get along, love each other, and would care for each other even if I was out of the picture, what might it be like to feel the same way in relation to multiple romantic partnerships? Would my ability to be happy, instead of jealous or upset, when they go out for a meal together be akin to how polyamorous folks feel when their beloveds experience love/satisfaction/contentedness that is derived from another relationship? Ultimately, I concluded that for many poly families, this would most likely be one of the driving forces behind decision-making about family setup. I imagine the hard work that goes into creating and maintaining poly relationships, and the need to navigate challenges that surely arise, is counterweighted by the potential for personal growth and an increase in compersion among intimate partners.

Looking at polyamory through this lens has softened my own personal ideas of what marriage, relationships, and sex “should” look like. This softening can only lend to a greater capacity to be empathetic and nonjudgmental when working with birthing families who don’t live like I do. This is important in more cases than just polyamory considering the reality that no one lives just like I do, sees the world from my perspective, shares my exact belief system, etc. I feel this especially strongly given my queer identity within a very heteronormative community. For a long time, monogamy has felt like the one common thread between my existence and that of most other romantic/sexual beings I encounter. So, the idea of breaking from that shared social norm for any reason has historically confounded me. I’m happy to say that through this course’s exploration on the topic, I no longer feel perplexed or personally threatened by polyamorous relationships. I can also honestly say that I would welcome a poly family into my practice as a midwife and probably learn even more through our time together. In the coming years, I hope to find practical, genuine ways to communicate my openness to serve this community’s unique needs.

Another portion of society that has unique needs is that of intersex people. I understood next to nothing about intersex folks before this class and would not have been prepared to greet an intersex baby at a birth. The Intersex Society of North America (n.d.) estimates that in about one percent of all births, babies are born with a body that differs from the medical standards of male or female. My first reaction to this was shock at the frequency at which intersex traits occur; I quickly shifted to feeling disgust that there is so little awareness around something that affects millions of human beings-and probably has for all our history. As a future midwife, my biggest takeaway from learning the statistics is that I need to be prepared to effectively, thoughtfully guide families in which a member is intersex because I am likely to encounter the need to do so. Whether that be the birther, a partner, or the baby(ies) born under my care, understanding the differences in anatomy, health risks, and care options is vital to my ability to provide comprehensive care.

Also enlightening, the many courageous stories shared from intersex people in the publication from NIB taught me much about the unethical, traumatizing, inhumane treatment that intersex folks have historically endured. Even upon learning the statistics around intersex traits and realizing there is almost zero visibility for this group, I still did not put it together that the cause of this erasure was rooted in the medical approach to “normalizing” the physical bodies of intersex people (Davis, Feder, Liao, Baratz, Karkazis, & Frader, 2016). Reading through these stories was painful, yet necessary. Though I value watching live videos to learn about human experience, the written testimonies of so many people with similar, terrifying experiences solidified my understanding of the lived experience of intersex people. Some had been subjected to genital mutilation, most had received poor quality and humiliating care from doctors, and all shared accounts to educate the public about the dangers of labeling others’ bodies, identities, and existences as abnormal.

As I move forward in my journey to become a midwife, I can clearly identify my want to spread intersex awareness and help families get quality care during a confusing and possibly challenging time. Conception, pregnancy, and birth itself may not be straightforward or without challenge for an intersex adult seeking my care. For a family who has built expectations around the gender identity of their unborn baby, the experience of learning about intersex traits and how intersex people live their lives may incite confusion, fear, grief, and more. Being prepared for all these possibilities means that I can deliver information, share resources, and be a steadfast support for my client families if and when these occurrences arise. This is truly what I am walking away from this course with: the ability to check my biases, gather appropriate information, and care for folks in ways that honor individual identity and needs above all else.

References

Davis, G., Feder, E., Liao, L., Baratz, A., Karkazis, K., & Frader, J. (2016). Normalizing

intersex. VOICES: Personal stories from the pages of NIB. *Narrative Inquiry in Bioethics: A Journal of Qualitative Research, 5.* doi:10.13140/RG.2.2.24391.70569.

Intersex Society of North America. (n.d.). *How common is intersex?* Retrieved from

http://www.isna.org/faq/frequency

Ve Ard, C. L., & Veaux, F. (2005). *Polyamory 101 [PDF document]*. Retrieved from

https://www.morethantwo.com/wp-content/uploads/2014/09/poly101.pdf

of Midwifery &Women’s Health www.jmwh.org