

‘Bodies that birth’ and the violence it bears: In conversation with Rachelle Chadwick

Kaveri Mayra, Rodante van der Waal & Rachelle Chadwick

Abstract

Rachelle Chadwick has been a crucial voice in theorising and exploring obstetric violence in the global south, especially in South Africa. Chadwick has published widely on reproductive politics, birth narratives, critical feminist methodologies and obstetric violence. She is currently leading the Gestational Justice Research Hub, a research group dedicated to gestational and reproductive justice at the University of Pretoria, funded by the National Research Foundation. In this interview Kaveri Mayra and Rodante van der Waal engage with Chadwick’s vast knowledge and expertise in the area of obstetric violence, specifically focusing on her 2018 monograph *Bodies that Birth*.

Kaveri: With two PhD candidates who are studying the problem of obstetric violence interviewing you, can you please tell us about your book on this issue and, most importantly, your experience of writing this groundbreaking work on birth politics?

Rachelle: I’ve been working on the area of birth for about the last 15 years. It has become a passion and a life calling. The book itself was written in late 2016 and published in 2018. It tries to put into conversation the narratives and voices of women from very different positionings, locations, and race-class demographics. In the book I ask questions about how we can rethink the feminist politics of birth by taking women’s and birthing people’s own stories as our departure point. What can we learn from these stories? How can we investigate these stories as contradictory and multivocal? So the book has methodological interests as well.

The book also has a strange history in that I didn’t set out to put these voices together as one project. Instead the book morphed out of two separate research projects. One of these was my PhD, which looked at a very specific subsection of women, namely those who were wanting to have an elective caesarean section without a medical reason, on the one hand, and women planning a home birth on the other. Back then, as a PhD student around 2005–2007, I was interested in questions of agency. But later, as a postdoc, I wanted to explore the stories of those positioned in very different contexts from my PhD sample, who were mostly white and middle-class women in the South African context birthing in the private, high-resourced sector.

Focusing on a completely different demographic in my postdoc led to different questions and insights about childbirth. For instance, I realised that seeing risk as something only medically determined is a very particular kind of framing of risk. In some settings, risk in relation to birth is not necessarily only about biomedical risk, but it’s about risks of poverty and it’s about risks of exposure and loss of dignity and violence. So in writing the book, the challenge became how to put these two different research projects together. I didn’t want to write a book that was just about the privileged sector, or just about those birthing in the public sector either. It didn’t feel like justice had been done to the stories until I could synthesise them. So that was the challenge that led to the focus on intersectionality, and then also looking not only at the differences – although that’s a key focus of the book – but also asking: is there anything here that resonates? Are there continuities?

The central question of the book thus became about how we can rethink the feminist politics of birth, grounded in women's and birthing people's own stories, and from there propel a new politics of birth. In the final part of the book I made a collective poem to allow all the voices, and all the differences in the voices, to come out. It showed that it's not necessarily only about what type of birth you end up with, and that regardless of where you're positioned, birthers want to be treated in a particular way. They want to be treated with respect. They want to feel connected. They want embodied agency. And the argument of the book really is to say that rethinking bodies, and embodied relations, is central to revitalising birth politics.

Ultimately, the book provides a starting point, and I'm interested to see how people like you take it up; but it's not an endpoint, it's the beginning of asking these kinds of questions. If we're going to try and think differently about birthing and about birthing bodies, through new frameworks, what does that mean for our politics? And how can that then affect the kinds of activism and politics that we take up going forward, and the kind of work that needs to be done to also challenge problems like obstetric violence?

Rodante: Part of your intersectional approach to childbirth was to stress South Africa as a specific geopolitical location wherein there are very different groups, in terms of race, class and privilege, of people who give birth. In the book you suggest that this diversity could be used to propel a global or transnational politics of birth, since South Africa seems to tell us something about a global distribution of (lack of) privilege and self-determination and corresponding types of obstetric violence in maternity care. How do you conceptualise the continuities and differences of obstetric violence along different intersections of oppression, and how do you manage to think them together, hence to account for different forms of violence at the same time?

This conversation was organised by the Birth and Body Book Club to discuss Chadwick's 2018 book *Bodies that Birth: Vitalizing Birth Politics*. The interview was conducted virtually, crossing three time zones. The full interview can be accessed here <https://www.youtube.com/watch?v=IF4PzvhP17Q>.

RACHELLE CHADWICK



BODIES THAT BIRTH
VITALIZING BIRTH POLITICS



Rachelle: South Africa, in a sense, is a microcosm that reflects the tensions that we see transnationally, because of these different sectors, private and public, which map onto the differences between how birth unfolds in the global North and the global South. Obviously, it's not as simple as that, and, you know, there are widespread differences within the context of the global North as well, there are also inequalities, there are racialised differences, there are those that are migrants, etc., that are having very different experiences, even in privileged contexts. But I think these stark differences are reflected well in the South African context and provide an opportunity to start thinking through those differences as a means of grounding a feminist politics of birth.

