

Placenta-Eating and the Epistemology of Ignorance

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la dépression post-partum et à titre de pratique ayant lieu dans un contexte de bioamplification des polluants environnementaux.

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Abstract

This article argues that human postpartum placentophagy—eating one’s placenta—is an example of an epistemology of ignorance. Placentophagy has been stubbornly resistant to conventional scientific inquiry, but has nonetheless been the subject of considerable epistemic speculation based on very little evidence. To remain ignorant about placentophagy takes epistemic work. Tracing the form the epistemology of ignorance takes—disdain for female bodies, visceral disgust—this article argues that placentophagy deserves a more nuanced treatment as a practice that meets the under-served needs of women who fear postpartum depression and as a practice taking place in a context of the biomagnification of environmental pollutants.

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Résumé

Cet article affirme que la placentophagie après l’accouchement humain—manger son placenta—est un exemple d’une épistémologie de l’ignorance. La placentophagie a été obstinément résistante à une enquête scientifique conventionnelle, mais elle a néanmoins fait l’objet de spéculations épistémiques considérables, fondées sur très peu de données probantes. Rester ignorant au sujet de la placentophagie exige du travail épistémique. Retraçant la forme que prend l’épistémologie de l’ignorance—dédain pour le corps des femmes, dégoût viscéral—cet article soutient que la placentophagie mérite un traitement plus nuancé à titre de pratique répondant aux besoins souvent négligés des femmes qui craignent

If we know well...we care. That is how responsibility grows.—Donna Haraway (2008)

This essay began life as a very simple short, personal story. More than anything, perhaps, it is a lesson on acting from within an epistemology of ignorance—on the sorts of chances you have to take when the thing you want to know about has been ruled out as a topic of reasonable conversation or systematic inquiry. It is a story about what happens when you come across something that appears to be a rich site of epistemic and ethical entanglement, not to mention an object eminently susceptible to conventional scientific investigation, but which has been deemed an object of opinionated speculation, derision, or unspecified danger. This is the story of eating one's own placenta.

The phrase “epistemology of ignorance” is paradoxical. How can one use an epistemology—a theory of knowledge—to account for what is not known? A by-now significant literature in philosophy inquires after the structures of ignorance, understood not as simple lack of knowledge, but rather as complex and actively cultivated structures of not-knowing: “An important aspect of an epistemology of ignorance is the realization that ignorance should not be theorized as a simple omission or gap but is, in many cases, an active production. Ignorance is frequently constructed and actively preserved, and is linked to issues of cognitive authority, doubt, trust, silencing, and uncertainty” (Tuana 2004, 195). Human birth is an area particularly freighted with complex practices of ignorance—articles in the philosophical literature that centrally address a completely different topic often introduce examples such as the loss or suppression of knowledge about effective labour support, vaginal breech birth, or the relative safety of hospital and home births. The frequency and weight of these examples is related to the history of birth, in ways that feminist scholars have documented: the agents of the knowledge lost or denied are women (birthing women, doulas, midwives) while the agents of the new structures of knowledge that consider them epistemically unreliable are largely men and/or agents of male-dominated systems (obstetricians, for example—at least earlier in the history of the specialty—or hospital administrators) (for example, Brodsky 2008; Dalmiya and Alcoff 1993); women's bodies in western cultures are objectified and hence are frequently denied as sources of knowledge (for

example, Heyes 2012); and the western medical model has increasingly relied on technoscientific observation (not patients' lived experience) to provide knowledge about human bodies (the dissection, the bloodtest, the fetal monitor) as well as to offer solutions to those bodies' problems (surgery, drug therapies, forceps birth) (for example, Leder 1998; Kukla 2005). All of this is well known and also well resisted. In many corners of these systems, knowledge about birth is being reorganized: reliable studies on homebirth get media attention (for example, Janssen et al. 2009), progressive obstetricians lobby to get less invasive labour and delivery protocols in place, or alternative organizations provide forums for women to tell their birth stories.

Placentophagy—eating the placenta—is an interesting practice in this context. There are snippets of reliable information about it: most female mammals eat their placenta postpartum, but cetaceans (whales, porpoises, etc.) and pinnipeds (seals, walruses, and the like) do not; there is no known human culture that has a placentophagic convention (if you discount western homebirthers post-1970). We can tell you some basic things about what is in a placenta, but very little about what eating it might do to you. It is an epistemic black hole. This hole could be filled by laboratory analysis, placebo trials, and anthropological narratives, and perhaps it soon will be. As things stand, however, I contend that attitudes to the human placenta rest on a priori assumptions about the value of conventional biomedical practice, affective responses to female bodies and human birth, or folk views about hygiene and disease. They are a snapshot, in the early twenty-first century, of everything Mary Douglas (1966) famously describes in *Purity and Danger*—those attempts to manage excreta, breast milk, menstrual blood, and other effluvia that tell us so much about how the physical body stands in for the social body. As such, they are also ethically ripe: standing partly outside the domain of reason, yet begging to be brought within it, they invite us to consider what we will refuse to know and why.

