Hot Topic

# ‘Straight outta vagina’ — how depictions of violence and abuse towards women’s bodies in Western art, media and culture can be seen to influence and perpetuate the incidence of ‘obstetric violence’ in maternity care

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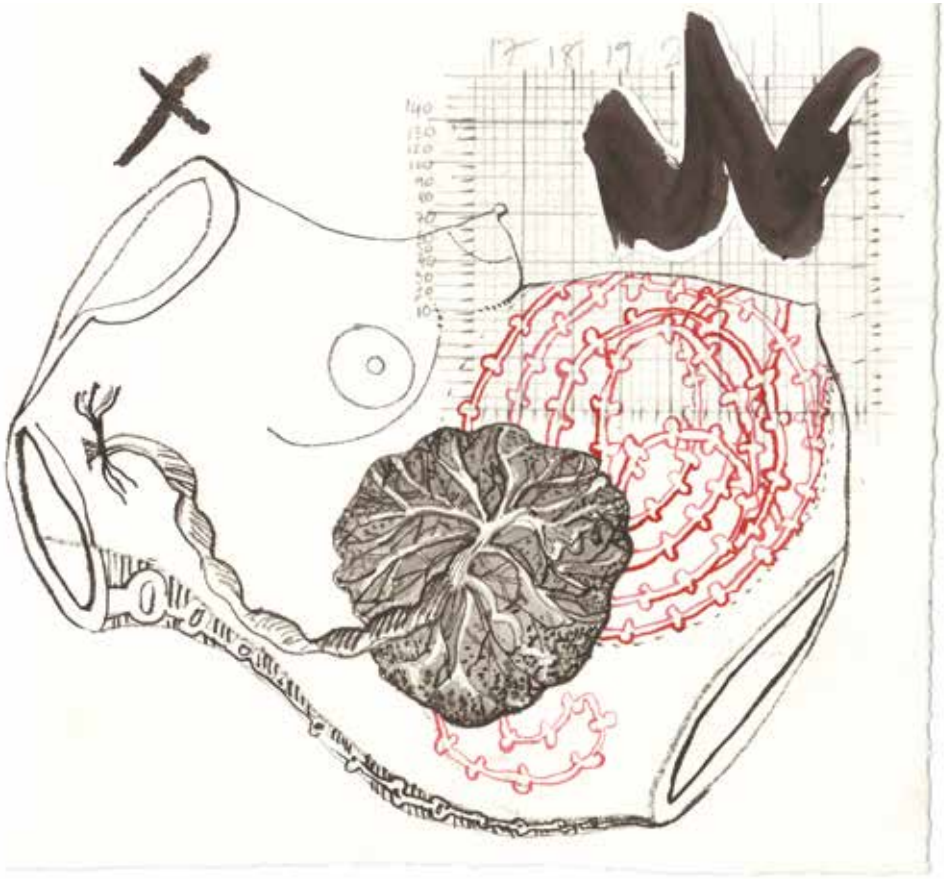
ORIGINAL

**In the music video ‘Straight outta vagina’ by post-punk Russian feminist group Pussy Riot (2016), we are entertained by the repeated chorus: ‘Don’t play stupid, don’t play dumb, vagina’s where you’re really from.’ This anthem is a glorious counter to the pervasive culture of sexual abuse allegations, body shaming, exploitation, violence and abuse perpetuated against women, represented by the litany of appalling statistics for violence against women and girls (UN Women 2015) and characterised as ‘rape culture’ by some feminist theorists (Buchwald *et al* 2005).**

**This paper looks at how depictions of women in art, media, and culture, as well as in medical frameworks, consistently objectify, sexualise and violate women’s bodies, and suggests how this influences the incidence of ‘obstetric violence’ (OV) in maternity care.**



*Helen Sargeant ‘M(other) Icons’ 2010, courtesy of the artist.*

OV is a contested term in the United Kingdom (UK) (Pickles 2017). However, it is well understood globally, and was first coined in Venezuela in the 'Organic law on the right of women to be free from violence' (Immigration and Refugee Board of Canada 2007) and has the following definition:

*'…the appropriation of the body and reproductive processes of women by health personnel, which is expressed as dehumanized treatment, an abuse of medication, and to convert the natural processes into pathological ones, bringing with it loss of autonomy and the ability to decide freely about their bodies and sexuality, negatively impacting the quality of life of women.'* (Perez D'Gregorio 2010).

