# Invisible and Deviant Mothers – A Critique of Childbirth Representations in Visual Culture

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#### **Abstract**

The mechanisation of birth, obstetric violence, home birth, orgasmic birth, birth image censorship and the visibility of mothers under capitalism, will be considered in this analysis of examples of childbirth in art and visual culture.

Institution-controlled births have predominated in our fictional on-screen culture for decades in contrast to the more recent introduction of planned home birth narratives. These portrayals divide women into two dominant stereotypes. Women giving birth within the medical system, tend to be seen as good but invisible, usually passive and not in control, as seen in examples like *E.R., Grey's Anatomy, Knocked Up, Friends, Offspring,* and *What to Expect When You're Expecting.* Those birthing outside the hospital setting, and their accomplice midwives are seen as active and visible but deviant and often ridiculous, for example *Grace and Frankie, The Gilmore Girls,* and *The Back Up Plan.* 

Reality television shows, *One Born Every Minute* and *Newborn Russia*, inadvertently expose deep rooted misogyny and subtle violence at the heart of the medical model of birth. This dissertation argues that globally, visual art and on-screen culture could be seen as systemic medical propaganda. Medical versus natural birth could be seen as a tired and outdated narrative but recent documentaries like *The Birth Reborn* and the rise of women choosing to give birth without medical attendants show this argument to be more pertinent than ever. I argue that the *Birth Rites Collection* and woman-centered organisations like *Empowered Birth Project* and *Restore Midwifery*, could provide a framework for new updated ways of portraying birth in our wider visual culture.

Warning: Some readers may be sensitive to the content of this dissertation and could find it disturbing.

#### Introduction

What do I mean by invisible and deviant mothers? We are used to being surrounded by representations of the mother in our visual world, but what purpose do these images serve? What are the social assumptions that frame these representations? I am particularly interested in how our culture presents the mother in childbirth and whether these presentations can always be categorised as either invisible or deviant.

When I say invisible mothers, I mean that we do not see them. I mean that pregnant women are lost within the institution and have no voice or personal agency. Their births are technocratically and medically controlled.

When I say deviant mothers, I mean those who are seen to be rejecting the western medical model of childbirth and who demand control over their body and birthing experience.

I propose that institution-controlled births predominate in our visual culture and that this divides women into two dominant stereotypes: the characterisation of women either within the medical system, as good but invisible, or outside of it, as deviant, can be seen as a kind of systemic propaganda.

It could be alleged that cultural publicity turns birth into a process where nothing else matters except the product; the mothers are disposable. This view and the interchange between real world birth and birth in our visual culture has been argued about for decades by feminist scholars, midwives, sociologists and natural birth activists (Kitzinger, Gaskin, Davis-Floyd) and may seem to be an extreme and tired argument, but I believe it is as relevant as ever today.

Considering these tropes of invisible and deviant mothers, I will now examine the examples of childbirth in art and visual culture, under the following more general categories. In chapter one I will consider the mechanising and desexualising of birth and pain, in which I look at the visibility of mothers under capitalism. In chapter two I will examine birth through the lens of perceived obstetric sexual abuse and violence. In chapter three I will analyse the portrayal of home birth as deviance. Finally, in chapter four, I will address the sexuality of birth from the point of view of the person experiencing it and of birth image censorship.

# **Chapter 1 – The Mechanising and Desexualising of Birth**

John Berger in his hugely influential TV series and book, *Ways of Seeing,* states that 'publicity is the life of this culture' (1972). If this is the case, then are we only being shown birth through a capitalist lens. Furthermore, if capitalism continues to exist by forcing us to narrow our interests as far as is possible, then our cultural representations of birth are 'imposing a false standard of what is and is not desirable' (Berger, 1972).

# i. The invisible mother, pregnancy and birth representations

If the mother is not entirely absent from our culture, she is often, in some way, represented as less visible (fig. 1). The invisible mother is often presented as the good mother.



Fig. 1

We are all familiar with this presentation, from the virgin Mary and child representations in western painting traditions to the ever-patient, selfless, sugary portrayals of mothers smiling fondly at their children in magazine and TV adverts today. Because of the ingrained traditional Christian connection between sin and sex, the problem with any mother representations is that she is visual evidence of sexual activity and therefore, before the 1960's, unless the image was first desexualised, it was considered taboo (Figes, 2020).

Unashamed images of pregnant women proliferate in the art world now, but until the 1960's and 70's they were rare (Figes, 2020). Representations of birthing mothers, however, are far rarer in visual art, and Tereza Stejskalova comments on the lack of representation of 'birthing bodies' by art institutions and proposes that this is not discussed enough in academia (2019). Though birth scenes now proliferate in media culture, in drama, reality TV and film, the birthing mother herself is very often portrayed as passive, peripheral, psychologically absent and her face and personality are often missing altogether from the birthing scene. In fictional scenes of medical emergency, for example, in the popular nineties American TV series, ER and Grey's Anatomy, women are frequently hidden under oxygen masks, behind monitors and screens, obscured by staff, under sheets.



Fig. 2

During the whole of the twentieth century, and up until the Birth Rites Collection began in 2006, which I will talk about in Chapter four, there are only two graphic paintings of

birth I could find by notable artists, which stand out and which also strikingly illustrate the invisible mother trope.



