We birth with others: Towards a Beauvoirian understanding of obstetric violence

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Abstract
Obstetric violence – psychological and physical violence by medical staff towards women giving birth – has been described as structural violence, specifically as gender violence. Many women are affected by obstetric violence, with awful consequences. The phenomenon has so far been mainly investigated by the health and social sciences, yet fundamental theoretical and conceptual questions have gone unnoticed. Until now, the phenomenon of obstetric violence has been understood as one impeding autonomy and individual agency and control over the body. In this article I will argue that the phenomenon of obstetric violence occurs in a specific state of embodied vulnerability and that might be destructive for subjectivity since it fails to recognize that state and instead disallows support and demolishes relationships (among women and their lived-bodies; among women and their others) and interdependence. This might introduce a conceptual shift and the phenomenon might be reconceptualized as a moment where vulnerability is misrecognized and ambiguity, relations and support (rather than autonomy) are banned. In this case violence is recognized as cutting the original links to our bodies and the world that constitute our phenomenological condition, instead of as hurting the autonomous subject. Obstetric violence, thus, calls to be reflected upon through de Beauvoir’s ideas on ambiguity, the embodied and situated subject and the subject as essentially construed in relations. I believe that de Beauvoir’s conception of the authentic embodied subject as necessarily ambiguous – immanent and transcendent at the same time and ineludibly linked to the world and its others – will be extremely useful for construing this new understanding of how obstetric violence happens and of what precisely constitutes its damage.

Keywords
Ambiguity, de Beauvoir, Butler, childbirth, obstetric violence, vulnerability

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Introduction

I remember the labor in which I experienced obstetric violence as my most vulnerable moment, when I needed to be cared for but was not. I remember the alienation, the detachment, the feeling that I was surrounded by machines and unwanted touching when what I needed was my partner’s hand on my lower back, a reassuring midwife, and my mother’s voice. Instead, my foremost experiences were frequent vaginal examinations, strangers coming and going, and a sensation that my body was broken. I felt unprotected and lonely.

In Cohen Shabot’s work on childbirth, she suggests that the dissatisfaction felt by countless women with over-medicalized childbirth has to do not necessarily with the loss of a ‘natural’ labor experience but, rather, with the erasure of the lived body, which is frequently objectified in medicalized childbirth, deprived of transcendence, and transformed into pure immanence, an instrument to be controlled and managed by medical authorities (Shabot, 2017a, 2017b). Furthermore, Cohen Shabot and Korem use this argument to explain the genderedness of obstetric violence, pointing out how this particular violence is directed at women because they are women – objects within patriarchal society, prone to shame, alienated from their bodies, and expected to remain passive (Shabot, 2016; Shabot and Korem, 2018).1

Here I build on their research by focusing on a different theme: namely, how obstetric violence reduces women’s subjectivity in labor not only by denying women control, independent decisions, and embodied integrity but also, significantly, by damaging the social, communal character of childbirth. Obstetric violence has been frequently understood as impeding autonomy in the traditional sense: preventing individual decision-making, agency, and control over the body2 (Baker et al., 2005; Pickles, 2015, 2019; Smeenk and Ten Have, 2003; Vedam et al., 2017; Wagner, 2001; Wolf, 2012).3 I argue here, however, that obstetric violence – necessarily involving the presence of others – happens to a woman in a specific state of embodied vulnerability and can destroy subjectivity by failing to recognize that vulnerability, banning support and demolishing relationships and interdependence between laboring women and their significant others during childbirth. This argument introduces a conceptual shift, reframing the phenomenon as a moment where vulnerability is misrecognized and ambiguity, relationships, and support (rather than autonomy in the traditional sense) are obstructed. This violence can now be recognized as cutting the links to our bodies and the world (accentuated during childbirth) that constitute our phenomenological condition, not merely hurting the ‘autonomous subject.’4

Thus, in obstetric violence, the social quality of birth is shredded and obfuscated by forbidding interpersonal relations based on recognition and solidarity while exploiting the laboring woman’s vulnerability – frequently providing her patronizing protection rather than care and embodied connection. This calls for a reflection using de Beauvoir’s
concept of ambiguity – which refers to the subject as embodied and situated, essentially built within relationships. De Beauvoir’s idea of the authentic embodied subject as necessarily ambiguous – simultaneously immanent and transcendent, inescapably linked to the world and its others – is useful for constructing this new understanding of how obstetric violence happens and what constitutes its damage.

I rely on de Beauvoir’s ideas of the situated and relational subject, mainly as presented in her ethics and in The Second Sex (and, briefly, on Butler’s idea of vulnerability, which has much in common with de Beauvoir’s conceptualizations), to present a different, more productive idea of obstetric violence: as violence that prevents ambiguity, impeding connection and interdependence rather than only, or mainly, hindering bodily integrity and self-determination.

