

Transnational Visual Activism For Women's Reproductive Rights: My Body, My Choice

Edited by Basia Sliwinska

First published 2025

ISBN: 978-1-032-53353-7 (hbk)

ISBN: 978-1-032-53356-8 (pbk)

ISBN: 978-1-003-41164-2 (ebk)

Chapter 3

My First Year Too: Obstetric Violence and Maternal Subjectivity

(CC-BY-NC-ND 4.0)

DOI: 10.4324/9781003411642-4

The funder for this chapter is Riga Stradins University

3

MY FIRST YEAR TOO

Obstetric Violence and Maternal Subjectivity

Jana Kukaine

There is a tradition in Latvia, as well as I believe in other countries, to create photo albums for a newborn. Their title usually is *Baby's First Year* or – to enhance the freshly constituted and still rather obscure personhood of a fragile human being – *My First Year*.¹ Those albums include photographs of babies and track their development (the gain in weight and length, their favourite toy) over the first year of their lives. I have such an album of myself, with the notes my mother and my older sister left there over forty years ago. Today I read them as evidence of the affection, care, and love I received as a child. My caretakers not only catered to my immediate corporeal and affective needs but also observed, measured, analysed, and wrote down their findings on the pages adorned with vignettes of flowers: the colour of baby's eyes, the first smile, giggle, word. I haven't asked where my mother got that template, but in Latvia, at least recently, the production of similar albums has been institutionalised – in the last decade, when my children were born, I received editions of such albums in the maternity hospital together with brochures explaining breastfeeding, bathing, and baby's patterns of sleep. At first, I attempted to fill the album, but soon realised I was too exhausted to maintain the tradition. I also noticed the problem behind it, in line with what many feminist scholars have been arguing: the highlight of a baby's first year did not in any way acknowledge the presence and subjectivity of the caretaker.

Historically, the focus on the child has led to the partial or total invisibility of the mother, reducing her to a mere function: to gestate, deliver, feed, take care, and sacrifice her needs if they happen to be incompatible with the baby's. The problem of 'removing the mother from the picture,' i.e., the forgetting of the mother and ignorance of the maternal subjectivity both literally and metaphorically, is common in art, and philosophy (Lintott and Sander-Staudt 2014). The widespread representations of motherhood, starting with the classical iconography of the Virgin Mary that is abundant in Western art to today's popular culture (like popular photography, blogs, social media, maternal fashion, and advertisements), are often unrealistic, idealised, and harmful for women. Recent feminist inquiries on mothering continue to expand the critique of motherhood as a patriarchal institution (Rich 1976) and unpack contemporary myths and normative ideas of

not only natural, instinctual and sacred, but also fit and intensive models of socially accepted motherhood. These cultural constructions control and oppress women, as well as permit misuse of their bodies and labour. Simultaneously, a growing body of research explores maternal subjectivity, resistance, agency, and pleasure, and embraces the potential of affective relationality, wisdom, and politics of radical care and intimacy, for building nurturing feminist communities (Badinter 2010; Allhoff and Lintott 2010; Donath 2017; Rose 2018, Kukaine 2020, Segal 2023). Lately, perspectives on the labour of gestation, surrogacy, and queer mothering (Lewis 2019), as well as intersectional approaches to mothers in postsocialist situation (Strelnyk 2018) continue to expand feminist field of inquiry, commonly illuminating unequal access to birth control, safety, and reproductive healthcare that impairs women's ability to make their life choices.

The denial of reproductive rights has many historical reasons. While it is beyond the scope of this chapter to analyse all of them, I focus on obstetric violence as a case of violation of reproductive rights. Obstetric violence not only denies women dignity, equality, and autonomy in decision-making, but also engenders epistemic injustice, objectification of female bodies, and erasure of maternal subjectivity. I will focus on a feminist initiative *My First Year Too* (2021–ongoing), which emerged in Latvia a few years ago around an account on Instagram. Now, it has evolved into a community that enacts a collective behaviour and shares an effort to draw critical attention to what is *lived* and *experienced*, pointing to 'ongoing crises and ruptures in democratic lives' (Sliwinska 2022: 4). Activism as 'a radical disruption of ideological constructs' (Moscovitch 2023: 2) leads to the introduction of new forms of thought. The project pronounces its political agency, by giving visibility to maternal lived perspectives, and catalyses a collective subjectivity to set in motion a debate about a problem that for decades has been silenced and neglected.

