INTERROGATING SOCIAL CONCEPTUALIZATIONS OF CHILDBIRTH AND GENDER, AN ECOFEMINIST ANALYSIS

by

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ABSTRACT

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This dissertation draws on feminist theory and ecofeminist philosophy to examine the connections between understandings of women and nature and the construction of pervasive conceptualizations and practices of childbirth. It also examines the relationship between conceptualizations of men and masculinity, culture and nature, and childbirth. In order to conduct such an examination, this study explores the dominant Western discourse around gender and childbirth. Specifically, the work aims to identify prominent characteristics and themes related to childbirth in both popular culture, such as Hollywood films (*Knocked Up*, *The Backup Plan*), documentaries (*The Business of Being Born*), birth guides, magazines, news articles, websites, and scholarly, medical and alternative healthcare discourse. This work seeks to consider how various conceptualizations of childbirth are used to legitimate, or, alternately, to undermine, patriarchal gender norms such as emphasized femininity and patriarchal (hegemonic)

masculinity and, more generally, what ecofeminist philosopher Val Plumwood calls "master consciousness" (Val Plumwood 1993), a way of understanding the world that is reliant on an unjustifiably dualistic thinking and that is responsible for fostering social practices of domination. In particular, this work seeks to determine to what extent is our conceptualization of childbirth, and subsequent practice, based on potentially erroneous presumptions about the hierarchical division between the realms of culture and nature and masculinity and femininity? Perhaps most importantly, this dissertation sets out to consider the implications of alternative conceptualizations of childbirth emerging in the context of the natural birth movement. Specifically, I aim to determine whether or not these alternatives interpretations of childbirth counteract patriarchal gender categories and the culture/nature dualism.

DEDICATION

This work is dedicated to my best friend and wife, April, who has not only shared her friendship, love, intellectual kinship, and support, but also showed me the creative power, beauty, and meaningfulness of birth. I also wish to dedicate this work, in part, to midwife, Lori Nelson, whose wisdom and insight literally transformed my worldview.

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INTRODUCTION

Ecofeminist philosophy, a branch of environmental ethics, begins from the supposition that concepts significantly mediate our experience of the world. Consequently, ecofeminist philosophy focuses on the conceptual connections between women and nature (Karen Warren 1998, 263, 266) and, more generally, what it sees as the long-standing but problematic conceptualization of the human self as fundamentally above, outside, and opposed to the natural realm (Plumwood 1998, 298). This dissertation draws on feminist theory and ecofeminist philosophy to examine the conceptual connections between women and nature as understood in pervasive conceptualizations of and attendant practices of childbirth. Specifically, the present study focuses primarily on childbirth for the fact that it presents the researcher with a unique cultural event to examine. Another reason for this focus is that many of the cultural artifacts herein examined focus principally on childbirth. This concentration should not be mistaken for a disregard for the importance of the approximately nine-month period that precedes the mother's eventual birth event. Rather it should be understood as a kind of pragmatic decision all researchers are forced to make, determining the boundaries and concentrations of one's research.

This work aims to show that the ecofeminist theory of master consciousness and dualistic logic, particularly as developed by Val Plumwood in her germinal text, *Feminism and the Master of Nature* (1993), provide new insight into these conceptual connections. In addition to examining this issue through a fresh theoretical lens, this work seeks to contribute to the existing literature by implementing an interdisciplinary scope allowing for a uniquely rich consideration of the social conceptualizations of childbirth that bridge medical, scientific discourse and popular culture discourse. Here "discourse" is understood as "an overall form of knowledge" and "the arena in which social relations, practices, and behaviors are constructed and maintained" (Janet Cramer 2009). This work contends that these spheres of human thought significantly reflect one another, indicating a powerful social consensus about how to understand childbirth, which in turn often shapes actual human experience of childbirth. The work seeks to provide analysis of new, largely unexamined understandings and representations of childbirth and gender found in popular culture, including Hollywood films such as *The Back Up Plan*. Finally, it also seeks to offer an interpretation of the sedimentation of master consciousness into medical teaching tools such as "High Fidelity" birth simulators.

I begin this work, in chapter one, with a discussion of feminist epistemology that serves to ground the subsequent examination. The chapter explicates salient components of feminist and ecofeminist theory including the understanding of the power ideas have to shape human experience. It articulates the feminist critique of the traditional understanding of objectivity, which states that in order to attain knowledge we must transcend our embodiment, emotionality, and conduct "value-free" research, and provides feminist theory's revised understanding of the idea, namely that since it is impossible to

entirely transcend our human subjectivity, including our values, a more plausible and honest form of objectivity urges the subject to acknowledge rather than obscure his/her values and preconceptions. The chapter then proceeds to identify core tenets of feminist methodology including the recognition of the interdependence of emotion, ethics, and reason (Collins 2009, 285). The work then explains how Western thought is gendered, the various forms of feminist responses to such gendering, and where ecofeminism, particularly ecofeminist philosophy, fits in. I discuss Val Plumwood's theory of master consciousness, a conceptual framework that begins with a presumption about what constitutes ideal humanity, and proceeds to both systematically over emphasize difference and interpret difference as grounds for subordination. This chapter then relates such concepts to feminist theory more broadly.

In addition to establishing the philosophical grounding for the remainder of the study, I also seek to contribute to ecofeminist philosophy's contention that the dominant category of masculinity, what gender theorists call "hegemonic masculinity," and dominant forms of oppression are best understood as having their intellectual origins in dualistic logic. Specifically I explain this conceptual orientation's salient features including: backgrounding, radical exclusion, incorporation, objectification, and homogenization (Plumwood 1993, 48-55). Along with Plumwood, ecofeminist philosophers argue that these ideas and the form of rationality that hold them together have been utilized to construct and rationalize oppressive understandings of human and species difference. In particular, I discuss how these ideas can be found to structure the conventional understanding of gender, nature, and childbirth. As such, this chapter establishes ecofeminism's interest in the ways in which humans speak about, represent,

and generally interpret childbirth. A final but crucial component of chapter one is crafting and forwarding of an argument that suggests childbirth, properly conceptualized, is both creative and an expression of the mother's power.

In chapter two, I explore the history of the conceptual tenets that arguably gave rise to medicalization of childbirth. The chapter is purposed to deconstruct the dominant understanding of childbirth, as a medical procedure, that holds sway over a great majority of not only uninformed citizens, but also medical professionals. Here I advance the argument that the understanding of childbirth as a form of pathology can be understood as a product of a conceptual framework shaped by dualistic logic and an accompanying reductionist account of the natural world. To make this case I draw on a variety of scholarly literature discussing the historical rise of medicalized birth between the 18th and 19th centuries. I explain how male midwifery, which gave rise to the formal medicalization of childbirth, deployed a dualistic schema, which viewed the male midwife as an agent of culture, and women and their supposedly pathological reproductive capacity, as representatives of a natural world in need of man's ordering. With this conceptualization firmly lodged in practitioners' discourse and practices, fierce interventions were understood as necessary, however unpleasant. Here it must be pointed out that this work seeks to examine the presence and influence of master consciousness, as an underlying paradigm, in medicalized childbirth. It is not intended as a generalization about all women's birth experiences.

This chapter contributes to the existing literature by identifying and examining original documents from the 20th century that offer insight into the way in which practicing medical professionals implemented the "birth-as-pathology" notion and how

birthing women, increasingly influenced by this dualistic understanding of childbirth, consented to medical interventions. This work does not challenge the uncontroversial realization that medical intervention can and has been useful in saving the lives of both birthing mothers and their newborn children. Rather, what is at issue is the presumption that childbirth, on average and in general, requires medical interventions generally reserved for emergency situations.

In this chapter I also draw upon feminist disability theory (Rosemary Garland-Thomson 2002), to explain how the birth-as-pathology concept can be understood as an aspect of the ability/disability dualism, and, thus, a way of negatively assessing human difference. In short, the belief that childbirth was a form of sickness that required medical treatment perpetuated the long-standing dualistic, patriarchal worldview in which female difference was interpreted as inferiority and disability. Perhaps most centrally, I make the case that medicalized childbirth is an aspect of the patriarchal master consciousness project wherein "freedom and virtue are construed in terms of control over, and distance from, the natural sphere" (Plumwood 1990, 215).

In chapter three, I provide a critique of contemporary medicalized childbirth, particularly as exemplified in newly developed "high fidelity," mannequin birth simulators purposed to teach the medical personal to conduct delivery. My work is one of the first to both provide a feminist critique of this emerging technology and place it in the context of the broader feminist critique of medicalized childbirth. This chapter analyzes both a seminal scholarly essay explaining the manner in which these simulators are used, and an assortment of popular representations and discussion of the technology such as news articles detailing medical students' experiences with the technology. Implementing

the ecofeminist lens and drawing on landmark anthropological examinations of childbirth, I explain that both the popular representation as well as the scholarly explication of the birth simulators indicates an understanding of childbirth firmly rooted in patriarchal master consciousness and a fundamental dualization of the spheres of culture and nature. I argue that birth simulators—sometimes called mannequin mothers—are based on an understanding of childbirth that is based on faulty dualistic logic that views women's bodies and the natural world they are identified with as in need of intervention and repair, and, therefore, falsely homogenize the birth experience as well as background the unique agency of each woman. In this chapter I also discuss an alternative conceptualization of childbirth offered in the midwifery model.

Having explained the dualistic basis of medicalized childbirth in chapter two and three, in chapter four, I concentrate an ecofeminist critique on cultural representations of childbirth in two birth-related box-office hit films, *Knocked Up* (2007) and *The Back-up Plan* (2010), ubiquitous birth-related Super Bowl television ads, and a selection of popular writings about or written by various women about childbirth. This chapter also provides a critique of the depiction of childbirth in Eve Ensler's pro-feminist work, the *Vagina Monologues*. My contention, in sum, is that these representations of maternity function to normalize patriarchal gender, including emphasized femininity, and the culture/nature dualism. I begin by explaining the idea of gender "polarization," a form of dualism, and its role in giving rise to the socially constructed categories of men and women. I also draw on cultural theorists such as Stuart Hall and Antonio Gramsci to explain the way in which cultural representations foster broad social compliance with predominant norms.

In order to complement chapter four's examination of hegemonic representations of maternity, chapter five turns to a variety of comparatively marginalized cultural materials in order to contrast the differences between the two visions of childbirth and gender. Here I aim to identify crucial differences between the portrayal of women and their birth experience in two birth documentaries intended to advocate for an alternative to medicalized birth--*Business of Being Born* (2007) and *Birth as We Know It* (2006) and the previously considered Hollywood depictions. I find that these documentary films proffer a mother-centered and midwifery-informed understanding of birth that rejects many of the precepts of medicalized birth. The films locate birthing mothers' agency in the capacity to literally author their own births, whereas medicalized childbirth generally identifies maternal agency with the capacity to be acted upon and to conform to technological rituals. Whereas medicalized depictions of childbirth present the doctor as the primary actor, *Business of Being Born* (2007) and *Birth as We Know It* (2006) portray birthing women as capable, active, powerful, characteristics that, as I explain, undermine dominant gender norms. Moreover, these films also present men in caring, nurturing roles that counteract the hegemonic, patriarchal masculine norm of male selfhood. In addition to pluralizing the arbitrarily monolithic category of male selfhood, the men represented in these films also express a kind of reverence for their female partners. This, too, stands in stark contrast with a prominent theme of male pity for birthing women in medicalized birth (a common theme in popular film). I conclude by suggesting that Hollywood films such as *The Back-up Plan* (2010) are an indirect reaction against the ideas represented in alternative representations of gender and childbirth.

Finally, in chapter six, I critically assess a highly-touted 2010 study, "Maternal and newborn outcomes in planned home birth vs. planned hospital births: a metaanalysis," published in the *American Journal of Obstetrics and Gynecology* (AJOG), and the broader accompanying media discourse around the dangers of homebirth. I show that mainstream Hollywood films such as *The Back Up Plan* are not alone in perpetuating an understanding of birth that promotes gender and nature/culture dualisms and stokes unjustifiable fears over non-medicalized birth such as homebirth. In both drawing on others' critiques and contributing my own, I argue that this popular condemnation of homebirth is based on incomplete medical research that, while showing higher risk of infant mortality in homebirths, fails to take into account research offering contradictory conclusions about such risks--namely, research concluding that planned homebirth is generally safe for both mother and child.

Taken together, this dissertation makes the case that mainstream media depictions of maternity work together with mainstream scholarly discourse to construct an understanding of childbirth thoroughly rooted in a dualistic logic, a form of reason identified with patriarchal master consciousness. Today, the medicalization of childbirth serves to educate both men and women in polarizing gender norms, including the belief that women's bodies are "intrinsically flawed, and in need of control and intervention" (Margo Maine 2000, 174). Indeed, the dominant understanding of women's birth lends to the perpetuation of what I call a "reproductive double-bind," meaning that women are encouraged to believe that their biological purpose in life is to bear children *and* that they are inadequate for the task. In all, I aim to show that contemporary childbirth is a central site for the promulgation of the patriarchal definition of femininity and the distrustfulness

of both the female body and the sphere of “nature”; and that, furthermore, homebirth provides an alternative practice that is more consonant with ecofeminist philosophy’s values. While this work seeks to explore the ways in which medicalized childbirth has been and continues to be shaped by the logic of dualism, such an assertion does not necessarily mean that women who choose medicalized childbirth are agent-less victims. Clearly, some women knowledgably choose medicalized birth, while others participate in alternative approaches to childbirth.

CHAPTER ONE

HOW WE KNOW: RADICAL FEMINIST AND ECOFEMINIST APPROACHES TO KNOWLEDGE

Feminist philosophy is central to this work's analysis of childbirth and gender. This chapter will serve to ground the broader work in feminist theory by articulating both radical feminist and ecofeminist work on epistemology. I begin by answering three key questions: 1) Why is a consideration of epistemology relevant to the study of discourse around gender and childbirth? 2) What is feminist philosophy's criticism of the dominant epistemological assumptions about knowledge? 3) How and in what way is Western thought gendered? In addition to answering these basic questions I aim to contribute to feminist theory's analysis of what has generally been understood as the male bias existing behind the cloak of purely objective, rational, scientific thought. While some form of male bias has and continues to play a salient role in Western thought, I contend that feminist philosopher Val Plumwood's concept of Master Identity or Master Consciousness assists in providing a more accurate, comprehensive analysis of the complex character of the bias responsible for privileging a minority of human beings over the majority of humanity and the rest of planetary life. Furthermore, I explain that the dominant application of reason and the oppression it produces is a direct product of what

Plumwood calls the logic of dualism. Her ideas provide a potent critique of the dominant form of reason responsible for fostering oppression, and aids us to detail the subjectivity that underwrites its biased application. Finally, I conclude by explicating the radical feminist and ecofeminist epistemological ideas that will underwrite this study of gender, nature, and childbirth.

Feminist Epistemology

Epistemological assumptions about how we come to knowledge have a direct influence on our interpretation of our experiences and our ability to imagine alternative social realities. Consequently, feminist theorists contend that a fundamental challenge to the dominant epistemological position is required in order to recognize possibilities and facts beyond the purview of the scientific-positivist worldview. Black feminist sociologist, Patricia Hill Collins writes that one of the principal tasks for feminist scholars is to challenge not merely the conclusions and methods utilized in other analysis but also to question the dominant epistemological framework. “If the epistemology used to validate knowledge comes into question, then all prior knowledge claims validated under the dominant model become suspect” (Collins 2009, 290). When attempting to examine and potentially challenge dominant ideas about matters such as medicalized birth and homebirth, for example, the use of dominant culture’s epistemological and methodological framework merely results in replicating or perhaps stretching rather than veritably challenging dominant ideas (Nadine Pilley Edwards 2005, 35). Edwards, a maternity scholar and research associate at the University of Sheffield, writes that “using the research tools of the dominant social group tends to contain and limit debate” (Edwards 2005, 35). As such, Collins and other feminist thinkers call for theorists to

utilize alternative epistemologies and accompanying alternative methodologies. "Alternative epistemologies challenge all certified knowledge and open up the question of whether what has been taken to be true can stand the test of alternative ways of validating truth" (Collins 2009, 290). An important component of feminist epistemology is the critique of the dominant methodologies upon which the acquisition of knowledge is currently based. Thus, what follows is an exploration of those critiques. I will conclude by summarizing the affirmative aspects of radical feminist and ecofeminist epistemology.

Objectivity

Feminist philosophy is critical of claims of value-less, purely objective knowledge procurement. In particular, feminist theorists argue that traditional, positivist methodologies enact dualistic, hierarchical concepts based on the separation of reason and emotion, mind and body, and researcher's subjectivity and the subjectivity of the researched, which becomes the mere object of inquiry. Historian Nancy Tuana explains that the idea of objectivity is a product of Rene Descartes' conception of reason which was based on the assumptions that "the logic of reason mirrors the structure of reality" and "that clear and distinct ideas are a source of truth about the world. If either of these presuppositions is incorrect, then knowledge is not certain" (Tuana 1993, 60-61). A pivotal aspect of this conception of reason is the dualistic split between mind and body. In particular, Descartes understood the body as "an impediment to knowledge" which the rational man must learn to overcome (Tuana 1993, 61). Thus, the salient characteristics of rationality became detachment "from the needs, desires, and particularities of the body" (Tuana 1993, 61).

Today Descartes' presence is deeply impressed in the prevailing methods of acquiring knowledge. Sociologist and feminist theorist Patricia Hill Collins identifies the following key characteristics of traditional scientific positivist methodology: 1) distance of the researcher, who retains full human subjectivity, from the subject turn object of study; 2) absence of emotion in favor of reason; 3) view values and ethics as "inappropriate in the research process"; and 4) the acquisition of truth through adversarial debate (Collins 2009, 274). Feminist theorist Mona Lena Krook further comments that traditional scientific methodology is based on five central claims:

> (1) the mind is the only reliable source of knowledge, (2) the knower must not be influenced by his or her social context, (3) reason is the only means to gain knowledge, (4) the knower is an individual, and (5) the knower must stand at some distance from the research subject" (Krook 2007, 10).

Collins contends that this methodological approach aims to "decontextualize" the researcher's relationship with the subject of inquiry. As such, values, experiences, and emotions are understood as a hindrance to producing objective knowledge (Collins 2009, 273-274). The problem, as will we shall see, is that attitudes, values, and beliefs always influence human investigation; and knowledge is never produced in the realm of pure isolated rationality (Edwards 2005, 52). Thus, feminist theory argues that the failure to recognize the role of such influences serves only to obscure the subjectivity which inevitably underwrites even the best attempts at even-handed analysis.

Furthermore, even if we were capable of engaging in a form of pure reason it still would inevitably be influenced by our most basic conceptual schemas. The problem with claims of pure objectivity is that they ignore the way in which all knowledge is situated. Feminist theorists and a range of philosophers have poignantly critiqued the duplicity of

obscuring the way in which conceptual assumptions inevitably influence all human analysis and interpretation. In particular, positivist methodology often universalizes one particular form of rationality while ignoring the conceptual context of its application. According to philosopher Simon Glynn, reason is nothing but the formal relations between facts (Glynn 1991, 313). The observation of facts, however, is conceptually mediated. Thus, an argument or interpretation of facts may be reasonable within a particular conceptual paradigm without being reasonable in the context of a different paradigm. Glynn writes that "the laws of reason are indeed contextually constrained, and therefore, in this sense, relative" (Glynn 1991, 317). The Truth or Falsity of a claim is dependent upon theoretical preconceptions, revealing that absolutist claims for reason are doomed to fail (Glynn 1991, 315). As Heidegger put it, "a fact is only what it is in the light of the fundamental conception" (Quoted in Glynn 1991, 313). Gerda Lerner makes a similar point when she writes that conceptual frames color our interpretations and conclusions (1986, 15). Thus, Edwards writes:

> There is no such thing as 'raw' experience, because, just as we create our culture, it also creates us. Experience and culture are woven together, thus experience cannot speak for itself (Edwards 2005, 55).

In sum, perception is an active rather than passive process. Without some conceptual starting point, often inspired by pragmatism and subjective experience in the world, one is unable to discern subject and object, duck from rabbit (as in Gestalt images), health from illness.

Despite claims of science's pure, objective character, a range of theorists including a number of feminist thinkers contend that the active process of perception significantly influences science. Contemporary science, not unlike traditional religion, is

necessarily colored by the conceptual premises which govern the perception of those who both those who create and/or carry out scientific theories. Philosopher David Abram writes that the scientist can never achieve the position of “pure spectator” because “he cannot cease to live in the world as a human among other humans, or as a creature among other creatures, and his scientific concepts and theories necessarily borrow aspects of their character and texture from his untheorized, spontaneously lived experience” (David Abram 1997, 33). Thomas Kuhn, philosopher of science, makes a similar point when he writes that people are “attracted to science” for reasons such as “the desire to be useful, the excitement of exploring new territory, the hope of finding order, and the drive to test established knowledge” (Kuhn 1996, 37). Moreover, the work of those carrying out normal science, which is the process of testing knowledge and discovering order, is governed by rules derived from paradigms (Kuhn 1996, 42). These paradigms are packaged with preconceived “criterion for choosing problems that, while the paradigm is taken for granted, can be assumed to have solutions” (Kuhn 1996, 37). Furthermore, feminist theorists point out that the very act of selecting certain scientific or social scientific research agendas is itself a manifestation of power (Judith Lorber 2010, 189). Just as one brought up and trained in a particular political ideology, most scientists take for granted the foundation of the paradigm which produces the models they routinely work from (Kuhn 1996, 46). The point here is that biases often lurk behind the veil of “objective,” “disinterested” scientific research. The key questions feminists have sought to answer are: 1) what is the character of this bias and 2) who benefits and who suffers from this bias?

How Western Thought is Gendered

Early feminist theorists first detected, and subsequently sought to unmask what they viewed as a "male" bias in theology, philosophy, and science along with accompanying claims of possessing objective, impartial knowledge. Feminist theorists found that each of these branches of thought held the presupposition that women were fundamentally inferior to women, thus upholding and encouraging the subjugation of women. Elite men's belief in the supremacy of men over women was so deeply entrenched that it distorted the whole of Western thought's conception of the human. In the middle of the twentieth-century feminist philosopher, Simone de Beauvoir wrote: "Legislators, priests, philosophers, writers, and scientists have striven to show that the subordinate position of woman is willed in heaven and advantageous on earth" (de Beauvoir 2006, 119). De Beauvoir explained that humanity has been defined as male and women have been defined in relation to the male (2006, 116). Man, wrote de Beauvoir, "thinks of his body as a direct and normal connection with the world, which he believes he apprehends objectively, whereas he regards the body of woman as a hindrance, a prison, weighed down by everything peculiar to it" (2006, 115). Writing two-decades later, Feminist researcher Barbra Mor, author of *The Great Cosmic Mother,* bolstered de Beauvoir's contention. Mor wrote that "virtually all religious, cultural, economic, and political institutions" are rooted in "an erroneous concept" "that assumes the psychic passivity, the creative inferiority, and the sexual secondariness of women" (Mor 1991, 5). She further explains that this conceptual prejudice is based on five key ontological assumptions:

> the world was created by a male deity figure….; (2) that existing world orders or cultures, were made by and for men, with God's sanction; (3) that females are an auxiliary sex, who exist to serve and populate these male world orders; (4) that autonomous female sexuality poses a wild and lethal threat to these world orders, and therefore must be controlled and repressed; and finally (5) that God's existence as a male sanctions this repression. The perfect circularity, or tautology, of these assumptions only helps to bind them more securely around the human psyche" (Mor 1991, 6.)

In a like fashion, historian Nancy Tuana further explains that Western thought is built upon the conception of woman as "less perfect, less evolved, less divine, less rational, less moral, less healthy" (Tuana 1993, xi). Western thought's earliest known thinkers began by defining the male human as the paradigm for all that is human and woman as divergent from this ideal. While religion has often been used as the most obvious actor in the oppression of women, Tuana's work shows that philosophy and science have played an equal part in ingraining the notion that woman is, by definition, necessarily "less perfect than man" in Western culture. From Aristotle to the nineteenth century—Tuana's work stops there—science and philosophy had joined theology in conceiving of woman as intellectually, morally, and evolutionarily inferior to man (Tuana 1993, viiii).