There are other, more recent accounts of this subject constructed of, and always dependent on, relations, conceived as a response and an alternative to versions of the self-emphasizing individual autonomy and independence. Jonathan Herring (2020), for instance, offers us a rich and compelling study of the relational self (versus the individual self) and the resulting concept of ‘relational autonomy’ – challenging the ‘traditional conception of autonomy’ (p. 16). Herring argues for this much more complex and multilayered view of the self and its autonomy as a needed critique of the clearly patriarchal liberal conception of the subject – a critique through which more accurate, productive understandings of the Law might be construed. He uses ‘relational autonomy’ as an autonomy that ‘is not based on the concepts of free will and self-sufficiency’ (p. 18). ‘The ideal of relational autonomy’ – Herring claims – ‘is not the self-contained, independent, rational being. Rather, true autonomy is found within relationships. Where our decisions are made with and supported by others. Where our goals are mixed up with the decisions of others. The ideal autonomous person is not the lone businessman striving off to work protected by his suit and briefcase, but the mother changing the nappy’ (p. 18). Feminist accounts, however, especially de Beauvoir’s, are still fundamental: they form the basis for these new conceptions of autonomy (as recognized by Herring himself [2020: 7]) and are the most illuminating when exposing how profoundly these critiques are rooted within embodied experience. This is why I choose to focus here on how de Beauvoir’s pivotal conception of the ambiguous, embodied subject as constructed through others and Butler’s idea of ontological corporeal vulnerability deriving from that might help us in creating new, more precise ways to understand the damage of obstetric violence.

Reconceiving obstetric violence: When integrity and independence are not enough

As I have noted, obstetric violence has so far been recognized mainly as impeding women’s bodily autonomy and freedom of choice during labor. Neoliberal concepts of the ‘ideal subject’ as sovereign and independent dominate much of the discourse on obstetric violence and its damage. Even though mistreatment, abuse, and a structural reluctance to attend to women’s needs and desires during childbirth (resulting in flawed interactions with others) have been recognized as core elements of the gender violence that is obstetric violence, the first legal definition of the phenomenon, which appeared in
Venezuela in 2007, mostly locates its damage in the loss of laboring women’s autonomy and freedom of choice:

By obstetric violence we understand the appropriation of women’s body and reproductive processes by health personnel, which is expressed by a dehumanizing treatment, an abuse of medicalisation and pathologisation of natural processes, resulting in a loss of autonomy and ability to decide freely about their bodies and sexuality, negatively impacting their quality of life. (‘Organic Law on the Right of Women to a Life Free of Violence,’ Venezuela, 2007, cited in Sadler et al., 2016: 50; emphasis mine)

Thus, in this legal definition of obstetric violence, its victims are robbed of agency, the ability to freely control their own bodies, and decisions over how their labors should progress and be attended.

The language of ‘traditional autonomy,’ ‘freedom,’ and ‘independence’ has prevailed in descriptions of obstetric violence and its damage, frequently appealing to the idea that what is lost is a subject who was complete, independent, and enclosed before the violent event but is damaged and broken by the system.

I do not claim that what is lost in obstetric violence is in no way related to loss of the power to decide freely how our specific, very personal labor will develop. Disregard for birth plans and women’s expressed preferences and decisions is typical of descriptions of the phenomenon. Nevertheless, the neoliberal patriarchal account of subjectivity and autonomy is not the best suited to describing the evil of obstetric violence; rather, it is the feminist (and especially feminist-phenomenological) account of subjectivity, conceived as inherently dependent, relational, ambiguously linked with the world and others, and essentially embodied and vulnerable (and the account of autonomy constructed in its image), that offers the best explanatory power for obstetric violence’s wrongdoing. Moreover, what usually undergirds narratives of loss of control and agency after traumatic or violent births is the feeling of loneliness and detachment resulting from the lack of recognition, by the staff or others present at the labor, of the laboring woman’s always-already-situated and relational subjectivity, which is all the more present, in her state of heightened vulnerability and openness, during childbirth.

I relate some examples below that show a central characteristic of obstetric violence as consisting in its victim being unseen, losing a corporeal link with the world, being denied recognition of her inherent vulnerable condition. Then, I explain how de Beauvoir’s idea of ambiguity and Butler’s conceptualization of vulnerability can help us make sense of these experiences.