Invisible Mothers and Docile Femininity

In 2021, a publicist and philosopher Agra Lieģe-Doležko in collaboration with an artist Elīna Brasliņa and a cultural worker Elīna Bērziņa introduced a project in Latvia's social media. Titled *My First Year Too*, it strived to acknowledge and pronounce the presence of principal caretakers, mainly mothers, in babies' first years. Both Lieģe-Doležko and Brasliņa at that time were mothers of small children, and the project evolved as a collective critique of the invisibility and exclusion of women continuously maintained by popular culture, healthcare, and public opinion in Latvia. The initiative encouraged women to submit stories of their first year as mothers, with a photograph that the artist Elīna Brasliņa used to create an original portrait for each. The contributions were published on the Instagram account *My First Year Too* (@my_first_year_too).

Brasliņa is a well-known graphic designer and artist in Latvia, and the portraits she drew are typical of her style: cheerful, cozy, and colourful, with basic outlines and a minimalist approach, highlighting one characteristic detail: a catheter, soup terrine, or a patterned dress. The portraits were made in a sketchy, offhand style with coloured pencils. This approach was chosen to emphasise that mothers of small children, including the artist, are always short of time. The swift movements of the drawings suggest that the first year is hectic and intense, a chance to contemplate every detail is scarce. Likewise, the voluntary nature of the project determined the amount of time the artist could devote. Yet, conceptually, the rudimentary outlines testify to the often obscured, fragmented, and

fractional knowledge of maternal subjectivity, the inaccessibility, and the elusiveness of the maternal subject that is burdened with care work and domestic chores to the extent that it limits the possibility of appropriate representation and acknowledgement.

While the photographs submitted to participants exhibited varying qualities, ranging from awkward selfies with clumsy composition to professionally staged and edited images, the artist treated them in a similar, unifying manner, obliterating the difference between the homemade and professional, random and plotted, low- and high-cost product – the distinctions signalling women’s social, economic, and aesthetic inequalities. The series of portraits negotiate a feeling of lightness and ease. The women are usually smiling and the babies look cute. Sometimes, siblings and fathers, or pets, are also portrayed in the images, hugging or holding arms. The figures are set against a white background, to emphasise their animateness and vitality, but also to eliminate any arbitrary or unnecessary context (Figures 3.1. and 3.2). The collectivity, not singularity of every contribution was enhanced.

The portraits share a particular mood, or, to borrow a term from affect theories, an atmosphere – the affective tone that fills the space like a haze, wrapping the depicted objects and enveloping the viewers (Böhme 2017; Kukaine and Taurens 2023). The emotional ambiance of Brasliņa’s drawings consists of happiness, fulfilment, emotional



FIGURE 3.1 Elīna Brasliņa. *Vita*. Colour pencils. Size variable. 2022.

Courtesy of the artist



FIGURE 3.2 Elīna Brasliņa. *Ruta*. Colour pencils. Size variable. 2022.

Courtesy of the artist

balance, and effectiveness, and to a great extent was determined by the photographs. It can be assumed that this is how most parents would like to perceive themselves and to appear to others. It is telling that despite featuring troubling and traumatic episodes, most of the tales end on a positive note. The implied standard of a reliable and socially fit mother, as well as internalised censorship and the aspiration of normative happiness that marks the horizon of cruel optimism could have an impact on how women frame their first year. The vulnerability of maternal subjects and their susceptibility to social pressure can be perceived as a signal that some of the emotional needs of the women have not been met and that they do not receive proper emotional support, which maternity and postpartum care should ensure. For many, *My First Year Too* provided an opportunity to share stories without judgement and criticism, and to address some of the shortcomings of maternal healthcare in Latvia.