OV is a specific type of violation of women's rights, including the rights to equality, freedom from discrimination, information, integrity, health, and reproductive autonomy. OV embodies disrespectful and abusive care towards childbearing women which could be carried out by any health care professional during the childbirth continuum, and connects with global movements for human rights in childbirth, promoted by organisations such as Birthrights (http://www.birthrights.org.uk) in the UK and Birth India (http://birthindia.org), humanisation movements such as those in Brazil, and respectful maternity care characterised by the White Ribbon Alliance's (2011) *Universal rights of childbearing women*. OV may be a shocking term for some; however it brings attention to the issue in a similar way that definitions and understandings of domestic violence and abuse have — which now include a whole range of behaviours from sexual and gender-based violence, coercive and controlling behaviour to emotional and psychological abuse. Here too, in maternity, there is a range of behaviours described within OV that need to be addressed, not exclusively physical assault as may be immediately implied.

Shockingly, we live in a culture where violence and abuse towards women is not only widely perpetuated, but images are ubiquitous and commonly used as forms of sexual pleasure and entertainment. There co-exist unsettling parallels between objectifying, hyper-sexualised and brutal images of women's bodies depicted in art, film, advertising, the media and pornography, and those which health care professionals see routinely in maternity — women's bodies exposed and displayed, their sexual organs uncovered and interventions that cut, penetrate and hurt them. All these associations can set up worrying lines to cross and negotiate, and open up debates about how the medical gaze might be influenced by these equivalents, and could therefore normalise behaviours that can, disturbingly, seep into the maternity context.

Medical images and imaginings can bring their own set of visualisations and frameworks that can be seen to be troubling — from truncated disembodied illustrations of pregnant figures, to floating isolated scans of fetuses disconnected from their mother's body, as well as unequal power relationships perpetuated by industrial models of health care:

*'Open any obstetric textbook to see headless torsos, forceps blades inserted… generations of medical students have been taught with images like these to see women's bodies as depersonalised, fragmented and sexless. Birth as a mechanical dilemma. Images of birth which celebrate the energy of women's bodies could be on the walls of every hospital… and start to acknowledge birth as a psychosexual experience.'* (Kitzinger 2012:23).

Medical paradigms, dominant cultural influences and an individual's own reference points are not left outside when they enter the birth space — and birth and our relationship to it is a deeply cultural as well as a clinical practice. Women in childbirth are at one of the most vulnerable times of their lives, undergoing the most intimate of processes and procedures, and therefore very vulnerable to any damaging frames of reference which can lead to disrespectful and abusive behaviour, characterised as OV in this context.

The following quotes, taken from a closed Facebook page (the women wish to remain anonymous), were made public during the recent campaign to challenge restrictions to the rights of independent midwives in the UK to practise intrapartum care — and speak powerfully about care that could be characterised as OV.

*'Assessed as 9cm when I was 4cm (and told to push) failed epidural, stuck with forceps with no pain relief, arguing doctors, bullied midwife, frightening forcep delivery in theatre… resulting in PTSD.'*

*'Drs seemed to think that once one of them had gained my permission to put their hand inside me it was a free pass for any f****r who wandered past the room to shove their arm and elbow deep into my vagina without even warning me.'*

Patently, OV is an issue in the UK, as well as globally, and in order to address it, we need to understand that birth is influenced by artistic and cultural frameworks, and shaped by depictions of violence and abuse towards women's bodies that inform damaging behaviours in maternity care.

