THE POLITICS OF EXPERIENCE: THE DISCURSIVE CONTESTATION OF MEDICAL MANAGEMENT OF CHILDBIRTH IN SERBIA

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Abstract

In this thesis I approach the analysis of discursive activity around medical management of childbirth in state hospitals in Serbia from the perspective of feminist theories that deal with the constructed nature of the concept of experience. Proposing a synthesis of the views of several authors, namely Joan Scott, Patrice DiQuinzio and Chantal Mouffe, and relying on Laclau and Mouffe's discourse theory, I base the analysis on the idea that the concept of experience, whose content is negotiated by women's civic initiative and other participants in public debate, represents a discursive "nodal point" and a contested element in the new articulation of discourse around childbirth. I find that women employ the stories about their experience of childbirth in order to provide the evidence of medical treatment and construct their identity, and that the credibility of their reports of experience is challenged on gender and professional bases. I argue that women's reliance on reports of experience is strategic, and that it is characterised by the potential to establish the alliances with other actors in public sphere, creating what Laclau and Mouffe call "the chains of equivalence".

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INTRODUCTION

The main theoretical problem I address in this thesis is the role of the concept of experience in both feminist theory, and in the case of discursive contestation of medical management of childbirth in Serbia. Relying on Joan Scott's deconstruction of the concept of experience and her recommendation to examine its use in discourse, I aim to use discursive approach to the concept of experience as a way to reveal the complexities of women's positioning in public debates around childbirth. I examine the use of accounts of experience as a political process of contestation in which, according to Laclau and Mouffe's discourse theory, new articulation of discourse around childbirth is sought.

Although different authors theorize about the construction of experience and its relation to the identity of women, narrative accounts about the experience of giving birth are rarely analyzed within social constructionist theoretical framework. This thesis analyzes the use of accounts of the experience of giving birth by women's civic initiative, and the ways that use is contested and negotiated by other participants in the public debates around medical management of childbirth in Serbia. I argue that, in the course of debates around childbirth, women emerge as a viable subjectivity and that the way they positions themselves results in the potential of establishing the alliances with other actors.

I show that women employ the narratives about giving birth and of references to their experience, strategically, in order to provide the evidence of medical treatment and construct their identity. The value and credibility of their reports of experience is being contested on basis of women's gender and the lack of medical expertise. They in turn strengthen their claims, by providing evidence which fulfills more objective criteria, and they mobilize support by asserting common denominators across gender differences, appealing to patients' rights in general, and claiming the identity of citizens.

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CHAPTER 1 - (DE)CONSCTRUCTED CONCEPTS

In this Chapter of my thesis I give an overview of feminist debates about the use of the concept of experience in feminist knowledge production, and then I discuss the role of this concept in the fields of literature on motherhood, citizenship and medicalization, which are related to analysis of my case study. Drawing from theoretical claims outlined in this Chapter, I elaborate the role of the concept of experience in my own research of public debates around childbirth in Serbia in the Second Chapter of my thesis.

1.1 Experience as Discursively Constructed and Contested Concept

The concept of experience is of central importance in recent feminist debates, as it relates to basic questions of feminist theory and practice, such as the question of subject of feminism, and the questions of women's subjectivity and political representation. The term experience figures in feminist literature in different ways, and the way it is employed in a theoretical account reveals the author's epistemological position regarding the foundations of knowledge and subjectivity. Some uses of this concept take it as undertheorized element and treat it as an immediate access to subjects' inner reality and identity. Such uses have come under scrutiny of authors writing in traditions of poststructuralism, postmodernism, and of what is known as theory after linguistic or discursive turn. Although critiques of the use of the concept of experience are themselves contested, they have nonetheless opened the space for non-essentialist and non-foundationalist research, in which the categories used are seen as produced through discursive practices, and not as representing pregiven phenomena.

My general theoretical stand in this thesis draws on the influential article of Joan W.

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Scott (1991), in which she considers the role of the concept of experience as it used by "historians of difference" (p. 776). She points out that the metaphor of visibility guides historical projects of documenting experience of groups previously excluded from "normative history" (Scott, 1991, p. 776). The notion of experience as evidence underlies those projects, presupposing that "[s]eeing is the origin of knowing" (Scott, 1991, p. 776), and that historical writing represents a "reproduction, transmission - the communication of knowledge gained through (visual, visceral) experience" (Scott, 1991, p. 776). This "referential notion of evidence which denies that it is anything but a reflection of the real" (Scott, 1991, p. 776) can successfully, according to Scott, challenge the normative history, precisely because it shares the terms of "conventional historical understandings of evidence" (Scott, 1991, p. 776). It is seen as something that can add to existing body of historical knowledge and make it more complete, while also altering the state of previously accepted evidence. Lives and institutions, that were overseen, are considered to be illuminated by historian's account, which rests the "claim to legitimacy on the authority of experience, the direct experience of others, as well as of the historian who learns to see" (Scott, 1991, p. 776) the new evidence. The experience conveyed in these accounts is represented as transparent, self-evident, and as reflection of the identity of subjects of experience, whose reports are as true as they can be. Scott rhetorically asks: "what could be truer, after all, than a subject's own account of what he or she has lived through?" (Scott, 1991, p. 777)

The notions of experience and reality that can be directly communicated to others, which Scott writes about, are also at the basis of epistemological construction of much literature in social sciences. In contrast, the approaches which can be subsumed under the umbrella term of social constructionism (Burr, 1995) insist that language is not a transparent, "clear, pure medium through which our thoughts and feelings can be made available to others" (p. 27). Correspondingly, they do not postulate the existence of inner human nature or

personal identity, that can be accessed through linguistic information, or of reality prior to and independent of language use. The critique of the concept of experience and of transparency of linguistic accounts of experience has the implications for personal and group identities, such as "mothers" and "women", in that way that they cannot be taken to express any stable and given nature, apart from its contingent constructions in linguistic and other practices of representation.

Scott's argument in the article is that it is not only that accounts of experience, used as evidence, can be multiple and incompatible with one another, but that the projects of documenting reality using these accounts as evidence rely on the identity of subject, who gives this account, as already known, and therefore take the "categories of representation" (Scott, 1991, p. 778), such as homosexuals or women, for granted, and reproduce "rather than contest given ideological systems" (Scott, 1991, p. 778). Scott writes critically about historians:

> They take as self-evident the identities of those whose experience is being documented and thus naturalize their difference. They locate resistance outside its discursive construction and reify agency as an inherent attribute of individuals, thus decontextualizing it. When experience is taken as the origin of knowledge, the vision of the individual subject (the person who had the experience or the historian who recounts it) becomes the bedrock of evidence on which explanation is built. Questions about the constructed nature of experience, about how subjects are constituted as different in the first place, about how one's vision is structured - about language (or discourse) and history - are left aside. (p. 777)

Scott calls for attention not only to the constructed nature of identities of those who are subjects of scientific research, but also to the constructedness of epistemological apparatus of scientific knowledge production. In line with social constructionist approaches, she warrants that researchers should be reflexive about their own production and authorization of truth claims. Scott thus poses the problem of doing historical research, emerging as a consequence of linguistic turn.

The receptions of Scott's argument and critiques of her theorization of experience are numerous. Kathleen Canning (2006) writes that linguistic turn in feminist history and "Scott's challenge" (p. 69) have opened the field to contestation of terms such as "*discourse*, *experience*, and *agency*" (p. 65), and that the debates around them involve high stakes. While new possibilities emerged for non-essentialist theorization of gender identity, for "dissolving the myth of 'natural' divisions between public and private, between women and men" (Canning, 2006, p. 67), and for focusing on analysis of representations, she notes that "many have come to see poststructuralism as a particularly disempowering, even dangerous approach for marginalized groups to adopt, as it undermines their efforts to name themselves" (Canning, 2006, p. 70), and constitute themselves as subjects of history. She writes that there is, however, an invitation from poststructuralists to rethink and redeploy concepts such as experience, of which Scott "offers a masterful deconstruction (...) but stops short of actually redefining or rewriting it" (Canning, 2006, p. 75). Since experience has been displaced in favor of discourse (Canning, 2006, p. 107), it can no longer be seen as a "driving force of history from bellow that authenticated social and political transformations" (Canning, 2006, p. 101).