In two years, the account has published almost 300 stories both in Latvian and English and has more than 5000 followers. While most of participants are based in Latvia, there are contributions from Latvian diaspora community, refugees from Ukraine, and also international submissions from artists and activists. Anna Härmälä (Finland), Emma Rytöft (Germany), Lauren Weinstein (USA), and Pia Bramley (UK) are among

the artists who entrusted their stories to the project. Professionally, they share an interest in maternal comic art, and typically depict intimate experiences, including birth, as in Weinstein's book *Mother's Walk* (2018), everyday life events, as well as address social expectations, standards of fit mothering, and hardships to combine maternal responsibilities with art making. An LGBT+ rights activist from Iceland Thordis Elva also contributed with a story, revealing her doubts and a sense of non-belonging to the mainstream perception of blissful maternity. Likewise, many women artists from Latvia shared their experiences too, among them Rasa Jansone, Anita Rupeika, Katrīna Gaile, Guna Poga, Elīna Eihmane, etc. – these artists also explore motherhood, including personal experience of it, in their artistic practice. Thus, *My First Year Too* has contributed to establishing a transnational artistic community – a solidarity foregrounded by collectivity among women across class, race, and national boundaries that is based on shared experiences and common ways of being the world (Rosenberg 2009). A few accounts from full-time dads were submitted too, attempting to normalise the choice to share household duties and care work among parents. By accumulating a remarkable number of authentic insights, confessions, and unedited memories, *My First Year Too* pays tribute to maternal subjectivity. It also explores the first year of maternity from a woman's perspective, by providing a cross-section of the everyday experience of mothering. Many stories actually exceeded the limits of the first year, including accounts of pregnancy and giving birth, as well as the experience of parenting in the following years, leading to more general thoughts on why and how mothering and relationship with children matter.

When reading through the stories, particular patterns and motives repeat. Postpartum depression, anxiety, and breastfeeding difficulties are quite common, as well as a sense of tension and confusion when one's experience does not correspond either to the popular depiction of motherhood, or personal expectations. Feelings of worthlessness, helplessness, and not being a good enough mother are often revealed too, together with the realisation of how parenting experience changes the relationships even in couples who strive to ensure gender equality, but eventually play out the scenario where the mother as the principal caregiver performs most of the affective labour and care work.

The collection of evidence also exposed potential flaws in the widespread reproductive health services in Latvia, including emotional and physical violence against women conducted by care providers. The participants of the project kept reporting having experienced humiliation and shame, as well as helplessness and confusion, which to a great extent framed not only the memories of gestation and birth but the whole perspective of the first year. While most cases were related to birth supervision, instances of gaslighting, disrespectful attitudes, offensive comments, neglect of corporeal autonomy, abandonment of care, and epistemic injustice were present also in pre- and post-natal care. In contemporary understanding, also supported by the World Health Organisation, obstetric violence is perceived not merely as a matter of quality of care by maternal health professionals, but as a violation of human rights, including the rights to health, privacy, freedom from discrimination, freedom from violence, and freedom from torture and other ill-treatment (Williams and Meier 2019). Obstetric violence can be characterised by dehumanised assistance, abuse of interventionist actions, medicalisation, and reversion of the process from natural to pathological, as well as mistreatment of the body and the reproductive processes of the woman.

The violation of reproductive rights in maternal healthcare can be indicative of a gap in Latvia's public healthcare that is only gradually becoming client-centred. It intersects with a more general acceptance and ignorance of violence in Latvian society. The idea that birth is an ordeal is common, sometimes it is even compared with going to the war – the 'male equivalent' of the life-changing experience. Yet, as many researchers have pointed out, obstetric violence has a distinct gendered facet since it is based on an androcentric version of modern medicine that attempts to control women, their bodies, sexuality, and reproduction (Martin 1987; Diaz-Tello 2016, Shabot 2016, Shabot and Korem 2018). Obstetric violence is maintained by patriarchal stereotypes about how women should behave, what kind of treatment they deserve, and what sort of beings they truly are, along with naturalisation of pain, subjection, and humiliation. Indeed, as several participants of the *My First Year Too* have recalled, some mental healthcare providers still view the pain of giving birth as the punishment for having sex. In other words, it is not merely one deficiency in the professional maternity care model, but a case of discrimination and violence against women as a group. It inflicts unnecessary suffering, as well as enshrines and naturalises the standard of docile femininity that aims to domesticate the birthing body in order to ensure proper behaviour and an identity of an altruistic 'good mother' that prioritises baby's needs. The purpose of obstetric violence is to suppress maternal subjectivity, rendering women invisible, silent, and obedient, alienated from their bodies, uncertain about their choices, and gaslighted about their preferences. From the legal point of view, obstetric violence impairs the right to proper reproductive healthcare, pertaining to more general patterns of the violation of reproductive rights worldwide.