Seeking to explain women's nearly universal subordinate status, American cultural anthropologist, Sherry Ortner argued, in her 1974 paper, that women's oppression was rooted in her ubiquitous identification with the sphere of "nature." This identification, explains Ortner, is significantly based on her capacity to give birth and her role as tending to domestic affairs, both of which have been strongly identified with the realm of nature. Nature, in turn, has been, she argued, "something that every culture defines as being of a lower order of existence than itself" (Ortner 1973, 71-72). Specifically, Ortner identifies the cross-cultural tendency to understand culture and

"human consciousness" and associated "systems of thought and technology" as purposed to transcend, transform and generally control the material realm of "natural existence" (Ortner 1973, 72, 84). As she concludes, Ortner explains that it is not true that women are "any closer to (or further from) nature than man—both have consciousness, both are mortal" (Ortner 1973, 87). Moreover, she contends that human society must find a way to recognize that "both men and women can and must be equally involved in projects of creativity and transcendence" (Ortner 1973, 87). Ortner's work seems to accept key terms of the culture/nature debate, namely the identification of "creativity" with culture. Moreover, in her closing remarks, Ortner's suggestions for alleviating gender inequality recapitulate the liberal feminist thesis, which she discusses, that equality is largely to be found in pressing the acknowledgement of women's capacity to join men in the long-standing cultural project of transcending nature.

While generally agreeing with Ortner that women's oppression is rooted in her identification with nature, ecofeminists, nevertheless suggest different paths to social equality. Val Plumwood does agree that the understanding of "women's reproductivity as undifferentiated nature" must be rejected and that women must be viewed as participants and creators of culture, but she contends that it is equally crucial to avoid fitting women "into a model of oppositional and masculinised culture" (Plumwood 1993, 39). She goes on to write that it would be advisable for "critical ecological feminism" to see women develop a new association with nature "beyond that of powerless inclusion in nature, beyond that of reaction against their old exclusion from culture, and towards an active, deliberate and reflective positioning of themselves *with* nature against a destructive and dualising form of culture" (Plumwood 1993, 39).

Similarly, Rosemary Radford Ruether, a feminist theologian argues that the very conceptualization of nature "as a reality below and separated" from man or culture…..is problematic" (1996: 323). Rather than understanding human consciousness as a tool to transform and dominate the natural world, Ruether suggests that humans reconceptualize it as a tool to better integrate themselves in a biosphere upon which they are profoundly reliant. The lasting solution to the oppression of women through their identification with nature is to deconstruct the culture/nature dualism upon which it rests, namely to "recognize our utter dependence on the great life-producing matrix of the planet in order to learn to reintegrate our human systems of production, consumption, and waste into the ecological patterns by which nature sustains life" (Plumwood 1996, 330), and to work towards an interdependent relationship with the natural world rather than a relationship of domination (1996, 331). A related point that will become clear throughout this work is that just as dominant Western culture has purposefully backgrounded[1] humanity's fundamental reliance upon the natural world (Plumwood 1993, 190-191), so too has patriarchy actively backgrounded humanity's fundamental reliance upon women's power to gestate and birth new life.

Building on these ideas, ecofeminist philosopher Carolyn Merchant argues that Western thought's deeply ingrained assumptions about the inferiority of women is rooted and replicated in what she describes as a "fall and recovery" narrative. Dating back to stories of Adam and Eve in Genesis, Eve has been identified with nature due to her

[1] Plumwood explains "backgrounding" or simply "denial" as a common practice whereby the master self attempts to resolve the fact of his dependency upon the other by denying such dependency. "Common ways to deny dependency are through making the other inessential, denying the importance of the other's contribution or even his or her reality, and through mechanisms of focus and attention" (Pluwmood 1993: 48).

communication with nature, represented by the snake, ingestion of the fruit produced by nature, and identification with fertility (Merchant 2003, 117-118). After her expulsion from Eden, both Eve and nature are identified as defiled, fallen. By implication, due to the story of the Garden of Eden, all women are seen as perpetual reincarnation of fallen Eve and nature. In this narrative, as divine paradise gives way to a daunting, imperfect wilderness, men step forward as "the agents of transformation….They become the earthly saviors who strive…to re-create the lost garden of earth…" (2003, 13). Like Tuana, Merchant notes that this narrative distinctly colors scientific thought as well as religious thought. During the Scientific Revolution of the seventeenth century a secular version of the fall and recovery emerged "in which the earth itself became a new Eden" (Merchant 2003, 20) and men were perceived to be rational agents tasked to transform a fallen, imperfect wilderness, identified with woman (2003, 22). Tuana herself argues that Western thought has consistently interpreted woman as a mere natural resource lacking the value and purpose which only male rationality could provide. Man "was the master artist of human generation; she merely supplied the raw materials for his work" (Tuana 1993, 130).

One of the clearest sign posts of the transference of the fall and recovery narrative's to secular thought is evidenced in 18th century (Enlightenment) intellectuals' identification of women with a (fallen) nature that required transformation (recovery) through male rationality. Woman's position in society, explains Diderot, is a reflection of the cruel but natural reality. The "cruelty" of civil laws in "almost all countries" "is at one against women with the cruelty of nature" (Diderot 1971, 191-193). Diderot, like Aristotle, was informed by the belief that "woman's sex is nothing less than a defect or

an imperfection of nature" (quoted in Dock 1983, 10). Many times over, enlightenment intellectuals, including Thomas Paine, regarded woman as disadvantaged by nature herself. As I have shown in a previous study, *Condorcet: Male Prophet of Feminism* (2007), only Condorcet fully rejected the natural inequality of the sexes during the Enlightenment. While the authority of reason had ascended over religion, reason retained many of the assumptions of religion. Perhaps woman was not inherently sinful as the perennial Eve of the world, but she was *naturally* inferior to man. In fact, the majority of Enlightenment intellectuals sought to mitigate some of the consequences of the natural inequalities between the sexes by implementing a kind of welfare model of social assistance (Nall 2007).

Particularly relevant to this work, the secularized fall and recovery narrative is manifest in contemporary conceptualization of childbirth. The capacity to give birth is identified as woman's link to nature, and, therefore, her link to inferiority. Specifically, this unique ability was interpreted as an unfortunate *disability*. Philosophy, science, and religion have historically defined woman as less developed in rationality, morality, and divinity than man "*because of* her role in reproduction" (Tuana 1993, xi). In her detailed study of patriarchy, feminist historian Gerda Lerner writes that defenders of patriarchy used woman's "maternal role" to justify her "exclusion from economic and educational opportunities as serving the best interests of species survival." She specifically identifies pregnancy as one of a handful of uniquely female capabilities which "were regarded as debilitating, as disease or abnormal states which incapacitated women and rendered them actually inferior" (Lerner 1986, 18-19). Quite specifically, Augustine and Aquinas believed that woman's perfection, including her propensity to participate in rationalism

was limited by her reproductive capabilities. These capabilities also made women prone to weakness and sin (Tuana 1993, 12).

Informed by the fundamental belief that women, like nature, needed to be transformed and essentially transcended, men actually conceptualized women's bodies as obstacles which had to be overcome in order to secure new life and humanity itself. This persistent concept is illustrated in Barbara Ehrenreich and Deirdre English's classic historical work, *Witches, Midwives and Nurses: A History of Women Healers,* when they point out that the early Catholic Church promoted the idea that "in intercourse the male deposits in the female a homunculus, or 'little persons,' complete with soul, which is simply housed in the womb for nine months, without acquiring any attributes of the mother. The homunculus is not really safe, however, until it reaches male hands again, when a priest baptizes it, ensuring the salvation of its immoral soul" (1973, 8-9). Yet this idea of overcoming the body, as explained earlier, was etched by Descartes into the very definition of objectivity and rationality. Thus it is no wonder that scientific thought followed religious thinking in associating the male principle with rationality and progress. Such became manifest in the scientific understanding of reproduction, which privileged the contribution of men:

> The male actively forms his offspring; the female merely received what is placed in her body by the male and nurtures it. The male seed provides form and purpose; the female provides only the material of creation. This perception of the primacy of male creative power had a strong influence on classical scientific views of reproduction, which in turn influenced scientific theories of generation well into the eighteenth century (Tuana 128-129)

We find proof of the secularized conception of woman as fundamentally fallen and childbirth as a *dis*ability throughout Enlightenment discourse on the nature of woman and

her reproductive capacities. This discourse is particularly important in that it soon became the foundation for modern, secular, scientific thought. From Montesquieu to Rousseau, leading eighteenth-century intellectuals realized that society depended upon woman's ability to create human life. Yet eighteenth-century intellectuals interpreted pregnancy as proof of women's fragility. This is particularly clear in the *Encyclopédie*. An eighteenth century doctor of medicine and physician, Menuret de Chambaud attributed women's predisposition to hysteria to "disturbances of the uterus," and thought that Hippocrates was correct in asserting that the womb is the cause of nearly all female maladies (Dock 1983, 17-18). Diderot wrote that childbirth is not only "painful to almost all women" but also a perilous experience which comes "at the price of their charms, and often to the detriment of their health" (Diderot 1971, 192). Nearly all of the male intellectuals of the Enlightenment, with the important exception of men such as Condorcet, literally *defined* "woman" as that which was naturally and fundamentally fragile, weak, defective, and in need of help. "According to the *Encyclopédie*, woman is by definition delicate, weak, and made to bear children. Most frequently the Encyclopedists depict her as an inferior, ensconced in domesticity, the boundaries of her existence determined by her role as daughter, wife, and mother" (Dock 1983, 111). The examples of incredible strength among working class mothers were dismissed as obscure exceptions or unfeminine women more closely akin to men (Dock 1983, 71). The *Encyclopédie*, when taken in its entirety, seems to suggest women's virtue lie in her providing a cocoon which enables the growth of life and perpetuation of humanity; women are things that, according to Jaucourt, put their health at risk to insure human kind, specifically the family name, endures (Dock 1983, 71). While thoroughly

convinced of the necessarily desperate condition of childbearing women Diderot lets it slip that there are tales of women who have significantly different experiences. He jokes that despite French women's love of "new styles" they are unlikely to mimic Iroquois women's reportedly complaint-free tradition of childbirth (Dock 1983, 50). In chapter two I will precisely detail the way in which the medicalized conception of childbirth is a direct result of the fundamental devaluation of nature, the body, and the fundamental creative power inherent in women's capacity to birth new life.

The earliest feminist response to this understanding of women and birth was not to challenge the intellectual paradigm which understood rationality and culture as fundamentally superior to the body and nature. Rather, many first wave feminists along with second wave's liberal or humanist feminists asserted the "sameness" of women and men. This line of thought asserted that women were the same as men in that they, too, were equally in possession of rationality. Therefore, women were equally capable of transcending the realm of inferior nature. The sameness view held that women were neither equivalent to nature nor imbedded in nature any more than men. Summing up the sameness position, feminist philosopher Iris M. Young explains that early feminists argued that women merely needed to break the chains of immanence, connection to necessity and the natural world (Young 2006, 177). This could be done by identifying with the transcendent realm of culture and rationality. For instance, de Beauvoir viewed the historically feminine activities of nurturance and birthing children as evidence of "women's resignation to their condition of immanence" (Young 2006, 178). Much like Diderot, de Beauvoir understood pregnancy as "an 'ordeal' (p. 559) in which the woman submits to the species and must suffer limitations on her capacity to individualize

herself" (Young 2006, 178). Thus the defense of women was based on an agreement that transcending nature was the true mark of one's humanness and worth. So while the earliest feminists successfully challenging the concept of man (superior)/ woman (inferior); and de Beauvoir went further to explain how women's subordination was a product not of biology but of social creation (Lorber 2010, 3), sameness feminism, nevertheless, failed to address equally relevant dualities such as culture/nature and the mind/body split.

Later, radical feminisms including theorists of difference or gynocentric feminism argued that sameness feminism perhaps unintentionally perpetuated patriarchal thought. Sameness feminism too easily accepted conceptual parameters which had been defined by men without input by women. This line of thinking based women's equality on the assertion that they, too, could overcome nature and the body, childbirth for example, and participate in the transcendent realm of reason. Put differently, sameness feminism's defense of women's worth was based on their capacity to imitate the male ideal largely based on transcending nature. At a practical level, this approach joined patriarchal thought in devaluing the many important roles and qualities embodied by women including childbirth, nurturance of children, emotionality, and others. Moreover, it perpetuated the false assumption that culture was superior to nature. Thus, to rectify this error radical feminism and ecofeminism rejected the inferiority of nature and the superiority of reason (Plumwood 1993, 34). Radical feminists rejected traditional Western values such as "objectivity, distance, control, coolness, aggressiveness, and competitiveness" (Lorber 2010, 131). Rather, some radical feminists drew upon what Sara Ruddick identifies as "maternal thinking," lauding the values of "intimacy,

persuasion, warmth, caring, and sharing" (Lorber 2010, 131). It must be noted, however, that Ruddick does not suggest this maternal character is limited to females. Instead she recognizes that such a nurturing identity is open to men and women alike.

Developing within radical feminism, ecofeminism advanced the argument that there is a significant connection between human attitudes toward and treatment of the natural environment and the patriarchal subordination and objectification of women, people of color, other marginalized groups, and non-human life (Warren 1997, xi; Lorber 2010, 123[2]). Specifically, ecofeminists contend that human oppression and environmental degradation are a consequence of the dominant and patriarchal form of rationality which, dating back to at least Plato, has conceptualized human culture and reason, identified with men, as standing outside and above *mere* nature, identified with women (Plumwood 1993, 81). Through erroneously equating *difference* with absolute *separation*, the dominant application of reason, based on a grossly biased and limited conception of what it is to be human, necessarily facilitates the intellectual organization of the world into hierarchical categories of superior and inferior. The dominant conception which informs the most common application of reason is based on an ideal of humanity that identifies "freedom and virtue" (Plumwood 1993, 23) with the capacity to transcend nature, necessity, and femininity. This foundational belief in both rationality and culture's supremacy over and distance from the natural world "has spoken mainly of conquest and control, and capture and use, of destruction and incorporation" (Plumwood 1993, 196). Ecofeminists contend that this ideology has ominous consequences for not just women but the entire planet: "We are literally destroying the air, water, and soil upon which

[2] "*Ecofeminism* equates the objectification, exploitation, and rape of women, animals, and the earth" (Lorber 2010: 123).

human and planetary life depend" (Rosemary Radford Ruether 1996, 329). As I detail in chapter two, the explicit disdain for the female body and its birth powers has given rise to the dominant medicalized conception of childbirth today. The patriarchal contempt for childbirth is directly rooted in the placement of women in "the lower order of otherness classed as nature" (Plumwood 1993, 191).

Before discussing radical feminism's second key conceptual development, one which is central to this chapter and this larger work, it is necessary that we briefly recognize the constructive criticism levied at difference feminism within broader second wave feminist thought. Both Young and Plumwood explain that while difference or gynocentric feminism importantly sought to challenge the dismissal of women's history of ideas and experiences, it nevertheless led to an almost equally problematic uncritical affirmation of "traditionally female experience" (Young 2006, 174). Put differently, difference feminism failed to account for the role patriarchy played in shaping women's ideas and experiences. Plumwood argues that the problem of patriarchal domination of women cannot be solved by merely implementing a "strategy of reversal, affirming the slave's character or culture, for this character as it stands is not an independently constituted nature, but equally represents a distortion" (Plumwood 1993, 32). This is in part the point made by feminist theorist Catherine MacKinnon in her discussion of the way in which traditional femininity was partly shaped through patriarchal dominance. MacKinnon writes that women's history is comprised "both of what was and of what was not allowed to be" (2006, 248). MacKinnon explains that she is "critical of affirming what we have been, which necessarily is what we have been permitted, as if it is women's, ours, possessive" (2006, 248). Similarly, Plumwood, herself an ecofeminist,

critiques deep ecological thought for falling into the same trap of merely affirming that which has been negated by the dominant paradigm. The uncritical affirmation of nature as superior to culture, she argues, is just as problematic as the presumption that culture is superior to nature. The key problem, as we will see below, is that such thinking is trapped in a particular form of rationality which immediately places groups into opposing categories of superior/inferior.

Sameness feminism essentially affirmed the patriarchal human ideal as standing above nature. Both difference feminism and deep ecology, which similarly affirmed the primacy of nature over culture and human embeddedness in nature, affirmed as superior that which patriarchy had interpreted as inferior. Yet an important realization emerged among second wave feminists engaged in theorizing and debate. Namely, theorists came to understand that the dominant application of rationality was itself chiefly problematic. The theoretical orientation under girding the dominant form of rationality understood everything in the world as fitting into either of two categories: superior/inferior. Far from value-neutral, radical feminists and ecofeminists explained that the dominant application of rationality was informed by a conceptual schema purposefully privileging a small, select group of individuals who meet the limited criteria for worth at the expense of the many whose failure to meet such criteria justifies their exclusion. A variety of feminist theorists call this hierarchical form of rationality oppositional logic. Far from reflecting a truly objective framework through which to interpret the world, this form of thinking promotes the hierarchical split of ideas such as culture and nature, and spirit and body (Young 2006, 177). Insofar as groups of people or individuals fail to embody the superior side of these splits, which is identified with ideal humanity, then such people are

conceptualized as inferior. This conceptual subordination of the other on the basis of one's deviation from the prescribed ideal produces grounds for objectification, and thus manipulation and the control of the subordinated other (Collins 2009, 77-78).

Examining Reason: Plumwood's Theory of Master Consciousness/Logic of Dualism

Feminist, environmental philosopher Val Plumwood's work, *Feminism and the Mastery of Nature* (1993), has made a significant contribution to the feminist theory by providing a clear and in-depth analysis of the dominant application of reason and the intellectual structure of domination it produces. First, it is important to consider the serious and frequent charge levied against feminist critique of the dominant form of rationality. In his essay, "The Enlightenment Project Revisited," sociologist Gregor McLennan sums up feminists criticism of the exaltation of reason and science this way:

> Far from being disinterested and cooperative, philosophical debate is often nit-picking, egoistic, and competitive. The picture of pure reason it depicts reveals a world of isolated man, the hunter after truth, 'probing,' 'interrogating,' and finally 'possessing' the secrets of nature (where nature is usually described in female terms. And the overall aim is ultimately control; that is, power. Such a picture of rationality, far from being presuppositionless…, is arguably teeming with unquestioned assumptions, assumptions which are essentially 'masculinist' (McLennan 1996, 660).

Despite acknowledging the insightfulness of the feminist critique, however, McLennan goes on to question the implications of such a position on truth and reason for feminist theory itself. "…if all claims to 'truth' and 'reason' are part of the great Boy's Game that we know as philosophy, then what of the arguments of feminism itself: are they *not* to be judged as fair, good, forceful, reasonable, and true in something like the normal (male?) meanings of those terms?" (McLennan 1996, 660). Furthermore, the author cites Margareta Halberg's rejection of the supposed gendered nature of philosophical and

scientific concepts (McLennan 1996, 660). In sum, the idea here is that to critique reason is to essentially self-annihilate one's own arguments, which inevitably feature some aspect of rational (explainable/justifiable) order. Plumwood's work addresses this critique and the supposed problem it has created for feminist theory.

Plumwood explains that feminist theorists need not reject "all attempts to structure or systematize reason" (1993, 41). As she explains it, the problem of oppression and hierarchical social orders that feminists are concerned with are not a product of reason itself, but rather are a product of the dominant form or application of "Reason," which most identify as reason itself. Thus the issue at hand is not whether or not to do away with reason itself. No one is against the activity of ordering groups of ideas in a coherent fashion. The contentious question feminist thinkers seek to address is *how* we order such facts? Upon what theoretical principles or basic beliefs are we basing the ordering of said facts? As explained before, perception is actively influenced by our concepts, which are in turn influenced by our values, attitudes, beliefs, and prior conceptually mediated experiences. Thus, the problem is not so much reason itself, but rather the character of the paradigmatic, foundational premises which govern the utilization of reason.

In order to move past the limiting and rather distracting debate over to abandon or worship reason, Plumwood explains that we must distinguish between reason, merely the structure between ideas or facts as indicated above, and the particular application of reason we have been discussing, which promotes "dualistic accounts of otherness" (Plumwood 1993, 42). Whereas some authors have used "dualism" and "dichotomy" almost synonymously—such as Turkel (1995, 21), Plumwood contends that it is

"essential" to differentiate between dualism and dichotomy (1993, 59). A dualism "systematically and pervasively" constructs one identity as superior and another as necessarily inferior, whereas dichotomy distinguishes one from the other, recognizing difference but not hierarchical opposition (Plumwood 1993, 47). Dualisms facilitate and justify the domination of one group over another group by promoting the appropriation and incorporation of the objectified and subordinated "other" "into the selfhood and culture of the master, which forms their identity" (Plumwood 1993, 41). Thus, dualisms contribute both to the perpetuation of the limited conception of what constitutes humanity and the justification for the devaluation of those who fail to meet those requirements. Moreover, dualistic logic greatly impairs our understanding of the interconnectivity of all life.

Despite being presented as objective and value-neutral, the dominant form of reason, reified Reason, constitutes both a particular conceptual ideology and an intellectual framework which bolsters the ideology. According to Plumwood the dominant form of reason is best understood as a particular form of rationality based on what she calls the logic of dualism or master consciousness. Master consciousness proffers a naturalized ideal of humanity based on conceptual assumptions that ideas including "freedom and virtue" result from transcending nature, necessity, and femininity (Plumwood 1993, 23). This ideology is based on a fundamental devaluation of the worth of the plurality of human and planetary life.[3] Starting from a fundamental confidence in the superiority of a select number of individuals who constitute the archetypes for humanity, master consciousness promotes the evaluation of the value and meaningfulness

[3] Take for instance a Florida Atlantic University professor's assertion that respect for others should be based on an individual's commitment to Reason (spring 2010).

of human and planetary life on the basis of the normalized (but rarely achieved) human ideal. As we will see, the logic of dualism is the intellectual framework for this hierarchical, evaluative process.

Beyond the Veil of Reason: Master Identity

Before we discuss precisely how the logic of dualism works we should first consider the character of those few upon whom the normalized human ideal and, thus, the dominant form of rationality is based. Despite loud cries of objectivity and dispassion, Plumwood, building on the work of many feminist theorists before her, contends that a fully subjective and purposefully exclusive elite "master" identity exists "behind the neutral guise of the human and of the ideals of rationality" (Plumwood 1993, 68). This historically white, male group (Plumwood 1993, 24) has represented its privileged status as the rational consequence of the embodiment of the human ideal. Thus, the ideal is based precisely on those who occupy this position of power and privilege. "Master" identity is maintained through the logic of dualism's systematic exclusion of those elements placed in the hierarchically subjected category of "other" (Plumwood 1993, 81). Insofar as the group deviates from the naturalized ideal of humanity—historically white, male, wealthy, educated, human, etc.—the group is placed into the category of inferior other, and thus subjected to control and domination.

The concept of master consciousness is closely related to what Iris Marion Young calls cultural imperialism. Young presents cultural imperialism as one of the five forms oppression takes. Cultural imperialism consists of the "universalization of a dominant group's experience and culture, and its establishment as the norm" (Young 12). "To experience cultural imperialism means to experience how the dominant meanings of a

society render the particular perspective of one's own group invisible at the same time as they stereotype one's group and mark it out as the Other" (Young 12). In my view, cultural imperialism is more than another manifestation of oppression. Cultural imperialism provides the intellectual justification for reducing others to inferior objects by naturalizing the master group's ideal of humanity. In justifying the objectification of the inferior other cultural imperialism thus subjects the other to the various forms of oppression Young identifies including: violence, marginalization, exploitation, and powerlessness (Young 2006, 15).