Some authors, like Sonia Kruks, are trying to reconsider this contested term as analytical category, and some aspects of experience irreducible to discourse are being theorized in the related fields of studies of memory, history of the body and subjectivity (Canning, 2006, p. 112 - 117). Lois McNay (2004) attempts to balance the insufficiencies that, according to her, result from Scott's theory of experience, and points out that "an idea of agency has to be rethought around some kind of non-reductive notion of experience" (p. 180).

McNay recognizes that in its use in feminist theories, experience has often served to reinforce the opposition between subjective, "authentic" knowledge on the one hand, and masculine reason and scientific objectivity on the other. She cites Lazreg, who says that "[t]o

claim that women's experience is a source of true knowledge as well as the substance of the world to be known ... constitutes the same 'epistemic fallacy' as the one encountered by classical empiricists" (as cited in McNay, 2004, p. 178-179). As McNay points out, Scott's claims about experience can be used in "considering how the idea of experience is linked, as a legitimating principle, to the construction of truth and knowledge effects in any given era" (McNay, 2004, p. 179). She also acknowledges the way poststructuralist feminists use the critique of the concept of experience to deconstruct the unifying category of women.

In choosing discursive approach to experience in this thesis I draw on Scott's insights and recommendations that we pay attention to the ways the word and the concept of experience is ubiquitously used to "essentialize identity and reify the subject" (Scott, 1991, p. 797), how it is "imbricated in our narratives" (Scott, 1991, p. 797), and how it "serves as a way of talking about what happened, of establishing difference and similarity, of claiming knowledge" (Scott, 1991, p. 797). Regarding the research that uses the concept of experience, Scott recommends the following:

> Given the ubiquity of the term, it seems to me more useful to work with it, to analyze its operations and to redefine its meaning. This entails focusing on processes of identity production, insisting on the discursive nature of "experience" and on the politics of its construction. Experience is at once always already an interpretation and something that needs to be interpreted. What counts as experience is neither self-evident nor straightforward; it is always contested, and always therefore political. (p. 797)

In the remainder of this part of my thesis, I consider different uses of the concept of experience and their implications in feminist approaches to motherhood, citizenship and medicalization of women's reproductive bodies. The bodies of literature I discuss are related to the case of women's civic initiative demanding the improvements in medical services for giving birth in Serbia that I examine in the Third Chapter of this thesis.

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1.2 Experience of Mothering and the Identity of Women

One of basic feminist insights is that women's biological role in reproduction and their capacity for mothering serve as basis for justification of their position in society and their location in the private domain, which is constructed to encompass the opposite of the public world of men. However, acknowledging that gender relations are socially constructed does not exclude diverging opinions among feminists about the specific character of this construction, its relation to women's nature and the implications for feminist politics. The problem or "dilemma" (DiQuinzio, 1999) of difference versus equality is an issue that feminist politics and women's movements are bound to encounter.

As Evelyn Nakano Glenn (1994) points out, "mothering – more than any other aspect of gender – has been subject to essentialist interpretation: seen as natural, universal, and unchanging" (p. 3). The ideological social construction of mothering establishes women's difference from men on basis of their role as mothers, while it also conceals the differences among women. Although mothering occurs in specific social contexts, Glenn notes that in America in the 20th century "an idealized model of motherhood, derived from the situation of the white, American, middle class, has been projected as universal" (Glenn, 1994, p. 3). Patrice DiQuinzio and Sharon M. Meagher write that the ideology of "essential motherhood" (DiQuinzio & Meagher, 2005) represents "in modern Western ideological contexts (…) a dominant conception of proper or good motherhood" (DiQuinzio & Meagher, 2005, p. 3). Constructing motherhood as "women's natural function or role, essential motherhood also in effect defines femininity" (DiQuinzio & Meagher, 2005, p. 3), and "because it emphasizes [mothers'] emotionality, concern and care for others (…) [it] is at odds with rational agency" (DiQuinzio & Meagher, 2005, p. 3), as agency is constructed by the dualistically opposite ideology of individualism.

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These pervasive ideologies participate in discursive construction of "social interactions, identities, and social institutions" (Glenn, 1994, p. 4), and are implicated in scientific world view (Glenn, 1994, p. 9). Ideological views of motherhood work towards reproduction of existing social order in the interest of dominant groups, but they are also flexible and contradictory (Glenn, 1994, p. 10-11). Glenn points to Joan Scott's deconstructionist approach as useful in disentangling the ideological positioning of mothering at the "subordinate poles" (Glenn, 1994, p. 13) of cultural domains delineated by "binary oppositions between male-female, mind-body, nature-culture, reason-emotion, public-private, and labor-love" (Glenn, 1994, p. 13). Scott has shown that these oppositions are "constructed for particular purposes in particular contexts" (Glenn, 1994, p. 13), and therefore, they need to be analyzed in concrete cases, as they are drawn upon by different social actors.

When women put forward their claims in the public sphere, as different authors have pointed out, they might rely on ideology of essential motherhood and construct themselves as maternalist. Patrice DiQuinzio (2005) claims that "maternalist discourse appears to valorize motherhood as the basis of a political identity" (p. 233), while at the same time "oversimplifies participants' identities by representing them entirely in terms of their mother-hood" (p. 233). Glenn (1994) points out that maternalist or "motherist" movements not only take mothering and giving birth as "unique female experience" (p. 23), but that they also claim the possession of "special knowledge or moral qualities by virtue of being mothers" (p. 23). They tend to authorize women's demands "in the name of children" (Glenn, 1994, p. 23), to such an extent that Glenn poses the question "whether mothers could be organized to speak out for their own needs as individuals (that is, as women) as opposed to the needs of their children or the community" (Glenn, 1994, p. 24).

Although maternalist movements can successfully authorize women's political action, insofar as they do it in terms of essential motherhood, they eventually reinforce the difference

between women and man and deny difference among women. Regarding the legitimating capacity of maternalism and the complexities of women's civic action DiQuinzio (2005) asks: "to what extent must civic engagement appeal to identities more specific than 'citizen' - with its insistence on rational autonomy as the only qualification for civic engagement and its denial of difference - in order to be effective?" (p. 242).

Within prevailing social discourses, as well in some feminist theories and some forms of women's movements, motherhood is seen as experience defining of women's identity. Patrice DiQuinzio (1999) sees this experience as socially constructed, and theorizes about the constructions of mothering as a basis for women's identity. She undertakes the analysis of the ways in which the concept of experience is employed in some prominent feminist studies about motherhood, of its multiple meanings and the slippages between them.

She points out that "[t]he concept of women's experience may have certain advantages for theorizing mothering" (DiQuinzio, 1999, p. 206), but that "the use of this concept can also include the tendency to take women's accounts at face value" (DiQuinzio, 1999, p. 206). That would lead to recuperating of some elements of related ideologies of individualism and essential motherhood. To some extent, according to her, this is inevitable in the prevailing ideological climate, which is as an element in over-determined relationship between material conditions, women's experience and their narratives of experience. She claims that feminist politics is always paradoxical, since it "must appeal to women's individualist subjectivity in order to claim women's political entitlement and agency" (DiQuinzio, 1999, p. 116), but at the same time, in order "to determine women as a group (…) and to represent women's experiences, feminism must appeal to difference (…) and the aspects of women's experiences that are more specific to women" (DiQuinzio, 1999, p. 116-117).

Considering, among others, the standpoint theory of Patricia Hill Collins, DiQuinzio finds that in Patricia Hill Collins' use, there is a "slippage of the concept of experience"

(DiQuinzio, 1999, p. 235), which establishes the equation between the social location and the perspective of women, and obscures "the questions about subject positioning and knowledge" (DiQuinzio, 1999, p. 235). Similarly to Scott, to whom she refers at one point, DiQuinzio takes issue with the use of women's reports of their experience (DiQuinzio, 1999, p. 25) in feminist theory, and states that "it is not obvious or inevitable that women occupy the best position from which to articulate their experiences" (DiQuinzio, 1999, p. 25). Mothers' experiences are "over-determined and contradictory" (DiQuinzio, 1999, p. 27), and the account of women's subject positions should focus on "language and practices of representation" (DiQuinzio, 1999, p. 131), the claimed meaning of experience (137), and overlapping and multiple subject positions that women occupy (139).