The violent birth as a solitary birth

In a meta-ethnography of women’s perceptions and experiences of traumatic birth, Elmir et al. (2010) show that a crucial factor of a traumatic birth is women’s feeling ‘invisible or out of control.’ It is interesting to note that in several papers on obstetric violence, the researchers describe lack of control as resulting mainly from laboring women feeling alone or abandoned, without communication with the staff, rather than from women feeling that they could not control their bodies, that their bodies were behaving unexpectedly or in a strange or untrustworthy way. Rather than excessive pain
or any particular obstetric event or intervention, it was the feeling of being disregarded, excluded from decisions being made by medical staff about the progress of their own labor, that was cited as causing this out-of-control feeling. Elmir et al. write:

Researchers reported that women’s opinions were ignored. . . . Information from healthcare professionals was not forthcoming, and women felt as though these people were ‘faceless’ . . . or invisible. . . . They felt betrayed. . . . Women believed that the lack of control and involvement in decision-making was primarily due to the fragmented care and lack of continuity in care, resulting in disconnections and lack of knowledge. (Elmir et al., 2010: 2145, 2147; emphasis mine)

This ‘fragmented care’ results in inhumane treatment: women are turned into objects, rather than subjects to be cared for. This inhumanity is a central feature of traumatic birth and obstetric violence as described in countless reports: women report having felt fragmented in their bodies, like failing machines in for repairs, sometimes manipulated like pieces of meat, with no agency whatsoever, exposed to the gaze of strangers without being asked, and transparent, as though they did not exist as subjects, as though they were just data (Beck, 2004a, 2004b; Elmir et al., 2010; Martin, 1987; Thomson and Downe, 2008). A recent study of childbirth trauma in Irish first-time mothers (Byrne et al., 2017) clearly shows isolation, infantilization, and disregard by the staff to be central features of perceived violence in childbirth, leading to trauma:

In failing to attain information or to achieve collaboration during childbirth, these women felt undermined and excluded. The failure to acknowledge the mother within childbirth as an informed individual or to include her in the experience through the sharing of information, may have facilitated the development of trauma for these women in creating a sense of exclusion and isolation as Cora stated, Sort of feeling cut off was part of the trauma. (Byrne et al., 2017: 5; emphasis in the original)

Byrne et al. also report these women feeling ‘dismissed, dehumanised and passive,’ as though they were ‘acted upon’ rather than being active actors in their labors (p. 5). Women feel that their bodies are invaded, even violated; they describe experiences of detachment and dissociation while enduring the violent birth. Above all, this study shows how ‘a non-collaborative childbirth may facilitate the development of birth trauma’ (p. 8; emphasis mine); it speaks, once again, of the critical importance of communication, caring, and the birthing woman feeling that she is ‘someone’ in labor, rather than ‘something,’ only the carrier of the coming baby. In the words of one of the study’s participants: ‘What about me? I’m still . . . I’m not just an incubator like (Rebecca)’ (p. 5).

After violent births, women report feeling trapped, anxiously confined in the traumatic experience, unable to transcend it; they also feel depressed, angry, sometimes suicidal. Women’s capacity for intimacy, for intimate touch with both their baby and their partner, is severely affected after traumatic labors, as is their sexuality (Ayers et al., 2006; Elmir et al., 2010).

Harris and Ayers (2012) show that the most significant elements of a traumatic birth relate to the flawed interpersonal relationships developed between laboring women and staff. Women report the experience of being ignored as a core interpersonal cause of birth trauma, followed by lack of support, poor communication, being abandoned, and
being put under pressure (p. 1170). Some of these feelings are clearly exposed in the following testimony of a traumatic birth:

I was not dilating and the nurses had to put a pill into my cervix every 12 hours. I was in so much pain from the way they roughly inserted it that my cervix was bleeding. None of the nurses told me that I should be changing positions, walking around, or moving as much as I could.

So, I literally just laid in bed crying from the contractions that were so intense. I was never educated on breathing techniques or getting through those contractions. I had absolutely no idea what I was doing.

All of the nurses seemed frustrated with me that I was scared of all of them. It took 12 hours after my water broke for me to start pushing, and I pushed for 3 hours. The nurses were talking amongst themselves while I tried to push out my baby. They were not assisting me, supporting me, telling me when to push – nothing.

I was completely exhausted from so many days in labor. They gave me an oxygen mask and told me to push harder. They finally called the doctor in after 3 hours with no progress. The first thing he did was come in and cut me. An episiotomy, without telling me what was going on or even asking me if it was okay.