Fig. 3

The first is Frida Kahlo's *My Birth* (1932) (fig.3). The birthing mother is on her back on a bed, upper body and face covered by a white sheet. Her legs are wide open, and the baby's head and neck are already out. Although the sheet may have been intended as a death shroud, it also eliminates the mother's identity, dehumanises her, objectifies and mechanises her. She appears discarded and alone. It clearly echoes the grief and

trauma in Kahlo's life, but also reads as an uncomfortable symbol of the minimising of women and their mechanised function and disposability within capitalism.



Fig. 4

The second painting, *The Way We Would Give Birth* by Dana Shutz (fig. 4), is another example of the absent mother and seems to me to be a very literal depiction of how we turn away from what we culturally perceive as the trauma and the labour of birth. She is on her back, propped on her elbows, staring over her shoulder towards a painting on the wall behind her and seems completely distracted and disconnected from the

process her body is going through. Her upper body is covered with a sheet or possibly a medical gown which may represent the Cartesian divide between mind and body.

#### ii. In service to the fetus



Fig. 5

A more contemporary example however, and a perfect paradigm of the invisible mother, is Damien Hirst's giant sculptures in Qatar (fig.5), which are installed outside a hospital for Women and Children. *The Miraculous Journey* (2013) is a massive series of bronze sculptures showing a fetus at various stages of development, the last of which is an independent, walking newborn. The starkly schematic, scientific, sliced-open wombs minus the mother, bring to mind Rosalind Pollack Petchesky's assessment of the earliest photos of a fetus in utero, in popular literature, in her essay, *Fetal Images: The* 

Power of Visual Culture in the Politics of Reproduction written in 1987: 'In every picture the fetus is solitary, dangling in the air (or its sac) with nothing to connect it to any lifesupport system but "a clearly defined umbilical cord" She claims that these images compound the idea of the autonomous fetus and missing woman. Hirst's work, like Petchesky's fetal images, embodies 'the aura of medical authority' and 'the allure of technology' (1987, p268). Contrary to what Hannah Clugston, writer for the Guardian, believes about the sculptures being 'a rare celebration of women's bodies, vividly quashing art's tendency to sanitise birth' (2018), I am of the view that Hirst has carved up the disposable woman. He has cut the mother away and recreated a relic, a massive series of sanitised monuments which epitomise the concept of the baby as product. Very much like as Petchesky described in 1987, the sculptures embody depletion under industrial capitalism, female compliance, and imperial power (p268). Kitzinger, who believes that a culture's core values are betrayed by their birth and death ceremonies, (2012) and talks of obstetricians enacting ceremonials on high altars [in 1992], reveals Hirst's sculptures as saying nothing new. They suggest cold metal and cutting. Caesarean sections, despite being lifesaving in the appropriate cases, are performed far more frequently than is medically necessary and the rate continues to rise globally (World Health Organisation, 2021). This surgical appropriation of a physiological event is both born out of and reinforces the idea that the fetus is independent of the peripheral and disposable mother. Barbara Katz Rothman describes the fetus as a fetish and a metaphorical spaceman, a homunculus, that leaves the mother as nothing but space (Petchesky, 1987, p268). In the film Look Who's Talking (1989), the writer gives the baby a voice and character while he is still in utero, encouraging, as Chikako Takeshita

suggests, pro-life organisations' arguments about 'fetal personhood' and damaging the decade-long arguments for reproductive rights (2017). Petchesky proposes that the fetus is attached by nothing except its umbilical cord to the spaceship, or we could call it the mothership, which brings us to the idea of the mother as machine.

#### iii. The body as machine

Medicalised or technocratic birth portrayals can be seen in *Look Who's Talking*, *Knocked Up*, *What to Expect When Your Expecting*, *The Women*, *Baby Mama*, *Nine Months*, *Juno* and in TV series like *ER*, *Friends*, *Grey's Anatomy*, *Offspring*, *One Born Every Minute*, *Newborn Russia*, *Midwives* – the list goes on. When we picture a woman giving birth, we generally picture her either fully or partially reclined on a hospital bed and wired up to multiple monitoring machines.

The very new and current British series *Sex Education* ended its recent series with a disappointingly familiar birth scene, with the supposedly forward-thinking and feminist Jean Millburn on her back in a hospital bed, restricted as usual by monitors and drips and straining against gravity (Episode 7, 2021). In a series which seems to pride itself in tackling racism, the patriarchy, sexual abuse, gender and sexuality, they missed the perfect opportunity to tackle, at the very least, the lithotomy position hegemony.

Donna Haraway famously said she would rather be a cyborg than a goddess (Karremann, 2004), and despite trying to dispel the technology-nature binary, her statement for me encapsulates the continuing divide in women's attitudes to pain in

childbirth and to one another perpetuated in on-screen culture. Those who have delivered under technological control and anaesthesia or by caesarean often feel they are being judged as failures by those who have unmedicated, vaginal deliveries and who wear their achievement like a badge of honour. The cyborg is a perfect analogy for the modern-day desexualized birthing woman. The medical professionals' eyes are not on the woman, but on the screens of the machines which monitor her body (Kitzinger, 1992, p143). The machine-managed birth model clearly states to the world that a woman's body, like an old car, is in danger of breaking down. (Kitzinger, 1992, p143). Despite Haraway's efforts to embrace the cyborg as a feminist tool (Karremann, 2004), this medically controlled cyborg narrative has only increased since the nineties despite evidence that noisy, intrusive medical environments with their harsh lighting and accompanying anxiety have negative effects on normal birth. In addition, monitoring and epidurals carry risks and the potential to halt labour, affect breastfeeding (Newnham et al, 2017) and affect the long-term health of both mother and child (Phillips, 2018). Knowing this, medicine will still blame the mechanical body and look for further technological solutions (Newnham et al, 2017).