I Will Never Forget the Next Moment

In June 2022, Agra Lieģe-Doležko invited three women – painter Katrīna Gaile, dance performer Kristīne Brīniņa, and publicist Santa Remere to share their stories of giving birth for an online magazine *Satori*. The publication generated a vast number of responses on social media, especially *Facebook*. While some commenters expressed gratitude and sorrow, as well as recalled their own moments of enduring violent attitudes, others attempted to blame those women for having unrealistic expectations, negative attitudes towards healthcare professionals, and lack of knowledge and preparation. Some wondered why women did not care to find the 'right' midwife. In Latvia, giving birth is free of charge, however, if a woman prefers having a particular healthcare specialist assisting her – a midwife or a doctor – she needs to sign a private agreement – the option available mostly to women with medium or high income, making women with low income more vulnerable to the hazard of obstetric violence. The situation is problematic as the goal of reproductive rights is to reduce the reproductive healthcare inequalities, such as those concerned with class in professional delivery care to ensure safe motherhood for every woman.

Soon after the publication, the team started to prepare for the exhibition *Parenthood. First Years in Portraits* in the gallery *Istaba* (Figures 3.3 and 3.4). One of the project's most visible milestones in 2022 attracted the attention of a wider audience and also provided an opportunity for the participants to meet in person, strengthening the sense of community. Along with the exhibition, two events evolved: a drawing workshop led by artist Elīna Brasliņa for kids and a discussion on obstetric violence in Latvia. For the latter, gynaecologists Dina Ceple and Karlīna Elksne, an Associate Professor of Riga



FIGURE 3.3 Exhibition view in gallery *Istaba* with Agra Lieģe-Doležko's hand.

Photo: Gatis Gierts. 2022, Courtesy of the artist



FIGURE 3.4 Exhibition view in gallery *Istaba* with Elīna Bērziņa, Elīna Brasliņa with her daughter, and Agra Lieģe-Doležko.

From the archive of *Istaba*. Courtesy of *Istaba*.

Stradins University in medicine ethics Signe Mežinska, the minister of Health Daniels Pavļuts, and a psychologist Marina Brice were invited to join. Prior to the discussion, Lieġe-Doležko conducted a survey via *My First Year Too* social media accounts. She asked women to voluntarily share their experiences about whether they had encountered any instances of obstetric violence. More than 600 women participated, and 37% of them responded they had suffered from emotional, physical, or verbal abuse. The survey did not meet the criteria of sociological inquiry, however, since in Latvia there was no official data available, these preliminary results facilitated the discussion with healthcare professionals.

The discussion opened with a reading of birth stories, by actress Anta Aizupe. Her voice was soft and deep as she narrated the experiences of Katrīna, Laura, Linda, and other women participating in the *My First Year Too* project. Here are some fragments:

I wonder what is going on in the heads of the women that were assisting me. Perhaps they are completely numbed by receiving so many births? Midwives and nurses were constantly changing, hardly ever talking to me, just making frivolous and unpleasant remarks as if I wasn't there. When the pushing phase started, I remember one of them commenting that 'It will be like the first sex, only more painful'. At the time, it still seemed rather comical to me as a homosexual woman. I was pushing like crazy and they were all doing something to me – crawling between my legs, commenting. I had blood in my eyes, and my whole face and neck were bruised. They shouted at me that I didn't know how to push, didn't know how to give birth. I lost consciousness several times and was brought back to life. At some point, I tore my intestine while pushing.

(Katrīna's story)

The gynaecologist checked the opening, put forceps, and punctured the waters. At no point, she said what would be done or how. There was a huge pain, but she told me angrily: 'Why are you staring at me as if World War III has started?' In the delivery room, they placed an intravenous line and gave me some gas, urging me to breathe it. I screamed in pain because the birth was very fast, I was too weak after the high dose of magnesium. The labour was quick and from the onset, I had no idea about what was being done to me, I was told nothing, and warned of nothing.

(Laura's story)

I had been pushing for almost five hours when shortly before 9:00 with the next shift another gynaecologist arrived. My husband was asked to leave the room and I will never forget the next moment: two cuts in the perineum, a man leaning with all his weight on my stomach to push the baby out, a person on each side holding my legs by knees to pull me wider, and a second gynaecologist performing multiple vacuum extractions. The delivery table and I was shaking from the physical force applied. I screamed in pain and begged for a Caesar, not believing that my baby would be able to survive this nightmare any longer. At 9:30 my daughter was born in the Caesarean section with moderate asphyxia. She was admitted to the intensive care unit of Riga Stradins University Hospital due to birth injuries.