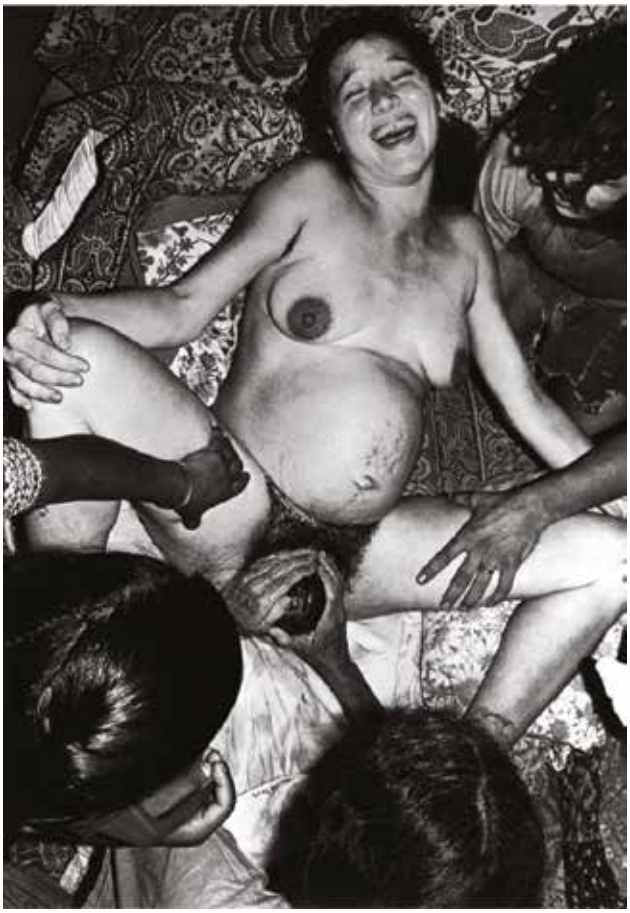
If we look back at the way women's bodies have predominantly been depicted in Western art, particularly in painting, with the 'nude' (overwhelmingly by male artists) — we see her objectified and (hetero-) sexualised — we see women exposed by the 'male gaze', a framework developed by art critic John Berger, in his book *Ways of seeing*, where he observed:

*'According to usage and conventions... men act and women appear. Men look at women. Women watch themselves being looked at.'* (Berger 1973:62)

In female 'nudes' reaching back to the 16th century, we see women's bodies routinely reduced to flesh, displayed for heterosexual pleasure and rarely portrayed as having agency or as individuals but mostly as 'subjects' nameless and depersonalised, 'models' and often prostitutes (sex workers) who are already subjugated. A graphic example of this includes *The visit* by de Kooning (1966-7), an American abstract expressionist painter, whose anonymous, almost mutilated nude female figure is exposed and violently rendered with aggressive brush strokes. There are countless other examples by more well-known artists such as Picasso, Courbet, Renoir and Modigliani.

How do these portrayals and interpretations of 'the nude' seep into maternity contexts — and are there parallels we could identify in some overstretched maternity services, often referred to as industrial models of care, and 'conveyor-belts' (Kirkham 2010), where women are dehumanised and reduced to the symptom or type of birth they have ('the CS in room 5')? Women in these models of care are in danger of losing their identity, dressed in hospital gowns and often 'displayed' on beds, naked or semi-naked, undergoing intrusive medical interventions and under 'the medical gaze' of surveillance, a concept developed by French philosopher Michel Foucault in 1963 in the seminal text, *The Birth of the Clinic* (Foucault 2003). Birthing women are observed in this way in clinical birth rooms and sometimes reduced further to the display of their fetal trace on screens at the midwife's/doctor's station. In a similar way to the traditional 'nude', the most dominant representation of women's bodies in art, before women artists challenged depictions through their own subjective experience, these women's bodies in clinical maternity settings could be seen to be objectified and possibly sexualised in a similar way, therefore perpetuating this dominant cultural narrative towards the female body.

However, these narratives of sexualisation and objectification have been challenged, as indicated, by female artists and performers from the 1960s onwards, sometimes referencing their own experiences directly and using their own bodies as a 'canvas'. This provides a way to explore the complexity of women's subjective bodily experience, and expose the objectification, sexualisation and violence inherent in many dominant cultural forms as a counterpoint. Powerful examples include paintings and photographs of the nude and sometimes pregnant or birthing body by artists such as Louise Bourgeois and Frida Kahlo and contemporary artists such as Hermione Wiltshire and Ana Alvarez-Erracalde. Correspondence can also be made with the powerful testimony quoted earlier from women who have experienced care that could be described as OV — they speak of women's personal experiences and perspectives that challenge maternity services to look



*Hermione Wiltshire 'Terez in escstatic birth' 2008, from the Ina May Gaskin archive, courtesy of the artist.*

at the care they provide, and the often unequal power relationships which can lead to OV.