My son was born in our bedroom in the middle of a frigid February night in 2009. It was a planned home birth for which we had to procure equipment as per a lengthy list supplied by the midwife. The list included “a metal dish or pan.” “We want something to put the placenta in—something that won't break,” she had explained at our prenatal class, holding up a bent cake pan

by way of example. When you give birth at home, you get to decide what happens to your body and to your baby's in ways that most hospitals foreclose. (That's really the point.) And you also get to decide what happens to the other extraneous bits—stuff that is neither nor. So your placenta ends up in that pan, and you get to do whatever you like with it. It is surprisingly meaty, woven through with visible blood vessels and partially shrink-wrapped in membranes, and is, for most of us, the most significant body part of which we will ever have to dispose.

I gave birth just before one in the morning so I had a bit of a lie-in after the stitches, followed by a long day of getting used to the idea of motherhood. After the desperate vomiting, the adrenaline high, the bizarre relocation of the contents of my abdominal cavity, and the amazingly abrupt, but terribly welcome, end of the constant heartburn I had had through the last twenty weeks of pregnancy, I was ready for the dinner my partner cooked: whole wheat spaghetti tossed in butter and served with placenta bolognese. It was the best meal I have ever had.

What does placenta taste like? As you would expect, it is halfway between muscle and organ, a bit like mince and a bit like liver. There is nothing remarkable about it, especially cooked in a nice sauce. I could have served you my placenta for your dinner and you would never have known the difference. The rest we dried in strips on the oven's lowest setting until it looked like beef jerky and then we pulverized it in a grinder. Some friends came over to meet the newborn and have a glass of champagne and, to their amusement, we were busily dribbling the powder into gel capsules. Those pills had a nasty aftertaste—that unmistakable tangy iron flavour blood has—and were far more reminiscent of birth than the bolognese. I took three or four of them every day for the first month of our child's life, assured by my midwife that they were prophylactic against post-partum depression. In the years since, I have wondered about my own motivations and about whether there is more to know.

The placenta, as Luce Irigaray (1993) famously points out, is a symbol of reversibility, the chiasmatic organ of our intertwined existence (173, 181). It challenges an ontology of separability in two ways. First, it undermines the boundedness of the embodied individual. The body of the mother/fetus is neither self-evi-

dently one nor two and the placenta is the liminal organ through which that mutual incorporation is most apparent. Second, the placenta exemplifies the interrelatedness of human and world; as I will show, it is a touchstone for ecological vulnerability and immediate evidence of the impossibility of any object being entirely distinct from its larger material and symbolic contexts. Donna Haraway (2008) makes this same point about the placenta in a story in her book *When Species Meet*. Her story, and mine, also illustrate a method for ethics: for Haraway, touch is a basic condition of encountering the Other, and she theorizes our entanglements through everyday, mundane narratives of human-animal relations. The placenta and the pregnant person touch in the most chiasmatic and intimate way, of course, and the project of handling the placenta after birth can also be understood as an ethical engagement.

In what follows, I examine what is currently known across epistemic domains about human placentophagy in the context of its enormous growth in popularity over the past ten years in western countries. Although conventional modes of academic knowledge-seeking are moving in to analyze placentophagy, it is still, in large part, in the domain of folk knowledge, prejudice, and unexamined affect. To show this point, I contrast two contemporaneous representations of human placentophagy that come from the period of its recent resurgence: an allegedly comedic commentary on one of the earliest popular cultural instances of placentophagy (Hugh Fearnley-Whittingstall's consumption of placenta paté on British TV); and Donna Haraway's recounting of a conversation about a placental meal from her book *When Species Meet*. I show the epistemic and ethical gap between these two representations to motivate a deeper analysis of the placenta's implication in ecological networks. Reductive treatments of placentophagy that close down examination of this ethical potential do an injustice to this chiasmatic organ and what it can tell us.