The first part of a three-part Netflix documentary, *The Birth Reborn*, which highlights the extremely high caesarean rate in Brazil, makes it clear that this technocratic birth model is a product of capitalism. Doctors are paid more to perform a caesarean (or any intervention), while natural birth makes no money. C-sections can be scheduled to suit the surgeon and are far quicker than supporting a natural labour and birth, which could take up a hospital room and staff time for days. Anthropologist and author, Robbie

Davis-Floyd, interviewed in the program says there is no evidence to support the caesarean rate being so high, in Brazil or worldwide. She says doctors have forgotten how to do vaginal birth and can't even palpate to determine the baby's position anymore, because they have an ultrasound machine to do it for them (2013).

The infamous mid-labour emergency C-section has been the mainstay of many a TV series over the last thirty years and makes for high emotional and comedic drama and entertainment (ER, Grey's Anatomy, Offspring, and What to Expect When you're Expecting.) Is it possible that this 'culture of caesareans' is part of the process of desexualising birth? If we consider that a C-section is the rerouting of a baby's exit into the world from a woman's vagina to her stomach, through a controlled, sterile, technological, surgical procedure, in which she has no sensation in the lower half of her body, it might seem so. The inverse of a cyborg would be a human animal and western culture views the human female animal as the antithesis of all that a woman should be. In their essay Refusing Delinquency, Reclaiming Power – Indigenous Woman and Childbirth, Clair Dion Fletcher and Cheryllee Bourgeois affirm that dehumanising representations of indigenous women are commonplace in historical accounts by settler societies (2015, p158). They also draw attention to the "Beasts of Burden" narrative, which represents indigenous women's births as 'easy, sexualised, and/or animal-like due to closeness with nature compared to the civilised European women' (2015, p159). The effect of colonialism on birth in indigenous cultures is a separate area of research however and I am unable to do it justice here.

The popular British reality TV show, *One Born every Minute* (*OBEM*), shows typical narratives of the powerful institution intervening and delivering the baby for the woman in need (Enion, 2015, p182). In Alys Enion's words, 'here we see the worst kind of gender stereotypes and gender roles played out, without any challenge.' In the very first episode the birthing woman is mocked for the noises she makes by her husband and teenage son and is upsettingly unsupported. The programme's editing produces a narrative which validates "male superiority" and debases the woman, the inferior subject, for her "animal nature" (2015, p184). The same woman who is teased for the noises she makes, is then teased again by her husband for asking for pain relief when she'd said she wanted a natural birth. In both the U.K. and U.S. versions of the programme, women are shown to be at peace when on pain medication and those who are unmedicated "are shown to be in agony" (Cummins, 2019) and yet the husband's accusation still exposes her request as a failure.

This common trope of a woman unable to bear the pain of childbirth is discussed in Natalie Jolly's *Does Labour mean Work? A Look at the Meaning of Birth in Amish and Non-Amish Society*. Jolly proposes that in America 'the components of normative femininity devalue a woman's ability to endure pain, to work hard, and to prevail in the face of adversity.' She goes on to say that, conversely, these same components are 'emblematic' of the Amish communities' understanding of femininity (2015, p218).

The noises the woman makes in *OBEM* may make the men in the room uncomfortable precisely because they sound like sex noises. Kitzinger judges that sexuality and female energy in the context of birth are considered dangerous and threatening and are

suppressed in a medical setting. 'Birth it is implied, is simply *pain*, and doctors can manage pain' (Kitzinger, 1992). There is no discussion about the fact that for many women, myself included, pain and pain relief are not the right words, and that the enormity of the sensations felt during birth maybe share more with orgasm than pain. The same hormones are in fact released during sexual arousal and childbirth (Chawla, 2016), which I will say more about in chapter four. An epidural to numb the pain of surgical cutting makes sense but numbing the lower half of the body also interferes with instinctive positioning in response to contractions. Epidurals, in other words, not only take away women's control over their bodies, but they stop them from following their more animal instincts, for example squatting and crawling. They also lessen the desire to roar, scream, moan and gasp - noises they might also make during sex.

The predominantly unnecessary practice of cutting a baby from the stomach of a healthy low-risk mother through dangerous surgery is now being shown, by the latest scientific research, to deny a new-born baby the necessary bacteria for a properly working immune system. Natural birth, complete with faecal and vaginal bacteria and labour-activated breast milk bacteria, imbues the new-born with a healthy microbiome designed to provide the child with disease resistance for life. (Collen, 2015) With this bacterial symbiosis in mind, Takeshita calls on us to see 'the pregnant body as a *holobiont*, or an integrative symbiotic system...making it more difficult to make claims about an independent fetus or to negate the benefits of natural birth' (2017). These breakthrough findings will of course take a long time to filter into the mainstream consciousness and into onscreen birth narratives, despite awareness in the scientific community for at least the last six years. The routine use of antibiotics before and after

a C-section should be of far bigger concern however, as the antibiotic resistance crisis has been recognised as one of the biggest threats to human health since at least 2013 but has been of increasing concern since the early eighties. The only negative reference to a C-section I could find onscreen was a dismissive reference in the Australian TV comedy drama series *Offspring* by the obstetrician, who disregards a woman's reluctance to have a caesarean because she had heard it was more difficult for a mother to bond with a 'Caesar baby'. Post-surgery, women are unable to hold their babies or attempt to breast feed for often hours afterwards, which has shown to cause problems with breastfeeding, bonding, and the mother's mental health (Block, 2007).

