

Art and Maternity

Presentation for *Perinatal: A Birth Symposium* (October 2009)

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The presence of art in hospitals is believed to have a therapeutic effect, on the staff as well as the patients. Some benefits of arts in healthcare are believed to be an increase in morale, among both patients and staff; an improved aesthetic appearance of the hospital; a general improvement in health, as seen in studies in intensive care units and with the elderly; an increase in hospital business and rate of patient return; and an increase in standards of quality care.¹ In the past thirty or so years, the Arts in Health movement has grown rapidly in countries around the world, with success found particularly in hospitals throughout the United Kingdom but found increasingly in U.S. hospitals as well.² Cancer hospitals and children's hospitals are frequent sites of art programs, which range from "art carts" that travel from room to room and help patients express themselves in visual form, in the belief that improved mental health will speed healing and recovery, to more public art projects where artists are commissioned to produce murals or sculptures to adorn high-traffic areas, lightening the mood of the hospital atmosphere while also commemorating the struggles of patients past, current, and future. But what of art in the maternity unit? Patients there are not ill, which immediately separates them from all others in the hospital. And while birth is an essential part of human existence, images of the birth experience are nearly taboo in our culture. Apart from Christian images of the Madonna and Child, the history of art exhibits no

¹ Charles Kaye, "State of the Art: An Overview," in *The Arts in Healthcare: A Palette of Possibilities*, eds. Charles Kaye and Tony Blee (London: Jessica Kingsley Publishers, 1997), 14-15.

² Peter Senior sees his 1973 artist residency in Manchester, England, as the beginning of the arts in health movement, though it is unclear whether he confines his belief to the UK or if he believes he spurred a more global initiative. "The Arts in Health Movement." In *The Arts in Healthcare*, eds. Charles Kaye and Tony Blee (London: Jessica Kingsley Publishers, 1997), 21.

strong narrative of motherhood. In this talk I'll be examining how several artists worked with the patients and staff of different maternity hospitals to produce artwork that gives visibility to an often-invisible subject.

But first for a little more background. Possibly because the United Kingdom has a national healthcare system, there are institutions in place that specialize in advocating for the presence of the arts in hospitals. One such group, called "Paintings in Hospitals," buys paintings from mostly young, British artists, which they then rent out to hospitals. They see their primary function as bringing good contemporary art into the hospital setting, improving the quality of the environment, and providing a focus of interest for patients and staff. The rent is very cheap—15 pounds per painting per year—and they are rented on two-year contracts, with the aim of rotating the art fairly frequently. The Paintings in Hospitals group does not buy just any art, however. Their stated policy is "not to consider works which are gloomy or disturbing in content or excessively somber in color. When 'context' is not in question—as in abstract or non-figurative works—care is taken to exclude those which might be considered to have a disturbing interpretation. The general tone of the collection is therefore positive and bright, with many flower paintings, still lifes and landscapes. There are oil paintings, watercolors, drawings and some prints and collages. There are some abstract paintings, mainly highly decorative, which go splendidly in stairwells or long corridors."³ From this statement, you can see that the art in question is seen primarily as adornment and as a way to improve health and morale. The works, however, do not speak directly to patient experiences. If they did, many would likely violate the policy of not buying "gloomy" or "disturbing" art. I'm sure this kind of screening is not without merit. A group out of California (no longer in

³ Raphael Eban, "Paintings in Hospitals," in *The Arts in Healthcare*, 36-37.

existence) called “Art that Heals” had a similar approach: “The Clinic Administrator was the advocate for the patients, screening out any works which were offensive or could literally make sick people sicker. (We avoided images that were black or excessively red, for example.)”⁴ Even in maternity settings, we sometimes see prescribed content: British weaver Jan Bowman designed three textile pieces for the Delivery Suite of Queen’s Hospital Burton-upon-Trent. While Bowman wove the piece, the design was not hers alone: staff of the maternity unit came up with a seascape theme, feeling it important that work installed in this space be “of a calming and uplifting nature.”⁵