My epidural had not worked and I felt the knife. After that, he told me to push harder. I was screaming in pain from the cut; I told him I can’t do it; he told the nurses to get ready to prepare to ‘suction’ my baby out. (Lasher, 2017)

Feeling unassisted, unsupported, uncared for – deprived of a subjectivity that is truly sustained and contained by others – these are clear characteristics of violent and traumatic births. Studies of obstetric violence and traumatic birth conclude that support, caring, respect for women’s choices, and an overall improvement in communication between women and medical staff are mandatory steps in any attempt to avoid such negative experiences (Byrne et al., 2017; Elmir et al., 2010; Harris and Ayers, 2012; Simpson and Catling, 2015).

De Beauvoir’s situated and ambiguous subject

De Beauvoir’s idea of the ambiguous, situated subject can help us understand and formulate what precisely is lost when laboring women undergo obstetric violence. De Beauvoir’s phenomenological conceptualization of the subject – developed in her early ethical works such as Pyrrhus et Cinéas (Pyrrhus and Cinéas, 2004 [1944]) and Pour une morale de l’ambiguïté (The Ethics of Ambiguity, 1948) and later on in Le Deuxième Sexe (The Second Sex, 2011 [1949]) – is the opposite of the Cartesian one: de Beauvoir’s subject is never alone, never constructed in isolation, nor is it purely mental; indeed, it is deeply embodied. De Beauvoir’s carnal subject is always open and dependent on its others. It is always the other who can provide me with real, moral freedom, as it is the other who might steal this freedom from me: ‘only man can be an enemy for man; only he can rob him of the meaning of his acts and his life because it also belongs only to him alone to confirm it in its existence, to recognize it in actual fact as freedom’ (1948: 82).
Thus, it is the other who gives meaning to my acts and projects, recognizing them and interpreting them. This is why I need the other to be free, so that I myself can be recognized as freedom: ‘We need others in order for our existence to become founded and necessary’ (de Beauvoir, 2004 [1944]: 129). For de Beauvoir, the ethical choice constitutes the only possible authentic choice: if I desire to have my own subjectivity truly recognized and valued, I need free others who can give meaning to my projects. In her words: ‘To will oneself free is also to will others free’ (1948: 73).8

De Beauvoir’s subject is ambiguous in that it is always situated, particularly embodied, located in a concrete time and place, and thus singularly itself – but also always carnally open and reaching out, and thus more than (only) itself. In de Beauvoir’s words:

It is because my subjectivity is not inertia, folding in upon itself, separation, but, on the contrary, movement toward the other that the difference between me and the other is abolished, and I can call the other mine. Only I can create the tie that unites me to the other, I create it from the fact that I am not a thing, but a project of self toward the other, a transcendence. (2004 [1944]: 93)

Ambiguity thus points to how we are simultaneously individuals and entwined with others: for de Beauvoir, writes Sonia Kruks (2012): ‘the lived body is the interface between self and world and so also between self and others’ (p. 36). The lived body is ambiguously immanent and transcendent, facticity surpassed by projects. In the world but not the world, it is essentially connected to others although never completely lost or absorbed in the other (de Beauvoir 1948, 12–13).9

Analyzing de Beauvoir’s idea of ambiguity and its expression within her existentialist ethics, Stacey Keltner (2006) further points to the complexity of conceiving the subject as both separated from and intimately linked to its others:

Contra the trend of critique against existentialism as solipsistic, Beauvoir insists that the ethics that existentialism proposes is the only ethics that can account for a philosophy of existence that insists simultaneously on the social bond as equally primordial to the separation of the existent. . . . Beauvoir seeks an account of the ambiguous phenomenon not just of subjectivity as an active existent between transcendence and immanence, but also of the ambiguity of the ‘indissoluble’ ‘me-others’ relation (EA, 72; PC, 104) through an account of separation and connection. (pp. 205–206)

Thus, de Beauvoir’s subjectivity cannot be exhausted by a neoliberal idea of subjectivity as (even potentially) absolutely independent and sovereign. This emphasis on the subject’s ineluctable existence with others and not as an atomistic, individual self is also evident in how de Beauvoir’s ideas appear to be nourished by the Heideggerian Mitsein and the Merleau-Pontian conception of subjectivity as always already situated and carnally intertwined with the world and with others.10

De Beauvoir’s Mitsein, though, does not at all foresee a harmonious existence.11 Being ambiguously tied to the world and to others – never alone, self-contained, or completely independent – means that separation and difference are necessarily sought within a world of shared meanings and, thus, frequently through conflict. Eva Gothlin (2003) writes:
For Beauvoir, humans are *Mitsein*, but this *Mitsein* can be lived either in separation and conflict or in friendship and solidarity. *Mitsein*, for her, then, does not mean that humanity is one and that everyone has the same goals and aspirations, living in some kind of friendly symbiosis. *Mitsein* is not an ethical concept, nor is it connected to authenticity. It expresses simply the fact that human reality is a being-with. (p. 58)