#### **Chapter 2 – Sexualising Birth and Obstetric Violence**

Stejskalova mentions the 'complete absence' of the crowning baby's head in popular culture (2021) and I would argue that this absence is sexualising the process of birth by censoring it. The soft-focus blurring of the birthing women's pubic areas in *Newborn Russia* (Fig. 7), like Instagram's censoring of the female nipple, judges these body parts, even in their reproductive capacity, too sexual to show. But by blurring out these areas of the body, could this not be considered titillation? I will discuss censorship in more depth in chapter four.

# i. Birthing positions and lack of consent - Newborn Russia

The supine, dorsal or horizontal birthing position, variations of which are - lateral (on the side), semi-recumbent (partially propped up upper-body), lithotomy (feet in stirrups),

have only been used in the last two hundred years in Western cultures. There is much pictorial and written evidence that, prior to this, upright postures, including squatting, standing and kneeling were used almost exclusively in most cultures throughout the world. There is much speculation as to why this change in position occurred, but the predominant theory seems to be that it was because of the development of obstetric surgery (Dundes, 1987). Studies have been conducted since, which show that gravity can help in upright positions, labour speeds can increase and that women overwhelmingly prefer being upright (Watkins, 2019), and yet birthing women are still predominantly shown in supine positions in our onscreen culture.



Fig. 6

The Russian version of *OBEM*, *Newborn Russia* shows all woman being delivered in the lithotomy position without exception (Fig. 6), if they try to change position they are told not to or are physically restrained with subtle violence. In episode twenty-three for

example, the mother is told repeatedly not to scream and as she raises her head during a pushing contraction, the male doctor, pinches her nose and uses it to push her head back onto the pillow. She is given confusing instructions, for example being told that she is going to break her baby's neck while being shouted at to push ('Firstborn for Internet Dating Soulmates', 2014). The harsh way in which the women are controlled, reprimanded, belittled, threatened and given orders by the medical staff makes for disturbing viewing (2014).



Fig. 7

The births in both *Newborn Russia* and *OBEM* are managed and filmed with the baby as subject, the woman as object and the hospital staff as heroes. The women are disempowered physically and psychologically. They thank the medical staff after delivery as if they themselves had no part in the process.

When comparing these hospital birth scenes with YouTube videos of women or their partners filming their own unattended births at home, which I discuss in the last chapter, the difference in agency is extreme.

Shelia Kitzinger believes that for many women, '[birth is] an experience comparable to rape', and evidence is growing to suggest that postnatal depression is in fact, post-traumatic stress disorder (Kitzinger, 2012, Nonacs, 2020).

Einion believes 'it is possible to draw a direct comparison between the narrative structures (textual and visual) that represent women as victims of physical and sexual violence and those that represent woman as "victims" of the birth process' (Einion, 2015, p182). The lithotomy position, also called the gynaecological position, is also of course a woman's' orientation in the missionary position. Barbara Bradby writes in Like a Video: The Sexualisation of Childbirth in Bolivia (1998) that rural woman who were delivered in hospital in the lithotomy position, lying with their legs spread in front of male doctors, were extremely upset by what they felt to be the sexualization of birth, involving 'manual penetration' of fingers by male doctors, sometimes several in succession (1998). Accordingly, almost every on-screen birth scene involves the ubiquitous vaginal examination, usually accompanied by 'I'm going to examine you now' as statement of intent and not a seeking of consent. Sara Cohen Shabot believes that within a patriarchal framework, sexual violence is not recognized as violence and that because of this, vaginal examinations during birth are not acknowledged as violence by birthing women, nor by obstetrics staff (Shabot, 2020). Yet we know from multiple recent mainstream news coverage that unacceptable numbers of women in the real world

suffer reproductive injustice, in the form of physical or verbal abuse and social and racial discrimination, and receive surgical interventions against their will (Bohren, 2019, Kasprzak, 2019, Limb, 2021, Summers, 2021).

Burton however 'does not equate the *experience* of birth with sexual violence' but 'equates the *representation* of birth with the *representation* of sexual violence. Both representations show women in various stages of resistance and submission.' She goes on to cite examples in, among others, *OBEM* and *The Handmaids Tale*, which I am not examining here.

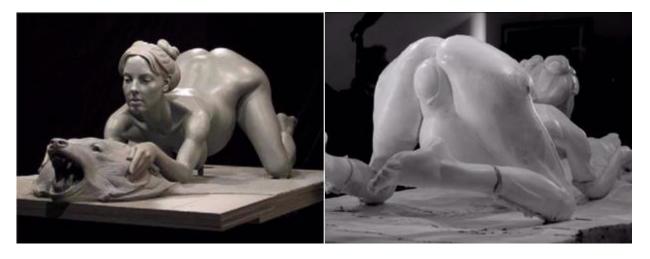


Fig. 8

#### ii. Monument to pro-life: The Birth of Sean Preston by Daniel Edwards

I mention Daniel Edwards *Monument to pro-life: The Birth of Sean Preston* (2016), as it is the only portrayal of a woman giving birth on all fours which I could find in the contemporary art world (fig.8). But is this fictional portrayal of pop icon Britney Spears a sexualized representation of birth seen through the 'male gaze' or a celebration of fertility, childbirth, and motherhood as the artist claims? Edwards chose a provocative