(Linda's story)²

I remember the heated atmosphere in the gallery. While Brasliņa's drawings displayed smiling faces and relaxed bodies, the faces and body postures of the audience expressed doubt, anxiety, and disappointment. The invited healthcare professionals were struggling to face the problem. Their reactions ranged from sophisticated attempts to shift attention to other topics, to claiming their professionalism and innocence, as well as blaming women for having unrealistic expectations and an exaggerated desire to control everything. They emphasised that childbirth is a complicated and high-risk process and no one can guarantee perfect results, but women nonetheless should trust doctors. If somebody has special preferences, they should talk about it beforehand or devote time (and money) to finding a healthcare professional they trust. And, if a family is not satisfied with the service, they can write a complaint, preferably, straight after giving birth. In Latvia these complaints are investigated by the Health Inspectorate, and, ironically, the verdict is based on the documentation provided by the very health specialist who is accused. In recent years, the number of successful complaints has been below 10% (Health Inspectorate Public Review 2022). Moreover, it is rather unlikely that a woman straight after giving birth will prioritise her legal rights to complain, especially if she is convinced it was her fault if something went wrong. There is no comprehensible yardstick that could be used to identify and measure obstetric violence. The distinction between violent and traumatic birth experiences can also blur. The discussion in the gallery revealed that even in professional circles, the understanding of obstetric violence is vague, making birthing bodies pay the toll of its obscurity.

Approaching Obstetric Violence

At the end of 2022, Agra started to look for an opportunity to conduct a legitimate quantitative inquiry on obstetric violence. Sociologist and entrepreneur Olga Procevska volunteered to get involved in the process of developing the objective of the study and questionnaire. Together they approached one of the largest professional data collectors *Norstat Latvia*, which agreed to collect the data *pro bono*, inviting 2591 women aged 18–60 to reflect on their birth experience. In the survey, the word 'violence' was substituted with the term 'negative attitude or behaviour,' which was then broken down into various possible constituents, provided that the interpretation of the participants of what constitutes either 'violence' or 'negative attitude or behaviour' can differ significantly. Accordingly, the understanding of violence consisted of shouting at the patient; ignoring pleas for help; threat or intimidation; lying or withholding information; offensive comments on body, weight, appearance or behaviour; insensitive touching or holding against one's will; pressing on the stomach or other physical actions without agreement; episiotomy without agreement; negative comments about breathing, pushing or lack of other skills; negative comments on breastfeeding or lack of skills to take care of the baby; negative comments about baby's health, appearance, or behaviour. The definition focuses on concrete deeds by health professionals, instead of addressing the subjective experiences of women. While the phenomenological approach could provide a more comprehensive insight into the scope and the harm of obstetric violence, the survey based on facts makes health professionals accountable for what they did or didn't do, as well as raises awareness in society about the problem.

36% of the respondents admitted they have been subject to at least some instances of obstetric violence (i.e., have experienced at least one ‘negative attitude from the health professionals’), which is very similar to the findings of the self-made survey conducted earlier. Now data was official, meeting the standards of sociological inquiry. It marked a historical moment in the discussion of reproductive healthcare and rights in Latvia, since the research outcomes debunked the dominant tendency to downplay the importance of maternal lived experience. Contrary to the often-prevailing idea that women at birth are half-conscious, unaware of the situation, and cannot be accountable, the collected evidence proved the opposite: women remember every detail and can analyse their experience even years after giving birth. The very framing of obstetric violence neutralised the argument previously used by health professionals depicting women as oversensitive or whimsical, with unrealistic aspirations. The research together with the evidence provided by *My First Year Too* affirmed that women simply wish to be respected and talked to. Yet the research outcomes also confirmed that, regardless of whatever had happened, women can be very patient and forgiving, and, in general, they are thankful to health professionals. Some indicators suggested also women’s lack of ability to recognise instances of obstetric violence despite the fact they have endured it, due to the novelty of the very concept to Latvian society, as well as the modest expectations of birthing women. The perception of labour as an ordeal is still widespread, while attitudes and treatment by health professionals are framed as part of the inevitable evil one has to cope with.