DiQuinzio's position on women's identity resonates with Judith Butler's (1999) deconstruction of the category of women. Butler shows how the subject of feminism is produced through the practices of representation, and under the terms and criteria of subject formation in political and linguistic domains (Butler, 1999, p. 1), which are based on "foundationalist fable constitutive of the juridical structures of classical liberalism" (Butler, 1999, p. 3). She insists that the practices of representation produce the subjects they appear to represent. In order to legitimate its representativeness, feminism claims the "fictive universality of the structure of domination, held to produce women's common subjugated experience" (Butler, 1999, p. 4).

Following feminist stands I have outlined here, I attempt to do a "non-foundationalist" analysis of the case of women's civic initiative that demands changes in childbirth management in Serbia. In line with theories I have discussed, I do not posit the identity of women as preexisting women's discursive activity and public representation of women's experiences.

1.3 Citizenship and Subjectivity

Citizenship is a much discussed and contested (Plummer, 2003, p. 33) concept. Marylyn Friedman (2005) sums up its diverse meanings: "Citizenship is multiple and various. It can be an identity; a set of rights, privileges, and duties; an elevated and exclusionary political status; a relationship between individuals and their state; a set of practices that can unify – or divide – the members of political community; and an ideal of political agency. It can be all these things and more." (p. 3) Kenneth Plummer (2003) defines citizenship as "belonging to and participation in a group or community" (p. 50), and connects it with identity, "a person, a voice, (…) a position, a subjectivity – from which the claim of citizenship can be made" (p. 59).

Feminists have long been making the case that the terms, in which dominant conceptions of citizenship are made, correspond to male subjectivity and demand capacities constructed as the opposite of women's, thus resulting in the exclusion of female subjectivity. Keith Faulks (2000) lists the dualisms (p. 57) of liberal citizenship, which emphasizes individual rights and freedom from interference. In those ideological distinctions men are constructed as autonomous actors in the public sphere, in contrast to women, who are located in the private sphere, considered as defined by their bodies, and confined to relational identity of carers (Faulks, 2000, p. 57).

Although this ideological construction of citizenship persists and defines the criteria for being a citizen and acting as a citizen, in recent years, an effort is made by feminists to reappropriate and redefine the term citizenship, in order to make it inclusive of different subjectivities. Many contention issues are being addresses, such as who can make legitimate public claims, in what terms, and how agency can be reconceived. It is acknowledged that women's agency, wherein agency is understood as a "capacity for free choice and self-

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development" (Gould, as cited in Lister, 1997, p. 37), is limited by conditions of oppression and discrimination, as it is in the case of other marginalized groups. In order to act as citizens, women must affirm their agency, and hence the importance that "feminist citizenship project (…) gives due accord to women's agency rather than simply [see them] as victims of discriminatory and oppressive male-dominated (…) institutions" (Lister, 1997, p. 5-6). If the ideological "identification of women with the body, nature and sexuality" (Lister, 1997, p. 70) renders them illegible to the norm of citizenship, then women, who make a claim to citizenship, as DiQuinzio (1999) argues, are presented with the problem how to construct themselves in the way representative of their experience, but not confining to women's essential nature.

One of influential recent projects regarding citizenship is Kenneth Plummer's (2003) notion of intimate citizenship. His main argument concerns the emergence of public debates around issues and decisions pertaining to the body, reproduction, and sexuality, which are commonly considered as located in the private and intimate domains. As stories of intimacies proliferate in diverse public spheres, new subjectivities are claimed and equal rights are being requested. Intimate citizenship, According to Plummer, represents "a potential bridge between the personal and the political" (Plummer, 2003, p. 15). The public spheres, in which stories are told, are multiple and contested (Plummer, 2003, p. 72), and the struggle over meaning includes adversarial and dialogic relationship between different actors. In the public debates, as Plummer acknowledges, not all sides are equal, because not all of them can fulfill the criteria of rational argument in the same way. There is a risk of essentializing the identities that emerge through public narratives of the intimate in identity politics. Nevertheless, Plummer sees the move from private to public, in which narrative construction of subjectivity is taking place, as a broad development in media saturated late-modern societies, that brings about a different configuration of the public sphere and proliferation of different identities and

ethical debates.

In a volume extending on Plummer's project of intimate citizenship and dealing with different practices of doing citizenship, Sally Hines (2009) points out that heterosexual presumption of older conceptions of citizenship is also being challenged. Transgender people are one of "previously disenfranchised communities" (p. 81) that use storytelling "to assert their growing strength" (p. 81) and demand equal rights. In the same volume, Lisa Smith (2009) shows how women challenge the demarcation between private and public spaces in a movement for breastfeeding. The range of practices that authors discuss under the auspice of the intimate citizenship, in which intimacies are publicly disclosed and private experience are communicated and shared, is broad and diverse. Recent discussions center on disenfranchised groups, and the way they aspire toward full citizenship status and draw on their experience, or employ the talk about experience, in order to make their claims.

For women's movements claiming citizenship, drawing on discourse of essential motherhood can aid in legitimating their claims, but eventually, as DiQuinzio points out, it excludes women from citizenship (DiQuinzio, 1999, p. 229). The extent to which women essentialize their identity depends on the context, including the adversaries' style of argument and the possibilities for mobilization of support of other women, and has to be analyzed in concrete cases. Kerreen Reiger (2000) reconsiders maternalist movements as a possibility for women's activism in public sphere. He writes that "mothers' citizenship claims threaten the basic distinction between public and private (…) Engaging in political action around intimate bodily processes is a classic exemplar of the feminist concept, 'the personal is political'" (Reiger, 2000, p. 321). It is important, according to Reiger, to point out that the "political processes in which women are engaged when they mobilize in order to press their claims for resources, or changes in practices such as childbirth management, do not merely reflect shared qualities or experiences as childbearers" (Reiger, 2000, p. 321), even when they legitimate

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their claims in materialist terms.

Considering the developments in theorizing citizenship, extending this concept to encompass wide range of public practices, while simultaneously focusing on discursive and representational aspects of public debates, seems well justified. As DiQuinzio (1999) and others argue, the analysis of implications of public policy debates calls for discursive approach, in which citizenship can be seen in the way that is not predetermined, but more as a matter of mutual positioning of participants (Fairclough, Pardoe, & Szerszynski, 2006), and as performed in language and practices of representation.

1.4 Medicalization, Female Experience, and Agency

Medicalization represents a process of defining pregnancy and childbearing as something that requires medical attention and falls under the jurisdiction of doctors. Different authors consider how "natural" and "normal" processes of reproduction have come to be conceptualized as essentially risky and pathological in the process of medicalization. Ann Oakley (1980) identifies "five major features of medical frame of reference" (p. 9), which combine to define the meaning of reproduction as a medical, specialist subject, removed from the social context. Kathryn Pauly Morgan (1998) proposes a model of medicalization, which includes the conceptual medical knowledge, consisting of "theories and paradigms" (p. 86); "macro-institutionalization" (p. 86) of medicine as a social domain; "micro-institutionalization" (p. 86) of relations between doctors and patients; and "lived subjective experience of personal medicalized self-management" (p. 87). Medicalization is "multifaceted" (p. 86) and it is resilient and able to co-opt resistance. Even when women's resistance problematizes some aspects of medicalization, such as the procedures and actual

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practices of doctors and nurses, medical assistance can still be regarded as necessary and medical knowledge accepted as authoritative.

Concerning the relationship of medicalization to patriarchal power, radical feminists' interpretations in particular portray it as "a continuous and teleological process wherein patriarchal medicine monopolizes control over women's procreative bodies and reduces women to passive object of medical surveillance and management" (Sawicki, 1991, p. 76). In similar vein, some authors, like Ann Oakley, use the expression "male medicine" (Oakley, 1980, p. 10). Although the majority of doctors are in fact male, the social values about women are embedded in medical doctrines, and unequal gender relations come into play in medical encounters, it is not possible to say that "[m]ale 'desire' to control women's bodies or to usurp procreation" (Sawicki, 1991, p. 80) is a single driving force behind medicalization. Jana Sawicki (1991) formulates Foucauldian perspective on medicalization, and claims that "the history of women's procreative bodies is a history of multiple origins (…) [i]t is a history marked by resistance and struggle" (p. 80).