Placentophagic Trends

Searching for information on human placentophagy in 2008, I found next to nothing of any real value and a lot of mockery. Placenta-eating in North America and the UK seems to have reached an initial peak of public attention after the second wave of feminism in the late 1970s and early 1980s. The most commonly cit-

ed (very short) essay on eating one's placenta from this period is Elyse April's, "Coffee, tea, or me, the story of how I ate my placenta," originally published in *Mothering* magazine in 1983, followed by some recipes. Both the essay and the recipes are still archived on a variety of websites, most of which are also filled with old, derisive commentary on how "gross" or "ewww" or "crazy" they are. A recent study by J. Selander et al. (2013), however, found a surge in on-line and popular media interest in placentophagy (especially placenta encapsulation [Selander 2014]) in North America, dating from roughly 2007. The demographic profile of Selander et al.'s (2013) 189 placenta-eating mothers (a non-representative sample) found that they were "most likely to be American, white, married, middle class, college-educated, and more likely to give birth at home" (107-108)—a demographic that, nationality aside, included me. What motivates this trend?

One driver of this interest in placentophagy comes from midwives, doulas, and other practitioners in a growing world of alternative birthing. Ten percent of participants in Selander et al.'s (2013) study said they intended to eat their placenta because it was recommended by a midwife or doula (102). Women giving birth attended by this kind of caregiver are also more likely to avoid taking drugs during labour that might accumulate in the placenta and affect the wisdom of eating it and to keep their placenta away from the biohazard bin, especially in the US and Canada where homebirth remains largely outside the mainstream medical system. The resurgence of interest in demedicalizing and deinstitutionalizing birth has shifted the epistemic emphasis back from conventional forms of biomedical knowledge toward a world in which "old wives' tales" hold sway. As Vrinda Dalmiya and Linda Alcoff (1993) argue, a midwife's apprenticeship was historically organized around direct experience (of giving birth to one's own children, attending many births, and sharing birth stories with other midwives and mothers, for example). Often the examples of knowledge that such practice afforded were intuitive, could not be easily abstracted, and appeared casuistic by the emerging standards of evidence-based medicine. They also often took the form of practical abilities, learned by hands-on participation in doing rather than prior participation in theory. In obstetrics, a medical degree with its emphasis on scientific learning provided formal training, which was then enacted

in a medical practice that understood itself as rule-governed. Anecdotal evidence of the benefits of placentophagy has an epistemic place in this system, although drawing the distinction in this way does not explain why biomedicine has elected not to know about it at all.

The popularity of placentophagy also has its own financial engine, embedded in alternative epistemic community: there is a growing economy of placenta services separate from the economy of homebirth. These services centre on placenta encapsulation, the complex process in which I participated of retrieving and dehydrating a fresh placenta, pulverizing it, and creating gelatin capsules filled with placenta powder for easy and extended consumption after birth. While anyone who knows how to cook beef could manage to make a meal of fresh placenta, encapsulation requires more time and skill and hence is ripe for outsourcing. For example, my own local alternative birthing organization in Edmonton, Alberta now includes several ads for local placenta service providers where there were none in 2008.

In addition to midwives and the larger community of birth-related service providers, we can also attribute the growth of popularity of placentophagy to the influence of celebrity culture: Kim Kardashian threatened to (but did not actually) serve placenta to her family on reality TV, although sister Kourtney tweeted a picture of her placenta pills; in 2013, actor January Jones disclosed that she had eaten the placenta following the birth of her son in 2011, saying (in a quiet gesture against existing discourse) that it was "not witch-crafty."

Women are eating their placentas, therefore, because the alternative birthing community recommends it and they see other women (those they know as well as celebrities) doing it. But beyond mimicry, what is the motivation? Existing research on this question is limited, but fear of postpartum mood disorders clearly plays a large role. Selander et al.'s (2013) study found that by far the most commonly cited reason to eat one's placenta was to "improve mood" (34 percent of respondents), while 40 percent of respondents said that they had actually experienced improved mood after doing so (101, 104). Alternative birthing sites contain many commentaries promoting placenta-eating as a prophylactic against postpartum depression.