The interpretation of the research results by Lieġe-Doležko and Procevska was rather telling. In the survey, the participants were also asked to identify the reasons for obstetric violence in Latvia. The most popular answer (provided by 36% of respondents) referred to staff’s insufficient education and soft skills, while the second most popular answer (27%) viewed obstetric violence as an effect of the Soviet legacy, i.e., a demonstration of a neglectful attitude and abuse of power that is characteristic of a totalitarian and authoritarian state. Another question asked how the attitude of the medical staff influenced their decisions about having another baby, with 35% responding that it had diminished their desire to reproduce.

These findings were interpreted in the two press releases. In the first, Lieġe-Doležko commented:

The results of this study show (..) how high the level of society’s tolerance towards violence is in general. (..) The regular invocation of the ‘Soviet legacy’ is not an excuse for postponing a solution – both the internal culture of medical institutions and society’s response to this seemingly everyday violence need to change radically.

(Press release, LSM, 16.02.2023)

The second press release, published a few days later, was titled *Attitudes of medical staff reduce women’s desire to have children*, and it started with a statement: ‘Considering how often the need to improve the demographic situation in Latvia is discussed at the state administration level, these are indicators that should not be ignored.’ In the same text, Olga Procevska again referred to the Soviet legacy by claiming:

Although we see that women are forgiving and tolerant of negative experiences, this study is a clear signal to Latvian society in general and to medical professionals in

particular – if we want to get out of the post-Soviet situation, we must radically change our attitude towards childbirth. It is clear that the low salaries of doctors do not make the situation easier, but humane treatment is largely not a question of money, but of culture

(Press release, LSM, 21.02.2023)

In these statements, the interpretation of research findings took on an explicitly political stance. Although the research indicated only a diminished desire to reproduce and did not actually foresee that women would give up reproduction, the appeal to the demographics in Latvia finds allies in the right-wing politicians who traditionally blame child-free women for the ‘extinction’ of the nation. While the focus is to improve the healthcare service for those women willing to have children, the argument resembles a reiteration of a patriarchal view of the female body as a reproductive instrument for achieving the political and economic goals of the state. Reproductive rights need to be ensured so that women can produce more children, not because women *per se* are legitimate political subjects whose emotional, intellectual, and physical needs ought to be taken into account.

Second, the critique of obstetric violence is used to trade in the Eurocentric vision, accelerating Latvia’s alleged ‘transition’ from the post-Soviet past to the Eurocentric future. Ensuring a respectful attitude to birthing women can help to ‘get out of the post-Soviet situation’ and ‘catch up’ (Andras 1999: 8) with Western knowledge and lifestyle for liberation and prosperity where West is often perceived as ‘the old Europe’ that Latvia now, after years of Soviet occupation, can return to. Even if Latvia is still far away from the welfare of the West, it can at least try to enhance its standards of respectful communication in medicine, because decent treatment is not a question of money, but of culture. The debate about the political orientation of postsocialist countries and their ambiguous and often disillusioning engagement with Eurocentric ideals is a major topic in postsocialist feminism, which is punctuated by the legendary self-ironic question by Madina Tlostanova about whether the post-Soviet can at all think (2015). Patterns of epistemic injustice, inequalities imposed by neoliberalism, as well as voluntary intellectual self-colonisation and the desire to ‘get rid of’ its socialist past, are ongoing lines of inquiry (Kukaine 2023), while on the political level, an alliance with the West is often perceived as a warrant against the imperial ambitions of Latvia’s Eastern neighbour.

In the press releases, the female bodies are exploited by dominant ideologies and nationalist policies. The rhetorical manoeuvres women need to carry out to establish a strategic political alliance in their aspiration to safeguard proper healthcare provide striking evidence of reproductive vulnerability. The rights of women are acknowledged only if the dominant political elites can benefit from it, not because women are entitled to proper treatment and dignified care. In this situation, women remain to be constructed as docile objects of motherhood by the institutionalised patriarchal practice of reproduction.

Drawing the Stories of Birth

After the exhibition in *Istaba*, Brasliņa was invited to conduct workshops, inspired by the *My First Year Too* project, in a private art institution – an art centre *Zuzeum*. In summer 2023, she held a similar workshop in the democratic conversation festival *Lampa*. Titled

Drawing Your Birth Story, these workshops provided a space for intimate reflection on one's birthing experience, enhancing bodily and affective patterns in the subjective and often intuitive interpretation. The workshops gathered both women, as well as families with small children, mostly without any art training. They rendered their story visually, using the materials offered at the workshop – pencils, crayons, magazines for collages, as well as templates prepared by the artist.