elective caesarean, telling Elle magazine in 2005 that she wanted to avoid the pain of vaginal birth (Jolly, 2015, p219), but in the sculpture, Edwards has her labouring on her elbows and knees on a bear skin rug. She has virtually no expression and her hands caress the bear's head. Her back is arched in a position more reminiscent of sex than birth, at least within our western cultural understanding of birth. The baby's head is crowning, and she has no pubic hair. Her position is animalistic, hinted at further by the bear's head. But should it be viewed as empowering or objectifying? Spears, whose permission was never asked, was horrified by the sculpture, and felt it was the latter, likening the sculpture to 'some twisted porno' (Bear, 2006). This work has become inadvertently more relevant today, considering Spears' recent legal battle with her father (whom she charged with conservator abuse) for autonomy over her reproductive rights (Savage, 2021).

#### Chapter 3 - Home Birth as Deviance

In this chapter, I introduce the deviant mother trope, in the form of the pregnant mother who says no to a medicalised birth and sometimes in the form of the *deviants* who assist her. Contrary to what Stejskalova writes about cinematic birth being romanticised (2019), I believe that typical on-screen birth narratives behave as cultural publicity which often focus on what can go wrong. These narratives perpetuate fear and anxiety about birth in the real world (Rink, 2012), making moral judgements about homebirth choices and thereby keeping childbirth within the control of the institution. I would agree, however, that medicalised births are sometimes romanticised when juxtaposed with

homebirths. In our visual culture, to reject institutional and medical conventions is seen as deviant, subversive, animalistic and extremist and often laughable or dangerous. A recent review in *The Lancet* however, found no difference in risk between giving birth in hospital or at home (Hutton, 2019). A study also found, by examining the influences behind women's decisions to use an epidural in labour, that 'institutional surveillance' increased risk to women by trying to keep them safe, calling this the '*Paradox of the Institution*' (Newnham et al, 2017). For Jessica D. Clements in her thesis, *The Origin of the World – Women's Bodies and Agency in Childbirth* (2009) (and for myself) 'the choice to birth unmedicated at home is profoundly rooted in feminist ideology: the choice is about a woman's inherent power and about claiming one's own body' (Clements, 2009).

In addition to the deviant mother tropes, this deviance is sometimes demonstrated in the form of the midwives or doulas who attend homebirths. Elizabeth Allemang in her essay, *Heroes and Villains - Representations of Midwives in Ontario's Late Twentieth Century Midwifery Revival*, outlines three tropes: The counterculture midwife, the feminist midwife, and the aspiring professional (2015). Considering the TV shows which include storylines where women opt for midwife-attended home births, this choice is represented as 'irrational' opines Lauren Elizabeth Rink, who references 'Prime-time shows such as *Gilmore Girls*, *Girlfriends*, and *Dharma & Greg'*. She adds that 'such depictions misrepresent the midwifery model of obstetric care and ultimately affirm the need for the dominant medical model of birth' (Rink, 2012).

Falling into the trap of being nostalgic about the superiority of midwives and childbirth in the past as Allemang thinks many writers and activists are inclined to do (for example, Arms; Baldwin; Davis; Gaskin; Lang), or getting stuck in the nature/science and gendered binaries, only increases the tension between medicine and midwifery (2015 p100). This tension is evident in the ongoing portrayal of midwives as unsuitable caregivers and stigmatized society rejects, by their association with, or influence over, the deviant mothers and home births they attend. They are shown as comic villains, 'transgressors' and ultimately to be laughed at (Rink, 2012).

Jeff Nall in *Interrogating Social Conceptualizations of Childbirth and Gender, An Ecofeminist Analysis*, surmises that the American film, *The Backup Plan*, is an 'overtly patriarchal moral tale of the pitfalls and buffoonery of disavowing heteronormativity' (2011, p124). He also postulates that 'the film draws on the homophobic association of lesbianism with dirtiness to mark homebirth as a filthy, feminine-forsaking enterprise' (2011, p125). I agree with his assessment, and add to this, that the film utilizes propaganda to make a hideous and prolonged slapstick joke out of matriarchal support and 'woman empowered' homebirth.



Fig. 9

The scene is executed using every counterculture cliché imaginable. Rocking and chanting women, tattoos, piercings and dreadlocks, a foolish midwife (Allemang's first trope), singing unintelligible sounds, banging a drum (possibly referencing indigenous birth rituals) and shouting predictable 'hippy' phrases. The animalistic birthing mother, roars aggressively and pulls ugly faces in a birthing pool (fig. 9). She demands a mirror, to see the crowning baby's head and then defecates in the pool, causing the heroine, played by the glamorous and horrified Jenifer Lopez, to faint into the water after she exclaims in disgust at the sight of the birthing mother's pubic hair. The pregnant Lopez, the epitome of patriarchal, normative and desirable femininity, is rescued by her husband from the traumatic experience. Their subsequent conversation validates societal horror of female natural bodily processes, body hair and empowerment and dismisses the deviant woman for her outrageous and subversive choices. *The Backup* 

Plan ends with a passive and prone Lopez having an idealized, short, heavenly lit, medicalised birth (2010), backing up Stejskalova's theory about the romanticising of onscreen birth (2021). The 'medicalized birth...becomes identified with the "happily ever after" of patriarchal heteronormativity' (Nall, 2011, p125).