Master Consciousness, the Logic of Dualism and the Construction of Oppressive Discourses

This work takes its understanding of "discourse" from the tradition of Critical Discourse Analysis, which has been contributed to by theorists such as Stuart Hall and Antonio Gramsci. This tradition understands discourse as "an overall form of knowledge" expressed through various texts including "utterances, images, or writings" (Janet Cramer 2009). As such, Communication scholar, Janet Cramer, explains discourse as "the arena in which social relations, practices, and behaviors are constructed and maintained" (Cramer 2009.). Moreover, literary scholars Johanna M. Smith and Ross C. Murfin explain that individuals and groups are empowered by various discourses, which are "accepted ways of thinking, writing, and speaking" which empower particular individuals and groups (Smith and Murfin).

Whereas power was once viewed as something exerted only through physical force in the political sphere, for example being imprisoned for deriding a political official, Gramsci explains that dominant social groups exert and maintain power perhaps

principally through social hegemony. Such hegemony is maintained via uncritical conformity to and perpetuation of associated conceptual norms—what contemporary cultural critics would call "discourses"—touted by social authorities as beyond questioning (Gramsci 2005, 12). Gramsci explains that at this basic level "one's conception of the world is not critical and coherent, but disjoined and episodic, one belongs simultaneously to a multiplicity of mass human groups" (2005, 324). Gramsci does not, however, deny the capacity of the oppressed or disempowered to assert their agency. Agency is principally asserted in critically assessing the prevailing norms of one's society and identifying those responsible for their creation. Indeed, the oppressed are also capable of demolishing and reconstructing oppressive or disempowering concepts, a point this dissertation seeks to explore. More generally, this work seeks to implement ecofeminist philosophy to examine medicalized childbirth as a form of discourse that utilizes dualistic logic in conceptualizing pregnancy and childbirth as pathological, and has broad influence over not only birth practices in the hospital but also representations of childbirth in a variety of cultural works. As I plan to show, Plumwood's theories of Master Consciousness and the Logic of Dualism provide key insight into the intellectual process by which such an arguably oppressive discourse is justified and perpetuated.

The logic of dualism can be understood as the dominant epistemological framework which promotes the transformation of subjects, such as various kinds of people, into objects based on their deviation from the predominant ideal of humanness. Plumwood identifies five key concepts which comprise the logic of dualism or master consciousness: backgrounding, radical exclusion, incorporation, objectification, and

homogenization (Plumwood 1993, 48-55). Backgrounding is the denial of one's dependence on the contributions of the other, often precisely the very person upon whom the "master" subject most relies upon. Radical exclusion or hyperseparation involves the exclusion of the other. One engaged in radical exclusion often identifies the "other" as not only different but substantially inferior, thereby supporting the master subject's feeling of absolute superiority. Plumwood writes that this conceptual tool has been used to distinguish "between things sacred and things profane in religious thought" and, more specifically, "to mark out, protest and isolate a privileged group" (1993, 49-50). Plumwood quotes Emile Durkheim in writing: "Sacred things are those which the interdictions *protect and isolate*; profane things those to which these interdictions are applied and which must remain *at a distance* from the first" (Durkheim 1915, 40-1 in Plumwood 1993, 49-50). Incorporation or assimilation is the process of identifying one's self as the model against which all "others" are defined. In short, the "master" and the "master's" qualities are identified as the measure of all else. Instrumentalism or objectification facilitates the interpretation of the other as a mere means to achieve the master subject's end (Plumwood 1993, 53). Finally, homogenization or stereotyping is a tactic whereby the dominated group is treated as homogenous, and the differences of those within the group are disregarded or ignored (Plumwood 1993, 53).

One of the central critical objectives of this work is to locate components of dualistic logic within dominant discourse. The logic of dualism, a toolbox of intellectual distortions, aids master consciousness in constructing a narrative which literally inverts reality, thereby forming an "imprisoning web which encloses us" (Plumwood 1993, 195). For the master is dependent upon the slave in a way that the slave is not dependent upon

the master. According to Plumwood, Western thought is significantly influenced by interrelated dualistic pairings such as:

> Culture/nature
> Reason/nature
> Male/female
> Mind/body (nature)
> Master/slave
> Reason/ matter (physicality)
> Rationality/ animality (nature)
> Reason/emotion (nature)
> Mind, spirit/ nature
> Freedom/necessity
> Universal/ particular
> Human/nature (non-human)
> Civilized/primitive (nature)
> Production/reproduction (nature)
> Public/private
> Subject/object
> Self/other (Plumwood 1993, 43).

As we will see, these dualisms structure the dominant conceptualization of childbirth in the U.S. They are also fundamental to our understanding of gender and the relationship between our ideas of culture and nature.

Plumwood's work offers new understanding of the ontological assumptions that underwrite Western thought's conception of ideal humanity and culture. Dating back to Plato, nature has been understood as "the inferorised and dualised contrast to the realm of reason, which is also the realm of goodness and the source of value" (Plumwood 1993, 81). Plumwood contends that Plato's understanding of the world, cosmos and chaos, rational and material was informed by a dualistic thought model which went beyond mere differentiation. Plato drew on the categories of dominant and subordinate which absolutely divided the one from the other. Thus the slave was excluded from the master subject; female was excluded from the male subject; and the body was excluded from the

soul (Plumwood 1993, 84). Nature became identified with all that is excluded from the category of reason or the master subject, including embodiment, animality, physicality, emotion, necessity, and reproduction (Plumwood 1993, 43). This analysis further stresses the insufficiency of merely affirming dualized culture over nature. For if we are to do this we simultaneously accept the devaluation of embodiment, animality, physicality, emotion, necessity, and reproduction. From an ecofeminist theoretical position, the negation of these salient aspects of life is not only dishonest, it is suicide.

Plumwood's development of the concepts master consciousness and the logic of dualism have made an important contribution to the feminist study of men and masculinity. Specifically, these terms reject the *inherent* or *essential* "maleness" of the structures and activities of domination and mastery (Plumwood 1993, 42). Building on the work of other feminist theorists including bell hooks, Plumwood directly critiques feminist overemphasis on the "male" character of domination (1993, 5). The problem with such emphasis is that it often overlooks the plurality of masculinities and the social construction of gender. As gender theorist Judith Kegan Gardiner explains, feminist theorists realized "that masculinity and femininity are loosely defined, historically variable, and interrelated social ascriptions to persons with certain kinds of bodies—not the natural, necessary, or ideal characteristics of people with similar genitals" (Gardiner 35). Thus, lest we argue that men are inherently brutal beings; lest we ignore the ways in which women are not just coerced into participating but willfully participate in and are enriched by participating in oppression, we need a theory which is capable of properly accounting for the complexity of oppression.

Citing feminist culture critic and critical race theorist bell hooks, Plumwood writes that focusing too greatly on the "maleness" of the dominator's identity "tends to obscure the real political issues and the real measures which are needed to bring about change (hooks 1989: 20). To shake the conceptual foundations of these systems of domination we must unmask more fully the identity of the master hidden behind the neutral guise of the human and of the ideals of rationality" (Plumwood 1993, 68). Plumwood's discussion of dualism and men will be particularly relevant to this work's analysis of assertions by those who contend that men are less connected to nature, more connected to rationality, and/or somehow biologically predisposed to the task of controlling others. This critique is particularly relevant to this work's analysis of representations of men and childbirth.

This is all not to say that the concept of "masculinity" is not utilized in order to facilitate oppression and mastery. Recognizing the plurality of socially constructed masculine identities, which will be further discussed below, Plumwood specifically notes that a particular form of masculinity, open to men and women, plays a key role in domination. Master identity is characterized by "the elite masculinism of the masters (male and female) who leave to slaves and women the business of providing for the necessities of life, who regard this sphere of necessity as lower and who conceive virtue in terms of distance from it" (Plumwood 1993, 25). As such, the concepts of master identity and master consciousness are congruent with feminist concepts such as intersectionality, rejecting the reduction of oppression to one "fundamental type" and recognizing the way in which various categories of human identity (gender, race, nationality) are woven together to form injustice (Collins 2009, 21); Moreover, there are

multiple forms of oppression (Young 2006) including complex manifestations such as women's violence against children (hooks 2000, 74) or white women's contribution to the suppression of black feminist thought (Collins 2009, 8). hooks complains that the overemphasis on male domination hinders feminist thinking and practice from confronting "head-on adult female violence against children. Emphasizing male domination makes it easy for women, including feminist thinkers, to ignore the ways women abuse children…" (hooks 2000, 74). In many ways, Plumwood's work attempts to free feminist theory of the limitations hooks and other feminist scholars have noted. In sum, master identity "is formed in the context of class and race as well as gender domination…." (Plumwood 1993, 26).

Feminist Epistemological Position

In contrast to the traditional positivist grounding, feminist theory operates from an epistemological position that, first, recognizes the phenomenological tenet that our knowledge is always influenced by both social location and experience (Lorber 2010, 174) and, second, acknowledges the central role of values in the "knowledge validation process" (Collins 2009, 285). As such, feminist theory embraces a methodology which recognizes the interconnectivity of emotion, ethics, and reason (Collins 2009, 285). Such a perspective also views decontextualization as serving to obscure the researcher's subjectivity which will inevitably color aspects of his or her work such as the questions one seeks to answer. For instance, one reason I embarked on an investigation of childbirth and masculinity is that I have personally experienced childbirth's transformative potential to affect one's view of nature and gender. To obscure this very real force behind my research would be an act of duplicity serving no one least of all my

honest scholarly aim to further the study of men and masculinity, childbirth, and the development of feminist theory.

The value of disclosing one's subjective relationship with a given subject of inquiry has been pointed out in the development of standpoint theory. Collaborating, often indirectly, with the philosophy of phenomenology, feminist standpoint theory rejects the validity of knowledge claims that pose as "objective" and "universal" that fail to "include the life experiences of those who are not members of the dominant group" (Lorber 2010, 189). In short, no one person or group is viewed as being adequately positioned to make universal claims on knowledge. Rather, knowledge is viewed as a collective work in progress which requires a variety of individuals and groups speaking from their own position of partiality. Standpoint theory holds that "a complete picture of an organization" can only be produced by accounting for "the experience of those in different positions" (Lorber 2010, 189). Collins writes, "Partiality, and not universality, is the condition of being heard; individuals and groups forwarding knowledge claims without owning their position are deemed less credible that those who do" (2009, 290). As feminist theorist Donna Haraway put it:

> Situated knowledges are about communities, not isolated individuals. The only way to find a larger vision is to be somewhere in particular. The science question in feminism is about objectivity as positioned rationality. Its images are not the products of escape and transcendence of limits (the view from above) but the joining of partial views and halting voices into a collective subject position that promises a vision of the means of ongoing finite embodiment, of living within limits and contradictions—of views from somewhere (1988, 600) (Donna Haraway quoted in Lorber 2010, 187).

Thus, while traditional scholarship cloaks the subjectivity of the individual researcher, feminist philosophy calls on scholars to admit the importance of physicality,

emotionality, subjectivity and individual social location as well as conceptual theories in their work. Moreover, these aspects of our human person, when acknowledged and brought into the discussion, can enhance our scholarship.

The Power and Creativity of Childbirth

Drawing on the insights of feminist epistemology, at this point I want to make explicit how I, as an ecofeminist theorist, conceptualize childbirth as both creative and a form of power. As Plumwood writes:

> The woman-directed movement towards redefining reproduction as powerful, creative and involving skill, care and knowledge with the reproductive woman as subject, should also be understood as the movement to transcending nature/culture dualism (Plumwood 1993, 39).

Historically, Western thought has taken it for granted that intellectual life is fundamentally creative. This presumption is a product of the long-standing mind-body dualism. Dominant culture's frequent failure to recognize the creativity in common place activities largely done by marginalized others—women, slaves, workers—speaks to the way in which "creativity" and other concepts such as "freedom" have been implemented to justify the power of the proverbial master self at the expense of the majority of comparably powerless others. A prime example would be the presumption that women's childbirth is not a fundamentally creative activity. First, the process of giving rise to new, particularly complex entities is sufficient for being creative. If this definition is adequate, which I believe it is, then it must be the case that childbirth is creative since childbirth literally entails giving rise to new, complex entities: namely human beings.[4]

[4] My argument, written in standard form, is as follows:

1. Whatever gives rise to new, particularly complex entities is creative.
2. Birthing new life gives rise to new, complex entities.
3. Therefore, birth is creative

Not only is birth creative, it is also a significant realm of power or "active potency." This is clear from Aristotle's definition of potency, which radical feminist philosopher and theologian Mary Daly summarizes thusly: "active potency is the ability to effect change. It is power" (Daly 166, Pure Lust 2001). While men have often sought to insist that women necessarily require their help to ensure a successful, productive childbirth, this is simply false. As I will fully explore throughout this work, women's births are, generally, successful without medical intervention. Put simply, women's ability to gestate and birth new life is, by the above definition, certainly a form of power or active potency. For in gestating and birthing new life, mothers most certainly effect incredible change.[5]

Finally, this leads me to the third presumption underlying this dissertation, that childbirth is not only creative and empowering but also one of the most important, essential creative acts possible. Put simply, the birth of new life is the fundamental act of human creativity upon which all subsequent creative acts are contingent. The creation of new life is so fundamentally essential, indeed, that the worlds' religions have nearly universally identified the capacity to create life with divine power. This is curious given that when the power to create life is located in women it is backgrounded to either the preeminence of the doctor or God as the creator. In sum, in the same way that the dissertation I am authoring is not possible without the work of countless creative thinkers preceding me, neither is all of the world's religion, art, and literally all of human

[5] Again, the argument in standard form is as follows:
1. If an agent or process effects change, then it examples power or active potency.
2. Gestating and birthing new life is a form of effecting change.
3. Therefore, gestating and birthing new life is a form of power or active potency.

"culture" possible without women's preeminent creative power to form and birth new life and also to make culture. Moreover, this understanding turns our attention not only to the erroneousness of the man/woman dualism, but also that of the culture/nature dualism. For in the same way all great works of intellect are utterly and inescapably reliant upon women's capacity to form and birth the beings who will engage in such creative processes, it is equally true that human culture would be impossible without the realm of the natural world which all human beings belong to.

Conclusion

Beyond rectifying human inequality, ecofeminist theory challenges us to recognize how human-centric thought distorts quests for meaningful understanding and knowledge. Ecofeminist theory contends that a change of consciousness, particularly the way we understand our relationship with the natural world is necessary to combat the objectification, exploitation, and destruction of both humans and the planetary biosphere we rely upon. Carolyn Merchant calls for a new "partnership between humans and the nonhuman world: rather than being either dominators or victims, people would cooperate with nature and each other in healthier, more just, and more environmentally sustainable ways" (Merchant 2004, 8). Ruether writes that we must reconceptualize human consciousness as a tool enabling us to "learn how to harmonize our needs with the natural system around us, of which we are a dependent part" (Ruether 1996, 330). David Abram calls for a redefinition of living in truth as living in "a mutually beneficial relation with the surrounding earth" (Abram 1996, 264). From the point-of-view of what he calls "Native science," Gregory Cajete, scholar of Native American Studies , writes that in order to account for the fact that "[n]ature is reality" (2000, 20), our images, languages,

economics, learning systems, and spiritual, political, and social order "must all reflect and honor interdependence and sustainability" (Cajete 2000, 55). Cultural theorist Jane Caputi calls for the development of a "green" consciousness, "a holistic worldview based in many ancient though still-current principles and wisdoms…and one that offers alternative conceptions of human and non-human subjectivity, of humans' relationships with each other and with non-human nature" (Caputi 2007, 23). In sum, what is needed, writes Plumwood, is nothing less than a deconstruction of the existing intellectual paradigm and the establishment of new forms of rationality based on "mutually sustaining relationships between humans and the earth" (Plumwood 1993, 195). Such relationship models are found "in care, friendship and love" (Plumwood 1993, 195). This specific task of this work is to examine men and childbirth in this context.

CHAPTER TWO

THE CONCEPTUAL TENETS OF MEDICALIZED CHILDBIRTH, AN ECOFEMINIST ANALYSIS

Introduction

In the summer of 2010 I was invited to discuss my then recently published essay, "The Feminism of Birth: One Woman's Story of Birthing New Life and Discovering New Strength," before three different Unitarian Universalists congregations. Published in *Beyond Burning Bras, Feminist Activism is for Everyone* (Finley and Stringer 2010), the work relayed my experience witnessing my partner, April, giving birth to our youngest daughter at our home in 2008. The piece discusses mine and April's reevaluation of our conceptualizations of childbirth in the wake of our experiencing the juxtaposition of the medicalized model of birth and that of traditional midwifery. The traditional midwife who assisted in April's birth believed that women's bodies possessed an intelligence which, if listened to, conveyed important information to both the mother and the midwife about the birth process. This midwife, having experienced over 1,000 births, had come to the conclusion that women's bodies were capable, creative, and powerful. What is significant for purposes of this particular chapter is the response of the women in the congregations. One woman responded to one of my talks by noting that she believed

women were losing the knowledge that birth could be conducted or even conceptualized in such a way. She particularly noted that the last time she had heard a birth story of this kind was from her grandmother. Others in the congregations echoed her observation. Interestingly, it was not until April and I began speaking to a traditional midwife that I recalled that my grandmother birthed my father along with seven of her nine children outside of a hospital. Suffice to say, birth outside of a hospital is not simply viewed as "dangerous," but it has become literally unthinkable for many.

Moreover, the very notion that there is something strange about such a view of birth is confounding to many. A common assumption about the cause of the dramatic change in birth location and accompanying practices is that the dangers of childbirth require medical safety measures to ensure both the success of the birth and the survival of the mother. Supporting this common sense view is the idea that pre-hospitalized birth frequently resulted in the death of the mother and that the development of obstetrics has resulted in a triumph of *human* will over both the unskilled practices of midwives and the life-threatening natural process of women birthing babies. Some authors also have a tendency to refer to periods of increased maternal death rates without explaining that such were sometimes a product of the implementation of medicalized childbirth, which will be explained in detail in this work. As will become clear, it is no understatement to say that most have an inaccurate understanding of the character of pre-medicalized birth. Most importantly, popular thinking about birth has been significantly shaped by the deeply embedded patriarchal concepts at the base of medicalized childbirth.

In order to fully examine cultural discourse around birth in subsequent chapters it is necessary that we begin by examining the salient features and tenets of medicalized

childbirth in order to denaturalize many of the contemporary assumptions about the character of birth itself. In what follows, I provide an ecofeminist analysis of the development of medicalized childbirth. In particular I will elucidate the conceptual basis upon which medicalized birth's rise was based. Here I will argue that the problem is that the popular yet unfounded and fallacious understandings of birth are the product of dualistic logic, particularly the culture/nature dualism, which is imbedded in the foundation of medicalized childbirth itself. More succinctly, I will make the case that medicalized childbirth is paradigmatically informed by, as well as promotes, patriarchal master consciousness. Through analysis of key historical accounts of childbirth texts as well as original archival research, this chapter will provide the historical and conceptual context for subsequent chapters which will examine contemporary medicalized childbirth, and then turn to analyze the discourse around childbirth and the permeations of medicalized childbirth ideology therein.

Ecofeminist Theory – From Organisms to Machines

Here it is necessary to take a moment to review the theoretical framework underwriting this inquiry. Ecofeminism's central tenet is that "there are important connections between the domination of women and the domination of nature" (Karen Warren 1998, 264). In her work, *The Death of Nature* (1980), ecofeminist Carolyn Merchant contends that the domination of women and nature has been updated from the Christian narrative, and is sanctioned "by reconceptualizing reality as a machine rather than a living organism" (Merchant 1998, 278). The Christian and Christian-inspired secular worldview perceives natural occurrences such as pain and death as flaws in the natural world, indications of the fallen condition of the world. In order to achieve a

perfected condition of existence—an attempt to recover a lost paradise—such imperfections require improvements which can be achieved via scientific discovery. Merchant writes that Francis Bacon (1561-1626) directly identifies the analogous character of nature and woman in promoting the exploration of nature. “As woman’s womb had symbolically yielded to the forceps, so nature’s womb harbored secrets that through technology could be wrested from her gasp for use in the improvement of the human condition” (Merchant 281). Conceiving of a birthing mother as a force that could be controlled was perceived as analogous to controlling nature, and the control of both could be enhanced through machinery. Men using machines also conceived of the earth as analogous to a machine, promoting a reductionist understanding of existence, resulting in a rejection of organismic theory, which emphasized interdependence over independence of parts, and holistic thought, which held that the complexities of the whole cannot be fully ascertained by narrow, isolated examination of a thing’s parts. According to Merchant, the mechanical, machine model of reality has “permeated and reconstructed human consciousness so totally that today we scarcely question its validity” (Merchant 285). An exploration of the rise of the medical model of childbirth indicates both the dominance of the machine model of reality as well as the problematic assumptions it possesses.

Childbirth before Medicalization

During the eighteenth century childbirth was viewed as an expression of woman’s fall, however, birth was largely untouched by masculine technological intervention. Birth was viewed as a kind of domestic chore to be attended by midwives who tended to be “poor, untrained, immigrant or black women with low social status and little occupational

prestige" (Dye 1980, 103). According to feminist sociologist Janet Bogdan, childbirth during the colonial era, which ended in 1776, was attended by a midwife who understood her role as a supporter of the natural birth process. The colonial midwife utilized a number of time-honored, non-invasive techniques to assist the laboring mother in her birth process. Bogdan writes that the midwife comforted and encouraged the woman during labor pain; might provide herbal teas to ease labor or manipulate the fetus in-utero to uncomplicate the birth; and viewed childbirth as a wholly natural process which did not require significant intervention (Bogdan 1978, 93). Similarly, historians Wertz and Wertz write that when the birth process proceeded as expected "the midwife sought only to sustain her [the mother's] strength, to reassure her, and did not intervene with medicines or with manual aid" (Wertz 1989, 17). For a routine childbirth, midwives might simply prepare the delivery room, support the mother's perineum during the delivery, and cut and tie the cord. In the event labor did not progress normally, the midwife might walk the mother or "manually stretch the cervix." If the fetus' position looked likely to complicate the delivery, midwives were also occasioned to manually turn the fetus in utero, a technique called "version." As a last resort, a physician would be called (Bogdan 1978, 94).

More often that not, however, a midwife would encounter few complicated births throughout the course of her work (Wertz 1989, 18). In her diary, rural Christian midwife, Martha Moore Ballard of Colonial Hallowell, Maine, noted experiencing just four maternal deaths of the 996 births she participated in (Wertz 1989, 9). Writing during the 18th century, the Reverend Ezra Stiles, President of Yale College reported that during a span of four years, from 1760 to 1764, in Newport, Rhode Island, 900 women gave

birth to 1,600 children and 10 women died during birth (Wertz 1989, 20). Despite the fact that the overwhelming majority of women's births were a success, Protestant religious authorities nevertheless inculcated women with a dread of the dangers of births (Wertz 1989, 23). The fact that midwives oversaw birth during this period did not necessarily result in the recognition of the creative power and autonomy of the birthing mother. While birth presented women with "an important…occasion for female solidarity" (Wertz 1989, 4), Protestant religious ideas about the fallen nature of women and humanity itself colored ideas about birth.