Thus, though ambiguity is constituted by an ontological intertwining, harmony and care are not its necessary consequence. Willing the freedom of the other and acting to facilitate it constitutes an ethical decision, not an ontological necessity. Violence is certainly a possible response to the ontological *Mitsein*, and it is this original, indissoluble ‘me–other’ link that makes violence so terribly destructive: others give me life and meaning, but they can also oppress, objectify, or destroy me at any moment. Neoliberal conceptions of a subject that is sovereign, independent, and free from others thus seem, from the perspective of de Beauvoir’s philosophy, like mere wild fantasies, probably constructed as protection from the inherent ambiguity (and fragility) of our existence. If we do not want to submit to bad faith, we had better recognize that we are more knotted together with others than separate from them. Langer (2003) writes, regarding de Beauvoir’s and Merleau-Ponty’s shared ontology: ‘Unlike pure consciousnesses, we “blend” with, and compose, a common situation – an intersubjectivity. Further, we feel the need for others’ recognition’ (p. 101).

**From de Beauvoir’s ambiguity to Butler’s vulnerability**

Murphy (2011, 2012) rightly considers de Beauvoir’s ambiguity as the most obvious predecessor of Butler’s conceptualization of vulnerability. According to Murphy (2012), it was de Beauvoir who first moved ‘from a descriptive ontology of vulnerability to a normative ethics’ (p. 107). It was de Beauvoir who recognized that because we are ontologically ambiguous, we are ontologically vulnerable, and therefore always open to violence as well as to solidarity and care (though never necessarily to either). Thus, Murphy considers recent feminist conceptualizations of vulnerability – such as Butler’s – to originate from de Beauvoir’s ontology of ambiguity. And Butler’s vulnerability, like de Beauvoir’s ambiguity, describes an ontological reality of inherent connection and interdependence, but one that opens a pathway to a myriad of normative reactions, including rampant violence, indifference, and oppression. Butler discusses embodied vulnerability as a phenomenological condition revealing our individual selves as not individual at all but constituted by support and relationships that, when denied or broken, expose a ‘specific vulnerability.’ Butler (2016) argues that:

> We cannot talk about a body without knowing what supports that body and what its relation to that support – or lack of support – might be. In this way, the body is less an entity than a relation, and it cannot be fully dissociated from the infrastructural and environmental conditions of its living. Thus, the dependency of human and other creatures on infrastructural support exposes a *specific vulnerability* that we have when we are unsupported, when those infrastructural conditions characterizing our social, political, and economic lives start to decompose, or when we find ourselves radically unsupported under conditions of precarity or under explicit conditions of threat. (p. 19; emphasis mine)
Following de Beauvoir’s and Butler’s ideas, Murphy (2009) argues for a positive feminist recognition of vulnerability and interdependence as a way to counter their negative patriarchal evaluation and the correspondingly overly positive patriarchal assessments of autonomy and independence, which fail to recognize our true relational being-in-the-world:

...there is a sense in which the body we defend as our own can never be only that. As embodied, we are necessarily exposed to others; we struggle for recognition, and suffer for the lack thereof. Hence while feminist theorists acknowledge the importance of claims to bodily integrity, they also suggest there must be another normative aspiration that rests alongside these claims of autonomy and self-determination. Claims to autonomy and integrity must be coincident with the acknowledgment we are radically dependent on others for the formation and persistence of our social selves. (p. 58; emphasis mine)

Violence is not overcome by denying or suppressing vulnerability and ambiguity or emphasizing freedom and sovereignty. Violence is always a possibility – and sometimes, per de Beauvoir, even necessary. But it is precisely by recognizing our vulnerable and ambiguous ontological condition – our inherent embodiment, attachment, and need of others – that we can allow an ethics of care and solidarity to flourish.

Thus, for a more accurate, more productive critique of obstetric violence, we must adopt these models, thinking about our phenomenological condition more in terms of connections and support than through concepts like bodily integrity or self-determination and, consequently, recognizing obstetric violence as primarily violence that prevents connection and care. This shift might challenge the form taken by activism and policies against obstetric violence, emphasizing a feminist struggle for support and affective care rather than independence and freedom (Herring, 2013, 2019, 2020).