Stejskalova says that seeing birthing bodies 'trigger experiences of abjection, that is, disgust, horror, danger, repulsion' (2021), which is clearly demonstrated in this film. Nall adds to this that the childbirth scenes in both the films *The Backup Plan* and *Knocked Up* suggest a transformation of the vagina from 'an object of sexual desire to an organ of horror and revulsion" and that 'only within patriarchal gender boundaries that systematically marginalize female sexual and reproductive potency would women's birthing agency be met with such fear and bewilderment' (2011, p131).

The home birth in the purportedly subversive Netflix American sitcom, *Grace and Frankie* (2018) is a hastily planned home waterbirth. The cannabis smoking hippy, Frankie, who is an ex-commune-living, counterculture doula, arrives just in time to deliver her daughter-in-law's baby, with a to-be-mocked, culturally appropriated birth ceremony.



Fig. 10

The supposed indigenous technique of coaxing the baby out with the words 'here baby baby' (fig. 10) to the rolling eyes of her family, has racist and colonial overtones. Here again (though this time the birth is straightforward and successful) the birthing mother, who is already a ridiculed character on account of her hypochondria, is peripheral. In keeping with the formulaic labour narrative and despite being at home, she shouts nonsensically and ignorantly for an epidural. She is portrayed as passive, incapable, completely naïve and disconnected from her body. She wears a t-shirt which reads "My Vagina is My Vagina", which in this context seems to ridicule the concept of consent. The t-shirt highlights her deviance, as does the choice of home birth made under the influence of the deviant mother-in-law (Allemang's counterculture midwife again). The real narrative and comedy come partly from the panicking men, but

principally from the last-minute entrance of the ludicrous 'midwife' and her 'dippy' and childlike delight at doing nothing other than catch the baby. What could have been a woman-empowered birth narrative, while still retaining comedy value, was instead framed as a joke at the expense of both women (The Lockdown, 2018). Fletcher and Bourgeois assert that in Canada, 'Indigenous birth knowledge, practices and midwives were dismissed as primitive, uneducated, and unsafe' (2015, p160) and it seems this colonial thinking endures in modern midwife tropes today. These kinds of narratives carelessly dismiss the concept of the dogmatic, controlling institution, instead pointing the finger of patriarchal oppression at the imperious and misguided ideology of natural birth. There are two notable exceptions to the narratives just described. They are the romantic and sentimental waterbirths in the American Soap Opera The Bold and the Beautiful – Ridge & Caroline's (2016) and Steffy & Finn's (episode aired on 1 July 2021). Both are peaceful and empowered with the focus on the heterosexual love between the couple and the midwives are unremarkable and peripheral characters. Another less obvious exception is the film, *Pieces of a Woman*. Though the home birth scene could be described as empowered, the mother is ultimately punished by the death of her baby and the midwife is charged with negligence, though later acquitted, creating mixed messages (2020).

#### Chapter 4 – The Sexuality of Birth, Censorship and Visibility Without Deviance

In this chapter I focus on the cultural discomfort we have with acknowledging the sexuality of birth and how this may be behind the censorship of particularly birth-related art, but also vaginal birth in general.

# i. Empowered Birth Paintings

'Is there any subject as unpopular and uncommercial in contemporary art as birth?' (Jansen, 2019)

Clements describes struggling to find to find birth-related paintings anywhere in the recorded history of art. This massive physical and psychological event which has the potential to happen to approximately half the people in the world, was relegated to the status of a mere 'woman's issue' (Clements, 2019) and therefore not worthy of the being recorded in the annals of history. It is, of course, quite possible that birth has been painted down the centuries but just not considered worthwhile or relevant art. There is a wealth of indigenous birth art, but it seems to be not considered worthy of the art world either (Fletcher and Bourgeois, 2015, p153).



Fig. 11

Clements' painting, (fig. 11) *Charity and Izaiah* (1997) caused controversy when she tried to display it at the university she attended in Virginia, USA. Several members of staff complained 'that the painting made them uncomfortable', arguing 'that birth is a private affair'. Through Clements' research I discovered a handful of artists who paint

empowering birth or raise questions about women's feelings of powerlessness and the lack of medical consent in childbirth – Sara Star, Birgit Amadori, Ghislaine Howard, Jonathan Waller and Jessica Clements herself (fig. 12 & 13).



Fig. 12 Fig. 13





Fig. 14 Fig. 15

Jonathan Waller (fig. 14 & 15) paints pictures of predominantly nude birthing women often in supported standing squats.

The London gallery who represented Waller prior to 1998 refused to hang his work and ceased to represent him when he began painting his birth series. He has been accused of romanticising and eroticising birth. He admits he may be doing the former but that he sees the work as sensual rather than erotic or titillating (Waller, 2011). He now has work in *The Birth Rites Collection*.

# ii. The Birth Rites Collection and Orgasmic Birth

Helen Knowles started *The Birth Rites Collection*, which is currently the only birth dedicated contemporary art collection in the UK. She believes there is no shortage of artists making art about birth, but that they lack places to show the work. Knowles believes that despite it being acceptable for artists to make work about other fundamentally important human subjects, like death, illness, love and sex, birth still seems to remain, overall, taboo. Since its conception in 2006, the collection has faced repeated censorship. Knowles herself has faced censorship for her work and as she tries to install the work in an educational context, is particularly surprised by the reticence of the medical community in these locations (Jansen, 2019).

