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(Eds)**

**VI JORNADAS INTERNACIONAIS
DE
HISTÓRIA DA PSIQUIATRIA E SAÚDE MENTAL**

COIMBRA

**CENTRO DE ESTUDOS INTERDISCIPLINARES DO SÉCULO XX
DA UNIVERSIDADE DE COIMBRA-CEIS20 / GRUPO DE HISTÓRIA E SOCIOLOGIA
DA CIÊNCIA E DA TECNOLOGIA – GHSCT**

SOCIEDADE DE HISTÓRIA INTERDISCIPLINAR DA SAÚDE – SHIS

2016

Colecção:

Ciências, Tecnologias e Imaginários. Estudos de História - séculos XVIII-XX

Directores:

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A colecção “Ciências, Tecnologias e Imaginários. Estudos de História – séculos XVIII-XX” pretende reunir estudos originais de cultura científica na época contemporânea, especialmente nas áreas da história interdisciplinar das ciências da vida e das ciências da saúde.

Nº 12

NOTA:

Os textos publicados nesta obra colectiva são da responsabilidade dos autores

FICHA TÉCNICA

Título: VI Jornadas Internacionais de História da Psiquiatria e Saúde Mental

Coordenadores: Ana Leonor Pereira; João Rui Pita

Local: Coimbra

Edição: Grupo de História e Sociologia da Ciência e da Tecnologia-CEIS20 e Sociedade de História Interdisciplinar da Saúde

Ano de edição: 2016

Impressão: Pantone 4

ISBN: 978-972-8627-64-5

Depósito Legal: 320445/10



Financiado pela FCT por fundos nacionais do MEC — UID/HIS/00460/2013

SHIS

Sociedade de História Interdisciplinar da Saúde-SHIS

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THE PAST AND THE PRESENT OF OBSTETRIC VIOLENCE IN SPAIN

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Abstract

This paper is focused on the development of childbearing assistance in Spain and the factors that have contributed to medicalization of labour. In addition, this study is a first approach to the consequences of obstetric violence for women and healthcare professionals.

Introduction

In the past few years, a new concept has increasingly been used in the social media: the concept of «obstetric violence». In addition, some countries, such as Venezuela, have included the concept of «obstetric violence» in their laws, defining it as:

«The appropriation of a woman's body and reproductive processes by health personnel, in the form of dehumanizing treatment, abusive medicalization and pathologization of natural processes, involving a woman's loss of autonomy and of the capacity to freely make her own decisions about her body and her sexuality, which has negative consequences for a woman's quality of life»¹.

The aim of this research is to analyze how the historical development of childbearing assistance has influenced in the appearance of obstetric violence in Spain.

Discussion

When some people think in the concept of obstetric violence, is possible that their thoughts are related to scenes of extreme violence. Such as the supposed murderers committed in the 18th century in Britain studied by Don Shelton². But in fact, obstetric violence have many dimensions. To address the present situation of obstetric violence, is necessary to study the historical origins of this concept. First of all, a bibliographic search has been conducted in order to find uses of this term in old medical books and journals. There isn't any evidence about the use of the term "obstetric violence" in the Spanish written culture before the late 20th century. But we have found a reference using this concept in English in 1827, referring to the umbilical *cord tearing* during childbirth when there was a placental retention:

¹ Organic Law on Women's Right to a Life free from Violence of Venezuela, March 16, 2007, Article 15(13).

² SHELTON, Don C.--«The emperor new clothes». Journal of the Royal Society of Medicine. 103, 2 (2010) 46-50.

«Floodings, tremendous lacerations, inversions of the uterus, like those which now stand on the table before you, such are the effects of obstetric violence, ferocious and atrocious obstetric violence»¹.

«Obstetric violence is an insatiate and gory Moloch, before whose bloody shrine thousands have been sacrificed, to be succeeded in future years, by still more victims».

Although no known references to obstetric violence have been found in Spanish texts, there are indirect references to the topic in some books such as the next one, which refers to man-midwives:

«That God wishes you well poor woman, whoever you are, his pity to free you of the face slapping given by those bears; the bashing from those tigers, the snouting from those pigs... People so dirty and so stupid... But in the end baby puller like a tooth puller»².