When considering women's resistance or collusion in medicalization, it is important to acknowledge the historical and class specificity of their position. Catherine Kohler Riessman (1998) discusses the role of women during the advent of doctor's professional power and the demise of midwifery at the beginning of the 19th century, and writes that "…women wanted freedom from the pain, exhaustion, and lingering incapacity of childbirth" (Catherine Kohler Riessman, 1998, p. 52). Likewise, in the 20th century, "middle- and upper-class reformers with a progressive ideology" (p. 52) made a demand for the use of anesthesia during childbirth. Doctors, in turn, used these women's demands and fears of complications at childbirth "to gain control over the entire market, including routine births" (Catherine Kohler Riessman, 1998, p. 52). The professional interests of obstetricians were one of the main factors in modern medicalization of childbirth; however, the story about medicalization, according to

Riessman, is complicated and contradictory.

Many authors describe women's experience in medicalized childbirth in negative terms. The question is whether they rely implicitly on a presumption that there is a "natural" and "right" way for women to give birth. This may not be the case, if the expression of dissatisfaction is not followed by any clear prescription, or if that prescription is not advocated on basis of women's nature.

Ann Oakley (1980) writes about the "external control" (p. 272) resulting in women's loss of autonomy in medicalized childbirth. Iris Marion Young (1990) also argues that women are alienated from their experience, because "… medical instruments objectify internal processes in such a way that they devalue a woman's experience of those processes, and because the social relations and instrumentation of the medical setting reduce her control over her experience" (p. 168). Emily Martin (2001) conceives medicalization of childbirth in analogy to the process of factory production, where "the doctor is a supervisor, the woman might be a 'laborer' whose 'machine' (uterus) produces the 'product', babies" (p. 57). The doctor "manages" labor and decides "when the 'pace' of work is insufficient and warrants speeding up by drugs or mechanical devices" (p. 63). All this role distribution, then, results in the view of "cesarean section, which requires the most 'management' by the doctor and the least 'labor' by the uterus and the woman … as providing the best products" (p. 64).

Athough women's autonomy is limited, and their body is objectified in medical institutions, Lucia M. Tanassi (2004) argues that they can still be seen as someone who exercises agency, because "objectification and agency are co-constructive" (p. 2055). Women can be "willingly objectified" (p. 2055) and accept medical procedures, if they believe that they are necessary and will allow them to give birth safely.

The use of women's experience of giving birth that can be found in literature falls in two main categories: stories can be used as evidence, providing access to women's subjective

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meaning making around childbirth, or they can be examined for their discursive properties, for the way they were textually produced. Mary Carolan (2006) gives an overview of the use of stories in midwifery research, and advocates "valuing of stories and experience as evidence" (p. 66) and as a "means of accessing the social context and meaning of birth and mothering in women's lives" (p. 67). She distinguishes the stories that are interpreted by researches, and those reported verbatim, and valued "for their 'real' feel" (p. 67). Joann Bromberg (1981), for example, reports women's stories verbatim in her text.

In the context of medicalization of childbirth, women's position has similarities to that of patients in general. Discursive research developed in the field of inter-personal encounters between doctors and patients considers the way language is used to establish differential authority of speakers and their perspectives. Fleischman (2001) writes about bio-medical discourse, which tends to ignore patient's reports of experience of illness, and takes his or hers testimony "as untrustworthy" (p. 478). Women's concerns are frequently being "labeled in a negative and undermining manner as 'complaints'" (Rúdólfsdóttir, 2000, p. 345).

The way women communicate with doctors and the extent to which they are included in decision-making are related to their subjectivity and agency, and according to some authors, to citizenship. Tom Sorell points out that "[i]n welfare states, no typical user of health care services is only a patient; and no typical provider of these services is simply a doctor (...) Occupiers of these roles also have distinctive relations and responsibilities – as citizens – to medical services…" (Sorell, 2001, p. 25)

Medicalization is often seen in feminist texts in prevalently negative and homogenous terms. As this overview shows, there are reasons to emphasize the complex and contradictory character of those processes. Hence the need to discern in concrete cases involving women's attitude to medicalization where women stand, what they demand, and how they position themselves towards dominant constructions of their identity, towards medical profession and

the state authorities. Women as patients who demand rights also behave as citizens, but in the case of childbirth their status is further complicated by social investment in nativity and conceptions about proper roles of women as mothers. There are many questions related to women's attitude to medicalization, concerning the way they see their proper position in society and who they take themselves to be. These questions involve the (re)construction of women's subjectivity and agency, which is undertaken through what I call in this thesis, drawing from Joan Scott, "the politics of experience" – the use of concept and authority of experience to variously position oneself within the contingent social field.

CHAPTER 2 – CONSTRUCTING THE OBJECT OF RESEARCH

In this Chapter I give background information about the initiative of a group of women, which emerged on the Internet and continued its activities as an organization of civic society. It has provoked the debates between the representatives of the state in charge of public health, the representatives of state owned maternity services, and women, representatives of the initiative. A number of discussions related to questions raised by women's initiative have taken place in Serbian media, including television shows and coverage in print media. They are further taken up by women's initiative, which remains mainly focused on the Internet. In order to situate my analysis, I give a brief account about the context of reproductive rights situation in Serbia, and I also consider the role of the Internet as discursive space. Finally, I conceptualize my approach to analysis of the case study.

2.1 Background and Context

2.1.1 "Mother Courage" Initiative and Public Debates

Branka Stamenkovic was an "ordinary" 40-year-old women living in Belgrade, a mother of 6-year-old boy, blogging occasionally on a popular blog portal. She probably had no idea what would follow when, on September 27th 2008, she published on her blog a story about giving birth to her son in one of Belgrade hospitals. She described in the form of six rather long blog posts the events starting from prenatal tests, and focusing on the days of her stay in maternity ward. Ms. Stamenkovic turned out to be quite a storyteller, because her posts were followed by numerous comments from women, who also told about their experience of giving birth. The stories of women from Serbia were predominantly about the horrible

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situation and treatment they experienced in hospitals, while Serbian women from abroad told about their satisfaction with giving birth in "developed" countries. Branka Stamenkovic's stories were addressed to Serbian Minister of Health, and she devised the petition in which basic demands of "Mother Courage" are formulated: eradication of corruption in maternity services; better communication and treatment of women who give birth; and the improvement of medical procedures.

Following the publicity that stories exposing situation in maternity wards as horrifying achieved, which was largely facilitated by the concentration of avid bloggers and prominent persons using the same blog portal as Ms. Stamenkovic, in the fall of 2008, the meeting was organized between the representatives of "Mother Courage", Serbian Ministry of Health, and the heads of Serbian maternity wards. Until spring of the following year, 2009, several popular television talk shows hosted "tripartite" debates between the Minister or some other representative of the state, Branka Stamenkovic, and doctors, heads of maternity wards. The survey about women's satisfaction with medical treatment was created in cooperation between "Mother Courage" and the Ministry, and distributed in maternity wards for women to fill after their stay in hospital.

In the following period, the contacts between the initiative and authorities were not so publicly visible. However, the initiative and Branka Stamenkovic herself embarked on new directions of work. She has visited Tuscany together with one of supporters of the initiative, Dr. Vajs, the head of Pancevo hospital, in order to get acquainted with the way childbirth is managed abroad. Also, on "Mother Courage" website, a call is announced for women who want to participate in the making of television series with telling their story about the experience of giving birth in hospitals in larger Serbian cities.

Most of communication between supporters of "Mother Courage" initiative and others takes place on Branka Stamenkovic's blog, where it all started. After Serbian Minister of

Health Tomica Milosavljevic got a spine operation in May 2010 in Germany, Stamenkovic called for his resignation and expressed dissatisfaction with the cooperation with him and their proclaimed partnership. In June 2010 she announced that she herself resigns from leading formally "Mother Courage" civic initiative. She continues to write even more critically about the problems in Serbian health system, gathering more and more information and support around her blog. A group of commentators on her blog, consisting of other bloggers and women who are now in charge of the initiative, follows and discusses media coverage of health issues and of cases of medical malpractice in particular, as well as legal disputes and legislation related to childbirth and health in general.

2.1.2 The Role of Internet as Discursive Space

The communication that gave rise to "Mother Courage" initiative occurred on the Internet, when Branka Stamenkovic posted her story about giving birth on a popular blog portal, regarded as respectable and progressive. The separate web-site was established when civic initiative started to form, where incoming women's stories are published, and information about initiative's activities and the ways to take action is available. The role of Internet in "Mother Courage" initiative is still significant, regarding the amount of communication taking place on the initiators blog.