The collection houses an impressive and divergent selection of art from many artists and includes work by Judy Chicago and Ana Casa Broda (fig. 16). Broda's work 'Kinderwunsch' had ten images from the series removed from public view by Salford University, where they were donated to the collection in 2014.



An image appropriated from Ina May Gaskins book *A Guide to Childbirth*, by Hermione Wiltshire causes continuing controversy. The photograph, *Terese in Ecstatic Childbirth* (fig. 17), which I see as an overwhelmingly positive image, caused uproar, when Knowles originally tried to hang it in the entrance to the Science Centre in Glasgow. Knowles couldn't understand why the staff refused to hang it and declined to explain why they felt the need to protect people from an image of a woman in a state of joy, while she gives birth (Jansen, 2019).

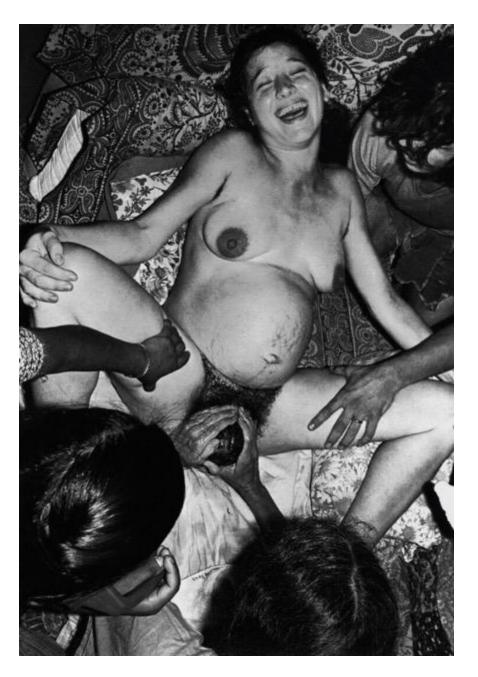


Fig. 17

Knowles herself makes work which includes large, pixelated screen-printed images of stills from found footage of free-birthing women often experiencing sexual pleasure during birth (fig. 18 & 19). She's interested in the tabloid quality these blown-up images evoke and in the ideas of eroticism and obscenity that birth images can elicit and in the

fact that this huge bank of birthing imagery exists alongside the multi-million-dollar porn industry's bank of images.

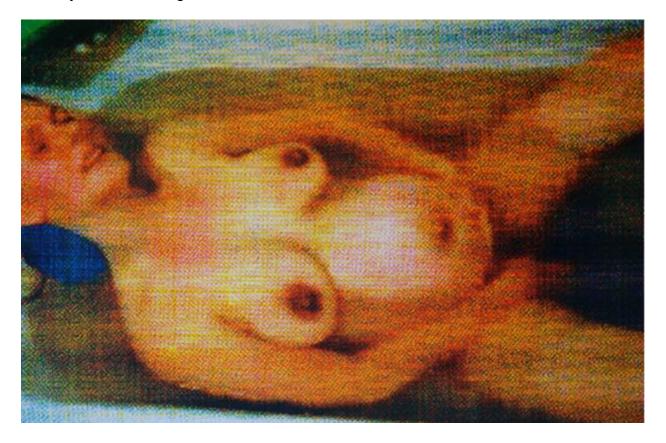


Fig. 18

The suggestion that birth is on the sexual spectrum evidenced by the release of hormones like oxytocin connecting birth, sex, orgasm, breastfeeding and 'skin-to-skin contact with a newborn' (Chawla, 2016) seems to be an area we are very reluctant to discuss or acknowledge. '[Oxytocin was literally named after the Greek term for "swift Birth'] (Chawla, 2016). Kitzinger believes that a 'Woman's sexuality is perceived as dangerous, and so threatening that its very existence in relation to childbirth may be vigorously denied' (Kitzinger, 1992). Many women have reported that masturbation helps ease the pain of contractions and can speed up a sluggish labour and that sex

and masturbation can help kick start labour in the case of women who are overdue, but from my research, this is never shown and seldom, if ever, referenced, in onscreen birth.

Zalka Drglin in Female Sexuality and Medicine – Sexualisation of Everyday Life, Desexualisation of Childbirth (2015), believes it is a case of Institutions trying to regulate female sexuality. Sarika Chawla offers, in The Argument for Masturbating During Childbirth (2016), that the picture we are given about birth is that it is 'painful and humiliating' and if we were to instead validate the connection between sex and birth, we would see that there is 'no space for sexuality in the delivery room' (Chawla, 2016). If we compare the conditions under which we usually have sex and give birth, it's immediately apparent that they are at opposite ends of the spectrum. Ideally the conditions we would want for both would be the same; 'intimacy, a relaxed environment and the knowledge we are not under anyone's control, ...privacy, a warm, darkened space, [and] no control or comments on [our] appearance or behavior' (Drglin, 2015). These conditions are generally easy to facilitate in a home environment and in small midwife units but not so easy in large busy hospitals. Five years ago, the first maternity clinic catering specifically for the needs of people who have a history of sexual abuse, opened. It is now being recognised that not only can women without this kind of history suffer from PTSD as a result of a medically controlled birth (Kitzinger, 2012), but that the ordinary procedures administered during a typical hospital birth can often re-trigger PTSD stemming from past abuse (McCamley, 2016).