If we look at mainstream film, ideas of the male gaze were further developed by theorists such as Rose & Mulvey (1975) in their pivotal *Visual pleasure and the narrative cinema*. They discuss how dominant narratives rarely position women as the protagonist, but generally depict women for the purpose of vicarious visual, sexual and often sadistic male pleasure that makes them victims of male violence. The most extreme form of this is horror and slasher films, which can be seen as glorification of sexual violence against women. Iconic scenes such as the shower scene from *Psycho* (1960) by Alfred Hitchcock or more contemporary films such as *Nightmare on Elm Street* (1984) by Wes Craven frame violence against women as visual pleasure. Further, some contemporary theorists such as Hardie (2017) make direct links between sexual assault and images of women in film. Analysis by Creed (1993), positions horror, in films such as *Aliens* and *The Exorcist*, as a playing-out of castration anxieties and pre-oedipal mother fears, where the female body is abject, monstrous and defiled. Here we can conjure the birth scene — particularly surgical birth or obstetric emergencies, where women's bodies are cut, there is trauma, or extreme interventions into the body and inevitably blood, and other bodily fluids.

Many women and the popular media also talk about births as 'murder scenes' such as this headline: 'Midwife struck off for "murder scene" birth' (Fagge 2010). This is extended by how birth is depicted in popular film too, as a nightmarish or 'horror' scenario, with the woman screaming, danger and speed emphasised, which is well documented by studies such as Elson's (2009) *Mass media childbirth vs. the real thing*, where again, the medical professionals tend to be the main protagonists, as opposed to the woman herself.

Do these correlations, where culturally many are excited and entertained by depictions of extreme violence towards women's bodies, and birth as 'horror' and yet are surrounded by them in maternity, manifest disconcerting associations? Once more, looking at female artists who explore violence, particularly in photographic or film works such as American artist Cindy Sherman, we see works that explore violence towards the female body from the woman's point of view, that expose and interrogate. Similarly, contemporary artist Nan Goldin (1984) reveals in her photographic self-portrait her own experiences of domestic violence in *Nan one month after being battered* — a disturbingly graphic and direct portrayal of the consequences of violence — which confronts, as opposed to titillates, the viewer through an over-inflated phantasy rendered for vicarious visual pleasure.

Further powerful examples of female artists who have directly explored the consequences of violence, by using their own bodies through performance, include Yoko Ono's famous *Cut piece* (1962), where she sat impassively on stage, whilst the audience were invited to cut her clothes off (which they did), positioning herself as powerless, vulnerable and exposed, in an insightful reflection of the audience's inherent capacity for violence. Similarly, Marina Abramović performed *Rhythm 0* in 1974 over six hours, providing 72 objects, ranging from feathers to knives and a loaded gun, inviting the audience to interact with her using the objects in any way (Spector 2017). She vied to stay impassive even to the point of death. Through the course of the performance she was stripped naked, endured sexual abuse and was given the gun to point at herself — again suggesting the latent violence towards women lying within the audience. Analogies with the range of instruments, interventions and procedures used routinely in maternity, and the often escalating nature of 'the cascade of interventions' are noteworthy comparisons with the seemingly heightened array of interactions processed on Abramović's body when the audience were given licence.

Gaming culture, a highly pervasive form which has long been associated with social anxieties about young men and the perpetuation of violence is incisively analysed by Sarkeesian (2012–17) in her series *Tropes vs. women in video games*. She analyses video games as a form that predominantly positions women's bodies as decoration, for titillation, and repeatedly as victims of male violence. Compelling comparisons here could be made with the rising use of visual technologies in childbirth, such as scanning and the pervasive use of imaging in artificial reproductive technology (ART) procedures. With ART, at times you can see simultaneously on different screens within the clinical room the inside of the woman's body during egg collection, as well as egg selection in the lab, whilst she is present. However, the woman is a relatively passive and inactive part in the process, seemingly the container and vehicle of the visual representations of conception only. Do gaming culture and visual technologies engender a distancing from 'the real', a desensitising towards actual bodily experiences, which for women during childbirth could encourage a depersonalisation of care? Similar parallels have been drawn to the video-game nature of some combat operations, carried out by drones and operated via video screens thousands of miles away, which often denies the human 'collateral damage' on the ground, an ominous phenomenon identified by Chamayou (2015) in *Drone theory*.