In general, however, art in maternity hospitals and birthing centers often performs a different function, for in most cases, patients are not there to be healed. I’ll be looking at several different types of artwork here: what I’m terming “solitary works” as well as those derived from on-going contact with hospital patients, such as through artist residencies. Here is an early example of a single instance work, a sculpture from 1977 by Italian artist Antonio da Cudan, entitled *Birth* and installed outside of the Helsinki City Maternity Hospital in Finland. Particularly when they are being built, many hospitals now commission artworks in hopes of avoiding the bleak, sterile spaces of hospitals past. Art is employed as decoration and in order to make the space seem more comfortable. Wood sculptor Jeffrey Cooper was commissioned by an architectural firm to carve a set of four animal-themed child-sized chairs with a table for the Newport Hospital Birthing Center, which was remodeling their maternity area for a more home-like feel. Cooper’s sculpture had nothing to do with maternity and was not even specific to the hospital; the artist says

⁴ David Breslow, “Creative Arts Opportunities for Hospitals: The UCLA Experiment,” in *The Arts in Healthcare*, 131-32.

⁵ <http://www.craftspace.co.uk/page.asp?fn=2&id=46&stp=1&grp=2>

he has made many such chairs, as seen here.⁶ This is an example of eight of Cooper's animal chairs from the Texas Children's Hospital in Houston. Keith Haring, a higher profile artist, frequently produced public art, often in the form of murals, for hospitals around the world. His last mural, before his death in 1990, was for an interior wall of the Princess Grace Maternity Hospital in Monte Carlo. Commissioned by Haring's friend, Princess Caroline of Monaco, the mural features many of Haring's trademark graffiti icons, from dancing people to the "radiant baby." The two images here are of the artist with Princess Caroline in front of the mural, which, like all of his works, he painted in one sitting in his continuous, stream-of-consciousness approach. While Haring was dedicated to creating art for the public, his mural here, again, had little specific connection to the hospital's patients.

Chris Barrett, on the other hand, has worked in hospitals throughout Britain in wide-ranging roles, some of which have direct connections to maternity patients. He has painted and drawn portraits with elderly patients, helped with landscaping, and painted murals. Barrett sees his mural paintings as a way to alter perceived spaces in hospitals. Particularly in areas that seem claustrophobic, murals can help to visually open up the space. One mural he painted was for the Maternity Department of the John Radcliffe Hospital in Oxford. The site where he was to paint the mural was a large, windowless room used for parenting and birthing classes. Barrett reports that, "There were many instances of fainting in the oppressive enclosed space. I painted a large landscape mural which gave the illusion of light and space. Since the mural's completion there have been no reports of anyone fainting in the room."⁷ The mural is based on a view from the

⁶ Email correspondence from the artist. September 14, 2006.

⁷ Chris Barrett, "A Painter's Perspective," in *The Arts in Healthcare*, 175.

hospital's roof, a way of bringing the local landscape into the hospital and encouraging the perception that the hospital building is a part of the local environment.

In a somewhat different approach, the maternity unit of the American University Hospital in Beirut has used art as a way of honoring one of their doctors and his lifetime devotion to the delivery of babies and the care of mothers. The Idriss Memorial Suite, completed in 2003, commemorates Dr. Khalid Idriss, a major figure in Middle Eastern healthcare. Dr. Idriss founded several hospitals and worked with the British group Arts in Health to bring art to hospitals in Saudi Arabia. The suite, which can accommodate nine women, was commissioned by Idriss's son and includes the work of several artists from the Middle East. Featured are a memorial sculpture of medicinal herbs, an asp, and a mortar and pestle; an acrylic painting with calligraphy; calligraphic monoprints; stenciled friezes; ceiling designs; and still life paintings. In setting out guidelines for the artists, it was agreed that the mood of the works should be essentially contemplative and introspective, the tranquility reflecting and/or influencing the mental health of the women in labor.⁸

Dutch artist Rineke Dijkstra has not worked specifically within the hospital setting but in 1994 produced a series of 3 photographs that I felt were worth including here. In each one, she photographed a young woman just days after the birth of her first child. Dijkstra's photographs are concerned with states of mutation and transformation; she often photographs adolescents, teenagers caught in the space between childhood and adulthood.⁹ Here, she records something of the transformation from independent soul to new mother, responsible for another's dependence. Her settings are stark, much like