Such Protestant perspectives included the view that sex, conception, and birth were products of Adam and Eve's "Original Sin," a theory advanced by Augustine during the 5th century AD. According to Augustine, it is through the process of conception itself, marital or otherwise, that humanity contracts the "disease of sin" (Pagels 1989, 143). Ideas about birth were directly informed by Biblical Scripture, namely Genesis, in which God informs Eve of her punishment for her sin. "I will greatly multiply your pains in childbearing; in pain you shall bring forth children, yet your desire shall be for your husband, and he shall rule over you" (Genesis 3:16, quoted in Pagels 1989, 133). To this Augustine added that Eve's sin also meant women would "suffer the nausea, illness, and pains of pregnancy as well as the painful contractions of parturition that accompany normal labor" (Pagels 1989, 133). Less routinely, some women would also "experience the greater agonies of miscarriage, or 'tortures inflicted by doctors, or the shock and loss of giving birth to an infant stillborn or moribund'" (Pagels 1989, 133). These ideas about women and pregnancy directly and explicitly represent patriarchal religion's devaluation of women and nature and, core practice of controlling "women's sexual and reproductive

capacities" (Caputi 2004, 393; also see Lerner 1986, 216). Indeed, one of the central theses of religion scholar Elaine Pagels' work, *Adam, Eve, and the Serpent* (1989), is that Augustine radically altered Christian thought when he successfully persuaded fellow Christian authorities, and some would say generations of secular and religious thinkers, that "pain is unnatural, death an enemy, alien intruders upon normal human existence" (Pagels 1989, 147). Despite this view, it would not be until later that humanist and secularist thought, having adopted the view of death and pain as unnatural, sought to alleviate this "abnormality" by liberating human experience of pain via medicalized childbirth. For during the 18th century, patriarchal religious views of birth nevertheless failed to move beyond a mostly psychological colonization to the actual *direct* control of the birth event. In sum, in Colonial America, God and not the birthing mother was regarded as the principal actor in childbirth (Wertz 1989, 21-22).[6] Despite this, birth was generally regarded as a normal process given the fact of Original Sin, a process which would usually end in success.

Birth underwent significant change in the following century as patriarchal religion's influence over birth gave way to (or perhaps evolved into) patriarchal scientific authority. In the early nineteenth century, physicians implemented a dualistic conceptual framework that interpreted childbirth as akin to disease and, thus, gave men justification for the physical colonization of women's reproductive processes. Women's birthing powers were backgrounded to God's ultimate power and authority as in the previous period. Yet, in addition, the emerging male midwifery deployed a dualistic schema which

[6] "If religious culture conditioned women to dread birth, it likewise taught them to regard it, like other events, as the direct expression of God's will or the Devil's power, an event symbolically expressive of the spiritual state of man and wife" (Wertz 1989: 21-22).

viewed itself as an agent of culture, and women and their pathological reproductive capacity, as representatives of a natural world in need of human ordering. Such a perspective gave way to medicalized birth's determination that this uncivilized natural process required cultural intervention in the form of mechanical, technological manipulation. Thus Bogdan writes that the "childbirth as disease" conceptual frame resulted in a fiercely interventionist treatment of birth (1978, 93). Physicians who understood childbirth as a diseased state treated it accordingly, acting to cure the *patient* (Bogdan 1978, 95).

The identification of birthing women with a diseased state lends further evidence to the association of those marked as other as "disabled." Feminist disability theorist Rosemary Garland-Thomson explains that the dualistic concept of ability/disability, like gender and race dualisms, functions to promote negative assessments of human difference, and bequeath "cultural capital" to those who remain identified with various idealized norms such as the non-disabled, able-bodied (Garland-Thomson 2002, 5-6). The dualistic concept of ability/disability has played a central role in disempowering women. Indeed, to be female in patriarchal culture has been to be fundamentally malformed (Garland-Thomson 6-7). Yet notions of ability and disability are highly normative human concepts implemented to protect selective, power-conveying categories of normalcy:

> disability, like femaleness, is not a natural state of corporeal inferiority, inadequacy, excess, or a stroke of misfortune. Rather, disability is a culturally fabricated narrative of the body, similar to what we understand as the fictions of race and gender (Garland-Thomson 2002, 5)

Rather than acknowledging the diverse functions of differently sexed bodies, patriarchal medicine forged an approach to childbirth which presumed the pathological and essentially disabled character of female reproductive processes

Contributing to the ascendancy of this secularized version of the Christian narrative of Eve's fall, the emerging application of medical arts to birth was premised on a fundamental devaluation of the emotional and spiritual components of birth (Wertz 1989, 33). Both the midwives formerly responsible for tending to birth as well as their body of practices to support birth were disregarded in the development of formal obstetrics (Dye 1980, 103). Whereas both traditional midwives and educated physicians "tended to argue that nature was usually sufficient and should not be meddled with" during the birth process, the emerging New Midwifery, dominated by men who aimed to systematize and, eventually professionalize practices of birth attendants, turned its eye to efficiency and man's capacity to manipulate if not outright usurp nature's system. Though patriarchal religion seemed content with psychological colonization of birth, patriarchal science increased its territorial ambitions to include women's bodies during birth. New man-midwives, "carrying on the rough-and-ready empirical tradition of barber-surgery, found forceps useful to speed delivery, whether difficult or not, and to represent their triumph over nature and over their own competitors" (Wertz 1989, 42-43). Rather than seeking to view their work as engaging in an interconnected relationship with both the mother and the natural birth process, physicians conceived of both nature and the mother as passive while viewing themselves as active agents. As we will see throughout the entirety of this work, the gendered ideals of feminine passivity and masculine potency and assertiveness are ubiquitously expressed in both popular culture references to birth

and medicalized birth practices. These ideas have a great deal to do with the conceptual framework which ecofeminists contend underwrite the subjugation of women and the natural world. It is my contention that the dominant American conceptualization of childbirth promotes the gender stereotypes that facilitate gender inequity.

As discussed in chapter one, a necessary component of patriarchal master consciousness is the dualistic ordering of women and nature, ontologically divided from men and culture. In so far as women are conceptualized as "the lower order of otherness classed as nature" (Plumwood 1993, 191), then they are subject to the kinds of instrumental treatment the natural world and the beings in it are subjected to. In no uncertain terms, early physicians conceptualized women as members of this lower order of otherness while viewing themselves as beyond and/or outside of nature. As Garland-Thomson puts it, "women and the disabled have been imagined as medically abnormal—as quintessential sick ones" (2002, 10). Simply put, to be female was to be sick; to be sick was to be female. As such, the uniquely female capacity to birth new life, since it was not an aspect of "normal" (i.e. "male") biology, was linked to disability. For instance, Dr. Issay Ray (1807-1881) explained: "In the sexual evolution, in pregnancy, in the parturient period, in lactation, strange thoughts, extraordinary feelings, unseasonable appetites, criminal impulses, may haunt a mind at other times innocent and pure" (quoted in Tuana 1993, 98). U.S. physician John Wiltbank wrote that woman's reproductive organs exposed her to numerous "painful and dangerous diseases" (Tuana 1993, 98). This conceptual framework allowed men to not only deny but also invert their dependency: the disease of pregnancy demanded their help, the help of those identified with patriarchal master identity. As this view gained wide acceptance physicians began developing

shocking treatments. Many doctors administered "harsh and unpleasant therapeutics called heroic medicine. Bleeding, blistering, and purging were standard attempts to restore balance to a system deranged by disease. Strong drugs, physicians also believed, helped the body regain its equilibrium" (Bogdan 1978, 93). Early medical interventions were disturbing:

> After inquiring about the parturient's bowels and bladder, he would evaluate her color. Should it be high, then copious bleeding—a quart or two—would be in order. Should cervical dilation be attenuated, he might try opium in one form or another, and if that did not prove rapidly effective, an enema of tobacco infusion might follow. If the cervix still did not begin to dilate, the physician might surgically separate the pubic bone expecting that the opening would then be large enough to permit passage of the infant's head. However, Dewees' most highly recommended remedy, for reducing the patient's color and for assuring the softening and subsequent dilation of the cervix, was bleeding the patient to 'syncope,' that is, until she fainted. Dewees suggested that the patient *stand* to facilitate quicker action. In some cases, a patient might faint after a few ounces of blood were drawn; in other a few quarts might be necessary. (Bogdan 1978, 95)

Here we witness the very real consequences of being identified as "disabled." Such category of identification invites radical, invasive procedures aiming to correct—cure--nature's alleged mistake. Such an account shows how western medical practices and attending faith in technological interventions have been responsible for fixing or regulating "ostensibly deviant bodies" (2002, 14).

Pointing to what would become medicalized childbirth's salient feature of "efficiency," forceps became the interventionist's instrument of choice to increase the speed of deliveries in early nineteenth century. To make matters worse, medical schools of the time taught the use of forceps only by lecture. "Therefore, it should be of no surprise that forceps deliveries were terribly damaging to women's reproductive organs. Pelvic tearing was common; the tears were rarely sutured and often became the source of

chronic complaints" (Bogdan 1978, 96). In the event of a normal birth process, which accounted for more than 80-percent of all births, women's experiences ranged from midwifery's offering of comfort, encouragement and herbal teas to newly minted medicalized childbirth's offering of "catheterization, cathartics, and bleeding." By the middle of the nineteenth-century, "heroic practices" began to give way to new technical developments in the evolving medicalization of childbirth. "New innovations such as anesthesia brought with them dangers of misuse and misunderstanding as well as hope for less problematic and painful 'cures'" (Bogdan 1978, 97). The ecological precautionary principle,[7] the notion that one should refrain from implementing potentially dangerous procedures, was not applied to further development of medicalized childbirth. Indeed, future advances were rooted in the foundational concept that childbirth was a kind of painful disease requiring a cure. While some physicians persisted in believing that childbirth was a natural process, the professional class of physicians had established a concrete "tradition of intervening in labor and delivery to ease, hurry, slowdown, or otherwise manipulate" the birth process (Bogdan 1978, 97). Only a belief in the disability of female biology could justify such invasive practices.

In the twentieth-century, a hegemonic medical conception of childbirth emerged, founded on distrust of nature and the increasingly empowered belief that reason, in the form of medical technologies, was its inherent, dualized superior. Since the mother suffered from a "disease," she became increasingly interpreted as a patient. Placed into

[7] The precautionary principle has a long history, and has been expressed in aphorisms such as "look before you leap." A contemporary ecological definition of the principle, developed at a 1998 environmental conference, holds: "When an activity raises threats of harm to the environment or human health, precautionary measures should be taken even if some cause and effect relationships are not fully established scientifically." Quoted in "The Precautionary Principle: A Common Sense Way to Protect Public Health and the Environment." The Science and Environmental Health Network. Accessed August 1, 2011; http://www.mindfully.org/precaution/precautionary-principle-common-sense.htm

the context of the Fall and Recovery narrative, “woman” was understood as fallen, as a lost-garden given over to an imperfect wilderness. Since nature as it exists is outside of paradise, childbirth is necessarily painful and in-need of “recovery.” Playing the role of earthly saviors, expert birth technicians developed a regimental recovery of the paradisiacal childbirth process. In this process, nature is identified with the fall as a pestilent foe, and “woman” becomes a helpless patient who requires medical salvation from professionals representing nature’s dualised counterpart, reason.

The logic of dualism aids an empowered, elite master identity, a historically white, male group (Plumwood 1993, 24), represents its privileged status as the rational consequence of their embodiment of objective, universal ideals. Perhaps the foremost feature of dualistic logic is what Plumwood calls denied dependency or “backgrounding” in which the master subject denies his dependence on the contributions of the proverbial other, often precisely the very person or entity upon whom the master most relies (Plumwood 1993, 48). In doing so the master subject conceptualizes the others upon whom he relies and with whom he shares more commonality than difference, as nature and, consequently, his inferior. After so “backgrounding” those others, the master subject interprets these others as both devoid of inherent purpose and, as a result, subject to being the means to his ends (Plumwood 1993, 191-192).

Drawing on the tools provided by the logic of dualism, emerging medical professionals implemented the tactic of homogenization in order to subordinate birthing mothers and nature to man and reason. In particular, physicians sought to eliminate midwifery by scapegoating it for the maternal mortality rates which were being newly discovered by the public. From the late eighteenth century through the early decades of

the twentieth century, birth became increasingly medically managed as male physicians replaced midwives. Rather than combining midwifery's care-giving and respect for natural childbirth with the development of medical technologies, medical professionals, following the "Master" model of domination, engaged in a process of colonization. As early as 1910, medical professionals began to campaign against the practice of midwifery. These efforts paid off as "states outlawed midwifery practice altogether; most enacted regulatory requirements that the great majority of midwives could not meet." Midwives were also scapegoated for the elevated maternal death rate, which the public grew increasingly knowledgeable of. At this point, obstetrics emerged as a new, valuable medical specialization (Dye 1980, 104).

By the 1920s, childbirth became entirely managed by medical professionals who had consolidated control over the once social event (Dye 1980, 98). Indeed, during the 1920s natural childbirth became successfully colonized by backgrounding both nature and women's reproductive, creative powers. Childbirth was now a medical event "handled primarily as a surgical procedure. Interventionist practices, such as forceps, episiotomies, general and conduction anesthesia, and induction, . . . [became] commonplace" (Dye 1980, 106). This process was partly facilitated by professional physicians' campaign against the dangers of midwifery and nonmedicalized birth (normal birth).

The initial move from home to hospital came at the expense of women's health and, ironically, made a key contribution to "defining birth as a dangerous event and to the treatment of each pregnant woman as if she might die" (Wertz 1989, 138). As it turned out, early maternity hospitals "were bacterially 'dirtier' and more likely to be a reservoir

for hardy strains of resistant bacteria than a home" (Wertz 1989, 138). Dye writes that healthy women with normal pregnancies did not benefit from hospitalized, obstetric care and that the Frontier Nursing Service's natural approach to childbirth continued to procure mortality rates which were superior to that of hospitalized care. Indeed, as the number of midwives decreased, mortality rates increased during the first two decades of the twentieth century. "The 'great increase in radical, or operative obstetrics after 1915 appeared to be a primary cause of rising puerperal mortality, counterbalancing lives saved as the result of the introduction of asepsis and improved prenatal care'" (Dye 1980, 107). During the first quarter of the 20th century hospitals were actually responsible for producing some of the risks later identified with birth itself (Wertz 1989, 136). It is also necessary to acknowledge, however, that the iatrogenic effect (adverse effect resulting from medical treatment or advice) on women who were hospitalized for birth was significantly reversed with the discovery and development of antibiotics. Yet as I will show in later chapters, fierce interventionist treatments of childbirth are on the rise and, arguably, jeopardizing women's health, though not at the rate referred to in this current paragraph.

The rise of medicalization can also be attributed to the rise of professionalism and collapse of the Popular Health Movement during the Progressive Era (1890s-1920s). During the 1800s, medical practice in America was open to all able minds and hands (Ehrenreich and English 1973, 20-21). Many husband and wife teams practiced medicine (20-21). "The husband handling the surgery, the wife the midwifery and gynecology, and everything else shared" (Ehrenreich and English 1973, 21). Women played a significant role in American health: "In New Jersey, medical practice, except in extraordinary cases,

was mainly in the hands of women as late as 1818'" (Ehrenreich and English 1973, 20-21). According to Ehrenreich, lay practitioner were safer than professionals. In particular they utilized less invasive and risky methods to treat people including "mild herbal medications, dietary changes and hand-holding…." (Ehrenreich and English 1973, 22). During the early nineteenth century, professional health practitioners were no more informed and perhaps more a danger to their patients. Nevertheless, "their close ties to the upper class" and consequential "legislative clout" enabled them to outlaw the competition. "By 1830, 13 states had passed medical licensing laws outlawing 'irregular' practice and establishing the 'regulars' as the only legal healers" (Ehrenreich and English 1973, 22).

Ehrenreich and English point to the Popular Heath Movement of the 1830s and 1840s as a reaction to medical professionalism's attempt to monopolize the health care practice. "Ladies Physiological Societies" emphasized "preventive care," supported "frequent bathing (regarded as a vice by many 'regular' doctors of the time), loose-fitting female clothing, whole grain cereals, temperance, and a host of other issues women could relate to. And, at about the time that Margaret Sanger's mother was a little girl, some elements of the Movement were already pushing birth control" (Ehrenreich and English 1973, 23). By the 1840s "medical licensing laws had been repealed in almost all of the states" (1973, 24).

In response to the popular health movement, the American Medical Association (AMA) was formed in 1848. In his presidential address, Dr. Alfred Stille derided women for seeking to "rival men" at various activities (quoted in Ehrenreich and English 1973, 26). By 1893, the John Hopkins medical school had been established (1973, 28):

> As far as curriculum was concerned, the big innovation at Hopkins was integrating lab work in basic science with expanded clinical training. Other reforms included hiring full time faculty, emphasizing research, and closely associating the medical school with a full university. John Hopkins also introduced the modern pattern of medical education –four years of medical school following four years of college—which of course barred most working class and poor people from the possibility of a medical education (1973, 29)

Concentrated wealth resulted in forming foundations which produced philanthropic enterprises facilitating professionalization (1973, 29). Specifically, The Flexner Report of 1910 scorned scores of medical schools, "including six of America's eight black medical schools and the majority of the 'irregular' schools which had been a haven for female students" (Ehrenreich and English 1973, 30). With professionalization came limited access to medical training and knowledge for women, the poor, and people of color (1973, 30-31). Succinctly put: "Medicine had become a white, male, middle class operation" (1973, 31).

One of the consequences of dualism-inspired medicalization of childbirth is that it has repressed social memory of the history of birth. This is exemplified in intellectual Susan Jacoby's misleading account of the way in which antibiotics effected maternal morbidity rates. In her best-selling book, *The Age of American Reason,* public intellectual Susan Jacoby relays that antibiotics "made it possible for children and adults to routinely survive conditions, such as pneumonia and complications from childbirth, that had frequently proved fatal in the past" (2008, 18-19). Jacoby goes on to comment: "In the mid-1930s, one out of every one hundred and fifty women died in childbirth; by the 1950s, that grim statistic had fallen to just one in two thousand—partly because penicillin was available to treat postpartum infection" (2008, 19). Jacoby's failure to contextualize such data leaves readers with the impression that scientific, medical innovation rescued

women from the perils of the routinely life-threatening character of childbirth. As has been explained, however, the reality is that far fewer women were dying before the advent of hospitalized birth, during Colonial America. It is certainly the case that penicillin contributed to a great reduction in maternal deaths. But absent from Jacoby's discussion is the fact that medical professionals bringing women into hospitals and exposing them to infection is responsible for the incredible increase of maternal mortality. As a result, Jacoby's misleading account fits neatly into the dualistic fall and recovery narrative in which rational-culture plays the role of humanity's heroic defender from the dangerous wilderness of the alien natural world. In chapter three we will examine the way in which pop culture perpetuates such social distortion by presenting contemporary approaches to birth such as homebirth not as a throwback to the way all birth happened, but as a gimmicky, new age fad.

In addition to compromising women's health, moving childbirth into the hospital robbed women of autonomy or agency in their birth process. As medicalized approaches to birth and the hospitals they took place in introduced new dangers to the birthing process doctors increased their level of control over birthing women. In preparing for the worst of outcomes, "doctors increased their control over the patients during labor and delivery, rendering them more powerless to experience or participate in birth. Women acceded to the doctors' increasing control because they also believed that their methods would make birth safer" (Wertz 1989, 136). Women were required to restrict their laboring to the hospital bed, "handstrapping, the exclusion of fathers," episiotomy, enemas, shaving, procedures which became standard practice throughout the 1940s,

1950s, and 1960s (Davis-Floyd 1992, 74).The mechanized treatment of birth, however, was not without its opponents. Indeed, some came from within the medical profession.

Writing in 1949, R.N. Hazel Corbin decried what she called the "mechanization of maternity" (1949, 660). In the twentieth-century childbirth was moved from the comfort of the home to the officious hospital which operated under the guiding principle of financial "efficiency." While birth had always been represented as inevitably difficult, particularly because of the influence of the biblical Fall and Recovery narrative, prior to medicalized childbirth women had at least been able to labor in the supportive company of other women. This is not an insignificant fact given that contemporary studies show that supportive labor attendants improve women's labor experience tremendously. In particular, women with positive support during labor require fewer medical interventions such as pain relief (Fox and Worts 1999). As birth was moved to the hospitals, however, women were left to labor alone for long periods of early labor. In the process, the infant joined the mother in suffering in isolation. "Efficiency was carried to the point where in one large Eastern city the hospital code contained the following regulation for the nursery: 'Babies should be shown as infrequently as possible to fathers and other relatives as it is a waste of nursing time'" (Corbin 1949, 660). More and more women were robbed of agency and identified with the sick as "a 'patient,' meaning the inert one" (Corbin 1949, 660). As such, women were incorporated into a system which compromised both their health and their creative agency.

Early 20th century literature on the science of medicalized birth clearly indicates the conceptual assumption that human culture is split from nature, and that women and birth are linked to the inferior sphere of nature. The March 7, 1936 issue of *The Science*

News-Letter gives us a window into the conceptual underpinnings the medicalized model of childbirth conveyed to birthing mothers. In the process of touting a new anesthetic mixture, paraldehyde and benzyl alcohol, for use during childbirth, *The Science News-Letter* candidly expresses its disdain for the wilderness untouched by technological recovery. The creative process of childbirth is clearly defined as an illness requiring technological salvation. This conceptualization of birth backgrounds the mother's creative powers and denies its dependence on her body. This master model of power also inverts dependency by describing efforts to tap into women's creative powers through the medicalization of childbirth as a response to woman's clamor to be saved from her helplessness. This *inversion of dependency* is manifest here when the publication reports:

> A SAFE way of taking the suffering out of childbirth has long been a goal of medical scientists as well as the prayer of countless mothers the world over. One by one, various anesthetics and pain-killing agents have been tried—chloroform, ether, nitrous oxide or 'laughing gas,' twilight sleep, to name a few familiar ones (*The Science News-Letter* 1936, 154).

With childbirth having been established as a fundamental disability, many mothers sought such medical treatments as cures to their "condition." Undoubtedly, many women thought of their choice to partake in such practices as a smart, free choice. Yet mothers' choices, at the time, were significantly limited by a conceptualization, which, having fostered grave fears in female biological processes, normalized invasive procedures as the epitome of rational agency. Yet such practices were based on a fundamental devaluation of women's consciousness and bodily agency; the presumption that neither had anything valuable to contribute to the birth process. In short, birth required a cure; and that cure entailed passive obedience to masculine technology.

> After the injection, in almost every case, the mother falls into a deep, refreshing sleep. The mother can be roused to answer questions, and occasionally is a bit restless. But when she awakens, hours after her child has been born, she has no memory of the experience at all and has suffered no pain during the birth process (*The Science News-Letter* 1936, 154).

With birth identified as sickness, the *process* of birthing new life ceases to be remarkable, nor something to be valued. What is valued is simply the *product* of pregnancy. Consequently, a good, healthy birth became one in which mothers were nearly as absent as the fathers.

Before moving on I want to once more acknowledge that women may experience compulsory medicalized childbirth as actually enabling or manifesting their agency or empowerment. As noted in the introduction, the purpose of this work is to examine the presence and influence of master consciousness in the discourse around and practice of medicalized childbirth. The intent is not to make vast generalizations about all women's birth experiences.

At the same time, however, it is not unreasonable to contemplate the meaning of birthing women's agency within the medicalized birth model. For it seems to be the case that agency has sometimes meant little more than acquiescence to masculine technological rituals and power as a form of mastery, particularly the mastery of nature. The ecofeminist philosophical lens that informs this analysis takes dualistic logic and the perpetuation of the culture/nature dualism to be a problematic conceptualization of agency and power, one that is not sustainable and likely contributes to environmental degradation. I do realize that those examining the subject from a conceptual framework other than ecofeminist philosophy may very well see the situation differently. Yet my

purpose is to provide a different sort of critical analysis that draws our attention to an alternative understanding of power and the relationship between humans and nature.

Finally, it should be clear that the author is aware that some births require medical intervention. Seeking help when help is required is certainly an act of thoughtful agency. What this chapter and, more broadly, this dissertation are critiquing is the erroneous ideological presumption underwriting medicalization: that childbirth is fundamentally pathological and requires *compulsory* intervention. As a feminist theorist, it is my belief that just as women ought to be able to determine whether or not to have an abortion, so too ought women be able to determine where and how to birth new life. The problem, of course, is that the dominant, patriarchal stories of gender and childbirth have normalized flagrant untruths about women's bodies, inherent insights, and power.