Conclusions: Rethinking obstetric violence through ambiguity and vulnerability

Childbirth is a social event. It is usually experienced with others, who always constitute a meaningful part of the experience. De Beauvoir recognized the importance of company in childbirth, even calling this need vital, nothing less than proof of our ambiguous condition as both part of nature and socially and culturally constructed. In her discussion of childbirth in the chapter on ‘The Mother’ in The Second Sex, she argues:

What is significant is that normally woman – like some domesticated female animals – needs help to accomplish the function to which nature destines her; there are peasants in rough conditions and shamed young unmarried mothers who give birth alone: but their solitude often brings about the death of the child or for the mother incurable illnesses. At the very moment woman completes the realization of her feminine destiny, she is still dependent: which also proves that in the human species nature can never be separated from artifice. (2011 [1949]: 547–48; emphasis mine)14

La Chance Adams and Burcher (2014) further emphasize the social and shared aspect of childbirth when analyzing the strange phenomenon of ‘communal pushing’ in childbirth and explaining how the Merleau-Pontian ambiguous ‘intersubjective body’ – which is
‘both distinct and prereflectively united to others’ (p. 73) – might help to describe it. Significant others present at childbirth push with the laboring woman, adding themselves to her pushing, supporting her in her efforts without even reflecting on this. The woman is never lost in the others, however; she is always singular, a subject – the laboring subject – and she is always ‘the hardest pusher’ (p. 76):

...the communal push represents support without a complete loss of body identity. That is, the body understands it is creating a shared space in which the pushing woman feels that others are focusing with her on the task that is still ultimately hers alone. ...But the sharing that occurs includes a ‘forgetting’ of a place – a partial loss of individuality. Indeed, when people are made aware of the fact that they are pushing with the woman in labor, they generally stop pushing, at least for a time. We find that communal pushing ...exemplifies the complexity of human intersubjectivity, the way in which interweaving is both ubiquitous and unique, each individual responding differently to the bodily need of another. ...This sharing does include the potential for bodies to care for one another in ways that actually move us at the prereflective level. (La Chance Adams and Burcher, 2014: 76, 78; emphasis in the original)

This intersubjectivity – childbirth’s shared and communal character that de Beauvoir noticed and which communal pushing strikingly exemplifies – is truncated, even destroyed, by obstetric violence. Precisely this ambiguous character of childbirth can turn labor into a powerful experience of caring and solidarity and, at the same time, puts laboring women in serious danger of undergoing violence. Birthing women are especially (both inherently and situationally) vulnerable – even if they are also, frequently, particularly strong and loud. This very oxymoronic condition, in Cohen Shabot’s analysis of obstetric violence as gender violence (2016), makes women in labor especially susceptible to violence:

[The laboring body] is an active body, paradigmatic of the body as ‘I can’; a productive body whose product is highly valuable to society; and a highly sexual body. ...It is at the same time a vulnerable body, and that vulnerability makes it particularly open to violation and exploitation. ...The laboring body is thus almost an oxymoron: the ‘feminine body’ in the highest sense (birthing, accomplishing the task of femininity, revealing the ‘mysterious essence’ of women), but also a strong, active, creative body, capable of enduring and recovering from the splitting of its flesh. This is what makes it dangerous, prone to domestication and control. (pp. 240–241)

The oxymoronic body of childbirth is notably susceptible to violence mainly because it is not alone: because we (usually) birth with others. But coping with obstetric violence, making birth humane, respected, even empowering, cannot involve denying the intersubjectivity of birth by exclusively or predominantly emphasizing the birthing woman’s agency, independence, and freedom. It is instead by revealing and fostering childbirth’s interpersonal, shared, communal character that we might discover solutions to the urgent problem of obstetric violence.

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Notes
1. Obstetric violence – psychological and physical violence by medical staff towards women giving birth – has been described as not only gender violence but structural violence (Bohren et al., 2015; Miller and Lalonde, 2015; Sadler et al., 2016). The phenomenon affects many women, with awful consequences. It has so far been mainly investigated by the health and social sciences, yet fundamental theoretical and conceptual questions have gone unnoticed. It has been recognized as causing serious short- and long-term damage to women; in some cases, it is even related to postpartum post-traumatic stress disorder (PPTSD) (Beck, 2004a, 2004b; Elmir et al., 2010; Harris and Ayers, 2012; Simpson and Catling, 2015; Thomson and Downe, 2008). (I use ‘women’ because most birthing subjects are women; the discussion is also relevant, with important nuances, for trans men giving birth.) Let me stress that in no way is it my intention to essentialize labor. As I argue elsewhere, ‘Human labor, lived by women in all times and places, is, as such, universal. But each woman experiences it differently. It is also, of course, socially constructed’ (Shabot, 2017b: 134). However, throughout this article, I deal only with childbirth as affected by obstetric violence – thus only in medicalized settings. Labor can also be experienced as violent and traumatic within non-medicalized settings (such as home births) but this is not defined as ‘obstetric violence.’ Sometimes women experience frustrating, shameful births not because of obstetric violence but because of glorified, idealized expectations of ‘natural’ childbirth that were not met (Charles, 2013; Shabot, 2017b; Shabot and Korem, 2018). However, I am not at all arguing that every birth is necessarily experienced as violent and/or traumatic. Quite the contrary: it is because childbirth can be experienced as so satisfyingly transformative, empowering, sometimes even ecstatic (Shabot, 2017b; Heyes, 2013), also within medicalized settings, that striving for nonviolent, positive births has become such an urgent task. There is no need to essentialize labor in order to recognize it as a potentially (and hopefully chosen) meaningful and transformative experience for birthing persons.