⁸ Peter Senior and Stephen Nicoll, "Birth of Inspiration," *HD* (April 2003); online at www.findarticles.com

⁹ Hripsimé Visser discusses Dijkstra's interest in "mutation." "The soldier, the disco girl, the mother and the Polish Venus." *Rineke Dijkstra: Portraits*. (New York: Schirmer/Mosel, 2004), 12.

many hospital spaces, although here the setting is actually a bare wall of each mother's home. Through these intimate portraits, Dijkstra not only conveys something of each mother's birth experience but also makes visible aspects of birth that society at large does not acknowledge. The earliest of the photographs is *Julie*, taken on February 29, 1994. She stands naked before us, cradling her naked newborn to her chest. I think it is telling of the birth experience that Dijkstra took these photographs in the nude—the lack of clothing speaks to the complete erasure of modesty during the experience. So Julie stands before us, willing to expose her own body, more or less, but she is fiercely protective of her child, not only cradling its body and head but also shielding it from view—from the harsh gaze of the camera and the viewer. I think her one bit of clothing—the postpartum “underwear,” if you can call it that—speaks to an aspect of the birth experience that few women are prepared for the first time around. Such emphasis is placed on managing labor (breathing techniques, good positions for labor, whether or not to accept pain medication) and on the delivery itself that the postpartum experience can come as something of a shock. Certainly no one advertises the fact that women continue to bleed for weeks after a birth. But Dijkstra's photograph makes visible the postpartum body—the still swelled abdomen and the disposable underwear lined with an industrial pad.

Dijkstra's portrait of *Tecla*, from May 16, 1994, also speaks to this immediate postpartum period. She stands before us completely naked, without protection, but we see the blood running down her leg. She appears unapologetic. She cradles her nursing infant at her breast, partly shielding herself in the process. Her facial expression and demeanor are quite a bit different than Julie's. Her tousled hair, slightly parted lips and widened

eyes give her a somewhat startled, dazed appearance, perhaps reflecting the flurry of hormone-driven postpartum emotions.

The portrait of *Saskia*, of March 16, 1994, yields physical information and implied emotions not found in the first two photographs. Here, Saskia is exposed to us in a different way. We see that her pubic hair has been shaved and we see also a fresh scar from a Caesarean section birth—an implicit reference to the medicalization of hospital birth, for Caesareans are on the rise particularly in the US (now at just over 30%) but also abroad. And while she stands naked before us, like the other mothers, her facial expression and body language are much more closed—she stands with her legs firmly together, her upper arms hugging her body, and little in the way of a readable expression. Her fleshy, postpartum body contrasts to the tiny, skinny red legs of her newborn baby. Taken as a group, Dijkstra's portraits are, I think, an interesting compendium, or at least the start of one, of the birth experience.

The National Maternity Hospital of Ireland celebrated its centenary year in 1994. In order to commemorate this anniversary, the hospital developed a year-long arts program. Their slate of events included a series of art workshops for children, the highlight of which was a mural painted on the theme of Noah's Ark in the parking garage; a community arts program directed at women, many of whom had given birth in the hospital; a writer-in-residence working with both patients and staff; a series of site-specific works installed throughout the hospital; and a culminating exhibition featuring the work of 142 artists, who were invited to consider such themes as birth, regeneration, maternity, paternity, childhood, and parenthood.¹⁰

¹⁰ *Stólrú: A Celebration of the National Maternity Hospital Centenary*. (Dublin: RHA, 1993).

The National Maternity Hospital invited two hundred artists to submit proposals for site-specific installations. Of those submitted, eight were chosen for inclusion in the centenary program. Áine Nic Giolla Coda's project focused on one hundred names and dates: names of people born at the hospital and the years of their birth. The names were placed throughout the hospital—on walls, in stairwells. Choosing 100 names obviously made reference to the centenary year and the project as a whole refers to the hospital as a repository of history. Coda's original intention was to select names and dates at random from hospital records. Due to privacy issues, however, this was not possible, so the artist advertised the project and received many letters and birth certificates in response. Coda said, "The piece raised interesting questions with regard to ownership of the space in the building itself. Various names began to mark out territory and acted as landmarks and meeting points."¹¹ Here we see the name of Garrett Sinnott, born in 1926, affixed to the wall at a stairwell landing.