By the 1930s master consciousness and its logic of dualism had succeeded in demeaning the natural as fallen and sick, exalting the subjugation of the natural through rational intervention as "health." A letter written in 1936 by an unnamed mother who had recently taken the new childbirth drug, paraldehyde and benzyl alcohol offers keen insight into the way in which women were manipulated by the prevailing power structure. The wife of a "Washington, D.C. medical scientist," the woman wrote that her "dread" of childbirth had "overshadowed" her excitement about the prospect of bringing a child into being. "I tried not to remember the too-vivid accounts I had heard of others women's sufferings. Perhaps because I am a medical scientist's wife, I had heard more of these than most women" (*The Science News-Letter* 1936, 154). Living directly under the hegemony of medicalized childbirth, mothers like this woman developed an adversarial relationship with their bodies and the natural world and its processes. Having adopted the

childbirth as illness paradigm proffered by master consciousness, she had learned to distrust her body; moreover, she feared it. As a result she welcomed technological salvation and the absence of consciousness and separation from her body such salvation entailed. “The experience was not only painless but most restful as well. They gave me an injection and presently I feel asleep. When I awoke I felt much refreshed and was surprised to learn that my baby had been born hours before” (*The Science News-Letter* 1936, 154). In short, she was successfully delivered of the “bane” of active agency and consciousness.

Medicalized childbirth so successfully redefined childbirth that women were made to feel robbed of quality obstetric care if they experienced any discomfort during the birth process. Women’s demand for interventions followed, “fostered by the makers of the pain-killing drugs and the developers of anesthetic technique” (Corbin 1949, 660). Women were also influenced by their physicians’ attitudes about childbirth. Corbin relays what one mother was told by her physician when she approached him about utilizing Dick Read’s method of childbirth, which understood much of the pain of childbirth to be caused by fear, with her physician. “My doctor says it may work during the early part of labor, but no woman should be asked to go through the last part of labor without complete anesthesia. The actual birth of the baby is a surgical operation and the mother has to be anesthetized for that” (quoted in Corbin 1949, 661). Medicalized childbirth made women passive patients who expected and later believe they required technological interventions-cures.

These developments bolster Plumwood’s argument that women’s reproductive capabilities have been particularly abused through master consciousness’s practices of

exploitation and backgrounding. Plumwood cites Simone de Beauvoir's *The Second Sex* as having analyzed the dualized nature of women's reproductive capacity. With women identified with agentless nature, itself thoroughly backgrounded for its lack of dualistic reasoning, Plumwood, summarizing de Beauvoir's analysis, writes that pregnancy and childbirth became thoroughly objectified:

> Because reproduction is construed not as a creative act, indeed not the act of an agent at all, it becomes something which is undergone not undertaken, at worst tortured and passive, at best a field for acceptance and resignation. When women's agency and choice are denied, the female body itself comes to be seen as oppressive, the instrument of an invading nature hostile to human subjecthood and alien to true humanity, a nature which can only be subdued or transcended (Plumwood 1993, 38).

Indeed, Corbin specifically complains that "mechanized" childbirth robbed women of their autonomy. "Things were done to her, not with her. The doctor came to look upon her as a pregnant uterus. Her personality no longer counted" (Corbin 1949, 660). Incorporated into a schema which understood pregnancy as illness and mother as sick vessel, woman's consciousness was valueless during pregnancy. Is there any wonder, Corbin asks, that having "the mother preferred to be present in the body but absent in the spirit" (Corbin 1949, 660). The incorporation of mothers into the medicalized childbirth paradigm compromised their mind, body, and both their own health and the health of their infants. The "demand for complete oblivion," she writes, resulted in thousands of physically mature, healthy infants being born unable to breathe due to anesthetics. Moreover, "A number of mothers also paid with their lives, but perhaps the greatest loss to mothers was the loss of the conscious joy of birth" (Corbin 1949, 660).

Reason Saves Again: Medicalized Childbirth Brings Consciousness Back to Birth

Even as the science of childbirth made key advancements it was restricted by the weight of its paradigmatic basis of dualised reason/nature and the resultant secular fall and recovery narrative. Over time women began to demand "consciousness" during their birth process. Normal childbirth has always been (and is) by its very nature conscious since it relies on each individual mother's relationship with her mind and body to give birth. But by 1943 childbirth had been so dramatically redefined through backgrounding nature and mothers that consciousness during childbirth was touted as medicalized childbirth's latest technological achievement. In a simply titled article, "Painless Childbirth," *The Science News-Letter* reported of a method of "banishing the pain of childbirth" by injecting the "pain-killing chemical, metycaine" "near the base of the spine" (*The Science News-Letter* 1943, 67). Speaking to the erasure of knowledge of alternative conceptions and experience of childbirth, *The Science News-Letter* indicates that the development of the new drug has made it possible for women to have "their babies in complete comfort and safety, without pain and without loss of consciousness, thanks to a new method of childbirth anesthesia" (*The Science News-Letter* 1943, 67). Throughout the article, the publication gives the distinct impression that the development of these birth drugs are purposed to safely relieve mothers of the incurable agony of childbirth. In this view, medicine is simply trying to save or cure women of their malady. According to the then editor of the A.M.A. Journal, the drug is perhaps a "real advance in securing relief of pain for mothers during childbirth" (quoted in *The Science News-Letter* 1943, 67). As if childbirth is something only technological salvation can guarantee, the article goes on to explain that this new method "should be used only in hospitals and only

by competent physicians and anesthetists specially trained to give this type of anesthetic" (*The Science News-Letter* 1943, 67).

The above piece represents the way in which the medical conceptualization had, by the 1940s, largely redefined childbirth as a process which required medical professionals equipped with the latest in technological innovation with which to command and control the process. Such a transformation was necessarily formed by backgrounding or denying birth's fundamental dependency on the agency of the birthing mother and the natural processes with which she normally collaborates with during the birth process. Such a backgrounding is premised on a dualistic framework whereby mind and body, reason and nature, man and woman are conceptualized as mutually exclusive pairs in which the second concept in each is understood as the inferior to the former. In this way we can see how medicalized childbirth reflects the master model of humanity's emphasis on transcending that which is identified with the natural world. Bespeaking of the fall and recovery narrative, the medical model of birth presented itself as a form of technological salvation, capable of rescuing women and their infants from the perils of the natural sphere.

Conclusion

As I have shown, the development of medicalized childbirth relied on, and then recapitulated the dualisms that are central features of patriarchal master consciousness. During the 19th and 20th centuries, medicalized childbirth promoted emphasized femininity and patriarchal masculinity as well as dualistic narratives of the mind's inferiority to the body and nature's inferiority to culture. Moreover, medicalized childbirth had the effect of further inculcating women in what Plumwood calls the

"dominant Western model of humanity" based on the "domination and transcendence of nature, in which freedom and virtue are construed in terms of control over, and distance from, the natural sphere" (Plumwood 1990, 215).

While many believed the pains of childbirth were a product of Original Sin, most experienced childbirth, during the eighteenth century, as a natural, normal, and largely successful process. Most midwifes encountered few complications throughout their careers. When male midwifes began practicing what would become medicalized childbirth they brought with them a dualistic conceptual framework which viewed women's birth as a mindless, mechanical enterprise which could be improved upon and mastered via reason and technology. Birth became woman's perilous, pathological communion with uncultivated nature. Her proximity to nature invited the kind of instrumental treatment permitted for those who, following theologians and philosophers from Aristotle to Aquinas, were identified with the inferior realm of the natural, inherently worthless world. As childbirth became identified with mechanical, mindless, instrumental nature, women were opened up to horrors. Authors such as Jacoby erroneously magnify the risks associated with normal birth processes, thereby endorsing the culture/nature dualism, when in fact the magnified risks she speaks of were a product of moving birth to the hospital. In fact, the medicalization of birth initially compromised women's health and deprived women of significant birthing freedom. This speaks to the soundness of the ecofeminist thesis that there are significant connections between the domination of nature and the domination of women. In sum, medicalized childbirth has historically relied upon and recapitulated the dualisms that are central features of patriarchal master consciousness.

CHAPTER THREE:

MEDICALIZED CHILDBIRTH, BIRTH SIMULATION, AND THE DEATH OF THE (AUTONOMOUS) MOTHER, AN ECOFEMINIST ANALYSIS OF 'HIGH FIDELITY' BIRTH SIMULATORS IN AMERICAN CULTURE

> "*Mother* was once a standard term for the womb, and *rising of the mother, fits of the mother,* and even simply *mother* were hysterical fits brought on by disturbance of the womb" - *The Merriam-Webster New Book of Word Histories*

Introduction

The capacity to create new life, when existing within the God of religions such as Christianity, is regarded as a divine power worthy of deep reverence and even worship. Conversely, the womb, with which women literally create and sustain new human life, has long been identified with disease. Indeed, women's very capacity to create new life has been a mark not of divinity, as is the case with the monotheistic God, but the mark of sin and disease. Such a conceptualization continues with contemporary medical understanding and treatment of childbirth as a pathological state. Medicalized[8] conceptions present birth as requiring feminine passivity. Medicalized conceptions

[8] Peter Conrad defines medicalization as "a process by which nonmedical problems have become defined and treated as medical problems, usually in terms of illnesses or disorders" (209). Conrad writes that "it is abundantly clear that women's natural life processes (especially concerning reproduction) are much more likely to be medicalized than men's" (22). He notes three levels of medicalization: "the conceptual, the institutional, and the interactional" (211).

present birth as requiring feminine passivity. In medicalized birth the mother is acted upon, directed, and then delivered of her baby by the doctor. These conceptions channel the birth process into a series of technocratic rituals, which actively distort the reality of the birth process. Such rituals subject a normal, woman-nature directed event to cultural control. Underlying these rituals is a fundamental distrust of natural processes, the body, and, above all else, women. Having examined the origin of the medical model of birth in chapter two, here I offer a feminist critique of this medicalized view and practice of birth, guided by Val Plumwood's ecofeminist framework, and focusing in particular on the use of newly developed "high fidelity," mannequin birth simulators. These simulators are being promoted in the United States as valuable teaching tools for educating healthcare workers such as nurses about the birth process. My contention is that these mannequins simulate an oppressive, disempowering medical conceptualization of women's biology which perpetuates the long standing patriarchal understanding of the womb as a source of pathology. Such simulations have the effect of educating practitioners not in birth in of itself, but in a disempowering vision of women and birth. I further contend that birth simulators and, more generally, the medical birth model itself proffer what I will explain to be a *pornographic* vision of women and childbirth. In both cases, birth simulation joins medicalized childbirth in implementing what Plumwood calls the "logic of dualism," which has the effect of portraying birthing women's consciousness and agency as irrelevant if not an actual impediment to successful birth.

Birth Simulators

In her seminal 2010 article on birth simulation, "Obstetrical Nursing Experience Simulation, Filling the Gap," nursing scholar Deborah A. Raines makes the case for use

of birth simulators to educate nurses on grounds that they provide important learning opportunities unavailable in the clinical setting. “A student or a new labor and delivery nurse could potentially complete an entire clinical rotation or orientation period and not experience some of the common or high-acuity events that a nurse needs to come into contact with to be prepared to provide safe and effective care” (2010, 112). Raines goes on to explain that “High-fidelity” birth simulators allow students “to apply knowledge and skills used to assess and intervene in patient care situations” (Raines 2010, 114). Absent from such analysis is any concern that medical professionals, nurses and obstetricians alike, are likely to complete their medical training without having witnessed a normal birth, i.e. a birth that did not require medical intervention or guidance. One can certainly appreciate the desire to teach healthcare workers to practice medical techniques without threatening the safety of the “patient” (Raines 2010, 114). However, viewed through the lens of ecofeminism and midwifery, such birth simulators perpetuate a dualistic conceptualization of femininity and birth in which birthing women and the natural world are backgrounded and dominated, while medical professionals are pushed to the foreground as birthing agents. My contention, in short, is that mannequin birth simulators epitomize and thus recapitulate the medical conceptualization of birth not as a project for an improved situation mothers, but as a project for medical professionals identifying with what Plumwood calls master subject and that subject’s identification with cultural domination over (feminine) nature.

Machines, Mothers, and Contemporary Medicalized Birth

Landmark anthropological examinations of birth practices including Brigitte Jordan’s *Birth in Four Cultures* (1993/1978) and Robbie Davis-Floyd’s *Birth as a Rite of*

Passage (1992) have shown that childbirth in the U.S. is mediated by a medicalized and thereby technocratic understanding of labor and delivery. These works show that medicalized approaches to childbirth define pregnancy as a pathological and, therefore, dangerous state (Jordan 1993, 46[9]; Davis-Floyd 1992, 177), which only technological intervention can make safe (Davis-Floyd 1992, 177). In their lauded work on the history of childbirth in America, Wertz and Wertz write that the central idea around childbirth in America is that it is "a potentially diseased condition that *routinely* requires the arts of medicine to overcome the process of nature" (Wertz 1989, xvi). More recently, other scholars including Richard K. Reed (2005, 27) and obstetrician and researcher Thomas Strong, Jr. (2000, 30) have affirmed that medicalized childbirth conceptualizes pregnancy as abnormal and fundamentally pathological.

Medical anthropologist Robbie Davis-Floyd indicates that the mechanistic world structures medicalized childbirth's conceptualization of birth. Through the transformative process of birth, medicalized childbirth communicates to the vast majority of all American mothers "our culture's deepest beliefs about the necessity for cultural control of natural processes, the untrustworthiness of nature and the associated weakness and inferiority of the female body, the validity of patriarchy, the superiority of science and technology, and the importance of institutions and machines" (Davis-Floyd 1992, 152). Despite the formidability of this set of beliefs, the machine model it generates is not so easily grafted onto the normal birth process.

[9] "A typical birth can be characterized as physician-attended and professionally managed with an orientation towards medical technology and pharmacological methods of pain relief. Concomitantly, a woman who enters the hospital is treated as a patient. From the time she is admitted, decision-making power and responsibility for her state rest primarily with hospital personnel and the physician in charge" (Jordan 46).

The androcentricism and anthropocentrism upon which patriarchal master consciousness relies faces a serious dilemma when faced with fitting women's birth processes into its rubric of masculine, cultural control. As Medical anthropologist Robbie Davis-Floyd puts it, the medical model of birth must determine "how to create a sense of cultural control over birth, a natural process resistant to such control?" (1992, 60-61). The answer, in short, is through authoritatively enforced technocratic rituals—strict medical management. As I will show, mannequin birth simulators succeed in imbuing future medical professionals with a confidence in the medical model's supreme cultural control of birth and supremacy over the mothers' bodies and agency. Before moving to directly discuss the simulators, however, I want to first discuss relevant ecofeminist concepts which inform my subsequent analysis.

Ecofeminist Theory

Ecofeminist theory offers important conceptual tools to facilitate insightful analysis of dominant ideas about childbirth and particularly this recent development of birth simulators. The central tenet that binds a variety of ecofeminist views is that "there are important connections between the domination of women and the domination of nature, an understanding of which is crucial to feminism, environmentalism, and environmental philosophy" (Karen Warren 1998, 264). This paper specifically draws on the work of ecofeminist philosophers such as Warren and Val Plumwood who contend that the domination of women and nature are connected conceptually.[10] In particular,

[10] In an introduction to ecofeminist thought Warren identifies eight different perspectives on the connections between the domination of women and nature. In addition to the perspective herein discussed are those focused on "Historical, Typically Causal Connections," "Empirical and Experiential Connections," "Symbolic Connections," "Epistemological Connections," which is in part discussed in this

women are identified with nature, understood as representing the fundamental class of inferior, uncultivated otherness. Like the planet, women are often viewed as ready resources for social use. “Women, of all classes, much like the Earth, are expected to provide generative, sexual, caretaking, and nurturing services on demand and for free” (Caputi 2007, 25). We can begin to see this link by briefly examining the conceptual evolution of women’s birthing powers.

Childbirth was identified as an expression of both women and nature’s creative powers and agency in some ancient cultures (Sjöö and Mor 1987, 46, 48) and among various native peoples (Paula Gunn Allen 1992, 27; Gloria Anzaldúa 2007, 39). With the rise of patriarchy, however, women’s difference from men became “a criterion for dominance” in order to control female sexuality and reproduction (Lerner 1986, 214). Philosophy, science, and religion have historically defined woman as less developed in rationality, morality, and divinity than man “*because of* her role in reproduction” (Tuana 1993, xi). This is distinctly indicated in the etymology of words such as *hysteria* and *mother*.

The concept and word “hysteria” was used to indicate a feminine pathological condition emanating from the womb. According to *The Merriam-Webster New Book of Word Histories,* the Greek term *hysterkios* means “hysterical” or “of the womb.” Moreover, the word “mother” was once used to describe “hysterical fits brought on by disturbance of the womb” (*Merriam-Webster* 1991, 234). Feminist historian Gerda Lerner theorizes that such prominent understandings of the nature of woman were the

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paper, “Political (Praxis) Connections,” “Ethical Connections,” and “Theoretical Connections” (Warren 1998: 270).

product of the rise and institutionalization of patriarchy[11] or the domination of men over women. Lerner writes that defenders of patriarchy used woman's "maternal role" to justify her "exclusion from economic and educational opportunities as serving the best interests of species survival." She specifically identifies pregnancy as one of a handful of uniquely female capabilities which "were regarded as debilitating, as diseased or abnormal states which incapacitated women and rendered them actually inferior" (Lerner 1986, 18-19). The basis for the interpretation of women's procreative *powers* as instead a *dis*ability is the identification of reproduction with the realm of necessity identified with a "nature" that is not only feminized but defined in negative relation to a (masculinized) "culture" (Nancy Tuana 1993, 12).

At play here is the implementation of what Plumwood describes as the logic of dualism, also understood as the logic of colonization, in order to systematically devalue nature and those identified with nature. Dualisms, such as culture/nature, men/women, and so on, "systematically and pervasively" construct one identity as superior and another as necessarily inferior (Plumwood 1993, 47). Historically, the logic of dualism has been implemented in the service and defense of the *master self*—the hegemonic masculine self or "the egoistic self of liberal individualism"—which "stresses sharply defined ego boundaries, distinctness, autonomy, and separation from others" (Plumwood 1998, 306). Such a dualistic conception of the world, starkly divided into discontinuous groupings of superior qualities and beings split from alien, inferior qualities and beings, fallaciously overemphasizes discontinuity. In particular, such a view of culture/nature,

[11] Lerner defines patriarchy as "the manifestation and institutionalization of male dominance over women and children in the family and the extension of male dominance over women in society in general" (Lerner 1986: 239).

reason/emotion, mind/body, men/women ignores or perhaps readily denies the important ways in which each side, though distinct, is nevertheless continuous with one another, "embedded in a network of essential relationships" (Plumwood 1998, 308). Such an example is the "mutually constitutive" relationship between reason and emotion (Alison Jaggar 2004, 250).

This master self utilizes the logic of dualism to explain its privileged status as the rational and just consequence of attaining objective, universal ideals (which, at the same time, it defines as identical to those associated with ideal masculinity). In particular, the logic of dualism is used to reinforces the master's story of selfhood (the dominant Western model of humanity) "in which freedom and virtue are construed in terms of control over, and distance from, the natural sphere" (Plumwood 1990, 215).

According to ecofeminist Carolyn Merchant's 1980 work, *The Death of Nature*, the patriarchal scientific ideal of transcendence along with domination of nature became deeply entrenched during the seventeenth-century. Prompted by the Scientific Revolution, reality was reconceptualized as "as a machine rather than a living organism," which in turn, she argues, sanctioned the domination of women and nature (Merchant 1998, 278). The machine model dismissed a holistic worldview that recognized the unique value and contribution individual parts provided whole systems, and promoted a callous methodology of "penetration" (Merchant 1998, 289). This transition "constituted the death of nature" in that "nature was now viewed as a system of dead, inert particles moved by external, rather than inherent forces…." (Merchant 1998, 285). Such a view precipitated a disrespectful and eventually destructive relationship between human culture nature and the biosphere upon which it relies.

Such conceptions of the world and its purported inferior "others" are not facts of course, but rather produced through a dualistic narrative of justification. Plumwood theorizes that such a narrative consists of salient features such as: 1) Justification through backgrounding, in which "the lower orders of otherness classed as nature" are identified as formless and fundamentally inferior to culture (Plato); 2) invasion and annexation, in which nature is interpreted as devoid of mind or purpose (Descartes); and thus ripe for 3) instrumentalism and assimilation, in which nature is treated as mere means to higher ends (Locke) and valuable only when assimilated into the master identity through "commodification or consumption" (Plumwood 1993, 191-192). Such a narrative is bolstered by the dualistic tool of homogenization or stereotyping. Homogenization occurs when the differences of those individuals who fail to fully conform to the dominant group's ideals are denied, and thus conceptually cast down into the category of alien "other" (Plumwood 1993, 55). As we will see, this script of denied dependency and colonization of both the natural world and birthing mothers is present in the implementation of birth simulators.

If virtuous, autonomous selfhood is obtained through transcending necessity and the natural sphere, conceived as split from human culture (Plumwood 1993, 23), then whoever is linked to necessity and nature is deemed to be lacking virtue and freedom. Consequently, women's direct connection to and participation in the natural sphere during pregnancy and childbirth is understood as evidence of her failure to achieve full-humanity and, thus, evidence of her inferiority. As Plumwood puts it:

> Because reproduction is construed not as a creative act, indeed not the act of an agent at all, it becomes something which is undergone not undertaken, at worst tortured and passive, at best a field for acceptance and resignation. When

> women's agency and choice are denied, the female body itself comes to be seen as oppressive, the instrument of an invading nature hostile to human subjecthood and alien to true humanity, a nature which can only be subdued or transcended (Plumwood 1993, 38)

Thus it is clear that the devaluation of women's procreative powers on the basis of their connection to the natural world speaks to the ecofeminist thesis that women's oppression and human oppression more generally, is rooted in western culture's devaluation of nature and elevation of transcendent, detached selfhood.

The solution to this dilemma, explain ecofeminists, is a "*reconceptualizing* ourselves and our relation to the nonhuman natural world in nonpatriarchal ways" (Warren 2002, 605). These include an understanding of the essential interrelatedness of "human beings and their interests" (Plumwood 1998, 307) as well as the essential interrelatedness of humanity or culture and the natural sphere. While it is necessary to identify distinctions between one being and another, it is equally necessary to recognize continuity and integrity amongst beings. The denied dependency characteristic of dualistic thinking, in the long run, fosters self-destruction (1993, 95). Our failure to recognize the symbiotic basis of human life—the way in which the human self is comprised and sustained by a variety of other organisms such as bacteria (Lynn Margulis 1998)—promises immense dangers for human survival. It is my hope that the following critique will contribute to the challenging but essential feminist endeavor of reconceptualizing the self, other, and nature in ways that acknowledge humanity's dependency on both birthing women and the life-sustaining natural world. For it is intuitively clear to me that a society that conceptualizes the mother and her womb as origins of error and pathology risks wrongly conceiving wellness, beauty, power, the

good life, and, hence, pursuing ultimately self-destructives practices derived from these misconceptions.

Midwifery Model of Care and Ecofeminist Epistemology

An important alternative to the dominance of medicalized birth, the midwifery model of care embodies significant aspects of ecofeminist epistemology. In particular, this birth model challenges the central dualistic logic comprising patriarchal master consciousness—the prevailing state of mind of the master self. In contrast to the medical model, the midwifery model of care "takes a holistic, integrating approach, defining the body not as a machine but as an organism and an energy field in constant interaction with other energy fields (Davis-Floyd 2001; Davis-Floyd and St John 1998), and viewing mind and body as one and mother and baby as an inseparable unit" (Davis-Floyd et al. 2009, 446). Moreover, it also holds that "the mother, not the practitioner, is the most significant birthing agent" (Davis-Floyd et al. 2009, 446). The midwifery model holds that: birth is normal and, for the most part, should not be interfered with; body knowledge, intuition, and emotions are not ancillary to technical instruments and knowledge, but rather are principle (2009, 446-447). This view of birth, coupled with the insights of ecofeminist philosophy, offer key insights necessary for unraveling the dualistic logic informing dominant conceptions of childbirth.