Information about placentophagy thus operates at a phenomenological rather than biochemical level. Try to get scientific about what is in placenta and how it

is absorbed if ingested and you will be frustrated: there is no research on this question in humans. Selander et al. (2013) report, with a long list of references to laboratory studies dating between 1976 and 2011, that

While the exact concentration of many of these hormones and nutrients in the placenta is unknown, researchers have measured some of these substances in unprepared, term human placental tissue, including selenium, iron, the vitamins riboflavin, thiamin, and pyridoxine, the fatty acids arachidonic acid (AA) and docosahexaenoic acid (DHA), oxytocin, progesterone, human placental lactogen, relaxin, inhibin and activin, β -endorphin and β -lipotrophin and calcium, iron, copper, and zinc. (96)

But how all of these things are dealt with by the acidic environment of the stomach, and what they do once they enter the bloodstream in humans, is completely unknown, even today. The most recent meta-study on placenta-eating, by Cynthia W. Coyle (2015) and her colleagues at Northwestern medical school, found “no peer reviewed empirical studies of effects of human placentophagy.” The only positive results were some long-standing, but likely nontransferable, studies in rats (for whom placentophagy appears to increase endogenous opioid production and hence reduce pain) (for example, Kristal, DiPirro, and Thompson 2012) and qualitative, non-controlled studies of women who claim experiential benefits from eating their placentas. To be precise, Coyle et al. (2015) conclude that “based on the studies reviewed, it is not possible to draw any conclusions relevant to human health. We conclude that the animal and human data strongly support the need for more precise evaluation of the benefit, if any, of placentophagy practices in human patients” (6). The study got a lot of media attention. “What to Expect When You’re Expecting to Eat Your Placenta”—“A new review of the literature finds no evidence that “placentophagy” is good for mothers. It could even be harmful,” reads a tagline on *The Atlantic’s* interview about the piece. Most of the media coverage has such slightly misleading headlines, implying that the study showed harms rather than simply pointing toward an epistemic lack expressed through the authors’ risk-aversion. Thus available knowledge on placentophagy—whether in the form of the controlled study, anecdote, or experiential reporting—is limited, making it into a rich site for the projection of meaning.

“TV Dinners” to *When Species Meet*

I want to focus, first, on a negative characterization of placentophagy as simultaneously disgusting and irrational that denies its epistemic potential, in particular by denying the forms of commensality that generate new relationships and hence new forms of knowledge. In 1998, celebrity chef Hugh Fearnley-Whittingstall’s British culinary show “TV Dinners” (in which he “fearlessly invades the kitchens of amateur cooks preparing for the ultimate in dinner parties”) featured the making of a placenta paté, which was served to party guests. There were numerous complaints from the public—including Labour MP Kevin McNamara—that this was offensive. Show producer Channel 4 was later reprimanded by the Broadcasting Standards Commission for airing material “disagreeable to many” and failing to provide a viewer advisory. The actual segment is hardly sensationalist by contemporary standards: Fearnley-Whittingstall stands demurely mostly just off-camera as a homely and only slightly alternative English family prepare and cook and serve a placenta to nervous-looking guests in a way that would be positively boring if the meat were an ordinary beefsteak—as indeed it easily could be. The immediate outcry hardly matched the content of the footage.

One might imagine that the twenty-first century would herald a newly thoughtful approach to placentophagy, but, in 2008, the same segment was re-televised on the BBC in a comedoc called “TV’s Believe It Or Not”—a sarcastic compendium of allegedly ridiculous and hilarious classic TV moments. On YouTube, you can listen to a three-minute clip from this show, which features the original footage from “TV Dinners” with a sarcastic voiceover by comedian Sean Lock. What interests me about *this* second-order interpretive commentary is its rigid and extended refusal to engage any of the epistemic questions that might be raised by placentophagy. Instead, this clip opens with the voiceover saying, “...I love meat. I’ve done the big four: pork, beef, chicken, lamb. I need something a bit more...*mental*. I need a woman’s placenta.” Moments later, the matriarch-cook flambés pieces of meat and Fearnley-Whittingstall says off-camera, “that’s elemental, isn’t it?” The cook replies gamely, “it’s earth and air and wind and fire!” but the voiceover loudly speaks over her: “no it’s not, it’s madness!” Thus, immediately this engagement with the placenta is established as an incontrovertible sign of irrationality, of insanity. And it is a gendered madness, too,