Another contemporary and highly visual form which has come to dominate the representation of women's bodies and could be seen to propagate disrespectful and abusive attitudes towards women is the explosion of internet porn. Much of this is designed for male heterosexual consumption, and includes extreme forms of pornography specific to childbirth, such as birth and milk porn. Some see this type of porn in itself as abusive — a positioning of women's bodies as a transactional space with the growing emphasis on degrading and violent behaviour, and the spectre of human trafficking and modern slavery within the sex industry (Sun *et al* 2016). There is also now a blurring of images commonly used in advertising and pornography in contemporary culture, with more and more graphic images, taken from porn, entering the mainstream. The ubiquitous nature of pornography and its influence is subject to much speculation, in regards to how it might affect and permeate our 'real' sexual encounters, and particularly how it influences young people's sexual behaviours, as increasingly pornography can be seen to inform the 'male sexual script' of contemporary sexual relations (Sun *et al* 2016). Therefore, how does the pornographic script, with its positioning of women's bodies, impinge on and have uncomfortable equivalents with women who are exposed, vulnerable, often powerless and depersonalised in the birth space, a space which is commonly dominated by an unequal power dynamic between institutional and medical power *vs* that of women, who may not have agency during maternity encounters.

An interesting artist working in this area is the American Annie Sprinkle, a former sex worker and

porn actress. Her piece, *Public cervix announcement* in 1992, created an interactive performance, which saw her dressed in 'sexy underwear', and where audience members were invited to come and view her cervix via a speculum she had inserted herself. This performance mimics the invasive vaginal examination common in maternal health care, whilst directing the interplay and problematising the encounter through the sexual messaging of her clothes, and the context of the performance space. Another American artist, Madison Young, a maker and performer of female porn and sex educator, also creates complex images and performances, blurring the boundaries between porn, female sexual power and queer identities (MILF 2016) — a play on the expression, 'Mothers I would like to f**k', a powerful unpacking of the cultural anxieties around the sexualisation of women's breasts and breastfeeding.

More generally the media is saturated with images of women's bodies, as well as stories of sexual and domestic abuse, with accounts of women victimised often juxtaposed alongside advertising that mimics pornography (as above) that can at times be seen to perpetuate 'rape culture' through victim blaming and slut shaming. Equally, media analysis of birth suggests that dominant media texts create narratives that diminish women's autonomy, showing 'women as powerless, physicians as in control, and technology as the saving grace for women's imperfect bodies' (Morris & McInerney 2010). Even though media theory, such as 'New Audience Research' (Marien 2006) suggests that we may be able to take various stances towards dominant media messages, it still exerts tremendous influence. Unfortunately, in maternity services, coercion, controlling policies, as well as victim blaming similarly occur, for example women with long birth plans featuring unrealised expectations, or who are looking for choices outside 'the guidelines', or those that decline interventions or question health care professionals — are sometimes described as 'non-compliant' or difficult. They are often accused of valuing the experience of childbirth over the safety of their child. Maternity services can, at times, be seen to re-assert power relations over women and punish those that want to assert their autonomy. These attitudes obviously run counter to all National Institute for Health and Clinical Excellence (NICE) guidance (2017) and *The Code* (Nursing and Midwifery Council 2015), which stress the importance of woman-centred care and informed consent, and encourage people to take power over their own health. They also contradict guidance on human rights in childbirth (The British Institute of Human Rights 2017). A series of images produced by artist Helen Sargeant (2010), *M(other) Icons*, clearly articulates some of the dilemmas between medical control, time, and women's autonomy played out through their bodies.