Simulating Pathology, Teaching Technocratic Rituals

Birth simulation plays a unique role in the medical model of birth. It is not merely another individual ritual purposed to affirm cultural control over birth; birth simulation is an all-encompassing conceptual-educational tool capable of further entrenching the entire regimen of technocratic rituals. In her discussion of a typical birth simulation, Raines

indicates an environment is created to resemble a labor or birth room found in a hospital, containing "a birthing bed, electronic fetal monitor (EFM), IV pumps and other equipment and supplies usually found in the clinical setting" (2010, 114). Before learners' arrival, educators place the mannequin mother, a Noelle Birthing simulator, referred to as Ms. Kane "in the bed, connect and initiate the flow of the IV fluids and pitocin and apply and turn on the EFM" (Raines 2010, 114). Birth simulation, as portrayed in Raines work, features the routine implementation of various technocratic rituals, thus normalizing their use without explanation. This is problematic given the questionable implementation of such practices including electronic fetal monitor (EFM).

Originally developed for high risk pregnancies, EFM was developed and promoted by those with financial interests in doing so, and became ubiquitous in maternity wards, regardless of risk status, before randomized, controlled tests of the technology occurred (Block 2007, 32). While most fetal monitoring is done externally today, when the technology was developed in 1969 and implemented in the 1970s the device was much different: "The monitor was a wand-like device with a sharp steel screw at the tip, which was inserted through the cervix and driven into the fetus's scalp" (Block 2007, 33). The first study conducted by researchers without vested interests in the manufacture of EFMs, conducted in 1976 study, "showed increased rates of maternal infection and cesarean section among those monitored electronically, as well as increased fetal injury in the form of head wounds and infection" (Block 2007, 33). At a time when the effectiveness of EFM was being called into question, the company that made the device, Corometrics, which was owned by General Electric, developed a feature that would allow nurses to monitor multiple mothers from the nurses' station, thus enabling

nurses to oversee multiple birthing women from a remote nurses station (Block 2007, 34). Today more than 90-percent of women giving birth in hospitals wear EFM sensor bands around their bellies (Block 2007, 35). Such technological rituals succeed principally in limiting birthing mothers' movements and turning the focus of birth from mother to technology. For their part, birth simulators reinforce the uncritical implementation of such devices by normalizing their use in not only educational settings but also in actual hospital births.

To understand the problematic significance of birth simulators one must fully grasp the way in which technocratic rituals inform healthcare workers' understanding of childbirth. According to traditional midwife Lori Nelson, who has aided in more than 1,000 births both in and outside of hospitals, the message to the mother in the hospital is: prove to me you can birth this child (Nelson Interview 2010). The underlying assumption is that women are incapable of birthing new life; that they are in need of medicalized, masculine-rationality's intervention. Drawing on her experience, Nelson explains that medicalized childbirth places medical practitioners and medical protocol at the center of consideration.

> There's a protocol called the management of labor that they use in the hospital where you have a curve that you have to dilate at a certain rate, at a certain speed of dilation per hour and if not, then you automatically start the medication to up the contractions. Then when that happens, because the medicine used to make contractions, pitocin, makes contractions so much more painful, and because women are not allowed to get out of bed, then of course they start to be offered the drugs to take pain away. But we know there are no drugs to take pain away except for an epidural or a spinal and they don't always work. So you have medications that are given that some times make women sick; it literally takes away their ability to cope rather than give them more ability to cope (Nelson Interview 2010).

The situation is, therefore, much the same as it was when feminist writer and poet Adrienne Rich described in her classic 1976 work, *Of Woman Born*. At the time Rich wrote that the medical birth model, by artificially inducing labor, resulted in longer, more painful contractions, which required pain-relieving drugs, which in turn lead to a variety of problems. Rich explained: "as so often, medical technology creates its own artificial problem for which an artificial remedy must be found. These unnaturally strong and lengthy contractions can deprive the fetus of oxygen, while the analgesic drugs interfere with its respiration" (Rich 1976, 178). Such counterproductive technocratic rituals, explains Davis-Floyd, are purposed to give medical practitioners a sense of cultural control over a process preeminently organic and mother-centered. In her exhaustive study, based on interviews with 100 pregnant women and mothers across two cities and several midwives, nurses, childbirth educators, and obstetricians, Davis-Floyd writes that practices involved in medicalized birth, such as "intravenous feeding, electronic monitoring, and episiotomy," are "rational ritual responses to our technocratic society's extreme fear of the natural processes on which it still depends for its continued existence" (Davis-Floyd 1992, 2). Such is the context in which we must understand birth simulation.

Before moving on it is perhaps worth acknowledging alternative perspectives on hospital birth. First of all, it is not necessarily the case that childbirth taking place in a hospital cannot be a creative process. The central claim advanced in this work is that the discourse of medicalized childbirth promotes a disempowering understanding of birth. How women respond to or deal with such a discourse is of course a complicated matter. Moreover, feminist theorists such as Donna Haraway would likely view medicalized childbirth as a potential for women's empowerment. In advocating a conceptualization of

selfhood modeled on the cyborg, Haraway is, in fact, critical of ecofeminist conceptual commitments to "the organic," and urges feminists to reconsider the possibilities in reassessing the division of organism and machine (Haraway 174, 1991).

Birth as Medical Project: No Autonomous Women Allowed

In addition to simulating a view of birth as pathology, high fidelity mannequin mothers are re-inscribing the erroneous belief that birth is a generic, passive affair. In particular, birth simulators' fixate on technological rituals and medical professional practices and ignore the way in which each birth is unique to the individual mother. Indeed, birth simulators promote the fallacious notion that the unique personality of the birthing mother is rather irrelevant if not obstructive to general nursing practices and that the "natural" birth process, by which I mean non-technologically mediated, is routinely subject to complication.

The birth simulators promoted in Raines' work as crucial tools to educate obstetrical nurses to adhere to the medical model's core assumption about birth. This assumption holds that birth is, at bottom, a medically controlled event in which the medical professional is active and the birthing mother's autonomy is reduced to complaining or indicating what intervention she would like to have. In her work, Raines cites Gredler's definition of simulation as an approach to learning which allows participants "to each take a particular role, address the issues, threats or problems that are in the situation and experience the effects of their decisions" (quoted in Raines 2010, 114). The focus of the simulation is on the learners' actions, and there is no acknowledgement that the majority of births require no medical intervention when unimpeded. Rather, birth simulators reinforce the idea that a woman's successful birth

hinges upon the implementation of a number of technological rituals. Consequently, medical professionals are trained to be on the lookout for the slightest indication of trouble and, more generally, to be wary of women's natural birth processes. When birth is thus conceived as primarily being about detecting and neutralizing pathology, it then becomes an activity done by medical professionals upon mothers. In actuality, however, birth is not necessarily something doctors or nurses do. Instead, a more honest account of birth is that it is an activity done by conscious birthing mothers in communion with their bodies and the natural environment to which we all belong. On a view such as midwifery, in which the mothers' autonomy is respected, the role of the care provider, whether a doctor, nurse, midwife, friend, or lover is not to be the principal actor in birth or "producer" of new life. Rather, the appropriate role ought to be one of tending to the mother's unique needs.

The message to medical professionals inherent in birth simulators is clearly expressed in the October 11, 2009, story titled, "Nurses learn by robo-births,"[12] which introduces us to a robotic mom named Noelle. We learn that her main purpose is "to give birth on command" (*Central Florida Future* (CFF) 2009). Such programming of the robotic mother literally reflects the medical model of birth in which mothers are routinely given pitocin in order to expedite contractions according to obstetrical generalizations about when and how the stages of women's birth should progress. We are then told that Noelle and her robotic child, Hal, allow students in the College of Nursing at the University of Central Florida to learn about the birth process.

> Mom [Noelle] will scream, mom will talk, mom will answer questions. Mom will do a lot of things, and she also will deliver," Guimond said. "Then in the

[12] http://www.centralfloridafuture.com/nurses-learn-by-robo-births-1.1992220

> immediate postpartum period, she can also be programmed to have a postpartum hemorrhage and all kinds of really interesting things (CFF 2009).

One of the most profound, perhaps sacred of all human capacities, the birth of new life formed and nourished within one's very body, is reduced to the essential features of empty and replicable screams, inglorious agony, hemorrhages, and messiness. Whereas the expenditure of "blood, sweat, and tears" in athletics, for instance, is identified with the triumph of the will, the maternal exertion of the like in childbirth merely confirms, as Lerner explains, the debilitating character of female biology.

While the purported aim of such technology is to educate future health professionals about birth, students are learning less about actual childbirth than they are learning a particular conceptualization which is guided by (the master subject's) dualisms such as culture/nature, men/women, and mind/body. Consider the comment of senior nursing student, Rachel Barry: "I have seen an actual birth, and I've seen the simulation, and it really does give you a good idea of what you're heading into" (quoted in CFF 2009). According to Barry, the difference between the robotic simulation of childbirth and the actual process is that the latter is messier. "It is pretty lifelike, granted it is much less messy…" (quoted in CFF 2009). Such an impoverished distinction between the act of manifesting new life and that of simulating its manifestation is arguably a consequence of students' successful adoption of the medical model's mechanistic-dualistic interpretation of birth. This is clear if we consider, for a moment, that many religious believers cite God's capacity to create human life as an awe-inspiring act deserving of reverence. Yet in contrast, when a woman creates new life via birth, her creative act is understood as an oppressive, dirty or disgusting condition, often indicating her weakness

and inspiring pity. This contradictory attitude, I believe, is a product of the patriarchal basis of the medical model's conceptualization of birth as pathology.

In an un-ecological or mechanistic understanding of life, "Nature, society, and the human body are composed of interchangeable atomized parts that can be repaired or replaced from the outside" (Merchant 1998, 285). In such a view, organic processes are viewed with suspicion. They are defined as mindless and hence without agency or intentionality. Mind, agency and intention are qualities that only humans, generally identified with masculine institutions, hence "culture," are supposed to possess. As such, organic processes are conceived of as mindless and perennially flawed while rational culture's technology is perceived as rectifying the errors of the natural sphere. As Merchant writes: "The 'technological fix' mends an ecological malfunction, new human beings replace the old to maintain the smooth functioning of industry and bureaucracy, and interventionist medicine exchanges a fresh heart for worn-out, diseased one" (Merchant 1998, 285). By enacting associated dualisms such as culture/nature and mind/body, this mechanistic understanding of the natural—non-cultivated–sphere demeans organic processes such as birth. Put in the context of birth, the mechanistic inspired medicalized birth model arguably views birth as a rescue operation for which one is simply glad to have escaped, rather than a beautiful manifestation of both birthing woman's and nature's creative powers. At the very least, one may confidently observe that birth simulators instill students with deep-seeded reservations about a connection to the natural world and, more generally, distrust rather than reverence for women's birth processes.

Throughout American medical culture birth is persistently presented as a technological achievement over a malfunctioning natural process. For instance, during the months of January and February 2010, Florida Atlantic University ran a headline banner on its website that read: "Preparing Nurses for Emergency Care: State-of-the-art equipment at FAU's Simulation Center gives nurses critical training."[13] Upon clicking on the banner, readers were directed to this press release on the use of mannequin mothers:

> A new agreement between the Florida Atlantic University Charles E. Schmidt College of Biomedical Science Simulation Center and Hospital Corporation of America (HCA) will train nurses with little to no experience in emergency medicine, critical care, and labor and delivery on state-of-the-art mannequins to recreate nearly every human medical condition and response to treatment.

The announcement equates childbirth, which is a normal and rarely dangerous process, with perilous medical conditions that require "emergency medicine" and "critical care." Further in the release the director of Biomedical Science Simulation Center, Mark Goldstein, is quoted in saying that the mannequins provide inexperienced nurses opportunities to acquire "experience and confidence" "before being placed in a situation where their actions could mean the difference between the life and death of a patient." Such depictions of birth present an act of feminine potency as an act of feminine pathology; the mother, once conceptualized as the divine giver of life, is relegated to distraught damsel awaiting deliverance. Yet this understanding is not self-evident; and for many with first-hand knowledge of non-medicalized birth, for example, for many midwives and home-birthing women, it appears blatantly false.

Evidence that mannequin birth simulators perpetuate the colonization of women's birth, constructing it as a project for medical professionals, is further indicated in the July

[13] http:///www.fau.edu/explore/homepage-stories/2010_01Sim.php

20, 2007, Wired.com story titled "Mommy the Automaton: New Interactive Simulators Teach Labor and Birth."[14] The piece featured a description of new robotic birth simulators, and a photo gallery of the "mother machines." The title immediately indicates the powerlessness and passive status of the mechanical mother. The story begins: "A new generation of complex, electronic birth simulators are allowing medical students to practice labor and birth -- especially when there are complications" (Wired 2007). The article boldly states that, as dangerous and essentially pathological (that is, always complicated), childbirth ceases to be something which the mother *does*. Rather, she is *done to*. Again, the article states that "simulators are allowing *medical students* to practice labor and birth" (my emphasis) (Wired 2007). In no uncertain terms, the mother, identified with uncultivated nature, is not only backgrounded as formless and mindless, but now becomes a mere object which take shape as an instrument of the master subject's will. In this case, medical professionals embody "the elite masculinism of the masters (male and female) who leave to slaves and women the business of providing for the necessities of life, who regard this sphere of necessity as lower and who conceive virtue in terms of distance from it" (Plumwood 1993, 25).

This depiction of birth is no abstraction, but rather the model hoisted upon actual real-life women in hospital birth. Medical anthropologist Ellen Lazarus's 12 years of research on childbirth has led her to conclude that "the hegemony of technology and medical ideology" predominates in the United States, exerting incredible influence over women's birth options (Lazarus 1994, 40.) As the medical system exerts control over the birth process, women are deprived of autonomy as their bodies are disciplined (Karin A.

[14] http://www.wired.com/medtech/health/multimedia/2007/07/gallery_birthing_mannequins

Martin 2003, 55). Martin's sociological study of women found that contrary to popular depictions of pregnant women as fierce and demanding, women "often worry about being and often are nice, polite, kind, and selfless in their interactions during labor and childbirth" (Martin 2003, 54). Based on interviews with 40 first-time mothers, sociologists Bonnie Fox and Diana Worts found that medicalized childbirth also denies mothers a sense of empowerment, while accenting their dependency on the medical system when they are preparing to become depended upon by a child (Fox and Diana 1999, 331). Lazarus found that the medical system disempowered women whether they were poor, middle class, or even middle class and health professionals (Lazarus 1994, 37-38).

In one of the birth simulation scripts featured in Raines' work, a birthing mother is presented as a patient with no knowledge of the birth process. Rather than turning inwardly to make certain determinations about her needs and status, the mother is helplessly reliant upon medical authorities to inform her of what is or is not taking place. "Is there something wrong? Is the baby OK? What is the heart-rate now?"; "Something's wrong. I don't feel right. I don't know what's happening to me"; "The baby's heart doesn't sound right. What's wrong?" (Raines 2010, 116-117). These questions reflect not so much the unique challenges each mother is likely to encounter during her birth process. Rather they reflect the systematic cooptation of the birth process by technocratic procedures, which are predicated on at least these assumptions: birthing women's knowledge of self is generally of little importance to the birth process,; and their bodies are frequently incapable of succeeding in birth without interventions. Rather than questioning a birth environment that treats birthing women's bodies as requiring medical

intervention and repair, such birth simulations seem to promulgate the idea that women are incapable of succeeding in birth without the aid of technological intervention. This is perhaps the fundamental difference between the medicalized understanding of birth and that of the midwifery model. As Nelson explains, the midwifery model assumes that women are generally capable of this preeminent act of creation.

> Within every woman, for every birth, she has a script for every birth. And when she is really allowed to follow that script and to find her own way, find her own way of coping, find the position that she likes to be in and that works the best, birth goes much better. So our philosophy is: prove to me that you *can't*. And just that one [perspective] is the difference between night and day: prove to me you *can* [versus] prove to me you *can't* (Nelson Interview 2010).

The Machine is the Model and the Mother

Not only are advocates of birth simulation unconcerned by technology's inability to replicate the rich, holistic complexities of actual birth, those such as Raines go so far as to make the case that obstetrical nursing should follow the lead of "aviation, the nuclear power industry and the behavioral sciences" in utilizing simulation "to allow risk-free practices as well as to teach critical thinking skills" (Raines 2010, 114). Such critical thinking skills, however, are limited to a problematic conceptual framework, namely a mechanistic model of reality in which culture and its various technological achievements are treated as dualized superiors to natural, organic processes and those, including birthing women, are identified with the natural sphere. "Today technologic advances have resulted in sophisticated, computer-driven, full-body interactive simulators that perform the basic movements of human birth and individual variations in the human response to the progression of labor and birth" (Raines 2010, 114). More precisely, such simulations simulate a mechanized, reductionist understanding of birth which ignores the

importance of each mother's unique, individual personality and birthing preferences. They also fail to adequately recognize the creative power of both the mother and nature.

Contemporary birth simulators are not without a historical precedent. In mid-18th century London a self-taught student named William Smellie began teaching new midwifery's proactive approach to delivering women that involved the use of forceps. The misuse of forceps by male midwives, some of whom were Smellie's students, led to public outcry among mothers as well as doctors (Wertz 1989, 40). What is particularly interesting is that Smellie utilized a machine model of a birthing woman in order to demonstrate the use of forceps. Smellie's model woman and infant were "made of leather, beer, a doll, and a cork" (Wertz 1989, 42). Wertz and Wertz write that the advantages of the machine model of birth was that it allowed those with relatively little knowledge on the subject to "grasp the idea of birth" (Wertz 1989, 42-43). Both educated midwives and physicians were averse to the emerging new midwifery, which was unregulated and unsupervised.

> In regard to using medical arts in birth, however, the lines were drawn. Educated physicians, who had a long tradition of not using their hands, and educated midwives, who did not use forceps, tended to argue that nature was usually sufficient and should not be meddled with. But new man-midwives, carrying on the rough-and-ready empirical tradition of barber-surgery, found forceps useful to speed delivery, whether difficult or not, and to represent their triumph over nature and over their own competitors (Wertz 1989, 42-43).

During a public debate with Smellie, one of his critics, Mrs. Nihell, described his model this way:

> … This was a wooden statue representing a woman with child whose belly was of leather, in which a bladder full, perhaps of small beer, represented the uterus. The bladder was stopped with a cork, to which was fastened a string of picket-thread to tap it, occasionally, and demonstrate in a palpable manner the flowing of the red-colored waters. In short, in the middle of the bladder was a wax doll to which

> were given various positions. Does it become a doctor to call us interested who himself for 3 guineas in nine lessons makes you a man-midwife, or a female one, by means of this most curious machine, this mock-woman? (quoted in Wertz 1989, 42).

Smellie's conceptualization of women's complex organic birth process as a series of individuated, mechanistic operations exemplifies the emergence of the machine model of reality which, according to Merchant, fostered destructive attitudes toward nature and women. Backgrounded thusly, mothers, identified with a nature that can be subdued and mastered, were conceived as mindless bodies awaiting technological intervention. And while it is clear that there are important differences between contemporary birth simulators and those of the eighteenth-century, both demote women's centrality in and power over birth and subject their bodies to instrumental intervention. While contemporary birth simulators may be more sophisticated, and implemented by more caring, compassionate people, they, nevertheless, promote the objectification of mothers' organic birth processes in a way that shares significant parallels with the likes of Smellie's models.

Mannequin Mothers and the Medical Model's Pornographic Portrayal of Birth

An important component of the development and deployment of mannequin birth simulators is the way in which they provide a vivid indication of the pornographic character of the medical model of birth. In particular, birth simulators and the medical model which they exemplify participate in what cultural theorist Jane Caputi calls "gender-porn."

In her work, *Goddesses and Monsters: Women, Myth, Power, and Popular Culture*, Caputi links some popular non-sexually explicit representations of men and women with

pornography, which she defines as “a representational style linked with [objectification], defamation and desensitization, if not destruction” (Caputi 2004, 74), as well as sexualized and gendered domination.. In “gender-porn,” the dualistic depiction of men as violent, dominating, and controlling beings split from weak, disempowered, passive women is enacted in a variety of ways (Caputi 2004, 85). Specifically, “females are positioned to suggest vulnerability, stasis, and service,” in contrast to males who are depicted as “active, incipiently violent, and in control” (Caputi 2004, 85.). The reason it is important to consider the meaning of such depictions is that cultural representations significantly influence human thought. We each participate, though often unconsciously, in popular culture and are actively shaped by popular culture. While the changes we undergo may not always be conscious, uniform, or predictable, as we participate in forms of popular culture “certain powers or potentialities are bolstered and thereby *realized* (literally, made real); concomitantly, others are banished, neglected, degraded, starved, undone” (Caputi 163).

The previously discussed 2009 article on birth simulators featured a single image depicting a mannequin mother lying on a hospital bed with her mouth open wide and eyes partly closed. Many will find that the image is rather typical in terms of how they envision women experiencing childbirth. This in itself, I believe, speaks to the invisibility of our conditioning by dualistic logic to understand childbirth as fundamentally passive, and, more generally, women themselves as perpetually passive and waiting to be acted upon. In much the same way, one of the images accompanying the 2007 article shows the mannequin mother lying on her back, mouth agape, with a removable stomach pushed to the side to reveal the inside of her stomach. The representations indicate the medical

model's vision of birth. The mother is a mindless, automaton, a lump of flesh of nature's clay awaiting transformation into a cultural product.

In her discussion of the fusion of "woman" and machine in what she also calls "everyday pornography," Caputi notes a reoccurrence of the theme of the violation of the female figure and her symbolic associate, nature. Looking at a variety of ads Caputi notes that the female figure was either dismembered, identified "with the tool she uses," "penetrated through every possible aperture by some kind of hard-ware," or presented as passively awaiting violation (2004, 391-392).

A 2007 gallery of a then newly unveiled mannequin mother arguably participates in these modes. The gallery presents the mechanical mother in a state of extreme passivity and even dismemberment. One of the images shows students in full medical garb extracting a baby from the mannequin mother's vagina. The only part of the mannequin mother we see, however, is her vagina. Another image displays the mother's detached pelvis and vulva almost exactly like porn-actress Jena Jamison's life-sized vagina sex toy was displayed at a pornography convention, depicted in the documentary, *The Price of Pleasure* 2009.

At the Wired.com website one person left a comment on the photos of the "robo-moms": "As a student, I agree that these simulators probably make good tools for a few complications like shoulder dystocia and breech presentation, but a few of the pictures really disturb me. Slide number 1, for example, doesn't include the birthing woman's face at all - she is just a vulva!....the mannequin in Slide 5 is particularly disturbing because she is just a pelvis and vulva" (Comment, Wired 2007). Nelson, when showed the images, expressed similar concern.

> You're isolating every human component and eliminating it; and only going, here's a vagina, here's a uterus, there's a baby inside, and how do we get it out? You're completely eliminating, all together, the emotional factors; all the variations of normal, all the variations of abnormal and how they will intersect and overlap; and which abnormal is going to take you to a bad place, and which one can you turn around (Interview 2010).

Absent from consideration in the medical model is the power attendant upon the mother's autonomy to avert problems, and bring about positive outcomes.

> So what are you going to do with this mannequin? Let's turn her on her side, let's get her on her hands and knees, or better yet let's let her get wherever she needs to go, then monitor that baby; let's see if the baby is happy here (Nelson 2010).

There is reason to believe that mannequin birth simulators accurately depict the medicalized model's intrinsically pornographic, non-relational, emotionally cut-off, impersonal, and disrespectful treatment of birthing mothers and birth itself. Drawing on her experience working in hospital delivery rooms, Nelson explained: "[Doctors] walk into the room when the baby is coming out. They don't get called, if she's a first time mom, until she's complete and pushing and birth is imminent; if she's already had a baby, when [she's] about 7 cm. They come in, they cut an episiotomy, they sew a woman up and that's the end of that." According to Nelson, physicians at a south Florida hospital routinely engaged in competitions to determine who could conduct a cesarean section most quickly. "

> And whoever got the fastest that week then the other doctors took them out to dinner. It was a contest. How impersonal can you be? Or the doctor's who's down in Jupiter with a yacht—I've seen the boat three times—named "C-section." How disrespectful to women, to have a yacht because he has done so many c-sections? (Interview 2010).

