

## Manifesto Implementing a group philosophy on contemporary women's healthcare

### Preliminary points:

- How can approaching the topic of healthcare from a radical feminist perspective create a philosophical framework which we can integrate into our artistic practice?
- How can integrating a feminist philosophy into our research guide contemporary healthcare practices concerning women's bodies?
- In what ways is 'care' embedded in medicine on both a practitioner and patient level?
- 2025 (half a decade) situates our Across RCA project, looking back on the past 5 years, and forward to the next 5 years.

### Section 1: What is our 'why?'

Our group's 'why' has come from a commitment to women's rights for bodily autonomy on both a medical and political level. Intersectional oppression in healthcare highlights the disparities that put individuals at a disadvantage based on multiple aspects of their identity, such as gender, race, sexual orientation, and wealth. Intersectionality matters as it is important for us to understand and address how oppression actively compounds in healthcare systems. To elaborate, environmental activist Licypriya Kangujam has raised public awareness on the ways in which climate change has exacerbated health inequities for women in living in impoverished regions. Through a distinctly feminist lens, we aim to create a framework of care which accommodates and supports all bodies. Furthermore, we aspire to reimagine how spaces of healing can evoke a richer sense of dedicated care for female bodies through philosophical enquiry alongside artistic practice.

Our group identity has been cultivated from our shared morals and values. As an all female, and multicultural group, we have discussed women's healthcare experiences in countries such as, but not limited to; The United Kingdom, India, China, Malaysia, and France. Despite coming from different countries across Europe and Asia, we have found that challenges in women's healthcare are universal and systemic, transcending these physical borders. At the heart of our Across RCA project, we value intersectionality, bodily autonomy, access, and holistic care.

### Section 2: What is our philosophy?

This section will now discuss women's bodies through the lens of politics and medicine with key reference to feminist theorist Simone De Beauvoir. The female body cannot be reduced to its physicality, women's bodies are also powerful political tools. Both

historically and in the contemporary, the female body has been regulated, censored, politicised, and controlled by patriarchal power structures. As explored by Beauvoir in her book, *The Second Sex*, women are different from men in the sense that we experience a restriction in freedom due to the reproductive potential of our bodies. Unlike men, female bodies are governed by reproductive laws and policies. She elaborates on the nature of this social conditioning through her concept, the 'dependent other.' Women recognise wider society as masculine due to the structure of our educational, economic and healthcare systems. In this way, 'man's freedom arises out of female oppression.'

## 2 i: Beauvoir on abortion

Using the topic of abortion as a point of departure, I will continue by discussing how Beauvoir's idea of the 'dependent other' is applicable to the politics of women's reproductive health. This will continue in section 2ii into a broader discussion into how our philosophy presents itself in the wider conversation of women's healthcare.

In light of the continued fall out from the recent overturning of *roe v wade*, millions of women in the United States have lost the right to have an abortion. As the most powerful country in the world, this was a disheartening outcome with catastrophic consequences for the reproductive rights of women and girls. For Beauvoir, this attack on the liberty of healthcare is an 'implicit attack on women.' Movements such as the pro-choice movement demand the right for equitable healthcare, this underscores the fact that women's bodies are not just passive objects that are dictated by larger political entities, but active agents of change. The pro-choice movement is not only a political endeavour, but humanitarian one. We can see it as a collection of female bodies resisting the oppression of bodily autonomy. Other countries such as China do not have any legal ramifications on the case of abortion. As a result, fewer women travel long distances to access abortion, or resort to unsafe means. Our group commits to having an international and intersectional outlook on healthcare politics.

In Beauvoir's approach to existential feminism, she maintains that safe and legal abortions would liberate women from this reproductive servitude in order to ensure their control, autonomy, and choice. Our Across RCA project aligns with this philosophy of reclamation, looking at female bodies on both an individual level, but also as a collective larger body. We attest that safe abortion is not only a termination of pregnancy, but a life saving procedure and human right. ACOG, The American College of Obstetricians and Gynecologists, in their 2017 Statement of Policy, maintain that 'induced abortion is an essential component of women's health. Like all medical matters, decisions regarding abortion should be made by patients in consultation with their health care providers and without undue interference by outside parties. Like all patients, women obtaining abortions are entitled to privacy, dignity, respect, and support.' Political ideologies are not a replacement for healthcare, and healthcare at its best is delivered free from political interference.