The immediate context of discursive activity related to characteristics of the medium can account for possibility of communicating contents that are not present in other media and public spaces. The anonymous or pseudo-anonymous (Wood & Smith, 2005) nature of the Internet allows the users to produce more uninhibited accounts, and communicate autonomously with large audiences of other users, instantly and without the immediate editing or censorship. The stories about giving birth, in which doctors' negligence and malpractice

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are exposed, and accusations for corruption are made, are most likely to be published anonymously. Furthermore, the Internet is an interactive medium and it is easier to express or contest opinions on wide range of topics than in other media.

However, the position of the initiator of "Mother Courage", who represents its most prominent "public face" and a focus of support, is the result of her visibility connected to her "real-life" identity. Undoubtedly, the level of rhetoric skills and involvement of Branka Stamenkovic play a huge part in the persistence of initiative. Her story of giving birth provided a blueprint or "meme" for other women. The possibility of telling stories publicly motivated women, who used to share those stories in private conversations. Voices previously excluded from public can flourish on the Internet. Wood and Smith (2005) claim that the Internet provides a space where discursive resistance can emerge, seen as "a process through which text (…) and other forms of meaning-making are employed to imagine alternatives to dominant power structures" (p. 180).

Many factors may have influenced women's decisions that sharing stories publicly is worthy of effort, among them the lack of opportunities to act in consequential way against the maltreatment in maternity wards, and the challenging of belief that those stories belong to the private sphere. The stories are published in a way that they are readily accessible and they add to a pile of others, which produces the effect of persistent collective claim. The collaborative character of communication around "Mother Courage" is even more obvious on Branka Stamenkovic's blog, where many people contribute significant pieces of information, coordinate and support each other. Multiple references to certain information and the repeated use of some expressions point to the existence of discursive community, built and sustained (mainly) through communication.

Richard Holt (2004) argues that the Internet "has become one of a number of channels (…) used to construct civic life" (p. 7), and that it gives a "sense of immediate, visceral

participation lacking in other more traditional forums for persuasion" (p. 11). However, the overall effects of the Internet on level of political and civic participation are still unclear. One of obvious limitations to participation in Internet discussions is the question of access and possession of literacy required.

2.1.3 The State of Reproductive Rights in Serbia

Wendy Bracewell (1996) writes that Serbian nationalist ideology, which prevailed after the dissolution of socialism, defined women as responsible for biological reproduction of the nation. She notes that "[s]ince the early 1980s the Serbian nation had been seen as at a disadvantage in the demographic contest with the Albanians (and Muslims more generally)" (Bracewell, 1996, p. 27). "White plague" was the term "widely used to describe the pattern of low birth rate" (p. 27). (It is still prominent today, and has become a matter of common parlance). Interestingly, nationalist discourse condemned the behavior of Serbian women as selfish and individualistic, while at the same time describing Albanian women as "machines for reproduction" (p. 27), subjugated by women's traditional roles. Bracewell sees the continuity between the socialist and nationalist conception of proper women's roles in that they are both collectivist. This means that individual rights, desires or even conditions of life of women were not regarded as relevant, in fact, "the very power of 'woman' as a symbol muffles the voices of individual women" (Bracewell, 1996, p. 33).

Djoric and Gavrilovic (2006) consider that the pro-natalist discourse in Serbia, even after the "democratic changes" took place in 2000, remains connected to nationalism and doctrine of Serbian Orthodox Church. In this discourse, women are designated the role of childbearing, is seen as their duty, and as unequal to men by nature. It is characterized by the belief "that individual choices of women in respect to giving birth are secondary to higher

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goals which are in their turn decided by someone else" (Djoric & Gavrilovic, 2006, p. 75).

These authors see the "pro-natalist population policy agenda" (p. 75) as conflicting with

reproductive rights agenda, insofar as it implies that its goals should be "achieved at the

expense of women's right to self-determination" (p. 75).

Shiffman, Skrabalo, and Subotic (2002) argue that under the authoritarian regime

during 1990s, there was a "continuous pro-natalist assault on reproductive rights of Serbian

women" (p. 632). They show how detrimental legislation and policies were adopted, and

claim that protest from civil society were silenced (p. 633).

Writing about the situation and transformation of childbirth practices in former

socialist countries of Eastern Europe, Beverley Chalmers (1997) states that the processes of

democratization put issues of "individual freedom, consumer choice, and quality … high on

the political agenda" (p. 263). Comparing the situation in these countries with Western

countries, Chalmers says that the practices in the region are similar and "reminiscent of those

prevalent in North America and Europe three decades ago" (p. 277). It should be noted that in

this developmentalist perspective, Serbia lags even a decade more, due to its war and crisis

filled decade of 1990s. The prevalent practices in Eastern Europe in 1997 are described as

follows:

> Technological intervention is preferred to a noninterventionist
> approach whenever possible; in this regard, it is sometimes to mother's
> advantage that technology is not readily available. Shaving, enemas,
> and episiotomies are routinely used, as is a supine position for
> delivery with the aid of stirrups. (…) Following delivery the baby is
> shown to the mother before being sent to the nursery for the remainder
> of the hospital stay about one week for normal deliveries and ten days
> for cesarean sections. Mothers do not traditionally hold or breastfeed
> their babies after delivery. In most countries, rooming-in is beginning
> to be considered in some hospitals… (Chalmers, 1997, p. 275)

Chalmers characterizes these practices as "doctor-centered (…) to the point of being

anti-mother" (p. 279). This approach to childbirth is not concerned "with the psychosocial

aspects of care, is based on outdated medical knowledge, and incorporates care routines during labor, delivery, and the post-partum period that discourage rather than promote breastfeeding" (Chalmers, 1997, p. 273). Chalmers believes that under the influence of Western practices, as well as World Health Organization and UNICEF, which promote "woman-centered and baby-friendly low-technology approach for the majority of women in childbirth" (Chalmers, 1997, p. 273), the doctrines and practice in Eastern Europe are bound to change. However, Chalmers acknowledges that there is no "right" way of managing childbirth, and that it is culturally relative.

2.2 Methodology and Conceptualization of Research

As I mention earlier, the concept of experience, on which I base my construction of the object of research, is formulated following theoretical position of Joan Scott. She rejects the "referential notion of evidence" (Scott, 1991, p. 776) that can be gained through narratives of experience, and that is represented as transparent, self-evident, and as a reflection of the identity of subjects of experience. For her, the concept of experience is variously discursively constructed, wherein one of those contingent constructions is precisely the concept she critiques. She directs our attention to the interrogation of the ways "experience" is constructed and used, both in feminist theory and by different social actors. When people use the notion of experience and the accounts of their experience, they do not merely report about objective reality as it appears to them, or give information about events or their inner states, but they construct a certain version of reality and their identity, in relation to discursive resources and subject positions available.

If the researcher takes the identity of subjects who report about their experience as

already known, and therefore takes the existing "categories of representation" (Scott, 1991, p. 778) unexamined, the identities in question will appear as expressing the inner nature of subjects, apart from their contingent constructions in linguistic and other practices of representation. Furthermore, this inner nature will be constructed according to prevailing ideological conceptions of human nature and subjectivity, and ideological constructions of naturalized differences between different categories of people. Because those ideological constructions of identities hold implications for people who occupy the subject positions within discourses, they are imbued with power relations.

Scott nevertheless recommends the use of the concept of experience in research, precisely because it is ubiquitously used to "essentialize identity and reify the subject" (Scott, 1991, p. 797) in identity construction, and to establish difference and similarity, or to claim knowledge (Scott, 1991, p. 797). If we take the concept of experience as constructed, we can ask to what ends it serves in discursive practices and how it operates in establishing identities and achieving mutual positioning in interaction. Because of discursive character of "experience", we should, according to Scott, investigate its use and "the politics of its construction" (Scott, 1991, p. 797), keeping in mind that "it is always contested, and always therefore political" (p. 797).

Another important issue concerning experience is the way it is used in constructing narratives which establish identities. Vivien Burr (1995) writes that many social constructionists "have particularly concentrated upon how people's accounts of themselves are constructed like stories or narratives" (p. 20). Judith Butler (2001) is also concerned with the possibility of "narratability" (p. 35) of the account we give of ourselves. The conventions of narrative establish the coherence and continuity of accounts. They also, as Rom Harré (Davies & Harré, 1991) proposes in his concept of subject positions, construct identity and subjectivity and position the narrator in relation to other characters in the story, to

interlocutors, and the audience.