These "robo-mom" images are participating in a wider narrative that objectifies and fragments not only women, but also what dominators project as "nature." All such

images, medical or commercial, symbolize patriarchal master consciousness' characteristic control and even dissection of feminine sexuality and reproduction. Some may contend that mannequin birth simulators and mannequin sex toys have fundamentally different purposes, yet I think the case can be made that both participate in a common pornographic portrayal of the feminine as passive, fragmented, devoid of mind, and an instrument of the master subject's will.

Caputi contends that the presentation of female and at times even male genitalia as "inferior, animalistic, mindless, instinctual, low, dirty, and disgusting" is a salient component of patriarchal dualistic consciousness (2004, 385). Such pornographic practices aim to discredit what Caputi calls "an alternative sexual cosmology" which "recognizes the body as sacred, and the genitals as a site where the sacred lodges with a special intensity" (Caputi 2004, 371). Similarly, the pornographic depiction of the mother affirms a destructive worldview which refuses to associate potency (and divinity) with the mother and that exalts an ideal of humanity purified of animality and natural-world interconnectivity. Such representations of the mother symbolically also promote disregard of the body itself, female sex, femininity, and the natural world. Moreover, as a result, such representations increase our reliance on and allegiance to a patriarchal master consciousness which transforms our fears into its power. These representations of birthing women as analogous to a machine speaks to patriarchal, master consciousness' denial of dependency on nature.

The connection between pornography and the medical model of birth is rather significant. Pornography is a dualistic worldview that promotes the hyperseparation of mind and body, an objectification of the body. The recognition of birthing mothers'

agency and the integration of this agency and awareness with full recognition of the intelligence of the body, according to many feminist theorists, can bring about transformation of consciousness. According to Plumwood, the birth process becomes a "*project for women*" when women's agency is brought to the foreground. She writes that "only when women are conceived as free agents and choosers with respect to their bodies and as full agents in their reproductive activity that the [body, agency split] is avoided. It is only in such freedom that women's reproductive life is not distorted" (Plumwood 1993, 38-39).

Conclusion

Mannequin mothers and the medical model of childbirth which they exemplify perpetuate the master narrative whereby women's bodies and the natural world which they are connected to are formless, flawed, irrational, and dangerous. This consistent identification of childbirth with injury and sickness indicates a fundamental belief that women's bodies, as mindless nature's emissaries, are obstacles to life in the same way gunshots and illness are. In sum, the discussion of mannequin mothers recapitulates and extends the colonization narrative. Women's birth powers are backgrounded, treated as imperiling rather than empowering. Then birth, a collaborative project between intentional mothers and nature, is understood as devoid of autonomy, mindfulness, or intentionality, and thus open to the annexation of medical professionals acting the part of the master subject. Finally, women's bodies and their reproductive processes, identified with the lower order of nature, become uncultivated objects and disorderly processes which acquire purpose under the direction of medial authorities.

As I conclude I want to make it clear that I am not suggesting that birth simulators or mannequins ought never to be used to educate others about birth. In fact, schools educating learners about traditional midwifery utilize variations of such items. In an email correspondence Kristen Phillips, the Florida School of Traditional Midwifery's assistant to the academic director, explained that the school uses nonrobotic (low-tech, basic) mannequins in its program. Such techniques, however, are secondary to live models, role playing, and first-hand experience (Personal Correspondence 2010). Moreover, students are taught not only abnormal births but also introduced to normal, mother-led birth, too. Such technology, with some important representational adjustments, might be acceptable as a means of teaching students basic anatomy. Yet, as Nelson notes, all indications are that birth simulators are purposed to do much more than this. "They're teaching [medical professionals] how to manage a woman when she is in labor, how to manage a baby when they're in birth, which means taking absolute control. [They're] not leading by following what's actually happening, but they're learning to literally manage the whole thing." In addition to distorting our understanding of birth, Nelson contends that medical professionals' reliance on technology is resulting in a loss of knowledge about what she proposes to be physicians, nurses, and midwives' most important tools: their hands and senses (Nelson Interview 2010).

The objections to birth simulators raised in this article have to do with, first and foremost, the dualistic conceptual framework in which such items are being implemented. It may be the case that birth simulators give nurses, obstetricians, and midwives important opportunities to practice various techniques to *facilitate* birth and, in those uncommon instances where such is needed, to hone life-saving skills. The problem

with such technology, based upon this examination, is that it ordains as normative those complicated births that require intervention; it thus appears to promulgate the fallacious notions: that birth is pathological; that medical professionals are principle actors during birth; that one can sufficiently understand birth without accounting for the mother's unique personality nor the emotional and intuitive aspects of birth which fundamentally influence the whole of the process. We should not be surprised, however, if birth simulation succeeds only to further entrench the medicalized narrative of rational culture's supremacy to passive nature. Birth simulators cannot replicate the mother's emotional, rational, imaginative autonomy. They cannot simulate an empowered mother birthing new life in her own unique way, perhaps sitting in a bathtub, kneeling on her bed at home, etc. Birth simulators as they currently exist are capable of simulating only one kind of birth, one in which the mother is a patient, nature is diseased, and rational culture, played by medical professionals (both men and women) are tasked with rescue and recovery. Operating from a mechanistic-model of reality, birth simulators treat birthing women as patriarchally-defined "nature" or, in Merchant's words, "a system of dead, inert particles moved by external rather than inherent forces…." (Merchant 1998, 285). As such, simulators further perpetuate the dualisms that enable environmental destruction and further remove humanity from respectful engagement with the organic world upon which it relies.

CHAPTER FOUR

HOW CULTURAL REPRESENTATIONS OF CHILDBIRTH NORMALIZE PATRIARCHAL GENDER AND THE CULTURE/NAUTRE DUALISM

Introduction

In chapter two I showed the ways that medicalized childbirth was established upon the dualistic logic central to patriarchal master consciousness. In chapter three I argued that this logic remains at the heart of contemporary medicalized childbirth and is exemplified in the development and implementation of mannequin birth simulators. In chapter four I utilize ecofeminist and gender theory to examine key, dominant representations of maternity currently pervading mass media, and argue that these normalize and exalt patriarchal gender roles, particularly emphasized femininity, and mark gender non-conformists as deviant. In this work I critically analyze a variety of pervasive, contemporary cultural depictions of childbirth including two birth-related box-office hit films, *Knocked Up* (2007), staring Seth Rogen and Katherine Heigl, and *The Back-up Plan* (2010), staring Jennifer Lopez and Alex O'Loughlin. Additionally, I analyze widely viewed birth-related television ads featured during the 2009 and 2010 Super Bowl, a selection of articles on celebrities and birth featured in popular U.S. women's magazines, and celebrity Jenny McCarthy's book, *Baby Laughs: The Naked*

Truth About the First Year of Mommyhood (2006). I also look at the depiction of childbirth featured in Eve Ensler's *Vagina Monologues*, a pro-feminist work that began on the margins but has enjoyed increasing popularity and appreciation. I argue that these representations of maternity perpetuate the dualistic conceptual framework responsible for oppressive constructions such as patriarchal gender and the split between culture and nature. It is important to note, however, that I am *not* claiming 1) that popular culture is monolithic, nor am I suggesting that it lacks counter-narratives. In fact, chapter five will explore alternative depictions of gender and childbirth within popular culture.

Ecofeminist and Gender Theory

Gender polarization plays a crucial role in cultivating disempowering conceptualizations of childbirth and women. Feminist gender theorists argue that our ideas about what constitutes men and women are the products of social construction. According to Judith Lorber, "Gender is a human invention, like language, kinship, religion, and technology; like them, gender organizes human social life in culturally patterned ways" (1994, 6).. One of the principle tools of gender construction is gender dualism or what some call "polarization." Gender polarization occurs when "diverse aspects of human experience are culturally linked to sex difference. In this way, cultural items, emotions, social positions and needs are *either* male or female" (Aulette, Wittner, Blakely 2009, 49). Gender polarization gives rise to idealized forms of masculinity and femininity, which masculinities scholar R. W. Connell calls "hegemonic masculinity" and "emphasized femininity." These ideal gender models are characterized by patriarchal compliance (Connell and Messerschmidt 2010, 219), and are generally understood as reflections of biology rather than social conditioning and social construction. Gender

polarization forges the ideal of emphasized femininity in which women are ideally submissive, irrational, highly emotional, and weak. Sexually, they are interested in intimacy and love rather than sexual conquest. Conversely, gender polarization forges the ideal of hegemonic masculinity in which men are authoritative, rational, unemotional, strong and tough. In this work I argue that dominant representations of maternity, particularly those in mass media, enact salient features of polarized or dualistic patriarchal gender norms and, consequently, perpetuate these oppressive concepts.

Here I want to make it clear that gender polarization does not occur in isolation. Rather it participates in a broader dualistic logic responsible for legitimating objectification and oppression. Ecofeminist philosopher Val Plumwood contends that the dualistic conceptual framework—an intellectual rubric she terms "master consciousness"—conceptualizes the world and the beings within it as belonging to one of only two polarized realms: rational, mindful *culture*, which possesses intrinsic worth, or instrumental, mindless, earthly, *nature*, which possesses only extrinsic value. Oppressions from colonialism and slavery to sexism were historically justified on the basis of the master's embodiment of idealized rational human culture, subjecthood, while those linked to mindless nature were marked with nullity as objects and, thus, ripe for use by the master subject (Plumwood 1993, 106-107, 111). A salient feature of this dualistic or polarized conceptual paradigm is the preeminent identification of maleness with rational culture, and the identification of femaleness with mindless nature and the body rather than the mind. Distorting birth as a medical event has important implications for both gender and human understanding of culture and nature. In particular, birth thus

construed becomes a prop for the promulgation of not only gender polarization but also the further dualization of culture from nature, as I will presently show.

Conduits of Social Hegemony: Popular Culture and Mass Media

Popular culture is a crucially significant terrain for the maintenance as well as subversion of existing power structures and oppressions. Popular culture is a "valuable index to what people commonly know, value, fear, remember, and believe" (Jane Caputi 2004, 5). Moreover, it is a profoundly political realm in which competing visions of social life are enacted. Cultural theorist and sociologist, Stuart Hall writes that popular culture is an arena—a "battlefield" of ideas—marked by "complex lines of resistance and acceptance, refusal and capitulation" (Hall 2002, 187). Here dominant culture works to secure existing, hegemonic power relations while others work to undermine them (Hall 2002, 192). Thus, popular culture provides a forum for the formation and expression of not only hegemonic, but also marginalized or resistant ideas (Caputi 2004, 5).

We each participate, though often unconsciously, in popular culture and are actively shaped by it. While the changes we undergo may not always be conscious, uniform, or predictable, as we participate in forms of popular culture "certain powers or potentialities are bolstered and thereby *realized* (literally, made real); concomitantly, others are banished, neglected, degraded, starved, undone" (Caputi 2004, 163). One of the most influential aspects of popular culture is mass media.

In American culture, mass media is to the human mind what running water is to the earth's surface. The isolated, infrequent splash of a single, drop of water may not significantly affect the piece of earth it touches just as similarly isolated interaction with media may not dramatically affect human thought. But a torrential rush of water,

perpetually pummeling the same piece of earth will literally leave an indelible mark. Like such a flow of water, mass media, which includes internet, television, radio, newspapers, magazines, books, music, film, and games, has the power to shape our most basic concepts about ourselves and our society. It also exerts the capacity to guard against ideas that conflict with those of the dominant ideologies. Thus theorists contend that mass media has become a central tool in legitimating and promulgating social inequality (Patricia Hill Collins 2009, 303; Aulette 2009, 335).

Feminist theorists argue that mass media legitimizes and naturalizes existing power and social relations. In a process and form of oppression philosopher Iris Marion Young calls "cultural imperialism," dominant culture, which controls the majority of the means of production, uses mass media to publicize its ideas and ideals, while rendering invisible and/or stereotyping those of marginalized groups (Young 2006, 12). Similarly, gender theorists contend that mass media is significantly involved in legitimating gender inequality "by creating images and telling us which are valid or not" (Aulette 2009, 336). For example, critics decry the injustice of mainstream media's stereotypical representations of blacks and Arabs. Young writes that "Blacks are represented as criminals, hookers, maids, scheming dealers," but "rarely appear in roles of authority, glamour, or virtue" (Young 2002, 542). Mainstream media also stereotypes Arabs "as sinister terrorists or gaudy princes, and conversely that terrorists are almost always Arabs" (Young 2002, 542). These representations are purposed to perpetuate what Gramsci calls "intellectual subordination" (Gramsci 2002, 62) by bringing groups marked as "other" "under the measure of its dominant norms" (Young 2006, 12). For purposes of

this particular work, I will be focusing on representations that promote gender polarization and, more broadly, dualistic logic.

Before moving to my analysis I want to briefly provide a response to those outside of cultural studies who doubt the capacity of media stereotypes to impact human relations and behavior. While many are under the impression that freedom is only restricted by overt, physical coercion, such as repressive political domination, feminists, cultural and gender theorists side with Gramsci's notion of social hegemony in recognizing that as social beings, the fear of ostracism, capable of producing social and material failure, is often as powerful and coercive as direct political domination.

Conforming to pervasive norms that facilitate social interaction is a crucial component of human social life. Since it possesses the material means to perpetuate (or disrupt) dominant norms of behavior and social interaction via its varied representations, the power of mass media in our lives is profound. Specifically, when mass media perpetuates polarizing, dualistic stereotypes, it facilitates gender "policing" or what theorists refer to as "accountability" (Aulette, Wittner, Blakely 2009,58) wherein media consumers are pressured to tailor their actions to suit accepted social convention. This is why many feminist, gender, and cultural theorists believe that media stereotypes have the power to foster oppression. Indeed, the significant social power of what psychologist Claude Steele and colleagues call the "stereotype threat" (Jeremy Adam Smith 2009, 136) is indicated in a 2006 University of British Columbia study that "found that simply telling women before they have a test that women in general have less natural aptitude for math causes their individual test scores to decline" (Smith 2009, 136). Independent scholar, Jeremy Adam Smith's work (2009) discussing men, gender, and fathering also

illustrates the power of stereotype threats to affect men's care-giving. Thus the crucial presumption in this work is that media representations participate in shaping our experience of reality.

Bitter Birth: Defining Birth as Affliction

In her classic exploration of motherhood, *Of Woman Born*, radical feminist theorist, Adrienne Rich discusses the way in which this dualistic conceptual framework has misshapen women's lives, turning the creative power of generating new life, for instance, into a form of bondage. She writes that long standing patriarchal polarities, dividing mind and body, reason and emotion, and so forth, "have the power to blind our imaginations" (Adrienne Rich 1976, 62) and foster "moral stupidity" in the master subject (1976, 65). A specific feature of Rich's work herein explored is her discussion of the way in which the domination of women is in part maintained via the gendering of female pain, identified as a source of affliction rather than potentially transformative. Such a conceptualization was a function of power meant to maintain control of women's bodies.

Historically women's bodies have been controlled by men who turned childbirth into "a form of forced labor" wherein women "carried the scriptural penalty of Eve's curse with them into the birth-chamber" (Rich 1976, 158). Radical feminist thinkers Mor and Sjöö trace the dominant understanding of pregnancy and childbirth as fundamentally oppressive to the implementation of the Christian notion of birth as punishment for the sin of Eve. Robbed of ancient knowledge of contraception and herbal narcotics, women "now bear children bitterly" (Sjöö and Mor 1987, 277).

The theme that birth is, by definition, a bitter experience, a painful, terrorizing affliction pervades many cultural representations of childbirth. Consider the way in which the widely successful singer, Beyoncé responded when asked if she planed to have children anytime soon. In the January 2009 issue of the popular magazine, *Elle*, Beyoncé was quoted as replying, "No way! I'm terrified of delivering a child because I saw my nephew being born. That traumatized me." Additional proof of the prevalence of such attitudes toward women's birth in contemporary culture is found in surprising locations. When I attempted to share a film[15] that depicted empowered, self-sufficient women partaking in homebirth, in an ecofeminist class, more than one student expressed reservations. The comment I most vividly recall was one student's concern over the graphic and potentially disturbing nature of the film. In particular, she feared witnessing images of "bloody," "painful" births. Like Beyoncé and so many women throughout our society, her understanding was informed by a particularly gendered interpretation which has marked childbirth as dangerous, fear-provoking, and bloody.

As is more fully discussed in chapter five, our interpretation of pain, as it relates to men and women, is deeply gendered. Whereas male athletes are routinely expected to transcend or perhaps even use pain to fuel great, widely touted successes, the pain of birth is viewed as purely oppressive. The failure to distinguish between suffering as a potentially transformative process, as most normal instances of birth appear to be, and pure affliction, involving inane agony, allows childbirth to become a prop to reinforce dualistic gender norms. In particular, the conceptualization of women's pregnancy and birth as debilitating allows for the perpetuation of the gendered ideology that women

[15] *Birth As We Know It* (75 minutes, 2006 The Sentient Circle), directed by Elena Tonetti-Vladimirova.

cannot overcome significant challenges without aid from men or masculine institutions, rather than indicating the immense potency of female biology.

Childbirth as Medical Event, Another Double-Bind

Women are immersed in a cultural education that leads them to believe that birth is an affliction they cannot succeed in overcoming alone. In particular their bodies are prone to failure, and that their pain can only be remedied through acquiescence to masculine technology. Rich contends that such an oppressive construction of the female body as inherently flawed, a cornerstone in the institution of motherhood, has "alienated women from our bodies by incarcerating us in them" (Rich 1976, 13). Moreover, this strange incarceration produces an accompaniment to the impossible virgin/whore double-bind: Women are simultaneously trained to believe that they are both designed to give birth but also ill-equipped to give birth. This is a key theme expressed in the April 17, 2009 episode of The Learning Channel's popular program, *A Baby Story*. Toward the end of one mother's story Dr. Sharon Kline of Overlook Hospital, in Summit New Jersey, comments, "When you have good pain control like [the featured woman] has, [childbirth] can be a wonderful experience." Dr. Kline goes on to add, "It can even be fun. And that's nice." The meaning of "good pain control" in this context is not that the mother found a way to work with her body, but rather that she had access to pain-killing medications.

This theme is also indicated in a conversation I overheard in 2008, while working on a paper on childbirth, at a Starbucks, in Boca Raton, Florida:

> "I want to have my birth naturally," said the first-time mother to the childbirth coach.
> "OK. Well what does 'natural' mean to you? Natural birth in Boca is birth without makeup," responded the laughing educator. "I mean, you want an epidural for the pain, right?"
> "Well, yes. I want an epidural."

In this brief exchange, the birth educator highlights the dominant construction of women's birth process as defined by pain and efforts to escape pain through medical procedures. Despite the gendered presumption that women's life purpose is to birth children, the majority of "women in Western societies do not experience pregnancy or childbirth as a natural phenomenon" (Lorber 2011, 45). Rather, the female body is a problem to be solved, not a voice to be heard. Pain here is not a communicative or creative tool, but rather an oppressive inanity at best or a (feminine or "God-given") curse to escape. The implication of both this program and the conversation is that in order to have a high-quality birth experience, the woman must submit to medical control.

Popular American pregnancy magazines feature works that foster a feminine passivity and, thus, normalize resignation to masculine control by medical authorities. The editor at large for *Pregnancy* magazine, Ziba Kashef, warns women that despite the popularity of birth plans and women's desire to influence their birth process, "the truth is that the specific details of your ideal birth may be beyond your control. Many women who write detailed birth plans find that their ob/gyn is resistant, or end up disappointed when labor takes an unexpected turn." Kashef goes on to encourage expectant mothers to "find out what hospital procedures are actually negotiable (use of music, fetal monitoring, a laboring tub.)" Kashef encourages women to concentrate on one or two key issues to demand such as "non-medicated childbirth or having the baby placed on your chest immediately after delivery" (2009, 36). What women have to negotiate on with U.S. hospitals, such as music, a laboring tub, varied laboring positions, non-medicated birth, and immediate skin-to-skin contact are givens in hospital births in London, where birth is

not treated as a medical event (Fleur Sandler 2008, 236-237). Rather than questioning it, Kashef offers advice on how best to navigate the strict confines of medicalized childbirth. The strategies for affectively navigating such a terrain, however, require women to enact the feminine gender role by, for instance, limiting their self-assertion. Furthermore, uncritical compliance with such an understanding of childbirth validates the assertion that childbirth is an erratic, dangerous process that requires medical control.

Understanding birth as an affliction requiring medical intervention disempowers women and, arguably, sets them up for failure. This is indicated in former a Playboy model and MTV host turned devoted "mommy," Jenny McCarthy's, terrifying account of her birth experience. In her book, *Baby Laughs: The Naked Truth About the First Year of Mommyhood* (2006), McCarthy relays how her hyperbolic prophesy that she would blow "out my vagina" impacted her birth process: "Little did I know that my own slang term was the reason why I started hyperventilating during labor. When they told me I was fully dilated, I freaked. I pictured my vagina looking like a firecracker when I was finished. Just blown out, with pieces hanging off" (2006, 5). After hours of pushing at the command of nurses, McCarthy was eventually wheeled into surgery to receive a cesarean section.

While it is clear that such measures are necessary in some instances, it is also necessary to ask the question: How does the deeply lodged, socially constructed conception of birth as terrible, mutilating pathology affect birth outcomes? And how does our gendered belief that men can endure pain in a manner women cannot create systems that alienate women from their bodily processes? Rich writes: "The experience of pain is historical—framed by memory and anticipation—and it is relative" (Rich 1976, 157).

Moreover, pain is not monolithic; there exists both "creative pain and destructive pain" (Rich 1976, 158). Efforts to avoid psychic or physical pain can be "a dangerous mechanism" causing women "to lose touch not just with our painful sensations but with ourselves" (Rich 1976, 158-159). The predominating patriarchal conceptualization of an inextricably oppressive, malfunctioning female biology alienates women from their bodies and its organic processes. Conceivably, it is such disempowering conceptualizations that overemphasize pain as an element of pure affliction during birth that set birthing women up for failure and may also contribute to poor birth outcomes. The belief that women's bodies are prone to malfunctioning contains the making of a self-fulfilling prophecy.

Denied Dependency: Birthing Mother as Nature

In a patriarchal conception of the world, the salient premise that females are inferior to males fosters institutions and perceptions of female birth as a necessarily disempowering, dangerous process which requires male guidance and rescue. Traditional patriarchal religion, for example, views mothers as passive receptacles in possession of an entity that God has created. In addressing God, Augustine describes his fetal self as having inhabited his mother's womb, but having been "created" in the womb by God (Book IX, 186). Quite specifically, Augustine and Saint Thomas Aquinas believed that women's reproductive capabilities denied them access to rational thought. These capabilities also made women prone to weakness and sin (Tuana 1993, 12). Informed by the fundamental belief that women, like nature, needed to be transformed and essentially transcended, men actually conceptualized women's bodies as obstacles which had to be overcome in order to secure new life and humanity itself. This persistent patriarchal

concept is illustrated in the early Catholic Church's promotion of the idea that "in intercourse the male deposits in the female a homunculus, or 'little persons,' complete with soul, which is simply housed in the womb for nine months, without acquiring any attributes of the mother. The homunculus is not really safe, however, until it reaches male hands again, when a priest baptizes it, ensuring the salvation of its immoral soul" (Barbara Ehrenreich and Deirdre English 1973, 8-9). In this narrative, suffice to say, men draw on their identification with rationality to enact creative agency, while women are identified with nature, thus, justifying their devalued, instrumental status.