Angela Forte not only installed her work in the hospital but also created it over a period of weeks in the space. Forte set up a loom and wove a tapestry in the library section of the Parents Room. She chose the space for its quiet atmosphere and intimate space in the context of a large and busy hospital. Here we see the artist in the beginning stages of the tapestry. When finished, it featured a fish pond, which she intended to symbolize a search for peace of mind.

Sharon Kelly's installation of charcoal drawings responds to the "other side" of the maternity hospital story, that of devastating loss. Installing her works in the Miscarriage Unit, Kelly noted that "miscarriage and infant loss is unfortunately a reality and a very complex aspect of the maternity experience for all concerned... My concern is

¹¹ Ibid., 12.

focused on prevailing attitudes and responses to this loss, and its implications... the cultural complexities surrounding attitudes to death, in particular, infant death.”¹² All three of the images shown here make reference to the reality of this loss, both male and female figures holding only their own empty hands, longing for the baby that was not to be.

The culminating exhibition was entitled *Síolrú*, an Irish word that can be translated to mean seed, germination, sperm, and regeneration. The exhibition committee chose the word specifically for these multivalent associations, intending the word to symbolize the relationship generated between the arts community in Ireland and the National Maternity Hospital. Here are just a few examples of the work included in the exhibition: images of waiting, of pregnancy, of new birth, and of loss. Joan E. Mallon’s painting, *The Wooing, The Waiting, and the Doing*, signals a clear sense of expectancy in a perhaps medieval-inspired scene of nesting. Tanya Elliot Nygaard’s untitled sculpture of pregnant woman with small child: listening to mother’s belly, in anticipation of impending sibling. Jacqueline Stanley, *Jane Full-Term*: a drawing showing two views of a very pregnant woman, conveying a distinct sense of heaviness and discomfort. Kate Malone’s untitled photograph of a newborn: the focus is not on the face but on the hand, wrinkled like an old person’s. Malone also made a site-specific installation for the hospital: she photographed newborns’ first hours and days, then copied the photographs onto acetate and displayed them on lightboxes throughout the hospital, which she then rotated at random intervals—sometimes a few times a day, other times not for 3 or 4 days. As with the image seen here, she took photographs from anonymous angles. David Farrell, *The Angels Plot, Glasnevin, May 1994*: remembering the lives of babies lost.

¹² Ibid., 18.

Amelia Stein, *Womb-Tomb*: her photograph of the naked female form within a rocky crevasse again makes reference to the loss of new life, where the womb becomes a tomb rather than incubator of life.

The United Kingdom has been pioneering in cultivating artist residency programs, whereby artists are afforded sustained contact with patients and staff, collaborating with them in spirit if not always in process. Residencies have resulted in temporary installations, traveling exhibitions, and artworks as permanent fixtures in the hospitals. For the remainder of this talk, I'll be looking at the works of three artists who produced works on the theme of maternity during artist residency programs in the 1990s.

In 1992, Manchester City Art Galleries commissioned Ghislaine Howard to spend four months as an artist-in-residence at the maternity unit of St. Mary's Hospital in Manchester, England. During her stay, she witnessed and recorded the many busy aspects of hospital birth, from prenatal examinations (seen here) to the birth itself to the subsequent recovery and bonding of mother and child. Howard worked in a variety of media, doing many of her studies in charcoal, some of which were then used as the foundations for oil paintings. The expressionist manner testifies both to the rapidity necessary for recording these events in progress and to Howard's goal of conveying the emotion of the situations. Of the series, Howard says, "I have concentrated on the sense of human drama that I have experienced in the hospital during my four month residency, focusing on the expressive potential of the human body, finding emotional power not only in the faces of the protagonists but also in their hands, backs or arms."¹³

¹³ Ghislaine Howard, "Foreword," *A Shared Experience* exhibition catalogue (Manchester: Manchester City Art Galleries, 1993); reprinted online at www.ghislainehoward.com/mat.htm.