Although there were no instructions, before starting each session, Brasliņa presented some insights into how the theme has been addressed by feminist artists worldwide. Iconic works by Judy Chicago, Louise Bourgeois, Mary Kelly, as well as Marlene Dumas, Suzanne Holtom, Emma Ahlqvist, and Stepha Lawson, were assembled along oeuvre of Latvian artists Elīna Eihmane, Anita Rupeika and Elīna Brasliņa herself, as well as artists that had contributed to *My First Year Too* project, like Pia Bramley, Lauren R. Weinstein, and Emma Ryttoft. Their visual elaboration of pregnancy, birth, and postpartum processes emphasised the ongoing continuity of experience and its shared character across generations and geographies, regardless of geographical situatedness or professional inclinations. The artworks disclosed a variety of perspectives and embraced the scope of the emotional spectrum: from despair to hope, from fatigue to vigour. Strong and resilient, as well as vulnerable and fragile figures of mothers, babies, and bodies introduced particular visuality the participants of the workshops could relate to. By showing how to address an intimate, and often ambiguous experience, indeed, how to present the unrepresentable, the selected feminist artworks facilitated finding one's way to negotiate the lived experience, be it traumatic or victorious, happy or sad.

In the drawings by workshop participants, the motives of blood, clock, and fruit kept repeating, as well as the affective atmospheres of humour, horror, shock, and peace. After finishing, Elīna invited people to share their drawings with others. While for some, getting back to the experience was easy, for other participants the process stirred up powerful emotions. The workshops can be viewed as instances of community art making, facilitating reworking and comprehension of one's experience, which often seems elusive and obscure, as well as sharing it with others. While drawing a story of giving birth, one can detach from a linear perspective, grasping the event as a whole: as intensity, oversaturation, a blow that comes all at once, an embodied experience of excess and exuberance. While it is almost impossible to approach these drawings to determine the risk of obstetric violence, they reveal a personal, lived perspective making maternal subjectivity pronounced. The individual contributions enact a collective manifestation where female bodies are never docile, obedient, or powerless. Instead, they present an unruly creative force, wisdom, autonomy, and integral personhood.

My First Year Too is a unique project as it mobilised a community and provided visibility to a social group that has often been marginalised or misrepresented. Its main strategy is giving voice to parents, but mostly mothers of small children to narrate their stories, combining autobiographical and visual expressions. The project has indicated the level of naturalised oppression and discrimination against women in Latvia, as well as addressed a variety of urgent issues, the ubiquity of obstetric violence in healthcare systems and violations of reproductive rights of women among them. The project contributed greatly to overall education of society, as it introduced the term of obstetric violence to professional healthcare debates and provided comprehensive tools to recognise it. The discussions initiated by the project, revealed the scope of maternal

vulnerability in Latvia, the prejudices against women, including epistemic injustice and objectification of female bodies by healthcare professionals and the general public. Women's rights in Latvia are still not viewed as an integral aim or a value per se, an obvious public good that ensures a better life for everyone in a democratic society. Initiatives like *My First Year Too* are of great importance as they build a community and affirm maternal subjectivity, in a light-hearted, optimistic, and collaborative way. The collection of maternal tales continues to grow, and the project is open to everyone willing to share their experience.

Notes

- 1 The chapter has been written with the support of State Culture Capital Foundation. Special thanks to Agra Lieġe -Doležko and Elīna Brasliņa for their insightful comments and generous help.
- 2 From the script prepared for the opening reading by Lieġe-Doležko. Translated by the author.