a madness of women: “I prefer my meat prepared by a butcher, not a midwife” says the interruptive voice. Here is a twofold epistemic gesture: the voiceover is authoritative, but not embodied; it is an aggressively masculine voice (in interesting contrast to Fearnley-Whittingstall’s curious, oblique presence, which it overrides), but one that literally refuses to appear and thus erases its own specificity. It is also a voice that denies its partiality—of identity and of ethical position. (A butcher is here a man who surely acts in a way that raises more questions about violence and exploitation than this paté’s female creator.) What, in the end, is so “disagreeable” about placenta paté? There is no argument here, just visceral disgust, and in particular disgust with the human female body that there is no imperative to ethically confront: “I’ll warn you now, if you don’t like watching people eat bits of meat that have come out through their vagina, look away.” Having established its own righteousness, as the segment concludes, the voiceover loses its own tenuous grasp on reason in a gesture of dismissal that has a class inflection as well as a gendered one: the original mild-mannered narrator states that “the first dish to be served to the assembled guests is the placenta paté, now united with Fred’s bread, and garnished with fresh marjoram” [image of a platter of hors d’oeuvres, a toast]. To which the voiceover retorts (shouting and contemptuous): “Garnished with fresh marjoram?! Fuck off!” This commensal placenta thus provoked a negative reaction that is superficially not about anything much: eating placenta is “disagreeable.” Dig a little deeper, however, and we find some gender and class politics: “TV Dinners” is disgusting because women’s bodies are disgusting; its narrative cannot be explained except as madness and, again, that madness comes from women with unusual ideas (or, in popular parlance, feminists). The family around which the segment centres appears middle class (although not wealthy) and hippyish. They are soft-spoken, a little effête. There is no apparent family patriarch. They have a cluttered, well-equipped kitchen, a big enough house to accommodate many guests, and enough social confidence and open-minded friends that cooking up a placenta and being filmed on national TV doing it seemed possible. Part of Lock’s barely concealed contempt has a class flavour: he is a loutish man who loves meat (bought from the butcher) and who has little time for a pretension like hors d’oeuvres garnished with fresh marjoram.

Consider, by contrast, the commensality Haraway (2008) describes in the same year in “Parting Bites: Nourishing Indigestion” included in her book *When Species Meet*. Her story of attending a placental meal showcases a range of likely incommensurable, yet seriously engaged, arguments about the ethical and political consequences of placentophagy. Describing her campus interview at the History of Consciousness Program in Santa Cruz, California, she mentions two graduate students who deliver her from the airport to her hotel:

They were in a hurry to get to a birth celebration in the Santa Cruz Mountains. A feminist lay midwife had assisted the birth, and there was to be a feast to share a meal of the placenta. Coming from The Johns Hopkins University and its technoscientific and biomedical excesses, I was enthralled, altogether ready to celebrate the bloody materiality of community affirmation in welcoming a baby human. (293)

After her talk, Haraway is taken to a restaurant where she describes a dinner conversation during which the placental meal is a topic of heated debate. This conversation is marked in two ways: it contains ethically substantive engagement with the particular biopolitics of placentophagy; and in its mode, it exemplifies her ethical method.

First, then, the dinner guests make intuitive, visceral, and exploratory suggestions:

One person insisted that proteins were proteins, and it did not matter what the source was; the placenta was just biochemical food. Someone asked if Catholics before Vatican II could eat the placenta on Friday. The protein reductionist found herself in deep water fast. Those who cited an ancient matriarchy or some indigenous oneness with nature as warrant for eating afterbirth material got repressive looks from those attentive to the primitivizing moves of well-intentioned descendants of white settler colonies... Health-conscious vegetarians... had some trouble with the low-fiber fare of the placenta, but the radical feminist vegan at table... decided that the only people who *must* eat the placenta were fellow vegans, because they sought meals from life and not from death. In that sense, the placenta was not food from killed or exploited animals. (293-294)

This could not be more different from the reception of “TV Dinners.” The discussion exemplifies a way of engaging placentophagy that moves away from an epistemology of ignorance toward generative possibilities for ethical knowledge. As Haraway says, “no one agreed; everyone made worlds grow from their figure of the meal. Philosophy, the history of religion, folklore, science, politics, popular dietary doctrines, aesthetics: all were in play” (293). There is a characterization of the stuff of the placenta itself (“just protein” or, as Haraway later mentions and I will discuss, a locus for the bioconcentration of environmental toxins) as well as of its complex positioning in human networks (“the husband—of the placenta? of the mother? kin relations blurred—was to cook the placenta before serving it” [293]). The appeal to human placentophagic cultures has no anthropological basis and is here situated as a possible romanticization of an imagined past or hypothetical connection to nature that has likely never taken this particular form (see footnote 2). Nonetheless, it is an imagining that tells us something about where we are now, in a late capitalist world, where we know ourselves to be alienated from our animality and from giving birth. All the connections that shape how we think about the placenta, and about eating it, come to the fore: what are the ethics of consuming parts of another animal’s body, and does it matter whether that animal has died in the process? What are the histories of reproduction and consumption (from the doctrine of transubstantiation to wet-nursing) that shape our responses to placentophagy?