The incidence of OV in the UK has been challenged; however, if we look at women's testimony, with countless social media accounts and the Birth Trauma Association's (2017) estimated statistics on post-traumatic stress disorder (20,000 annually), it is clear that we should seek to address women's experiences, our own culpability as health care professionals and the structural issues inherent in the organisation of maternity services that can lead to OV, in the same way that we should believe women who have experienced domestic or sexual abuse, and not use the language of shame and blame to dismiss them. By looking at artistic and cultural references as well as medical frameworks, suggested throughout this essay, it is possible to reach an understanding of how maternity sits within a wider context of a society that objectifies, sexualises and normalises violence towards women, and look at how this can infiltrate into maternity care. To counter this culture of violence towards women, and increase understanding, empathy and cultural competence, we can look widely at both female artists' depictions of violence and objectification of women's bodies and birth activists' voices, where we can see and hear potent examples of female subjective experience. And, if we also recognise the importance of the human rights agenda and humanising of birth movements we can become emboldened to address OV when we see it on an individual, group and systems level. This level of cultural competence can be incorporated into midwifery and birth professionals' education, research and practice, to build cultural awareness and sensitivity into our training, reflections and practice, and I strongly believe this has the potential to affect and reduce the level of OV.

*Laura Godfrey-Isaacs, artist, midwife and birth activist. Twitter account: @godfrey_isaacs*

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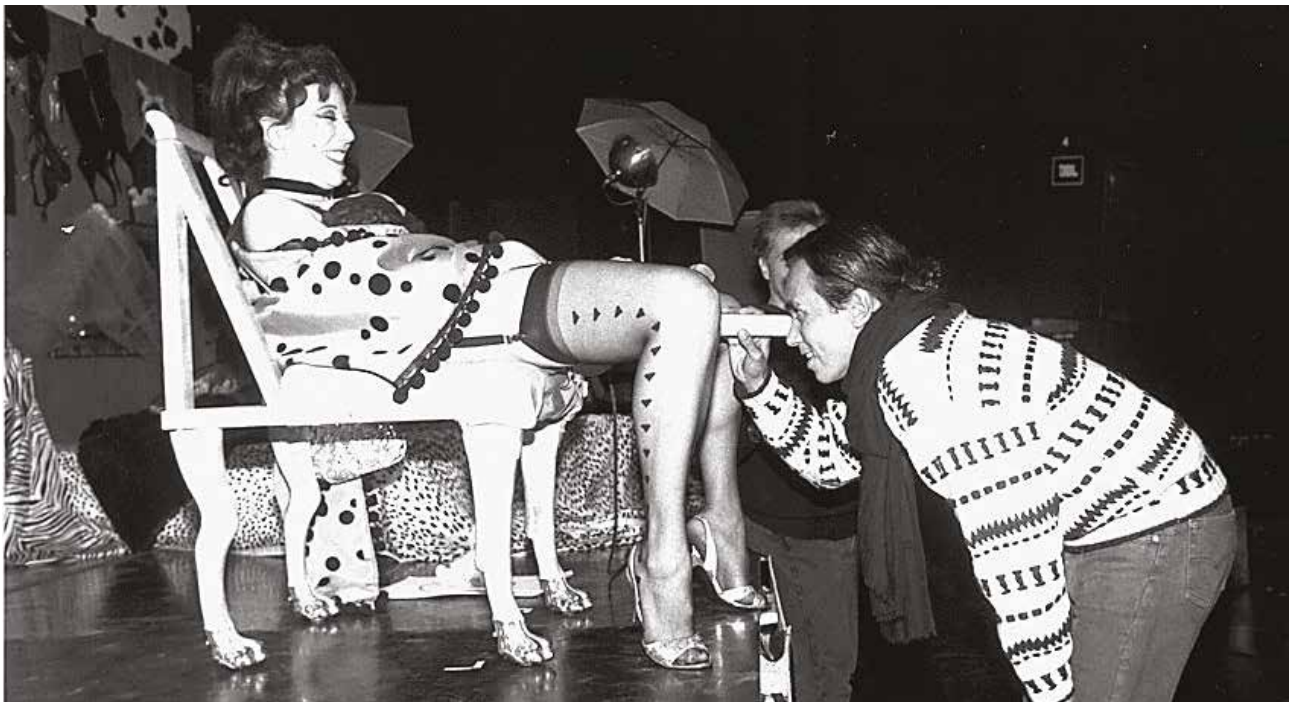

*Annie Sprinkle 'Public Cervix Announcement' 1992, courtesy of the artist.*