The challenge for middle-class, white and Northern feminists of childbirth, respectful maternity care and obstetric violence, is to not just be in a bubble of whiteness, or transnational Northern privilege, and thinking about issues of choice and agency as if that's the beginning and end of birth politics. So I think the bigger question is how can we use these differences and transnational tensions to break open dualisms and move towards a transnational theorisation and politics of birth? I think the book starts to give us some of the seeds for doing that, but I don't think it's necessarily fully formulated.

Kaveri: As you pointed out, we indeed often see northern and southern feminists working in separate silos when it comes to terminologies, gender and rhetoric. How can they find a common ground?

Rachelle: I wrote in the book about this kind of polarisation in 2016, but I think now, in early 2021, things have started to shift. Interestingly, it's through the politicisation and work around the term 'obstetric violence' where I see that there is starting to be a coming together, which wasn't as visible at the time when I wrote the book.

At that time, the term obstetric violence was being used by feminists and activists in the Global South, in countries like Brazil, Chile and Venezuela, and in the Global North there was less of an engagement with that, which is changing now, and there was more of an engagement with issues around trauma and traumatic birth. I'm critical of that in the book, I argue that it's in danger of depoliticising the issues, with an over-focus on individual trauma. But I see now that it's shifting and it's a very exciting shift and many people are now working on the issue of obstetric violence in many different geopolitical contexts.

In this discussion we're already creating a transnational conversation and trying to find the connections around theorising, conceptualising, doing the activist work, the pushing back, the refusing work – around obstetric violence and its complexities. As such, 'obstetric violence' has the potential to be a transnational critical focal point, so I do situate a lot of possibilities and common ground there.

Rodante: Maybe one of the dangers of the term 'obstetric violence' is that it is often theorised as violence against women. In itself that is not a problem, of course, since it is indeed gender-based violence, but there is a tendency among birth activists and midwives to understand violence against women within an essentialist paradigm. The white northern natural birth and midwifery world sometimes wants to 'protect' birth as something essentially female, thereby negating non-binary and trans folks' birthing perspectives. How do we resist this reactionary tendency of defending birth as something essentially female, following from

the theorisation of obstetric violence as violence against women, and instead use the term to propel a politics that breaks down dichotomies, dualisms and suppressive gender identities?

Rachelle: I am currently writing about this very issue and I'm arguing that if we're going to forge a feminist politics of birth, then this has to be something that is not gynocentric. We have to find ways of forging ahead politically in an inclusive fashion and in a way that isn't only focused on women, or those that identify as women. It's important that we retain hold of the fact that obstetric violence is highly gendered, but at the same time it's more than that, and we cannot leave it at that. We cannot say: obstetric violence is a form of gender violence, full stop. We have to go further than that, and we have to ask the question: What about this form of violence makes it a specific form of violence that is against reproductive subjects broadly? It is a form of violence against reproductive agency. That is what I have just been writing about.

So I think it's about trying to find a language and a vocabulary going forward that doesn't bring us back exactly to what you said, to those binaries again, and to that kind of bioromanticism that for large chunks has sort of bedevilled feminist work on birthing. I think the other side of that is also sometimes a tendency to work in a silo around birthing rights, and not having that linked enough to other issues of reproductive justice, such as abortion rights, etc. I don't think we can forge a feminist politics of birth if we continue to see birth as a standalone issue. We have to see this as part of a broader struggle against the violation of our reproductive selves – which are not necessarily only women.

Kaveri: Your book discusses many terminologies such as 'birth violence', 'gentle violence', and many more. When studying obstetric violence, language and vocabulary become very important. For it's very difficult to convey sensitive content that connects. How does your term 'birth violence' relate to all the other terminologies regarding violence around pregnancy and childbirth, such as 'obstetric violence' and 'reproductive violence'?

Rachelle: I think 'obstetric violence', as terminology, is the way to go. Although it does have limitations, particularly if you're working with some of the legal definitions offered by countries in Latin America. In these definitions, medicalisation is often featured as the core problem, and we have to move wider than that. But to answer your question, I am a bit disconnected from the terminology 'birth violence' now. I think it has the danger again of leading to birthing being separated out as an issue that's separate from other issues around reproductive justice and reproductive violation.

In my current work I'm moving more towards a terminology that takes up all these forms of reproductive violence, and violation, and coercion, not only specifically focusing on birth violence – although that's always been the entry-point for me into my work and my writing. This issue of the politics of naming and vocabulary is fascinating. There's so much more to be written and arguments to be made as we try and forge our way forward.