When men became interested in obstetrics, they contributed in many ways to the development of the industrialization of birth, such as the development of diverse obstetric maneuvers and instruments, which were not always used correctly. This situation was denounced by a Spanish midwife in the late 19th century. Her name was Carmen Barrenechea Alcain³. Carmen Barrenechea, following the example of Elizabeth Nihell, a midwife who exercised in the previous century in Britain⁴, accused male-practitioners of being responsible for lots of deaths of women and their babies⁵. She focused her allegations on the way in which mothers and babies were infected by man-midwives that hadn't taken prophylactic measures to avoid it, and also the overuse of forceps in childbirths. At the end of her book she added a list of titles of her very symbolic and suggestive future works:

«Forcers, ragmen, rippers and fat-scrapers. A forceps memories written by itself with the blood of its victims. »

«Doctor, surgeon, man-midwife, philanthropist, executioner, gravedigger, all-in-one, for the whole family: thirty cents weekly. »

«Inquisitorial traditions in Funding Homes and Maternity Houses, or the clandestine cutthroats of babies and women. »

But a lot of obstetricians were interested in creating new devices for the childbirth process. In figure 1 we can see a caricature of Pere Nubiola i Espinós, a famous

¹ BLUNDELL, James- «Lectures on the theory and practice of midwifery». *Lancet*. 9:222 (1827) 329-335.

² TORRES VILLARROEL, Diego de – *Visiones y visitas de Torres con Don Francisco de Quevedo* por Madrid. Madrid: Imprenta de Pueyo, 1727.

³ RUIZ-BERDÚN, Dolores –«Carmen Barrenechea, la conciencia feminista de una matrona del siglo XIX en “La Ciudad de la Muerte”». *Storia delle donne*. 10 (2014) 163-181.

⁴ TOWLER, Jean; BRAMALL, Joan – *Comadronas en la historia y en la sociedad*. Barcelona: Masson, 1997, 129-131.

⁵ BARRENECHEA ALCAIN, Carmen --*La Moral y la Higiene puerperal é infantil ante la Beneficencia Municipal*. Madrid: Imprenta de la viuda de M. Minuesa de los Ríos, 1899.

catalonian obstetrician. One of their colleagues said the following about their inventions: «It is necessary to know more about Obstetrical Science and less about household appliances»¹.



Fig. 1: Pere Nubiola I Espinós depicted by his colleague Ramon Bassas Puig

Another topic that contributed to the development of the industrialization of childbirth was the use of substances that accelerated deliveries. The generalization of ergot use in the 19th century is a good example of this topic. Ergot was introduced in obstetrical process in United States by Stearns, when he learnt about the use of this substance by an Irish midwife. He was more concerned about the time that he saved in each delivery than in the side effects produced in women or babies:

¹ NUBIOLA SOSTRES, Joaquin — Pere Nubiola I Espinós. Mestre de l'Obstetricia. *Anales de Medicina y Cirugía*. 50:222 (1970) 393-406.

«It expedites lingering parturition, and saves the accoucheur a considerable portion of time, without producing any bad effects in the patient. [...] I have seldom found a case that detained me more than three hours.¹»

At the beginning of the 19th century ergot use became increasingly popular in Europe. In fact, the use of ergot produced fetal and neonatal deaths and severe pain in women that sometimes suffered the rupture of their uterus. Despite the differing voices speaking out against the use of ergot in childbirth, it was used in Spain until the first decades of 20th century².

Probably, one of the most important factors that contributed to the development of obstetric violence was the transfer of the stage of deliveries from home to hospitals. The first Maternity Homes established in Spain in the 19th century were dedicated to assisting those women who had conceived out of wedlock. When women were admitted to a Maternity Home, they totally lost their decision-making capacity about their lives. They couldn't choose who was going to assist them in the delivery. Nobody could know their identity except the Director, who kept the secret in sealed envelopes in case one of them died. Nobody was permitted, not even their own parents, to visit the patients within the premises. Newborns delivered in the Maternity Home were transferred to the Foundling Home where most of them died due to infectious diseases.