Regarding the identity of women, besides Scott's position about the connection between experience and identity, I draw on Chantal Mouffe's (1992) argument about the category of women and citizenship. Many authors, as I discuss earlier, point to motherhood and childbirth as a basis for ideological construction of women's difference. Oakley (1980) writes that these matters are seen as standing "uncomfortably at the junction of the two worlds of nature and culture" (p. 7), and that the "[t]he trouble with childbirth (…) is that it only happens to women" (p, 2). DiQuinzio and Meagher (2005) sum up the shifting ideological framework of dilemma of difference versus equality:

> The interplay of abstract individualism and essential motherhood in Western cultures leads to a fundamentally ambiguous representation of women's subjectivity and agency and thereby ensures that the representation of women and women's interests is always contested. Discursive shifts, made possible by this ambiguity, position and reposition women, locating them now as abstract individuals capable of and entitled to equal citizenship, then as women and mothers with a specifically feminine and maternal function to fulfill. (p. 5)

Chantal Mouffe regards the definition of interests of women problematic, because it implies that there is the preexisting group whose interests are represented. Instead, she insists that there is no "essential and fixed category 'woman' as a definable empirical group" (Mouffe, 1992, p. 382). For her, the dilemma of difference is "meaningless" (p. 373). In the place of women's essence, however conceived, she puts the "essential non-fixity" (p. 371) of identity categories. There is no basis for concerns that "without seeing women as a coherent identity, we cannot ground the possibility of a feminist political movement" (p. 371). Mouffe thinks that we should ask "how is 'women' constructed as a category within different discourses" (p. 373), and how feminists goals can be articulated in the context of other demands.

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In my analysis of texts I apply Laclau and Mouffe's discourse theory. They define discourse and articulation in the following sentences: "*articulation* [is] any practice establishing a relation among elements such that their identity is modified as a result of the articulatory practice. The structured totality resulting from the articulatory practice, we will call *discourse.*" (Laclau & Mouffe, 2001, p. 105) For them, meaning is essentially non-fixed. The partial and temporary fixations of meaning, forming discourse, are organized around the privileged signs, which they call "nodal points" (Laclau & Mouffe, 2001, p. 112). The fixation of meaning around nodal points is "done by the *exclusion* of all other possible meanings that the signs could have had: that is, all other possible ways in which the signs could have been related to one another" (Jørgensen & Phillips, 2002, p. 26-27).

Identities are non-fixed, "foating signifiers" (Laclau & Mouffe, 2001, p. 141), and as they get articulated and given meaning, they come into certain relations with one another. The "chain of equivalence" is an expression used by Laclau and Mouffe to designate the practice of establishing equivalence between elements, while surpassing their differences. They consider equivalence as a product of "hegemonic articulations" (Laclau & Mouffe, 2001, p. 187), establishing commonality across social actors, that is required in broad political coalitions. Thus, the interplay of commonality versus opposition is present in their theory, but it is not based on predetermined identities. It is always partial and temporary. Also, it is important to point out that in their discourse theory all practices are considered as discursive and "inherently political" (Howarth & Stavrakakis, 2000, p. 9), since all objects are given meaning only within discourses. Identities are also political, because they "involve the construction of antagonisms and the exercise of power" (p. 9).

Following from this conceptualization, I pose my research questions. The main question is: how women use narratives about their experience, and what meaning they give to experience? Who is included in telling stories and who is excluded, and how they construct

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their identity? What claims they make on basis of their stories, and how they address the public? How other participants in the debate respond to women's claims based on the use of experience and how different actors in debate position themselves and others? What alliances are possible, and what conflicts are made more acute?

CHAPTER 3 – THE CASE OF CIVIC INITIATIVE "MOTHER COURAGE"

The amount of textual material produced on the Internet as a result of communication between activists and supporters of "Mother Courage" initiative is overwhelming. My choice of material for analysis was random in the case of women's stories published on "Mother Courage" web-site (http://www.majkahrabrost.com), since stories are numerous and they are linked in the same way, with only numbers after the nickname substituting the authors name (Mama-kangaroo) indicating the identity of the story. In the case of Branka Stamenkovic's blog posts, I was following my interest in topics, and the relevance I perceived they have for the initiative. In the case of television debates, I considered all of those four that are posted on "Mother Courage" web-site (http://www.majkahrabrost.com/video.htm). I also looked at the initiative's Facebook page (http://www.facebook.com/group.php?gid=52238718942). I collected material at several occasions, across a period of months, and my repeated contact with the topics and the style of discussions around initiative convinced me that it was captivating. I also acquired the sence of overall course of development of events in the debate over childbirth in Serbia, but also gave me an insight into political situation in county.

Following my research questions, I was interested mainly in material in which either explicit or implicit references were made to experience and identity of women. Also, I paid attention to the contributions of main actors and their attitude to women's experience and demands. From the material collected, I formed a classification around the main ways the experience is used and contested. Here I present some illustrative excerpts from written material and my transcript of parts of television debates. In them the interrelated questions are addressed about the source and legitimacy of women's demands in relation to variously constructed and contested character of the experience they base their claims on.

3.1 The Use of Experience as a Source of Information

3.1.1 Stories as a the Evidence of Medical Treatment

Judging by the numbers assigned to stories sent to "Mother Courage" web-site, there are about 600 stories that describe women's experience of giving birth in Serbian hospitals. They are classified by towns where they gave birth. There are also stories from Serbian women who live abroad. All stories are entitled the same way: "Mama-Kangaroo" plus the number, thus they are anonimized.

The stories are the reason the initiative achieved public attention, and subsequently got involved in debates. Mothers' stories on "Mother Courage" web-site are produced as a response to the invitation from site creators to mothers to share their experience, and they use the narratives they collect to as a way to provide the evidence of recurrent patterns of medical treatment, or individual cases of malpractice. Women also construct the common case by mounting evidence of mistreatment. A minority of positive birthing experiences is also present.

The main linguistic feature of stories is a large amount of direct speech, in which doctors' and nurses' words are reported. Framed within women's retrospective accounts, this feature constructs the conflict with medical personnel, and serves as evidence of their behavior. Bromberg (1981) notes that the use of direct speech in stories of negative birthing experiences women told her is common, and she interprets it as reflecting the trauma and loss of control (p. 37).

Women also report the way they responded to remarks, asked questions, argued, reacted (often by crying), but also what they were thinking and debating, but never said publicly, in order not to provoke retaliation. In that way, the accounts are constructed about the mistreatment that occurs due to lack of professionalism, responsibility, manners and common

human kindness of medical personnel and others who work in the hospital. For example, "Mama-Kangaroo 002" writes about the improper communication from doctor's side she experienced:

> Before the exam, she did not address me in any way, nor mention that the exam she is about to perform will be painful (I was not yet on epidural). When I screamed from pain, she asked: "Why are you screaming?" When I replied: "Well, it hurts!", she said: "Do you want to pick up a fight with me?" (http://www.majkahrabrost.com/eng/e002.htm)

She elaborates why this was inappropriate on doctor's part and, describing another episode, when nurse told her that her baby was "Taken out at 1:50 pm", she states that "Because of the way she said that, I cried many times". Women describe particular ways doctors and nurses neglected them, or withheld information from them about the decisions how to manage their childbirth and what procedures to apply. "Mama-kangaroo 199" writes that she was never told that she was injected something to induce labor:

> I gave birth three times. All natural births. The last two times I did it with the "help" of something they injected me with. When I asked if it was something to induce labor, they said: "Of course not, it's just saline." I still don't know why they lied to me. (http://www.majkahrabrost.com/eng/e199.htm)

The other woman ("Mama-kangaroo 244") claims that the lack of proper communication she experienced was dehumanizing and uses that claim to characterize doctors' behavior as unacceptable:

> The 99% of the staff in Visegradska hospital look down on the patients. They never give a starlight forward answer to any question asked. Once they told me that the answer would be too complicated for me to understand so they wouldn't give me any.
> I am not a doctor, but I am not an idiot either. If someone is going to poke around my body, than I would like to know the consequences.
> Kindness is very important to me. If someone decided to work with people, to help them, than he/she should show some respect and love to them. A veterinarian supposedly loves the animals. (http://www.majkahrabrost.com/244.htm)

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Through the way women describe the course of events and their reasoning, doctors and the treatment in hospital are constructed not only as inefficient and unprofessional, not acting in the best interest of women, and dehumanizing. The demands that "Mother Courage" initiative made to the Minister of Health include the improvement in procedures, and the proper communication with women.