Second, this conversation has not only a critical, open content, but also an ethical mode. Haraway’s larger project is to show the ontological and ethical interdependence of all species, rejecting human exceptionalism without thereby denying human responsibility for nature. She writes: “*When Species Meet* strives to build attachment sites and tie sticky knots to bind intra-acting critters, including people, together in the kinds of response and regard that change the subject—and the object. Encounters do not produce harmonious wholes, and smoothly preconstituted entities do not ever meet in the first place” (287). Disagreement about a particular consumption event can support a diverse, mutually invested community. The conversation does not focus on the alleged eccentricities of individual women or their loved ones nor rest on unin-

terrogated gross affects like revulsion or inverted class disdain (although there are surely always affects that escape notice). In Haraway’s story, as in her theory, everything is on the table for measured, albeit vigorous, discussion. There was no agreement at the dinner and Haraway’s project is clearly not to find a feminist party line on placenta-eating. Instead, she shows a network of actors making meaning without reduction, “making worlds grow,” and thereby expanding the epistemic potential of placentophagy. If there is an ethical attitude in play here, it is *curiosity* (287) and a desire to understand the placenta as an actor in a network of meanings. Haraway’s Derridean ethic of eating requires commitment without “being self-certain” or “relegating those who eat differently to a subclass of vermin, the underprivileged, or the unenlightened” (295). Here, perhaps, is the gap between comedic commentary on placentophagy that takes misogyny as its surety, and an ethical attitude in which our visceral intuitions are included in what we debate.

Knowing and Not-Knowing

The history of the placenta is also a story about failing to pay attention to the knowledge we already had—by ignoring it outright; by dismissing its relevance; by equating the call for more research with adjournment of action.

—Sandra Steingraber (2001)

One imagined research direction on placentophagy centres on finding out the relation between the hormones and minerals in a human placenta and how they affect the postpartum body. This information is certainly vital, but what does this line of questioning leave out about the larger environment of which the placenta is a part? It continues an epistemic tradition of keeping objects separate from their contexts and maintaining the ontology of separability that the placenta most aptly challenges. Coyle et al. (2015) remark only briefly that “one function of the placenta is to protect the fetus from harmful exposure to substances. As a consequence, elements including selenium, cadmium, mercury, and lead, as well as bacteria have been identified in post-term placental tissues” (2/8). In her book *Having Faith: An Ecologist’s Journey to Motherhood*, Sandra Steingraber (2001) argues that the history of the placenta is also the history of a myth—that the placenta

is impermeable to toxic substances and that whatever the mother ingests or absorbs will be withheld from the developing fetus. This myth was cultivated, while counter-knowledge was actively suppressed, in a number of historical moments that Steingraber charts in her four case studies: coming to know that the rubella virus can damage a developing fetus; the story of how an obstinate FDA physician denied permission to approve thalidomide in the US; the obstructionism of a Japanese plastics company that prevented the recognition of methylmercury poisoning in children in Minimata; and the scandal of diethylstilbestrol (DES)—a hormone prescribed to pregnant women to prevent miscarriage on the basis of no evidence at all that was later found to cause defects in the reproductive organs of their children (33-55). All of these examples provide rich pickings for any epistemology of ignorance. Steingraber's analysis of the placenta's permeability focuses on the environmental politics of transplacental conduction, but along the way, she mentions another important fact: the placenta does not only pass along, but also accumulates toxic chemicals (34). How does the placenta become a key site of this environmental transaction?

In a beautiful essay on the ethics of ecological interconnection, Astrida Neimanis (2011) argues that an ethics of recognition is limited in its ability to undercut human exceptionalism. When we understand kinship with non-human animals as likeness, with humans as the reference point for that affinity, we quickly exhaust our ethical capacities. By contrast, she argues, a Deleuzian account of repetition—the reiteration of the same-but-different without any recourse to an original—can provide a practice that clears a space for novel ethical moments (126-127). To manifest this ethical position, Neimanis provides a sequence of “13 repetitions” focusing on “ascidian life”—the existence of the small slimy creature known as the sea squirt as it repeats through chains of metaphorical and ecological connection. In one of these repetitions, she describes how ascidiacea filter up to a hundred gallons of water a day, accumulating pollutants in their bodies as they do so (130-131). Likewise, human breast milk contains the traces of all those substances in our environment we have consumed, absorbed, breathed in. As journalist Florence Williams (2005) puts it:

DDT..., PCB's, dioxin, trichloroethylene, perchlorate, mercury, lead, benzene, arsenic. When we nurse our babies, we feed them not only the fats, sugars and proteins that fire their immune systems, metabolisms and cerebral synapses. We also feed them, albeit in minuscule amounts, paint thinners, dry-cleaning fluids, wood preservatives, toilet deodorizers, cosmetic additives, gasoline byproducts, rocket fuel, termite poisons, fungicides and flame retardants. (n.p.)