References

- Allhoff, F. and Lintott, S. eds. 2010. *Motherhood – Philosophy for everyone: The birth of wisdom*. Chichester: Wiley-Blackwell.
- Andras, E. 1999. 'Gender Minefield: The Heritage of the Past'. Edited by K. Deepwell. *N. Paradoxa*, Online Issue No. 11. pp. 4–9. Available at: <https://www.ktpress.co.uk/pdf/nparadoxaisue11.pdf> (Accessed on 1 December 2023).
- Badinter, E. 2010. *The conflict. How modern motherhood undermines the status of women*. New York, NY: Metropolitan Books.
- Böhme, G. 2017. Atmosphere as a fundamental concept of a new aesthetics, in Thibaud, J.-P. ed. *The aesthetics of atmospheres*. London and New York: Routledge, 8–27.
- Diaz-Tello, F. 2016. 'Invisible wounds: Obstetric violence in the United States'. *Reproductive Health Matters*, 24, 56–64.
- Donath, O. 2017. *Regretting motherhood*. Berkeley, CA: North Atlantic Books.
- Hays, S. 1996. *The cultural contradictions of motherhood*. New Haven, CT: Yale University Press.
- Health Inspectorate Public Review. 2022. Available at: <https://www.vi.gov.lv/lv/publiskie-parskati>.
- Kukaine, J. and Taurens, J. 2023. 'Forgetful and drowsy: The affective atmospheres in contemporary Latvian photography'. *The Polish Journal of Aesthetics*, 68 (1/2023), 57–74.
- Kukaine, J. 2020. 'Picking sides, picking selves: Elina Eihmane and maternal entanglement'. *Photography and Culture*, 13 (3–4), 385–401. <https://doi.org/10.1080/17514517.2020.1834688>
- Kukaine, J. 2023. 'Intimacy and darkness: Feminist sensibility in (Post)socialist art'. *Arts* 12(1), 24.
- Lewis, S.A. 2019. *Full surrogacy now: Feminism against family*. Verso Books.
- Lintott, S. and Sander-Staudt, M. eds. 2014. *Philosophical inquiries into pregnancy, childbirth, and mothering: maternal subjects*. London and New York: Routledge.
- Martin, E. 1987. *The woman in the body: A cultural analysis of reproduction*. Boston, MA: Beacon Press.
- Moscovitch, K. 2023. *Radical intimacy in contemporary art: Abjection revolt and objecthood*. London: Bloomsbury Academic.
- Press release, 'Pētījums: 36% sievietes dzemdībās Latvijā saskārušās ar medicīnas personāla negatīvu attieksmi'. LSM, 16.02.2023. Available at: <https://www.lsm.lv/raksts/dzive-stils/vecaki-un-berni/petijums-36-sieviesu-dzemdibas-latvija-saskarusas-ar-medicinas-personala-negativu-attieksmi.a496685/>
- Press release, 'Pētījums: Medicīnas personāla sliktā attieksme mazina sieviešu vēlmi radīt nākamus bērnus'. LSM, 21.02.2023. Available at: https://www.lsm.lv/raksts/dzive-stils/vecaki-un-berni/petijums-medicinas-personala-slikta-attieksme-mazina-sieviesu-velmi-radit-nakamos-bernus.a497467/?utm_source=lsm&utm_medium=article-bottom&utm_campaign=article/
- Rich, A. 1976. *Of woman born: Motherhood as experience and institution*. New York, NY: W. W. Norton.

- Rose, J. 2018. *Mothers. An essay of love and cruelty*. London: Faber and Faber.
- Rosenberg, T. 2009. 'On feminist activist aesthetics'. *Journal of Aesthetics & Culture*, 1(1), 4619. <http://doi.org/10.3402/jac.v1i0.4619>.
- Shabot, S.C. 2016. 'Making loud bodies "Feminine": A feminist-phenomenological analysis of obstetric violence'. *Human Studies* 39 (2), 231–247.
- Shabot, S.C. and Korem, K. 2018. 'Domesticating bodies: The role of shame in obstetric violence'. *Hypatia*, 33, 384–401.
- Segal, L. 2023. *Lean on me: a politics of radical care*. London: Verso.
- Strelnyk, O. 2018. "A mom who has time for everything": Mothers between work and family in contemporary Ukraine, in Gradszkova, Y. and Ildikó Asztalos, M. eds. *Gendering postsocialism. Old legacies and new hierarchies*. Andover, MA: Routledge, 105–120.
- Sliwinska, B. 2022. *Feminist visual activism and the body*. London: Routledge.
- Tlostanova, M. 2015. 'Can the post-soviet think? On coloniality of knowledge, external imperial and double colonial Difference'. *Intersections. East European Journal of Society and Politics*, 1, 38–58.
- Williams, C.R. and Meier, B.M. 2019. 'Ending The abuse: The human rights implications of obstetric violence and The promise of rights-based policy to realise respectful maternity care'. *Sexual and Reproductive Health Matters*, 27(1), 9–11. <https://doi.org/10.1080/26410397.2019.1691899>.