Here we see a progression of three images, all oil paintings, from Howard's series. The first, *Saskia*, at the far left, shows a pregnant woman in early labor. The second, *Birth Painting #2*, in the middle, gives the viewer a bird's-eye perspective of the moment of birth, where the child is still attached to the mother via the visible umbilical cord. The third, *Newly Delivered Mother*, far right, highlights the immediate postpartum period, as mother and child gaze at each other and begin to know one another. These are the three primary sections of Howard's series: images of waiting and expectation, of birth, and of the aftermath, the first minutes of the mother and child's new relationship.

In *Birth Painting*, from 1993, Howard makes visible the actual moment of birth that is so often euphemistically glossed over—in art, in the media, and in our society at large. Women go from being pregnant to holding babies with little discussion or imaging of what takes place in the transition from one to the other. Howard specifically intended for her work to make visible this moment, in part for her own healing. In what I read as a sad reflection, Howard recalls that, “Immediately after the births of my own two children I realised [sic] the irony that I, the mother, was the only one of those present not to have witnessed the event. [...] This residency has allowed me to recapture something of my own history.”¹⁴ Based on charcoal studies drawn during a birth, Howard's painting conveys the immediacy of the event as the baby has not even fully emerged. Her painting also speaks to the hospital setting, the medicalized nature of the modern birth experience. The moment of birth is not a quiet, sacred event shared by only the mother and her family within the home; rather, the mother is attended by anonymous medical staff—we do not see their faces, only their gloved hands. While she seems attended also by a support partner at the upper left, the woman herself is in a completely passive position—flat on

¹⁴ Ibid.

her back, the absolute worst position for effective pushing. [add fn] In the notes to the exhibition catalogue of Howard's work, David Corbett indirectly makes reference to the passivity so often enforced upon women in medicalized births: "Anybody who has spent any time at all in hospital knows that it is a world at one remove from our normal lives. Only in hospital do our bodies become so public. ...and for the duration of our stay the body is what we are. For the mother-to-be this situation is particularly acute. She means to be active, but she must be passive; she is not ill, but she must submit to treatment; she is not a patient, ...but in practice she is indistinguishable from one."¹⁵

In 1993, Kate Downie spent a six-week period as artist-in-residence at the Royal Maternity Hospital in Glasgow. She was granted the top floor of the hospital, an old neonatal ward, as a studio for the duration. Downie started her research several months before her residency began, meeting with doctors and hospital staff as well as with women who were due to give birth during her residency. She undertook two major projects during the period. In her own words, Downie describes "a series of intense pastel drawings, life size, of women's bellies either whilst in early labour [sic] or before induction. Like portraits—each one telling a story through scars, stretch marks, shape, colour [sic], etc. The next day, sometimes in the first half hour, I made studies and photographs of the babies which had been enclosed by these bellies—the extraordinary concept of 'inside' and outside to intensely demonstrated. (a bit like Christo)"¹⁶

Underbellies is a 4' x 6' collection of six of these "inside" studies. Downie used her "outside" studies as the basis for more extended monoprints. Some of these recall the moments immediately after the birth. *Air* shows the wail of the newborn taking its first

¹⁵ David Peters Corbett, "Catalogue Notes," *A Shared Experience* exhibition catalogue (Manchester: Manchester City Art Galleries, 1993); reprinted online at www.ghislainehoward.com/mat.htm

¹⁶ Kate Downie, email to the author, September 6, 2006.

breath of air. *12 Minute Baby* makes reference to the immediate post-birth. The baby has not yet been bathed; its eyes are still closed in rejection of this new and bright outside world; and it is cradled by a gloved hand, likely not its mother's. *Rosebud* is titled for the pursed lips of the newborn infant.

The other project of her residency, which to this day Downie still believes are some of her most remarkable drawings, consisted of a series of delicate charcoal renderings slowly drawn from life in the neonatal unit. In them, she features the tiny babies in incubators overwhelmed in scale by the life-support systems. Here are two examples of her NICU drawings. In the second, the baby is so covered by tubes, an eyemask, and a respirator that its body is hardly visible at all, compellingly conveying the frightening fragility of the baby born too soon. Downie titled both drawings "Peedee Baby," in a play on words: PD is an acronym for the Pediatric Department but is also a northern Scots word meaning tiny or diminutive.¹⁷ Downie's residency was funded by the Glasgow City Council and the Glasgow Museums and Galleries. While Downie created the work primarily for a touring exhibition titled "From Here to Maternity," she was given total freedom in the art produced during her residency.