Williams sends her breastmilk to be tested for polybrominated diphenylethers (PBDE's)—a common flame-retardant—found in highest concentrations among women in the US. Her level is 36 parts per billion, which is only slightly above the median, and about a seventh the level of a roughly gauged scientific consensus about what is safe exposure. What does any of that mean, and does it mean something that should influence whether one breastfeeds a child? Could I have sent a sample of my placental tissue to be tested in some laboratory to find out whether it contained dangerous levels of any of these chemicals?

It gets worse: sea squirts accumulate such toxins in their tissues by virtue of the volume of liquid they filter, but human beings accumulate them through *biomagnification*—the process whereby environmental toxins in everything we eat are made more concentrated as they move up the food chain attached to fats and proteins. Because ocean food chains are longer than terrestrial ones, eating a lot of large sea carnivores (like tuna or seal) is the worst indicator for biomagnified environmental toxins, but eating a lot of beef or pork does not help either. Although human beings are often represented as the apex—having no predators—in fact, the very top of the food chain is occupied by those who eat the bodily products of human beings. Breastfeeding, while typically lauded as valuable for an infant's health in contemporary developed countries, actually downloads all sorts of things from mother to baby (Simms 2009; Williams 2005). As Neimanis (2011) says, unnervingly, for the breastfeeding mother, it is the ultimate detox (129).

Placental Connections

Phenomenological psychologist Eva-Maria Simms (2009) defends a “placental ethics” that recognizes the intercorporeality of human existence through the examples of breast milk and the placenta. Simms

does not discuss consumption of the placenta, but she does comment on its toxicity and the fact that the extinction of humanity via environmental destruction is “happening in our bodies” (277). Haraway (2008) makes the same point in the reverse direction: the damage we have done to non-human species is something that can come back around to our own flesh. The placenta mediates “pregnancy’s commerce between mother and infant” (294), she says, but it also represents a site where species meet. Eating one’s placenta, then, might also be a way of taking in even more toxic chemicals in their highest concentration. This may, in the end, be no worse for anyone’s health than a lifetime of eating factory-farmed chicken, fruit drenched in pesticides, or drinking cow’s milk laden with hormones and antibiotics. But, as someone who has long avoided those things, too, it gave me pause.

In this essay, I have shown that human placentophagy provides a rich site for exploring an epistemology of ignorance—how *what we do not know* is reiterated and sustained. Scientific knowledge that should be possible to acquire has not only been long neglected, but has also been trumped by disgust for women’s bodies and disdain for feminist community. Our avowed and documented ignorance about the consequences of eating a placenta repeatedly turns toward mockery and a kind of epistemic superiority in no way justified, as I have shown, even by the conventional scientific evidence base. Note that the most common negative outcome yet reported among those who have eaten a placenta is “unpleasant belching” while perhaps the worst is “headache” (Selander et al. 2013, 104). No one mentions these results in a press release. While still under-investigated, these are hardly alarming outcomes, especially when one considers the horrific consequences for fetuses of transplacentally conducted agents, like thalidomide, that Steingraber (2001) shows were often tolerated by authorities even in the face of evidence that they were deeply damaging.

On the other hand, because our culture is attuned to ridiculing maternal culture and dismissing any opposition to conventional biomedicine as popularly conceived, it does *not* turn toward examination of how postpartum mothers are failed by mental health services and how the alternative world of the midwife, doula, or “placental service provider” might, in small ways, fill that crucial gap. What if mothers are seeking

nonstigmatizing and DIY methods of addressing postpartum depression? I was certainly doing that, knowing first-hand how limited and poor (or, alternatively, wildly expensive) mental health services can be. In that context, seeking out a placenta encapsulation service is not only a way of obtaining cheap and available “medication,” but also a way of connecting with someone likely to be sympathetic and informed about the psychological struggles that often follow birth.

Finally, our attention might be turned toward ecological concern and investigation of the interconnection of not only mother and baby, but also mother and world. As Haraway (2008) shows us, talking about placentas might undercut an epistemology of separation and replace it with an ethics of openness and connection, a way of making a new world of meaning. We might treat the risks of eating a placenta as synecdochal of the risks of consumption in a world of environmental dangers humans have created, which constantly exceed our knowledge or control. In the end, I ate my placenta and I am still here—not depressed, not regretful, not ashamed. But I am also not thrilled, not defiant, not proud. I am curious, and that is perhaps a useful epistemic attitude, as Haraway also suggests. What we eat connects us, symbolically and digestively, to a shared world that is both epistemic and material. To approach this connection ethically means to remain open to its myriad of ways of knowing.