Throughout the 20th century in Spain, childbirth was definitively moved to hospitals. This was one of the ambitions of some obstetricians who wanted to deprive midwives of their hegemonic position in childbirth:

« [...] if only a consciousness was forged by virtue which all women would come to deliver their babies in appropriate clinical centers; if these centers were to exist in a sufficient numbers; if the economic situation of each country and the collective culture of its inhabitants would reach the flourishing level that would mean the fulfillment of all of my wishes that I previously mentioned, then the Midwifery profession, endowed with its current competences, that is to say, the sole director of most of the deliveries, could be definitively abolished. With the arrival of this venturous age, obstetricians would overtake the governing and control of all women in labour, and the midwives (or however they were named at that time) would be limited to an auxiliary position, but very necessary, that wouldn't reduce their working field nor their lawful income³. »

This premonition became a reality in the sixties. Although this process of institutionalization of childbirth was similar to other countries, in Spain it had special

¹ STEARNS, John — «Account of the Pulvis Parturiens, a remedy for quickening childbirth». The Medical Repository of New York, 5 (1808) 308-309.

² RUIZ-BERDÜN, Dolores — «Evolución de la fabricación, comercialización y uso de los derivados del cornezuelo de centeno en Obstetricia» In GOMIS, Alberto; Rodríguez Nozal, Raúl -- De la botica de El Escorial a la industria farmacéutica; en torno al medicamento. Alcalá de Henares: Universidad de Alcalá, 2015, 333-359.

³ CARRERAS REURA, Mateo — La comadrona como profesional científico y como factor social. Discurso leído en la sesión inaugural del curso académico de 1933 de la Sociedad Ginecológica Española. Madrid: Imprenta del Ministerio de Marina, 1933.

characteristics due to the traditional role of subordination that women suffered under Franco's dictatorship after the Spanish Civil War. In addition, midwives lost their autonomy when they were transformed from having independent university studies to becoming a nursing specialty¹.

One of the largest demonstrations of obstetric violence in Spain, due to the institutionalization of childbirth has been the scandal of the stolen babies. It's thought that thousands of newborns were stolen from their mothers at birth during Franco's dictatorship and beyond. At the beginning, the disappearances of babies were related to political or ideological reasons². At a later stage, reasons were mainly economical. Mothers were convinced that their children had died, but, in fact it was supposed they were sold to infertile couples by some healthcare professionals. Those affected by this matter have started legal actions in the courts seeking to clarify what happened³.

A demographic factor that influenced the process of industrialization was the Spanish Baby Boom in the sixties. Hundreds of babies were born in large maternity wards created during the "developmentalism" of Franco's regime. In these large wards, birth attendants got used to working as if they were in a real assembly line. Reminding one of the most famous quotes by Michel Foucault:

«Is it surprising that prisons resemble factories, barracks, hospitals, which all resemble prisons?⁴ »

Institutions are very resistant to change. Once this industrialization of childbirth was established, all of the births, both pathological and physiological, were treated in the exact same way. In this manner of working, the quicker a woman delivers her baby the more successful it is. But in the last decades, there has been an increasing number of women that desire be more conscious of their deliveries. When the expectations and desires of a woman doesn't come true and she is treated with disrespect and abuse, she could develop a trauma related to giving birth. A traumatic birth is the direct consequence of obstetric violence for women. It's difficult to define a traumatic birth, but this could be a good definition:

«A birth that you can't forget. It stays with you . . . It might not look "that bad" to an outsider. It might not look «that bad» to your partner. . . It could have been a caesarean or a natural birth. It might have taken 30 hours or 3 hours. A bad

¹ RUIZ-BERDÚN, Dolores — Pilar Primo de Rivera y la reorganización de las carreras auxiliares sanitarias tras la Guerra Civil. In: González Bueno, Antonio; Baratas Díaz, Alfredo—La tutela imperfecta. Biología y Farmacia en la España del primer franquismo. Madrid: CSIC (2013) 81-100.

² TORTOSA, Virgilio — «"Los niños perdidos del franquismo": Último episodio de la memoria de la dictadura». Journal of Catalan Studies. (2014) 45-63.