Stories of women's experience include similar descriptions of the chronology of important and especially unpleasant events during the stay of women in the hospital. Narratives are similar in tone and content. In their stories, women do not address the audience or authorities, although their stories are meant to be used as evidence, if not in the legal sense, then as a public testimony. They are capable of gaining publicity, and that is probably why the Minister contacted women's initiative soon after the stories began to be published and the signing of the petition with the demands started.

The reports of experience that has taken place in the course of events in the hospitals also construct women's subjectivity as someone who witnessed and experiences the situation first-hand. "Mama-kangaroo 163", for example, writes: "Along with fear and uncertainty, I experienced the shock when they put me in the room for the patients". Even when not mentioned explicitly, women's embodied experience is invoked as a basis for evaluating in/proper medical treatment, judging by the lack of assistance, negligence and excessive pain and unnecessary discomfort they experience.

Sharing of stories also serves as a way to compare information with other cases. "Mama-kangaroo 163" begins with the following sentences: "While reading other Mama Kangaroos' stories, I was thinking that my story is not so bad after all". Through sharing stories women gain knowledge about the situation in hospitals in general. In their communication on Stamenkovic's blog, women routinely refer to some of numerous stories published on "Mother Courage" web-site as a point of reference. Stamenkovic even says in

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television show that the source of her information about certain practice is a particular woman.

Women's practice of sharing stories among themselves and circulating them publicly is understandable, if we are aware of the lack of public access and correct information about the state and procedures in maternity wards. Also, the lack of realistic possibilities to file and pursue a complaint against doctors is widely known. Rare cases of malpractice get convicted in court. Families that lost members due to medical error know about the lack of public access to information in medical files that can prove their cases all too well.

Sharing publicly their experience, women transcend the ideological distinction that can work to conceal the treatment in hospitals. As Mouffe (1992) writes: "… childbirth and motherhood have been presented as the antithesis of citizenship and … have become the symbol of everything natural that cannot be part of the 'public' but must remain in a separate sphere" (p. 376).

Women's stories and their use are occasionally targeted by assaults saying that women are not experts who can make decisions about medical matters on the one hand, and on the other that they are too sensitive to pain, while women should be able to endure it more than men. Both those accusations brought out the attacker on a comment on Stamenkovic's blog. She, writing under the nickname Krugolina, compares the pain endurance in women and men:

> johnny_walker:
>
> "You have no idea how many babies were saved by that 'horrible episiotomy', by enabling safer coming out and preventing that mothers smother their babies in birth canals at the moments when time is come to pushing, and when they scream: 'I can't, pull out baby, I will get up from a table…'; how many babies were saved by that 'horrible inducted birth'. Why woman then comes to hospital, if she wants undisturbed birth; give birth at home, then…"
>
> Krugolina:
>
> "Well, when you don't know to save them on civilized way, you are 'saving' them by medieval methods. And, after all, it is our blame for wanting to be saved on civilized way? I'm asking you why those

women are alarming and shout 'I can't'? Did you make their birth painless? Did you provide them support from their fellows, in order to calm them? You didn't? Well, what you expect, then? Wouldn't you scream and panic if dentist start to pull your tooth without anesthesia? …" (http://blog.b92.net/text/14442/Firenca-dan-treci/)

The attacker claims that he's a doctor, and says that women are bitter because it hurt a little when their episiotomies were stitched without anesthesia, which is a minor problem, because he probably considers that women feel less pain. One of other female commentators replied: "The other's head doesn't hurt".

Stamenkovic's opinion is devalued in a television debate from doctor's part (Dr. Stanojevic) with the following words: "You watch a lot of American movies, Branka." (http://www.rts.rs/page/tv/sr/story/20/RTS+1/52048/Klju%C4%8D+)

3.1.2 "Objectifying" Evidence

There are, nonetheless, doctors who believed women's experience, both out of respect for patients, and their awareness that malpractice is widely present. Dr. Vajs insisted on saying in television debate, regarding the initial meeting between the initiative, Ministry and doctors:

> "During that meeting, I felt shame, as a physician, because there was negative atmosphere towards that communication. That's something that I wasn't able to allow myself, knowing that some maternity hospitals, or some people with whom I'm working, don't share that opinion. We believe that it is important to talk, because such initiative is something that may help us (…) it is a mirror of our work. (…) we don't know how patients perceive our work, how they react to our certain procedures, how they experience all that. (…) In order to be in complete correlation with the patient, we have obligation – I want to emphasize that – legal obligation to ask him if he accept that [procedure], to explain him what will happen if we do it and what will happen if we don't, which advantage he or she will have if we completely apply that procedure and which if we not."

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(http://www.b92.net/video/video.php?nav_category=908&nav_id=352
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Obvious in his emphasis on legal grounds is his own lack of authority resulting from
siding with women's version. Similarly, the initiative and Stamenkovic herself are, besides
using the stories about experience, from the onset very informed about "hard data", such as
international policy and statistics. For example, Stamenkovic argued for husbands' presence
during childbirth citing medical data about the benefits for the progression of labor.

Minister, on the other hand, is relying on the opinion of medical profession:

> "I already said four months ago: 'epidural anesthesia for all, and
> fathers' presence during birth, and various other standards, that's
> something, if we agreed that with professional competence, that's
> something   we   gravitate   towards."
> (http://www.b92.net/video/video.php?nav_category=908&nav_id=352
> 239)

An interesting episode is one with the survey devised together by Ministry and
"Mother Courage" in early days of their cooperation:

> Stamenkovic – "It is the same questionnaire; our [questionnaire] is on
> the web-site, and Ministry of Health is distributing it trough maternity
> hospitals. (…) Both questionnaires have structural problems: in the
> one of Ministry of Health samples from big cities missing, while
> internet questionnaire on 'Mother Courage' web-site is not structural
> valid because only women who use Internet fill it."
> (http://www.b92.net/video/video.php?nav_category=908&nav_id=352
> 239)

The results of the survey showed divergent results, where Ministry virtually didn't
identify corruption, and women identified a large percent. The best attempts were made to
reconcile this contradiction:

> Minister – "I think that both results are realistic. Why? Because our
> poll, from our experience is mainly average and it takes into
> consideration all categories. Results of the internet poll are results
> considering highly-educated women, which have high demands."

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(http://www.b92.net/video/video.php?nav_category=908&nav_id=352
239)

Although the contradiction has other explanations too, like withholding of survey papers in hospitals, this one was adopted by all parties, at least for the time being.

3.2 The Use of Experience in Identity Construction

3.2.1 Women and Mothers

Commonality and mutual support between women is based on experience of giving birth, shared through stories on "Mother Courage" web-site. Sharing their stories publicly, women construct the collective identity and voice. The positioning of stories as comparable maternal cases reinforces the impression of similar women's experiences. Women themselves in the stories assume that others share the same understanding. One woman says that she was hurt by the way nurse addressed her, and states: "I think that no explanation is needed why". In the last sentence, she assumes the commonality of experience of giving birth, but it is not clear if it is assumed in essentialist terms. Another woman writes in a comment on Facebook that "every woman who gave birth in the hospitals anywhere in Serbia surely knows about the desperate feeling of powerlessness…" Here the emphasis is on women's experience as patients within particular institutional setting, enduring the treatment in Serbian hospital.

The overall presence of maternalistic imagery and features, as I explained them earlier (see: DiQuinzio, 2005), is markedly absent in the activities of "Mother Courage". Children are only marginally mentioned in the stories of giving birth, with love, off course. No emphasis is put on the necessity to have a large number of children, as is in Serbian pro-natalist discourse. "Mother Courage" states as a motto on the web-site that if society treats

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them that bad, it deserves to die out from "White Plague", thus distancing itself from a whole package of pro-family conservative orthodox nationalist values. The only instances of woman-specific imagery are the nicknames of women whose stories are published ("Mama-kangaroo") and a logo in the form of Kangaroo carrying a baby in her pocket.