2. I am not implying that ‘autonomy’ is only or always constructed as emphasizing freedom from others, free will, and individual agency. But I do argue that this is the ‘autonomy’ that has
prevailed within discussions of obstetric violence. The following accounts on which I base my new understanding of the ills of obstetric violence in no way deny the idea of autonomy; they just provide resources for thinking about autonomy differently, mainly as achieved through and together with others – as ‘relational.’ I deal more thoroughly with the idea of ‘relational autonomy’ below.

3. Wagner, for instance, considers medicalized birth necessarily dehumanizing because ‘in medicalized birth the doctor is always in control while the key element in humanized birth is the woman in control of her own birthing and whatever happens to her’ (Wagner, 2001: S26), while Smeenk and Ten Have explain the problem in medicalizing pregnancy and childbirth mainly as related to depriving birthing subjects of autonomy in the sense of voiding their independence and freedom of choice: ‘Discussing medicalization of pregnancy and childbirth, moral problems concerning the autonomy of the pregnant women arise. *The core element in defining autonomy is independence: freedom to choose.* . . . By expanding professional power over gestation and birth, the number of options seems to have increased. Therefore, autonomy apparently is enhanced. However, this development is a mixed blessing: the options within the wider area of non-medical as well as medical approaches are increasingly replaced by more options within only the much smaller area of medical science. Thus, the quantity of options is increased but the quality reduced. We can choose among more of the same options within the domain of medical approaches. Can we really maintain that autonomy is enhanced if medical options are expanded while at the same time the idea of pregnancy and birth as physiological processes is discarded as irrelevant?’ (2003: 162, my emphasis).

4. Chadwick (2017) argues similarly for the necessity of reconceptualizing obstetric violence, proposing a Foucauldian framework. Chadwick emphasizes the need to see obstetric violence as relational and disciplinary, and productive of a certain ambiguous agency for women. She advocates recognizing obstetric violence as structural rather than behavioral; as layered, immersed in complex, subtle, frequently still unacknowledged relations of power. This article is a response to her proposal that more nuanced accounts of the phenomenon be pursued.

5. The internet is full of such reports. Here is one story of a woman being patronized, her birth plan totally disregarded and disrespected:

I birthed at my local, certified ‘baby-friendly,’ hospital. I had written and left copies of my birth plan all over. Essentially, it said let me do my thing unless there is an emergency. Everything was going great; it was a long, slow labor but after 40 sleepless hours I finally got to pushing.

I was up on a squat bar when there was a shift change and a new midwife and two students walked in. Before introducing herself, she said ‘go ahead and push’ and then points at my baby’s slowly crowning head and starts talking to the students. Then she said, *okay, lie down.* I was a bit taken aback and said, I’m okay here, and she said, *no, lay down, your legs are going to get tired.* So, in the vulnerable state I was in I laid down on my back.

She then proceeded to put my legs up in stirrups with one student holding each leg and they proceeded to tell me when and how to push which was the complete opposite of what I had asked. Then when my baby’s head was out, the midwife and one student grabbed my baby by his head and started yanking him back and forth out of me while I screamed at them to stop! (Lasher, 2017; emphasis in the original)

6. Some women decide to give birth unattended by doctors or midwives (either with their partners or completely alone). These are not the births to which I refer in talking about ‘solitary births.’ A woman who chooses to birth unassisted and expects no assistance or care from staff is not disappointed at the lack of assistance. The decision to birth unassisted
(Chasteen Miller, 2009, 2012; Kaplan Shanley, 2012), however, is still marginal and uncom-
mon. Chasteen Miller (2009) notices the influence of neoliberal ideals of ‘individualism’ and ‘freedom’ on some of the women choosing unassisted births, who consider a labor experi-
enced completely on their terms and without help from others as the most empowering option (p. 53).