Endnotes

¹ Some of the personal parts of this essay first appeared as Heyes 2012.

² For a survey of placentophagy across mammals, see Kristal, DiPirro, and Thompson 2012. For a survey of anthropological research on placenta disposal rituals, see Jones and Kay 2003. They allude to the ritual of placenta-eating, but only as a “high [spiritual] placental ritual in America”; they also quote another lay midwife “within the context of Taoism” who cautions *against* eating the placenta on the grounds that it contains too much yang energy for the post-partum woman (111). See also Young and Benyshek 2010 who conclude that there are only few, isolated instances of human maternal placentophagy postpartum, which are common to other placental mammals: “We suggest that, in the face of many detailed ethnographic descriptions of cultural beliefs and practices regarding the placenta, including its proper treatment/disposal, the lack of a single unambiguous account of a well documented cultural tradition of maternal placentophagy is good evidence that it is absent (or at most, extremely rare) as a customary or learned practice

in human societies cross-culturally, and that its postpartum consumption by the mother may even constitute something akin to a universal cultural avoidance” (481). Thus, the fairly common belief that non-western human cultures have placentophagic rituals is not supported by the anthropological literature.

³ For a summary of the existing research and suggestions for future directions, see Coyle et al. 2015; for some anthropology, see Selander et al. 2013. A recently initiated research project by anthropologists at the University of Nevada Las Vegas, for example, promises that their next paper will report on an ongoing placebo trial. See Selander 2014, 15 and <http://blog.placentabenefits.info/index.php/2013/11/recruiting-participants-for-placenta-placebo-research-study/>.

⁴ In most hospital births, the placenta ends up in a biohazard bin and thence a medical waste incinerator. Women who want to take their placenta away from an institutional birth can face a number of hygienic, regulatory, and conflict of interest obstacles that are negotiated differently by different institutions in different jurisdictions. See Arielle Pardas, “Hospital Regulations are Forcing Some Women to Steal Their Own Placentas,” *Vice.com*, September 24, 2014 at <https://www.vice.com/read/heres-why-women-are-stealing-their-own-placentas-924>. There are also reports that some hospitals backhand human placentas to cosmetics or pharmaceutical companies where they are processed and used as ingredients in skin creams or hair products or, less often, in medical research. See “NHS Hospital Sells Placentas for Cosmetic Use,” *Daily Telegraph*, May 17, 2008 at <http://www.telegraph.co.uk/news/1973229/NHS-hospital-sells-placentas-for-cosmetic-use.html>; and “Hospitals Passed on Placental Tissue for Use in Cosmetics,” *Irish Times*, March 4, 2000 (describing a practice from the 1980s) at <http://www.irishtimes.com/news/hospitals-passed-on-placental-tissue-for-use-in-cosmetics-1.251900>. Although investigative journalism proving that hospitals sell placentas for cosmetic use is limited to a few cases, now quite old, that they do appears to be a more widely held folk belief in Europe and North America.

⁵ See <http://birthissues.org/placenta/>

⁶ See Julie Beck, “What to Expect When You’re Expecting to Eat Your Placenta,” *The Atlantic*, June 4, 2015 at <http://www.theatlantic.com/health/archive/2015/06/eating-placenta/394910/>. Northwestern University’s own press release on June 4, 2015 has the headline “Eating the Placenta: Trendy But No Proven Health Benefits and Unknown Risks.” See <http://www.northwestern.edu/newscenter/stories/2015/06/eating-the-placenta-trendy-but-no-proven-health-benefits-and-unknown-risks-.html#sthash.4GnRroac.dpuf>.

⁷ “TV Dinners,” Series 2, Episode 5. Channel 4, first aired February 1998. <http://www.channel4.com/programmes/tv-dinners/on-demand/23844-005>.

⁸ See “Channel 4 Rapped for Serving Placenta.” BBC News Online, May 28, 1998. <http://news.bbc.co.uk/2/hi/entertainment/101944.stm>.

⁹ See <https://www.youtube.com/watch?v=5OXSN3iVWB8>

¹⁰ I am indebted to two anonymous *Atlantis* reviewers for suggesting that I develop the analysis of Haraway in this way.

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