³<https://www.facebook.com/PLATAFORMA-AFECTADOS-CLINICAS-DE-TODA-ESPA%C3%91A-CAUSA-NI%C3%91OS-ROBADOS-173164369461093/>

⁴ FOUCAULT, Michel — Vigilar y castigar: el nacimiento de la prisión. Madrid: Siglo XXI de España, 1984.

birth is defined by the way you feel, not just the events that occurred during birth»¹.

The fear to talk about the feelings produced from this kind of violence could make it difficult in its prevention and abolition. The symptoms related to a traumatic birth could include flashbacks and nightmares that also could affect the woman's daily life. Problems with concentration or sleep well at night can also be accompanied by dizziness and headaches². But probably the most common symptoms are those related to feelings of guilt, shame or blame.

But not only women, babies and families suffer the consequences of obstetric violence. Healthcare professionals can also be victims of obstetric violence. To demonstrate the effects of this kind of violence on them, we conducted a survey asking healthcare professionals, which have participated in the birthing process, about their opinion of obstetric violence. The survey was only open for three days. A total of 73 questionnaires were returned (62 midwives, 2 nurses, 6 students of midwifery, 1 gynecologist, 2 auxiliary personnel). Most of them were women (93.15 %, n=68), compared with only five men (6.85%). To the question about giving examples of obstetric violence that they had experienced, the answers given were very diverse:

«They taught me to pull the baby's head, the systematic use of episiotomy, oxytocin, shaving of the pubis and enemas. Against my better judgment and against the desires of the woman . . . »

«When a woman is sedated so that she remains quiet and compliant and doesn't bother healthcare professionals. »

«When a student performs an unnecessary instrumental vaginal delivery in order to only learn the technique. »

«When someone shouts that the woman isn't doing it right, and that she is going to kill her baby . . . »

Sometimes examples of obstetric violence are related to the feelings of other witnesses:

«When his wife's labor finished, a husband told me that he had been in Bosnia as a soldier and it was less violent there than he had witnessed in the delivery room. »

The same feelings of guilty, shame and blame that experiment the women after a traumatic birth are found in the answers of healthcare professionals (table 1).

¹ Birthtalk.org

² OLZA FERNÁNDEZ, Ibone--«PTSD and obstetric violence». Midwifery today. 105 (2013) 49-68.

Feeling	Answers
Sadness	«I feel so sad when I remember those moments and I realize that I don't have tools for managing these feelings . . .» «A lot of times I would burst into tears when I got into my car after finishing my shift. »
Fear	«I have fear of childbirth, which is the reason I'm not with child yet. » «Fear that you can chew on. »
Shame	«Shame of wearing my uniform, shame for not being able to stop a violent situation. » «I feel shame of being a midwife sometimes. » «Helplessness and shame for not avoiding it. »
Guilt	«I feel responsible for it and guilty, especially guilty. » «I feel guilty for not denouncing the situation. »

Table 1. Some categorized answers from the healthcare professionals in the survey.

Obstetric violence also produces changes in the lives of healthcare professionals. In some cases, they distrust other healthcare professionals when they diagnose and suggest treatment. Some of them finally abandon their jobs in hospital and decide to devote themselves to assist childbirths at home. Others remain in their jobs, but later suffer serious consequences such as burnout or another psychological problems:

«I fight for women's rights, but nobody is fighting for me. My ethics, my principles don't pay the bills. I give up. »

Conclusions

Throughout history obstetric violence has been used in a wide variety of ways. Sometimes in the form of physical violence and sometimes, which is probably the most usual, in the form of psychological violence.

There are many factors that could be related to the development of obstetric violence in Spain, but two of the most important ones are the role of women in Spanish society and the institutionalization of childbirth.

Nowadays, obstetric violence is already an unknown matter that can frighten some healthcare professionals. In spite of the efforts carried out by different healthcare institutions, an increased awareness of a more humane approach towards the birth process still needs to be implemented by today's health professionals. To recognize that obstetric violence exists implies the possibility of having exercised it. This idea could be inconceivable for most people.

More studies about obstetric violence are necessary to understand its meaning and both women's and professional's responses to it.

Acknowledgments

This study has been conducted under the COST ACTION IS1405: Building Intrapartum Research Through Health - an interdisciplinary whole system approach to understanding and contextualizing physiological labour and birth (BIRTH).