7. Since I am interested here in the phenomenology of obstetric violence, that is, more in how women perceive and experience it than in formal or legal definitions, I use research on traumatic labor (not only strictly on obstetric violence) to make my point about how we might better conceive of obstetric violence. Not all violent childbirths result in trauma for the laboring woman, but research on traumatic births shows that women mostly associate their negative experiences with how labor develops and specific interactions with the medical staff, rather than with the results of the birth, horrific as these can be (Simpson and Catling, 2015). In their study of traumatic births, Elmir et al. conclude: ‘Our findings indicate that women are often traumatized as a result of the actions or inactions of midwives, nurses and doctors. The care received was sometimes experienced as dehumanizing, disrespectful and uncaring. . . . Women who report high levels of dissatisfaction with labour and birth care commonly describe midwives and other professionals as unhelpful, insensitive, abrupt and rude’ (2010: 2150). This is why I assume that most traumatic births are in some way violent.

8. On the necessary connection between authenticity and ethics in de Beauvoir see, for instance, Shabot and Menschenfreund (2008).

9. Beauvoirian scholarship has thoroughly analyzed de Beauvoir’s idea of ambiguity, for instance in Bergoffen (1997), Gothlin (2006), Heinämaa (2003), Keltner (2006), Kruks (2012), Langer (2003), and Murphy (2012).

10. On Merleau-Ponty’s ontology as an influence on de Beauvoir see for instance Heinämaa (2003), Langer (2003), and McWeeny (2017). Langer in particular deals with the similarities between Merleau-Ponty’s and de Beauvoir’s ideas of ambiguity. On Merleau-Ponty’s and de Beauvoir’s shared ontology of embodied intersubjectivity as necessarily calling for an ethical standpoint, McWeeny (2017) writes: ‘An ontology that acknowledges that a body is always in contact with a world and with others also announces our capacity to affect one another and to be responsible for each other’ (p. 215).

11. This is according to the readings of Bauer (2006) and Gothlin (2003), which interpret the Mitsein in de Beauvoir as exclusively describing an ontological reality, never as calling for a specific ethics. Bergoffen (1997), however, recognizes the Beauvoirian Mitsein as certainly posing ethical demands.

12. Sometimes, though, according to de Beauvoir, violence is necessary. This is part of de Beauvoir’s ambiguity: violence should not always be banned. It is not always an evil; in the face of a freedom that is only used to take another’s freedom, violence is justified. De Beauvoir states: ‘We have to respect freedom only when it is intended for freedom, not when it strays, flees itself, and resigns itself. A freedom which is interested only in denying freedom must be denied’ (de Beauvoir, 1948: 90–91). For more on this see, for instance, Kruks (2012) and Murphy (2011, 2012), especially the last chapter of Kruks on revenge in de Beauvoir’s thought.

13. Some feminist discussions of vulnerability expose the danger of marking vulnerability as positive with regard to women: emphasizing women’s vulnerability can risk fostering ineq-
uality by justifying paternalistic, controlling, and oppressive practices towards women when they appear in extraordinary need of protection (Herring, 2020; Mackenzie et al., 2014: 6). How-
ever, the feminist elaborations of vulnerability that I use here – considering vulnerability an ontological given for all subjects – not only avoid the risk of recognizing women as especially vulnerable and thus particularly needing protection, but can indeed be an antidote to
traditional, patriarchal conceptions of vulnerability. Neither de Beauvoir nor Butler considers women inherently more vulnerable than men. Women might be more vulnerable due to specific oppressive circumstances that should be opposed and contested (they might suffer from situational vulnerability) – but never by denying ontological vulnerability. (On inherent versus situational vulnerability see Mackenzie et al., 2014: 7.) Vulnerability being an ontological condition shared by all, it is not paternalistic protection we need but rather a mutual recognition of our inherent interdependence, and non-hierarchical ways to cope with it – as I show in the following (mainly through Murphy’s analysis). For a compelling account of vulnerability in feminist theory and the debates surrounding its advantages and disadvantages for feminist purposes, see Rogers et al. (2012), Mackenzie et al. (2014), and Rogers (2014).

14. In this context, de Beauvoir even recognizes that childbirth might, in certain cases, be experienced as a creative, powerful act – even sensually pleasurable – offering a remarkable report of one such case. This report includes a description of the fairly sexual experience that the laboring woman undergoes, through embodied contact with her midwife: ‘I am so strongly sexed that even childbirth means to me a sexual act... I had a very pretty “madame” for a nurse. She bathed me and gave me my vaginal douches. This was enough for me – it kept me in such a high state of sexual agitation that I trembled’ (2011 [1949]: 549). Again, the social and intersubjective aspect of birth is emphasized here. For more on the sexual character of labor, see Shabot (2017a).

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