In 1998, South African artist Terry Kurgan spent six months doing research at the public Mowbray Maternity and Groote Schuur Hospitals in Cape Town. The product of her research became *Maternal Exposures*, a large-scale installation of photographs and sound. During her research, Kurgan photographed women in the first hours and days after giving birth. In the grid-format installation, we see mothers of varied race and class, healthy babies and babies struggling. The accompanying soundtrack is a woven narrative

¹⁷ Email from the artist, 19. October 2006.

of fragmentary conversations and ambient sound that she collected from maternity wards, midwife and obstetric units, prenatal clinics, and neonatal intensive care units.

Kurgan's installation functions in a greater historical context, for her work was inspired by the extensive public parliamentary hearings in South Africa in late 1997 around the reformed Termination of Pregnancy Bill. What Kurgan sees as one of the positive outcomes is that, "The open parliamentary process facilitated a public display that transgressed deeply held and extremely repressive taboos surrounding sexuality and the private domain. Through comprehensive media coverage South African society was forced to confront many usually silenced and personal issues related to the complexities of lived experience, carrying in their wake a host of associated public, political, social and gender issues."¹⁸ *Maternal Exposures*, then, was Kurgan's way of continuing this newly forged relationship between public and private domains, focusing public attention on the specific theme of maternity that is typically confined to the domestic realm.

Like Downie and Howard, Kurgan seeks to make visible that which is often overlooked or covered up in society. Combating the ever-idealized mythology of motherhood, Kurgan's photographs channel the emotional rollercoaster of new motherhood, from terror to triumph, some of which emanate from the physical aftereffects of labor and delivery. Of her work, Kurgan says, "I am attempting to represent the experiences of birth and pregnancy stripped of their baggage... and to portray them at their most everyday, commonplace, and mundane. My intention is to place in the public realm aspects of these experiences which are not generally shown or

¹⁸ Terry Kurgan, Artist Statement accompanying the permanent installation of *Maternal Exposures*. 1998/1999, page 1.

celebrated, and indeed, which are not ever part of the public ritualisation [sic] that passes for reality.”¹⁹

Kurgan first constructed *Maternal Exposures* for the 1998 exhibition “Bringing Up Baby: Artists Survey the Reproductive Body.” Following the exhibition, hospital administrators and staff approached her about the possibility of redesigning the work as a permanent installation at Mowbray Maternity Hospital. In its permanent form, *Maternal Exposures* is an effective continuation of Kurgan’s aim to blur the boundaries of public and private spheres. The work is installed in the prenatal waiting area, the most densely trafficked area of the hospital. In redesigning the work for the space, Kurgan eliminated the soundtrack but added panels of text, derived from her informal encounters with pregnant women and new mothers. The text alternates between Afrikaans, English, and Xhosa, the three principal languages of the Western Cape, and varies from provocative to poignant.

Kurgan notes that when she herself was pregnant, she found curious the unwanted attention that her burgeoning belly warranted. “I should have enjoyed this attention and affirmation while it lasted,” she says, “because paradoxically, and by contrast, when it comes to the public realm, mothers and maternal subjectivity are completely invisible. They seem to fall off the social map of the world.”²⁰ In art history, the primary representations of mothers are Christian symbolic constructs of Mother and child, “a mutually fulfilled and fulfilling couple. The flip side of this mythology is a taboo domain: the acknowledgment of ambivalence and the critical representation of the lived

¹⁹ Terry Kurgan, *Bringing Up Baby: Artists Survey the Reproductive Body* (Cape Town: Bringing Up Baby Project, 1998), 23.

²⁰ Kurgan, “Mothers and Others,” in *Bringing Up Baby*, 1.

experience of the maternal.”²¹ Through the work of Terry Kurgan and the other artists included here, maternal subjectivity and the birth experience begin to gain higher visibility.

²¹ Ibid., 1.