Also a bigger issue is: how do we work towards a world in which birth can be reimagined? What would reproduction, birth and lactation look like in a feminist world? That's a question that intrigues me.

Kaveri: The way I picture it is that 'birth violence' goes beyond the obstetric environment, because working in India I have noticed it's not just about the violence from care providers. Women experience violence from their family or whoever is coming from their home as a

'birth companion', not only from doctors, midwives or nurses. It's not even just in an obstetric setting, rather, any kind of violence that one experiences when giving birth, even in a home setting.

Your terminology 'gentle violence' captured that for me and was a eureka moment in that sense, because it shows how normalised this issue is, hidden in plain sight. Obstetric violence is often unintentional and is due to a dehumanised healthcare system and its insensitive policies. We are all conditioned into it, we are doing it in certain ways, often not realising it. 'Gentle violence' gives us the language necessary to talk about this without blaming people and without getting into the intentionality debate. As a researcher, I was impressed by how much attention you have for picking the right terminology, based on how stories are told, the tone of voice, the emotions of the participants. How did you achieve that?

Rachelle: Well, I did all the transcription myself. I find that whole process of transcription almost more of an ordeal than doing the interviews. It's gruelling to have to relisten to that material in that detailed way. But as I did that work of listening, and playing with the Listening Guide methodology, where you spend many hours listening and working with the voices, I felt there was something in the stories, in the narratives, a kind of energy that I felt was absolutely critical to the meaning of what the participants were saying. A laughter in a voice or a particular way of phrasing something through the body, that kind of embodied language was fascinating.

I wanted to find a way of bringing that into my work, and then I bumped into the work of Julia Kristeva and this idea of the speaking body and the speaking being. She theorised how these energies, the emotional-affective kind of embodied ways that we speak, are a layer that is central to meaning-making. I tried to find a way of bringing that into the transcription. So yes, I had to try and find a way and I don't think it captures enough of 'the actual' (if you listen to the voices on the tape, what you would hear), but I tried as far as possible to bring that in, to give a sense of that performative body, as a person tells a story.

Rodante: So where do you think we can find the potential of reimagining a world in which birth can be different?

Rachelle: I think the answer that I found in writing the book and in presenting it in that particular way, was in the stories, in the actual, in the voices themselves, in the embodied telling. I think it's in that collective poem. I think it's in the stories, which show us a way towards a feminist politics that doesn't have a kind of set-in-stone position on technology. Because you can see in the women's own stories that it's not a one-to-one relationship, although, of course, overwhelmingly in settings that are highly medicalised, there's a broader kind of set of relationships going on that tend to mean that women or birthing persons might not feel connected. They might feel disempowered, because of that whole array or cluster of issues going on there.

We have to move towards a position where we say that technology has no inherent meaning. Technology can be administered in a way which is loving. Technology can be part of a positive, affirming, enlarging experience of birth, and those are the kinds of terms that capture what participants were talking about when they spoke about their real, embodied, fleshy experiences. In their narrations, they are telling us how we need to move forward for a feminist politics of birth. And it's not a way that says there is one right way to birth.

Kaveri: As researchers who write about violence, we know that it's tough. What impact has it had on you, as someone who writes, reads, researches, discusses violence so much? What happens to your mental health, and what strategy do you have to protect yourself?

Rachelle: The doing of the research, the actual fieldwork, was difficult for various reasons. For a large chunk of time, I compartmentalised it. There were times when I would come back from doing a particular interview feeling shattered, in tears, depressed, not having much hope for a way forward. Feeling not only the anger, but a sense of hopelessness about how we can change the situation – what do we do? And also in the South African context, about the material lives of many of the participants. Bumping into that in a concrete way, interacting, talking, having these conversations with many women and people so different from myself, was hard. It brought up a whole lot of feelings for me – anger, depression, despair, discomfort – which I've recently also tried to write about.

I acknowledge that I pushed it to the side for a large chunk of time, and didn't deal with it. I would come home in tears and upset, then I would try and shelve it and move on, reading my theory or writing. At the end of the day, I suppose writing is the thing that gets me through; it's a form of activism for me, it's a way in which I can try and turn that feeling of despair and hopelessness into something concrete.

For me, it's also an ethical issue: to do something with the stories that you've collected, all the voices, to make them count. So I use the project of working, of writing in various forms and platforms, through the poems, but also in more conventional ways and for more conventional platforms. That is what I use to cope: I write; I try to do more work around it, but it is taxing, it does affect me personally. The feelings are many and they're contradictory around the work and around the material on obstetric violence. I think trying to write and connect with others around this issue, to forge a way forward, is how I try and cope.

Notes on contributors

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