

Opponent's review of the Master's Thesis

Title: Punitive Gynaecology in Modern Russia: Crafting the Docile Female

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The thesis focuses on the phenomenon of “punitive gynaecology” in contemporary Russia, i.e. “psychological and physical violence directed towards the patient in the setting of a gynaecological examination” (p. 2) or more specifically “a set of healthcare-related attitudes and practices that tend to take control over the woman’s body, sexuality and reproductive system” (p. 6). According to the author, the term is not firmly established in literature; however, violent elements of gynaecology were thematized in other countries as well, and in some cases, they were framed as “punitive” on principle.¹ The term “punitive” is to be understood in the context of the Foucauldian concept of power and punishment. In line with this concept, the author sees power as a productive force and the human body and life as both its instruments and aims. She specifically uses concepts such as “surveillance”, “the medical gaze”, “pastoral power”, “docile body”, and the related descriptions of punitive techniques. If the productive power transforms bodies and behaviour, its specific forms in gynaecological practices are shaped by the patriarchal culture, the existing relations of domination and subordination, and the established patterns of gender and sexual normality.

The main research question is (p. 3): “In which ways does punitive gynaecology in Russia work on the female body?” To answer the question, the author collected and analysed 31 written autobiographical narratives of 19 women describing their experience with punitive gynaecological practices. Most of these narratives were obtained through a call posted on the website of an online group dedicated to violence in gynaecology. The snowball technique was used to contact the women as well.

The very presentation of the conceptual and methodological anchoring of the thesis reveals an extraordinary maturity of the author. She uses and presents a wide range of relevant sources, and she works with them as an active author. She also asks complex questions and discusses various aspects of the texts relevant to her work with ease and reflexivity. She is not afraid to address them critically, yet she never does so for its own sake, but always to deepen the understanding of the studied area. All these “authorial virtues” are reflected in other parts of the thesis, too.

In the actual analysis, the author notes different levels of the workings of power in punitive gynaecology – from normalizing comments and ridicule regarding the appearance or sexual behaviour, through the silencing of the expressions of pain to unnecessarily painful operations, etc. She shows how these practices induce the feelings of coercion, deprivation of the women’s agency, dehumanization, shame, or suffering. At the same time, the author suggests to what extent the negative feelings or pain are normalized or possibly framed as integral parts of the female condition in medical environments. For example, before presenting their narratives, many women suggested that their experiences might not be useful for the research since they are not as serious or brutal. Finally, I would like to praise the author’s deliberate work with the issues of agency. According to her conception (and in accordance with the Foucauldian optics), gynaecologists do not use punitive practices knowingly. Their procedures are not a simple reflection of the agendas imposed from on high (e.g. pronatalist ideologies) either. The origin of punitive practices seems to be much more diffused. Likewise, patients are not purely passive actors the power acts on, but they can often be described as complicit, in a certain sense.

¹ Here, the author refers in particular to Gail Kligman’s framing of abortion criminalization, used to meet the pronatalist goals, in Ceausescu’s Romania (1998) or Věra Sokolová’s study of the eugenically motivated castration of the Roma women in Communist Czechoslovakia (2008).

Generally, I have no critical comments on this thesis. I would only mention one detail: as a reader I would welcome to see the exact text of the call inviting participants to research since this input must have undoubtedly shaped the resulting narratives in a certain way (as would the wording of the questions during the oral interviews discussed by the author). If I am not mistaken, the call included the term "punitive gynaecology", for example. This would probably imply that the women themselves had expressed their experience through this specific discourse and related discussions or in relation to the connotations of the phrase. As for the methodological point of view, I would also like to know where the author sees the advantages and disadvantages of the written narratives (as opposed to the narratives resulting, for example, from oral narrative interviews). My comments on the use of the term "punitive gynaecology" and written narratives, however, are not to be meant as criticism, both solutions seem to be fully justified – they are only questions for further discussion.

As apparent from the foregoing, the present thesis is outstanding in all aspects. I therefore **recommend the thesis for the defence**, and I suggest to evaluate it with the **grade 1**. I also recommended publishing it in a relevant international journal.

Questions for discussion:

1. What I found to be really thought-provoking was the discussion about the extent to which the described practices, which may be seen as manifestations of "punitive gynaecology", are characteristic to the healthcare system of post-Soviet Russia or a more general phenomenon. It seems that the research participants were rather in favour of the first possibility, while literature from different countries shows it is a more widespread phenomenon. Although the next question encourages speculation, I would like to know what kinds of factors the author considers formative in terms of punitive gynaecology and which of them can best explain the situation in various countries, locations, or facilities.
2. Does the author think it is possible to find punitive aspects also in other areas of medicine?

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