## iii. Unassisted Birth on YouTube

From my own research on YouTube, I was initially left with the impression that this was a new and hopeful space, a platform capable of allowing a more democratic presentation of birth, a place for visibility without deviance. Woman were posting their positive home birth experiences, videos where they gave birth assisted or unassisted and then had full editing authority over how to present these videos. I found the freebirthing videos initially through Helen Knowles work, but then realised these were a tiny minority of the kind of births being represented. On further research I read Robyn Longhurst's article *YouTube – A New Space for Birth*, in which Longhurst concluded that videos of natural vaginal birth were more likely to be censored than videos of surgical birth (2009). YouTube, like prime-time TV and cinema, was being curated as a space which is perpetuating and reinforcing cultural beliefs about the medical and surgical models of birth being more acceptable than biological and social models.



Fig. 19

Some of the video links Knowles had used as source material, included alongside her work on her website, led to videos which have since been censored or removed.

Particularly the ones which had some sort of sexual reference in the title, for example Birth with orgasm I or the ones in which there was nudity (fig. 18 & 19). Was YouTube censoring any birth which looked like it had an element of pleasure involved? Again, the sexuality-birth connection seemed to be deemed unacceptable but cutting women open was not. Then I experienced this censorship first hand, when I received an email from YouTube, informing me that a piece of work I had made featuring a natural birth, had been age restricted.



Fig. 20

The short animation shows a nude paper mâché doll giving birth non-violently to instrumental electronic music (fig. 20). While searching for other birth videos, I found no age restrictions on a medical teaching simulation of a baby being pulled out of a plastic vulva by its head with forceps (fig. 21) nor on numerous very graphic Caesarean section surgeries (fig. 22) and other medicalised births.



Fig. 21 Fig. 22

Longhurst believed twelve years ago that YouTube has the potential to 'open up new windows on birth' but that at that point in time it was merely reiterating old discourses (Longhurst, 2009).

Kitzinger said in 2012 that 'traditional birth ways should not be romanticised' and mused that few women would want to give birth in a mud hut far from medical care in case it was needed, but the number of women willing to risk birth alone is growing. Unassisted birth or freebirth is appealing to more women and there is a wealth of online information and radical discussion groups to be found. The Covid-19 pandemic has also contributed to this rise, with the suspension of home births by many NHS trusts in March 2020 (Romanis & Nelson, 2020). There are more than 52K posts referencing 'freebirth' on Instagram in 2022. Kolina Koltai, a researcher "who studies the social media behavior of alternative health communities" (Zimbelman, 2020) describes this time as "a new digital Wild, Wild West" (cited in Zimbelman, 2020). Less extreme and more hopeful is Katie Vigos' *Empowered Birth Project* (fig. 23 & 24) which currently has 450K plus followers on Instagram (2021) and is raising many of the issues I have discussed.



Fig. 23 Fig. 24

Exploring social media more widely, the increased prominence on social media of representations of childbirth in the last decade, which Lauren Bliss says are being afforded 'increasing celebration and dignity' indicate they are no longer considered taboo. She points out that social media has much faster and wider distribution possibilities than cinema, but that both share an 'interest in creating social change through representation.' She concludes 'that any celebration of these images should not overdetermine the effect of representation nor unproblematically subscribe to the belief that visual culture induces measurable change' (Bliss, 2020). However, I would argue that both cinema and social media do have the potential for bringing about change, whether that be considered negative or positive, but that it is certainly difficult to measure. While the capitalist constraints of the mainstream visual media perpetuate the same stagnant birth propaganda, it's clear that the increase in unattended births, for

example, has been because of the sharing, availability and accessibility of 'freebirthing' experiences and information on social media.

## Conclusion

I began by stating that tropes of invisible and deviant women predominate in the portrayal of birthing women in visual culture today and are used as a form of cultural and social propaganda and I believe I have shown this overwhelmingly to be the case. I have found that whether it be reality- or fiction-based, visual art or media, birthing women are seldom shown with any meaningful voice and personal sovereignty and that positive, female-empowered birth images are continually censored. While acknowledging that modern obstetrics undoubtedly save lives, the need for special birthing clinics for women who have been sexually abused, and the rise of Freebirthing, suggests that the current system of maternity care is failing women across the board. These real-world invisible women, who feel they have no voice within the system, are instead choosing to absent themselves from it. Rarely are these issues being addressed in Cinema and TV in an un-biased and progressive way. Film and programme makers have a long way to go to in acknowledging the focus on the baby as product, derogatory stereotyping of mothers and systemic medical bias at the heart of these forms of birth entertainment.

Nevertheless, I feel there is some hope that this is beginning to change, with the recent exceptions I mentioned at the end of chapter three and in the art world, which comes

with the creation of The Birth Rites collection and in the small but increasing group of artists tackling the issues surrounding birth and its depictions. More art Institutions now need to be willing to represent birth related work. There is also progress in the growing social media space for empowered birth representations and discussion and acknowledgement of obstetric violence. The more artists and advocates for empowered birth find ways to present their work and projects, the more chance there is of a serious dialogue taking place.

There are areas still in need of further investigation, for example, research could be conducted on the link I believe exists between colonialism and the concept of trying to 'eradicate the animal' from birthing women and its effect on reproductive rights worldwide, which I am pursuing in my practical work. Through my interdisciplinary practice, I hope to continually challenge the endorsement of the powerless, invisible, and mute birthing woman: to question our cultural portrayal of ancient, indigenous and modern autonomous birthing choices as deviant and negatively animalistic; to show that in the process of 'civilising' we have 'de-animalised'; and to acknowledge, investigate, expose and nurture our animality, with humour, humility, and humanity.

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