The stories of women who report about positive experiences are present in small numbers on the web-site, and the stories of a few fathers. Initiative welcomes those who lost children or wives to speak out too. One happy father ("Papa-kangaroo 547") writes about his experience of childbirth:

> Let me join this action of sharing stories about child-birth experiences. I'll ask my wife to share her experiences as well, in order to get the full picture. (…) I just want to add that an Association for natural birth is being formed, which is going to lift the way child-birth and women are thought of to a higher level. A big kiss to all new mothers, babies, and everyone else! (http://www.majkahrabrost.com/547.htm)

"Mother Courage" seems to be welcoming non-mother and mothers who dissent with some of its demands. For example, in conclusion of her account of experience of giving birth in Goteborg, Sweden, "Mama-Kangaroo 390" wrote a suggestion:

> "I fully support your initiative, but I also have some suggestions. I didn't like how you presented on your web-site birth in foreign countries, because you emphasize the luxury of it, for example when nurse apologizes because room doesn't have view to the sea, or expensive baby cream, aromatic oils, collections of CDs, perfect kindness, TV in the room. Luxury is even less important, that is something which is in accordance to capabilities of country and individual. Instead of buying TVs, it is better to organize courses for improving staff's communication capabilities. I also didn't like when you said in one radio show that if some woman in Serbia decides to give birth, in the midst of this white plague, maternity hospitals' staff must treat her as a queen, like it is something she's doing for the hospital and the country, and not for herself and for her family." (http://www.majkahrabrost.com/390.htm)

The accounts truly inconsistent with "Mother Courage" are of those women that not only report positive experiences, but deny the initiative's views by calling women unrealistic

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of selfish. As Stamenkovic admitted regarding the survey, the initiative is mostly oriented to urban educated women who use Internet.

Naming the collective of mothers gathered around the initiative as "Serbian women" is occasionally present in communication between supporters. In my opinion, this is not meant in ethnic, but in political sense, and as a manner of constructing commonality and political orientation of the group.

3.2.2 The Others

"Mother Courage" is based on common experience, but to some extent, not exclusionary of non-mothers, and it resonates with other patients' and women's experiences in Serbia, but also men's experience in contact with inefficient and corrupted institutions. Initiative is oriented to making alliances with parties such as the Commissioner for Information of Public Importance and Personal Data Protection, some progressive doctors and the media. Here's how one prominent doctor supports initiative's activity and dissents with his own profession. Vuk Stambolovic writes a comment on Stamenkovic's blog:

> "At the end of TV show 'Uvecanje', professor Stanojevic said, that during her life, woman is nearest to death during pregnancy and giving birth. (…) As some general truth (…), that is not correct. It is possible to discuss whether we're facing in that claim misogyny, or necrophilia, or simple scaring of women in order to gain more control over them, or something else. But one is for sure: that attitude takes part in creating the context in which giving birth is happening here, probably not only on Stanojevic's clinic. Otherwise, that statement wouldn't be publicly spoken and so definite. (…) Or, maybe, it should be good to make possible to women whose pregnancies are not risky, and they want that themselves, to give birth out of highly specialized institutions which are (probably under the official understanding of pregnancy and giving birth as deadly threat) characterized by interventionism which giving birth (and sometimes even pregnancy) makes unnatural, pathological, even dangerous." (http://blog.b92.net/text/8558/Drugi-sastanak-s-nacelnicima-porodilista/)

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The cooperation with the media in exposing medical errors and demanding trials for doctors is a large part of concerns of "Mother Courage". The news and analysis is circulating regularly. Recently, the Ministry of Health adopted the Recommendation to Press for Reporting Health Issues, attempting to silence them. Like other moves of the Minister, Stamenkovic denounced this act. She recently called for Minister's resignation:

> See, when so called Minister of Health says how his operation in Germany did not require any money from Serbian citizens, my stomach starts to roll. It cost us in most valuable currency! It cost us a little remainder of TRUST in Serbian health system, and it cost us a little reminder of TRUST in at least one legal authority. And you know how it's going in Serbia: from this example, people will in a moment conclude that 'all ministers are same' and you will have collateral damage of the unseen proportions. (…) Dear prime minister, do you think that citizens are irrational and insane if they expect from authorities to lead them to better future by their own EXAMPLE? Do you think that citizens are irrational and insane if they expect that legal authorities at least partly stand behind their words? Here, for example, this so called Minister of Health, at the one round-table discussion – where I was present too, and heard with my own ears – said how our public health system is exceptionally good, how it is not in the third league, but in the League of Champions. (…) Even I, as a pathetic woman, understand football enough to know that League of Champions should be better than Bundes League.

Here Stamenkovic draws a parallel between decisions and experiences of Minister and a common citizen, who has to settle for invasive methods. She positions both of them equally as citizens to the medical services (Sorell, 2001). The Minister doesn't do what he preaches, and still uses the crisis as a justifying principle:

> "I gave directive to Republic Professional Commission and to sub-commission, whose member is also colleague Stanojevic, to answer me very clearly that question – should we, in Serbia, insist (...) to ensure that fathers also pass through the school of parenting, not just mothers, and to tend to get more father's presence in childbirth. (...) But, to expect that it can happen over the night, and to discuss on web-sites: 'here, in Canada is like this and in Germany is like that'... listen; it is not possible for country, wealthier only than Albania, and than Tadzhikistan, to pay for all that." (http://www.b92.net/video/video.php?nav_category=908&nav_id=352239)

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Therefore, as some partnerships form, others dissolve. Whereas Stamenkovic previously stated that changes would be "better for everyone", now the "chain of equivalence" forms between the initiative, the media, patients' rights initiatives, and some doctors, and in opposition to state supported medical profession.

3.3 Discussion

The role of the concept of experience in the discursive contestation of medical management of childbirth in Serbia can be seen as a nodal point and element around which discourse is articulated. Women employ the narratives about giving birth references to their experience, strategically, in order to provide the evidence of medical treatment and construct their identity. Although this identity can be seen as non-fixed and contingent, it has the potential to represent women's interests in a wider constellation of demands. In a political process of contestation the new articulation of discourse around childbirth is sought.

Women are addressed and respond to contestations in a variety of ways. They draw on a range of discourses, but they do not construct themselves in prevalently essentialist terms, since they would relegate them to private sphere, especially in relation to intimate processes of childbearing. Women mobilize support by establishing the common denominators across gender differences, appealing to patients' rights in general, and claiming the identity of citizens.

CONCLUSION

The analysis of debates around childbirth in Serbian reveals the complexity of mutual positioning of actors, who put forward and interpret each other's claims on knowledge and identity in multiple ways. From the approach of Laclau and Mouffe's discourse theory, we can say that the advent of women into public sphere has created a challenge from previously excluded meanings from the field of discursivity. The nodal point of female experience becomes contested, insofar it no longer considered private. Consequently, the discourse around childbirth is being restructured in the process of achieving a new, temporarily stable, articulation. In the process, women's experience of childbirth is becoming over-determined with discourses of patients' rights and democratic citizenship.

According to Mouffe, the articulation of women's claims within the wider structure of demands does not mean the cancelling of potential to address specifically gender based issues. In fact, if women as patients are subjugated precisely because of beliefs about their gender identity, than this opens new spaces for investigation. If some doctors, as I have shown, devalue women to such extent that they see them as merely instrumental to their professional power and discretion, than the initiative's allies must eventually address this devaluation of women in order to support their rights as patients.

The interventionist doctor-centered approach to childbirth is under contestation from several directions, and what seems to hold it into place is professional solidarity between doctors and the representatives of public health, as Wagner (1997) claims. Doctors may be seen as women's logical allies, adding to each others' authority and credibility. In Serbian case, doctors who allied with women's initiative needed virtually no persuasion about taking women's experience seriously, and others are never going to be persuaded, and will struggle

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to keep their position of power.

I consider that the construction of mothers' public voice that "Mother Courage" achieves is a disturbance of expectations regarding women's roles in Serbian society, and much needed displacement of dualisms between good and bad women, mothers and non-mothers. Women's experience is contested because its potentials for representation and conveying a voice, with respective rights. Also, the common platform for opposing the professional power of medical workers is needed if the silencing of accusations for malpractice with tragic consequences is to be avoided in Serbian society.

The approach I take in this thesis has the implications for related theoretical fields where identity construction of groups previously excluded from public sphere is at stake. The implication of non-essentialist view of identity and experience are in conceiving the possibilities for political articulation of contingent coalitions and structures of demands.

The way the initiative is created and performed, shows certain advantages that are, in my opinion, the result of strategic positioning of women in the public space. Women came forward as mothers in function of their children, but as citizens. Internet provided the safe and efficient way to formulate alternative discourse and protected women from negation that would occur if they just talked to authorities, of relied on other media. Thus the implications of new communicative spaces should also be considered.

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