## 2 ii: Beauvoir on contraception + wider

Adopting Beauvoir's philosophy has illuminated systemic disparities in women's healthcare. I will now briefly broaden our focus beyond the topic of abortion to illustrate how patriarchal structures in healthcare have adversely affected women. Because men are the presumed gender, women have been underrepresented in medical research. Clinical trials that prioritise male subjects result in procedures, treatments, and drugs which are less effective or even harmful on female bodies. Women's health concerns remain underexplored and even misunderstood. For example, women's pain is often dismissed as a psychological condition rather than physical. As a result women with chronic pain are likely to be referred to a therapist.

The assumption that the male body is default has also led to neglect in the production and distribution of contraceptives. Research into male contraception, although plausible, has been sidelined. The emphasis on female contraceptives is not a medical conviction, but a political agenda. Hormonal contraceptives such as the pill or IUD are the norm due to the assumption that the woman is primarily responsible for matters of family planning. This value judgement is rooted in androcentrism. Little urgency is given to the wide range of side effects that women and girls are exposed to by contraceptives, examples include weight gain, hormonal imbalances, blood clots and seizures. It appears that female health is secondary to male pleasure.

### Section 3: Religious institutions and cultural norms

Religion and cultural beliefs reinforced by religion play a significant role in the rates of abortion in any given country. Largely secular countries such as the Netherlands separate religion from state, these countries typically do not implement policies, laws, and access based on faith. However, we cannot ignore the ways that religious factors influence collective belief systems, and in many countries policy and access. Women in non secular countries may experience more stigma around the topic of abortion. In regions where abortion is prohibited, with legal ramifications, abortion statistics may not reflect the increased number of unreported cases of unsafe abortion procedures. Abortion has been illegal in El Salvador since 1998. This is the case in any and all circumstances, including when the pregnancy poses a risk to the life of the mother. The extremely conservative politics of the country are due in part to the Roman Catholic Church, which exerts an outsized influence on Salvadoran politics and spearheaded a campaign in the 1990s that led to some of the most draconian laws against reproductive rights in the world.

Even in countries where religion and state are separate, religion continues to integrate and influence both collective opinion, and individual decision making in matters of sexual health. This may manifest in societies through a lack of public exposure, education, and candidness around topics around women's bodies. In terms of advertising and media, menstruation products are more often than not, censored to comply with brand guidelines. Beyond law and medical access, media corporations contribute to public awareness of sexual health. People who aren't socialised with an openness towards the more intimate aspects of women's health hesitate to speak up, get help, or seek advice due to a

systemically embedded feeling of shame around factors such as menstruation, infertility and miscarriage.

#### Section 4: Art and design as a mechanism for change

Art and design are powerful mechanisms for change, being a point of entry for the public to access a more nuanced understanding of reproductive ethics. *Follicle Symphony* by mixed media artist Ludovica Gioscia, is a body of work which engages with both the philosophical dimensions of the sexed body, but also the medical, for example IVF and pregnancy. Gioscia centres her work on the female body during pregnancy. Her mixed media and textile installations serve as a documentation or record of her own experience during pregnancy. I appreciate how this collection of work celebrates the female body, transcribing pregnancy and birth into a symphony of colours, textures and layers. RCA alumni Stiliyana Minkovska gave a talk at the 2024 Across RCA launch on her reimagination of birth. She designed an alternative birthing environment where women can feel empowered and supported through every stage of birth. Both of these precedents speak to their own experiences with pregnancy and birth, and therefore engage with the topic of medicalisation on a deeply intimate level. In terms of activism and advocacy, art and design acts as a reclamation of public narratives and discourse, offering educational insight through creative expression.

It is important for us to critically interrogate the media by which we encounter and engage with source material, and artwork. The internet as a primary channel of engagement is not necessarily unbiased. Algorithms are designed to shape, filter, censor, and even augment the results of a search. This can narrow our scope of exploration, with search results oftentimes only presenting a microcosmic view of a broader creative landscape. As stated in the opening section, our group aspires to reimagine how spaces of healing can evoke a richer sense of dedicated care for female bodies. Our research incorporates ethical and philosophical inquiry, as well as testimony from a diverse demographic of women. Our artistic practice aims to reframe contentious issues such as abortion in ways that engage rather than alienate. In brief, we hope that our Across RCA project can provide a means to express the personal experiences of women, and advocate towards informed and ethical healthcare for women.