

Women's Bodies, Mothers' Bodies

19th-21st centuries

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Abstract

Maternity represents a central element in the definition of the female body. Beginning in the late nineteenth century, the medicalization of maternity, along with demographic and health considerations, led to greater control over the reproductive bodies of women. However, a major change took place during the second half of the twentieth century, with the gradual dissociation between women's bodies and maternity, and the struggle for recognition of women's right to control over their bodies. The current period is once again exploring maternity and its connections to the female body, as the development of assisted reproductive technologies, for instance, has dissociated the process of maternity, requiring a redefinition of what constitutes a mother.

Article

From the Enlightenment to the mid-twentieth century, the dominant idea was of a female body primarily devoted to maternity, in accordance with Hippocrates's adage "*tota mulier in utero*" ("woman is a womb"). To combat high mortality in childbirth, medical practitioners exerted increased control over maternity beginning in the eighteenth century. This medicalization extended to all social categories in Northwestern Europe during the late nineteenth century, and later to the entire continent. It was promoted by the Pasteurian discoveries of the 1860s, which legitimized the firm grip that medicine had over the maternal body, primarily at the hospital. This evolution led to a net decline in mortality, but also to a devaluation of female knowledge surrounding the body and maternity.

Pregnancy was felt by women at the time to be an unpleasant experience, marked by illness and fear. Associated with animal nature and ugliness, it was generally dissimulated by clothing, and rarely represented in art. Childbirth, which remained risky and painful, was sometimes experienced as a terrible ordeal, as with the nine childbirths of Queen Victoria (1819-1901).

Once the child was born and the mother safe, breastfeeding was often delegated to someone other than the mother, leading to the commodification of the bodies of wet nurses from working-class backgrounds. However, this practice, which was widespread during the nineteenth century in the

urban class, and more so in France than the rest of Europe, decreased at the end of the century in favor of artificial breastfeeding.

During the nineteenth century, maternity was chiefly given standing and idealized from an educational and affective standpoint, as shown by the increase in portraits portraying love between mothers and children. Art offered a desexualized representation of the maternal body, all the more so as it took as its model the Virgin Mary, whose worship underwent new fervor in Catholic countries. The Viennese Klimt (1862-1918) caused a scandal in 1903 when, going against the grain, he represented a pregnant woman totally nude in his painting entitled *Hope*. Taking inspiration from their experience, female artists renewed the representation of the maternal body, such as the German Paula Modersohn-Becker (1876-1907), who was both an artist and a mother, but not without difficulty.

In a context of falling birth rates in Europe, maternity was at the center of public policies beginning with the last third of the nineteenth century. Initiated in certain countries—Switzerland (1877), Germany (1878), Belgium and Holland (1889)—maternity leave spread during the first two decades of the twentieth century. With the exception of communist Russia and later the USSR, which authorized abortion from 1920 to 1936 in order to free women from the bourgeois family model, all European states adopted pro-natalist measures. They were accompanied by repressive legislation against abortion and contraceptive advertising in conservative countries such as Italy, or in other countries fearing demographic danger after the slaughter of the first global conflict, such as France (laws of 1920-1923).

Maternity was subsequently presented as a duty and supreme happiness, a source of health and beauty. It was said that refusal of maternity, or an incapacity to attain it, transformed women into incomplete and useless beings with a potentially dangerous sexuality. Authoritarian regimes confined women to their reproductive role, and encouraged them to stay at home; the practice of gymnastics was promoted to prepare their bodies for maternity. Nevertheless, during the 1930s Northern European countries facilitated birth control, by dissociating it from free love out of a concern for moralization. In 1930, the English government allowed the diffusion of information on birth control methods, and the Anglican Church authorized the use of contraceptives in the context of marriage.

The confusion between the female and maternal body was revived by the baby boom and the increased number of mothers. The reduction of maternal mortality and the diffusion of so-called “painless childbirth” techniques from the USSR changed the experience of giving birth, by offering women the possibility of having more control over their bodies and alleviating the suffering of childbirth, to which the development of epidural anesthesia also contributed beginning in the 1980s.

This dominant representation—women’s bodies/mothers’ bodies—was nevertheless deeply called into question: Simone de Beauvoir dissociated sexuality, procreation, and femininity in *The Second Sex*

(1949), while second-wave feminism in Western Europe during the 1970s called for women to have control over their bodies and challenged the existence of biological destiny. The injunction to have children was defined as alienating and as the basis of male domination, and subsequently desacralized. Refusing “slave maternity,” feminists fought for sexual education, the right to contraception, and abortion. The latter was acquired in Northern Europe (Sweden 1946) and Eastern Europe (once again authorized in the USSR in 1955, Poland in 1956, Czechoslovakia in 1957), and later in Great Britain in 1967. There were numerous curbs in Catholic countries, and when abortion was legal, it remained subject to numerous restrictions (Italy: 1978, Spain: 1985, Portugal: 2007); it remains banned in Ireland and Malta, and is once again highly restricted in Poland (1997).

Medical control over women’s reproductive bodies took new forms. The multiplication of prohibitions, precautions, and examinations during pregnancy, along with the development of ultrasound during the 1980s, made the stomach “transparent” and the fetus a patient like any other, sparking the feeling among women of being at the service of their baby and dispossessed of their body. Despite these constraints, maternity remained a highly valued experience, even among feminists, such as Antoinette Fouque (1936-2014), who celebrated this fundamental and specifically female capacity. The happiness of being a mother and the physical pleasures offered by this state were also invoked, as pregnancy, childbirth, and breastfeeding became foundational experiences. Currently there is great social pressure to breastfeed in the name of a return to the “natural,” which can also be seen in calls for giving birth without anesthesia, an approach that moreover represents a kind of empowerment in the face of medical authority. Today pregnancy is the subject of great symbolic investment and, unlike previously, is willingly exhibited. Yet the changes to the body that come with it, the experience of childbirth, and maternity can be critical moments in female identity, and can sometimes be accompanied by psychological disturbances (postnatal depression).

In the end, while women now have the ability to flourish outside of maternity, it remains a central element in their existence (in 2006 only 10% of French women did not have children, as opposed to 30% of German women). Social injunctions and the unfulfilled desire for children often make sterility a source of frustration and suffering, and help explain the growing use of assisted reproductive technology (medically assisted procreation—MAP, gestational surrogacy—GS), which have sparked a range of debates and legislation. By dissociating certain phases of maternity from the exclusively female body, these practices have led to a reappraisal of the equivalency between women’s bodies/mothers’ bodies.

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