An updated and secularized vision of this narrative is normalized in an ad that ran during prime time on Superbowl Sunday, February 1, 2009. The Cars.com ad relays the life successes of David Abernathy who despite his prowess in nearly all aspects of life remains clueless about car buying. The ad begins with Abernathy's birth, where we see his mother upon her back amid a sea of machinery and male doctors. While showing an image of a baby being delivered from his mother into the hands of the physician, a voice-over tells us that when Abernathy was born he is said to have congratulated the doctor on a perfect delivery.[16] The ideal birthing woman, the ad arguably suggests, is one who is passively acted upon by authoritative men. Like the understanding promoted by the early Catholic Church, the ad presents the infant as being housed in the mother's womb, awaiting the salvation of a doctor-priest. The mother's procreative powers are almost entirely unacknowledged; new life's dependency on her body and person is denied. Instead, she is merely an instrument to the master subject's own goal. The Cars.com ad in question perpetuates the gender dualization of reason/women (nature) by portraying the

[16] http://www.mahalo.com/cars.com_super_bowl_ad

mother and the organic birth process as fundamentally unintelligent, imperfect, flawed, and even without agency. Meanwhile, the medical doctor uses birth as a prop to perform hegemonic, patriarchal masculinity; in acting upon and controlling the female-nature body, he displays *his* creativity, intelligence, agency, and triumph. The implication, it seems is that masculine technology, manifest in medicalized childbirth, is conceptualized as "the master artist of human generation."

Emphasized Femininity and Culture/Nature Dualism in the *Vagina Monologues*

Mass media representations are not alone in conceptualizing childbirth as an affliction and a medical event. According to feminist theologian Carol P. Christ the disrespectful conceptualization of childbirth responsible for denigrating "the female body and its powers" (2006, 215) is promulgated in radical feminist Eve Ensler's well-intentioned work, the *Vagina Monologues.* In the one and only monologue on the subject of childbirth, "I was there in the room," Ensler recounts witnessing her granddaughter's birth. While she affirms the life-giving power of the mother's vagina, she, nevertheless, offers an uncritical affirmation of birth that arguably recapitulates oppressive gender polarities as well as the culture/nature dualism.

Ensler's narrative recapitulates the culture/nature dualism in which woman's body is identified with a dangerous natural world from which both she and her child must be "rescued." In the same instance that she describes the mother's vagina as "a sacred vessel, a Venetian canal," Ensler refers to the vagina as "a deep well with a tiny stuck child inside, waiting to be rescued" (Ensler 2001, 121). Such a depiction replicates the patriarchal narrative whereby the mother's womb and birth canal represent a dark, dangerous place, namely uncultivated nature. Moreover, this child, dangerously lodged in

such a place, requires rescue by those identified with the patriarchal master self and its realm of technological mastery. Who will save mother and child? The doctor of course. Ensler conveys that he extracts the child "with Alice in Wonderland spoons" (Ensler 2001, 123-124). Yet again, the female body is a problem to be solved, a danger to be overcome by men and their instruments.

This message is further entrenched when Ensler describes the post-birth scene: "I stood and let myself see her all spread, completely exposed, mutilated, swollen, and torn, bleeding all over the doctor's hands who was calmly sewing her there" (Ensler 2001, 124). She concludes by writing that like the heart, the vagina "is capable of sacrifice" and can both "forgive and repair." The vagina, she writes, can "ache for us and stretch for us, die for us and bleed and bleed us into this difficult, wondrous world" (Ensler 2001, 124-125). In vivid, frightful detail, Ensler renders childbirth an experience to suffer through rather than an expression of awesome, creative power. Rather than collaborating with nature to actively create new life, birth becomes a war between the life-saving realm of masculine medical control and the dangerous abyss of the female body. As Lorber explains, feminist theorists contend that many of our beliefs about the body are products of social arrangements (Lorber 2011, 3). The presumption that the female body is prone to pathology and is untrustworthy, foster interactions that "prove" these assumptions.

There is yet another important aspect of Ensler's account connected to masculinity and birth. Ensler's birth account uncritically relays the husband-as-coach birth model, which enacts (patriarchal) hegemonic masculinity (Reed 2005, 212). Ensler writes: "her husband sternly counting, 'One, two, three,' telling her to focus, harder" (Ensler 2001, 123). In typical hospital birth settings men are expected to "remain

powerful, rational, and in control during one of life's most moving experiences…." (Reed 2005, 220). In the process fathers often find themselves isolated "from both their emotions and their empathic connection with mother and child" (Reed 2005, 220). According to feminist theorist, Carine M. Mardorossian, this husband-as-coach method also encourages the mother to turn her attention away from her body and intuitive knowledge, toward the coach who issues labor guidance from the realm of pure rationality (2007, 48). In doing so, women are all the more alienated from their bodies and the knowledge that they are, according to some, "the presiding genius[es]" (Rich 1976, 285). Indeed, Ensler herself begins the birth account by describing how the Ukrainian nurse "talked casually" to her, the father and the mother while "her whole hand" was "up there in [the mother's] vagina feeling and turning with her rubber glove" (Ensler 2001, 121). Of course this is description is open to interpretation, but it seems plausible that the description implies a degree of callous handling of mother, treated as the object of inquiry. At the very least, Ensler's account paints a picture of an authoritative man directing nature-stricken, polarized woman alienated from her body.

In its current form, Ensler's monologue uncritically affirms the medical model's conception of childbirth as a rescue operation in which the self-sacrificing mother and innocent child are saved by heroes of culture from the alien clutches of the natural world. In so doing, Ensler backgrounds the mother's autonomy time and time again. In just four double-spaced pages we are introduced to an active nurse, husband, and doctor. Even Ensler, the witness, is active. The mother is penetrated by hands and "spoons" (forceps?), but only active when pushing at the behest of her husband's stern counting. Elsewhere Ensler describes how contractions "made" the mother "crawl on all fours" (2001, 122).

There is no indication here that childbirth is this woman's project. Instead it is couched in terms that treat the mother's experience as an expression of pure immanence; that treat her as an object acted upon rather than a subject who both acts upon and is interacted with. Thus, what was once conceived of as an expression of awesome even fearsome, divine power (Barbara Mor 1987, 46, 48; Paula Gunn Allen 1992, 27; Gloria Anzaldúa 2007, 39) is now an expression of powerless self-sacrifice in opposition to a life-threatening natural world.

Body Loathing and "Birth Disgust" in *Knocked Up*

The commercially successful comedic film, *Knocked Up,* released June 1, 2007, uses childbirth to perpetuate two particular dualisms relevant to gender and the culture/nature divide. Staring Seth Rogen, *Knocked Up* spent eight weeks in the box office top ten,[17] and has grossed more than $218 million worldwide, nearly $150 million in the U.S. alone. The film has also earned $117 million in U.S. DVD sales, accounting for more than 6 million copies sold.[18] In the film, alcohol and poor judgment lead "slacker," Ben (Seth Rogen), and sexy career-oriented, Alison (Katherine Heigl), to a sexual encounter. Two months later Alison experiences morning sickness and realizes she is pregnant. Despite her dismay at having conceived with Ben, whom she finds crass and immature, Alison decides to go through with the pregnancy. It is worth noting that the film continues the widespread trend in mainstream television and Hollywood film of almost immediately dismissing the option of abortion. The only mentions of abortion come from Alison's mother, who fears the ill-advised pregnancy will harm her daughter's

[17]http://www.hollywoodreporter.com/hr/content_display/features/columns/film_reporter/e3icbacc817cd9e1b4ea183ece380eb12be

[18] http://www.the-numbers.com/movies/2007/KNCKD.php

career in television, as well as one of Ben's friends. In both instances, the idea is immediately dismissed as unthinkable.

The practice of denigrating the body, regarding it as an impurity best overcome or subordinated to the "mind, soul, spirit or will" is a consequence of the mind/body dualism central to dualistic master consciousness (Caputi 2007, 32). The denigration of certain bodies that deviate from idealized humanity, historically identified with the male body, has been an important tool of oppression and control of women. Indeed, Rosemary Mander identifies the concept of "pollution," the notion that automatically escaping fluids are dirty and unclean, was historically used by men to exert control over woman's birth process (Mander, 35).

Such a paradigm of mind/body dualism and pollution is enacted and promulgated throughout *Knocked Up,* where pregnant, birthing, and non-sexualized female bodies are dirty, disgusting, and, at times, horrifying. In one scene, Alison is confronted by her bosses about her increasingly apparent pregnancy. They tell her that it turns out "people like pregnant" and, consequently, she will continue on hosting her entertainment program. Then one of her bosses indicates that she was surprised about the pregnancy appeal: "It just grosses me out when I know that people are pregnant. Cause I think about the birth, everything's so wet." To this her other boss indicates that he wants her to interview pregnant celebrities, with the proviso that she not discuss the dirty details of birth.

As in Ensler's account, *Knocked Up* suggests that childbirth is a form of "vaginal sacrifice." In one scene, Alison faces an uncomfortable encounter with Jody, a woman

from Ben's circle of slacker friends. After indicating she heard Alison was pregnant, Jody comments:

> Aren't you scared? The way it's gonna come out. It's gonna hurt a lot, I bet; your vagina. That's so sick.

Alison responds with awkward silence. To this is added a scene in which Alison herself describes childbirth as requiring her to "sacrifice" her vagina.

What might be termed "birth disgust" reaches its climax during *Knocked Up's* birth scenes. In one of the scenes, Ben's friend, troubled by screaming and moaning races to the labor room to see if he can offer assistance. Upon entering he is utterly horrified by the site of Alison the baby crowning in her vagina. Disturbed, he rushes back to the waiting area where he explains to his friends: "I shouldn't have gone in there. Promise me you won't go in there." Similarly, in a later scene Ben ventures into a literal "no man's land," looking at Alison's vagina as she begins to birth her baby. He is shocked and perhaps frightened by the site of a vagina birthing new life. So when Alison asks him what things look like, Ben emphatically replies: "You don't want to see it."

These scenes suggest two prominent ideas: first, it demeans pregnant women's bodies as ugly for failing to fit emphasized femininity's physical beauty norm; and, two, that pregnancy and childbirth transforms female genitalia, specifically the vagina, from an object of sexual desire, to an organ of horror and revulsion. Arguably, this devaluation of both the beauty and significance of the source of human life is a product of dualistic logic's backgrounding or denied dependence. Backgrounding occurs when the "master" subject denies its dependence on the contributions of the other, often precisely the very beings it most relies upon (Plumwood 1993, 49-50). The symbolic transformation of the

creation of new life, a power long entitling deities to worship and absolute commitment, into a detestable, dirty event evoking body derision is perhaps one of the most egregious examples of backgrounding possible.

Enforcing the Dualistic Order: Hollywood Holding Mothers Accountable

In *Knocked Up*, birth is used as an opportunity to reprimand women who deviate from the script of emphasized femininity, with the woman's passivity at its core. Alison, the birthing mother, is called a "control freak" by her doctor for attempting to assert her agency over the birth process. She is first denied her request for a natural birth free of an epidural for pain; then, when she asks for an epidural later in the pregnancy, she is denied once more. At one point she is literally silenced as the male nurse asks her to quiet her laboring process so as to not disturb other laboring mothers. At another point in the birth scene, the mother indicates her desire to ensure her birth is a special event, to which the doctor retorts: "If you want a special experience go to a Jimmy Buffet concert." Fearing that her autonomy has become an obstacle to her fetus's life, the expectant mother resigns herself to absolute submission before the doctor: "Do whatever you have to do." The perfect birth, the message seems to be, can only come about when the natural process is thoroughly objectified and disavowed. Creative mother becomes a patient, a spectator, an agentless body acted upon, saved by almost always male-initiated technological intervention. Such representations perpetuate gender polarization and thus domination by ridiculing gender transgression as an immoral threat to life of the mother's child. Moreover, the implied message is also that mothers wishing to ensure the safety of their newborn children must come to terms with the reality of femininity, namely its submissive, irrational, and highly emotional character, and allow men or women

identified with the male sphere of rationality and technology take control. Rather than presenting it as an opportunity for potent self assertion, the film uses birth as a prop to perpetuate patriarchal gender norms.

Similar themes are enacted and expanded upon in a later popular birth-related Hollywood films, *The Back-up Plan* (2010), staring Jennifer Lopez. Again, it is important to note the incredible success and, therefore, pervasiveness of films such as *The Back-up Plan*. It debuted at number one at the Friday box office, April 23, 2010, and remained in the top five spot through its opening three weeks.[19] As of March 2011, the film is CBS Films' highest-grossing film to date.[20] At one time, the film was also ranked number 1 for DVD rentals, online rentals, and DVD sales at Blockbuster.[21] According to The-Numbers.com, the film's theatrical release grossed more than $77 million, with over 37 million in the U.S. alone. The film also earned more than 10 million in U.S. DVD sales, accounting for more than 670,000 DVDs sold.[22]

In *The Back-up Plan*, a woman named Zoe, played by Jennifer Lopez, gives up on finding the man of her dreams and decides to start a family on her own by becoming artificially inseminated. After the insemination process Zoe encounters a man, Stan, with whom she quickly falls in love. Shortly after meeting Stan, played by Alex O'Loughlin, Zoe learns that she is pregnant. While the relationship develops, Zoe begins attending a single-moms' support group called "Single Mothers and Proud." The group is a diverse, multi-ethnic and multi-age group of single women. The patriarchal conceptions

[19] http://www.boxofficemojo.com/movies/?page=daily&id=backupplan.htm
[20] http://www.boxofficemojo.com/studio/chart/?studio=cbsfilms.htm
[21] http://www.prnewswire.com/news-releases/the-back-up-plan-tops-weekly-blockbusterr-hit-list-of-top-10-renting-dvds-101907228.html
[22] http://www.the-numbers.com/movies/2010/PLANB.php

underwriting the film are clear from the way it portrays the group in contrast to the heteronormative ideal. Instead of celebrating the group's cutting-edge diversity and promotion of feminine solidarity, the film presents the group of gender non-conformists as oddballs who have given up on men and, therefore, normalcy. Deeply desirous of patriarchal, heterosexual "normality" herself, Zoe feels out of place and unsettled among the women. Throughout the film, the single moms' group, acting as a caricature of gender resistant women, is arguably used as a springboard to launch a comedic but overtly patriarchal moral tale of the pitfalls and buffoonery of disavowing heteronormativity.

In one of the first scenes with the single mom's groups, Zoe asks a young mother who is breast feeding her child how old the "baby is." In response the daughter, who is not a baby at all, responds her self. "I'm three-years-old." Shocked, Zoe represents mainstream patriarchal discomfort with mothers' proud, unflinching use of their breasts to nourish their children; particularly when such activity occurs beyond the American norm of breastfeeding only very young children. In this early scene the film stereotypes strong women who are clearly rebuking heteronormativity and gender polarization. The full-figured meeting leader is presented as a foolish hippie, goddess worshiper. The woman touches a piece of artwork representing a feminine figure as she tells Zoe the group's name is Single Mothers and "Proud." A key figure in the support group, Lori, enacts physical and behavioral tendencies identified with "masculinity" and is presented as a key comedic foil. She has short dark hair and wears cut-off tee-shirts that display a tattoo near her bicep. Simply put, Lori is depicted as the lesbian stereotype. Viewers are given the distinct sense that Zoe is deeply disappointed at having found herself in a position where she must now give-up on what she calls the dream of finding "the one,"

and must now turn to a group of female outcasts who are determined to have children without “penis partners,” as the group leader calls them. As I will show, medicalized birth later becomes identified with the “happily ever after” of patriarchal heteronormativity. Specifically the film draws on the homophobic association of lesbianism with dirtiness to mark homebirth as a filthy, feminine-forsaking enterprise.

This is clear in the scene in which Zoe and the other members of the single moms’ group are invited to join fellow member, Lori (the stereotypical masculine lesbian) for her homebirth. Uncomfortable with the group and the invitation, Zoe and Stan arrive with the intention of saying hello, offering well-wishes and leaving as soon as possible. But the two are quickly swept into a lampooned communal birth environment in which the initial stereotypes of the women in the mothers’ group are elaborated. The group leader beats a drum and chants as she escorts Zoe to the birth room. Zoe is soon trapped in what is best described as a rite of passage into a parody of matriarchy. The room is aglow with candles and filled with the sound of women singing together. Zoe enters the birth room to find Lori sitting in a kiddy pool, legs spread and bearing down as she is supported by two women at either side. Zoe stares on disturbed as the group leader comments, “I know. Isn’t it amazing how the human body can just open up like that?” Amid Lori’s loud cries due to contractions, the other women work to create a sacred space for the birth process by singing. Despite her attempt to escape, Zoe is forced to stay in the room because she has unsuspectingly become Lori’s “focal-point.”

At this point, the film deploys a series of dualisms including culture/woman(nature), mind/body. First, the birthing mother has a bowel movement in the water. (One of the women fishes it out with a small net.) The birthing mother is

presented as angry, demanding, and ridiculous. With her mouth open wide the mother makes what can be described as goat-like sounds. She reaches out and grabs Zoe. In addition to crying out during contractions she begins to scream for a mirror to see the baby. Forced to bring the mirror, Stan enters in time to join Zoe in witnessing the baby's birth. Both cry out in shock. Zoe passes out, falling into the contaminated kiddy pool. Homebirth, the organic features of birth and feminine power are marked as bizarre, disgusting, dirty, and, if we read between the lines, unattractive.

Just as the mother of *Knocked Up* is maligned for being too assertive in demanding a natural birth process, the homebirth mother in *The Back-up Plan* serves as a warning to women who wish to break ranks with patriarchal gender norms. In exchange for asserting her power to give birth without the aid of patriarchal medical intervention, the mother is depicted as an uncivilized, snarling "man-woman," who defecates in the birth pool. The implication seems clear: women who fail to conform to heterosexist gender and sexual norms provoke homophobic revulsion; they become filthy lesbians. Indeed, the scene draws on the fear of contamination to instill terror in the film's main character, Zoe, about both non-medicalized and female-centered birth. The failure of the film's characters to so much as mention the possibility of having a nonmedicalized birth indicates that the homebirth scene clearly and decisively serves as a forewarning of the absolutely unacceptable character of birth alternatives that do not conform to patriarchal and heterosexist masculine ideals. It is also important to note that by implementing homophobic stereotypes, the film also succeeds in perpetuating the representation of gays and lesbians in what LGBT scholar, Sarah Schulman, describes as pathologized and

punished rules (Schulman 2009, 21-22). In doing so it upholds the dehumanization that facilitates gay and lesbian oppression.

Speaking on behalf of dominant culture, the film's main characters react with derision and reproach. Following the birth scene, Zoe and Stan are shown walking away from the perplexing homebirthing madness. They exchange sober observations:

> "Everyone says it's so beautiful. I though it was terrifying," says Zoe.
> "I don't ever want to see that again."
> "You want to see ours, right?"
> "I don't know baby, we just shouldn't have seen that."

The tone of the film suggests a profound response to the rhetorical question "isn't it amazing"? As will be discussed in chapter five, the mother-centered and homebirth movements, including its representative films such as *Birth as We Know it* and *The Business of Being Born,* indicate that birth is amazing, and women are capable of doing it along with many other things. In contrast, *The Back-up Plan* provides the converse position that not only is it *not* amazing, it is disturbing. The clear message is that such "cultic" behavior is socially unacceptable and reprehensible.

Cultural policing of gender nonconformists around birth is also evident in television. Originally aired on November 15, 2010, episode nine, "Glitter," season six, of CBS's popular, award-winning sitcom, *How I Met Your Mother* opens with Lily Aldrin, who is pregnant, telling her friend Robin Scherbatsky that she decided that the movie they had previously agreed on would be too violent for her developing baby. Consequently, she chose something different for them to watch, video of a waterbirth. When Lily turns the video on, Robin immediately reacts with horror, literally screaming out in terror. As stated above, birth is often represented as terrifying. Here the terror of

birth reaches a heightened pitch. In what may be theorized as a reaction to women's efforts to attain birthing autonomy, a theme discussed in chapter five, dominant culture seems determined to demean birth non-conformity such as the waterbirth being depicted. Thus the joke is that non-medically controlled births are far more disturbing than a run of the mill violent action movie. One may theorize that Robin's scream is the sound of patriarchy horrified at maternity reconceived of as women's project.

What is perhaps most remarkable about *The Back-up Plan* is that it not only buffoons homebirth, but that it juxtaposes such a representation of homebirth with an idealized medicalized birth. The mockery of nonmedicalized, female-centered birth sits in stark contrast with Zoe's medicalized birth, which acts as the "and they live happily ever after" conclusion to the film. Zoe's birth scene, which is very short compared to the homebirth scene, proffers an emphasized feminine ideal in which the mother is passive in relation to patriarchal masculine authority. She is lying inert on a hospital bed wearing a hospital gown, surrounded by nurses and medical technology. None of the women from the members of the single moms club are present. This is not inconsequential. Indeed, before the labor begins, Stan insists that Zoe believes him when he says he's "in, and not going anywhere." She agrees and they hold hands. The doctor then commands Zoe: "Al; right, now push. It's time to push." Zoe cries out and begins to push. Her partner Stan begins to coach: "Breathe, breathe, breathe." Here the scene fades to white, then shows Stan rocking the two babies. The scene, in short, crystallizes gender polarity in heteronormative relationships and promotes feminine passivity to male control.

In contrast to that of the homebirth scene, medicalized birth becomes the proverbial rite of passage solidifying patriarchal gender relations between mother and

father. Before the focus shifts to the labor, Zoe symbolically relinquishes her rebellious "no man needed" motto, claimed in the beginning of the film. Stan enacts hegemonic masculinity by coaching his utterly passive partner, Zoe, who herself enacts emphasized femininity. But there is more.

As culture critic Henry Giroux notes, the selection, arrangement, and sequencing of information is deeply influenced by and connected to beliefs and values. "Implicit in the reordering of knowledge are ideological assumptions about how one views the world, assumptions that constitute a distinction between the essential and the nonessential, the important and the nonimportant" (Giroux 1994, 201). We have as much to learn from what *The Back-up Plan* fails to show us as from what it does show us. The absence of any substantial detail of the labor process backgrounds the natural world, with which the body, particularly the female body, has long been identified. The film metaphorically exalts the mind, identified with the medical professionals, the technological machinery, and the coaching husband, asserting control over the female body. This brief idealized depiction of a passive mother giving birth under the control of patriarchal medical supervision is put forward against the backdrop of unruly gender and sexually non-conformist women communing with nature and other women. The message is clear: when women conform to heteronormativity, relinquishing autonomy for patriarchal masculine control, birth runs smoothly and everyone lives happily ever after.

The Return of *Jaws*

The Back-up Plan can also be interpreted as a new adaptation of the patriarchal myth of domination of the feminine featured in the classic horror film, *Jaws*. According to cultural theorist Jane Caputi's interpretation, *Jaws* "is the ritual retelling of an essential

patriarchal myth—male vanquishment of the female symbolized as a sea monster, dragon, serpent, vampire, or some other creature, administering a necessary fix to a society hooked on and by male control" (Caputi 2004, 23). Caputi contends that the Jaws myth, in which the shark is mythically identified with the archetypal "terrible mother" is ritually destroyed, is meant to instill viewers with a fear of primordial feminine power and to encourage its elimination. This motif, however, finds itself perennially retold in an effort to preserve notions of male superiority (Caputi 2004, 23, 24).

The connection between the *Jaws* myth and *The Back-up Plan* was made explicit in the film's publicity campaign. The film's official synopsis, repeated in internet discussions of the film (Taylor Blue), describes the previously discussed water birth scene as having done to "kiddie pools what 'Jaws' did for swimming in the ocean." It is worth noting here that I first learned of this film and its treatment of birth when I saw a television ad for the film during the 2009 Superbowl; one of the most widely viewed televised events in the U.S.. In the ad the film's publicity team again chose to emphasis the horror of home water birth. The ad featured the main characters' terrified reactions to the water birth referred to in the synopsis. The overt implication is echoed by Stan when he says, "I don't ever want to see that again….we just shouldn't have seen that." Here Stan's terrified reaction represents patriarchy's fear of feminine potency; fear of the dissolution of fragile gender polarities. Whereas *Jaws* represented feminine power unleashed in ocean waters as a terrifying danger, the water-birthing mother of *The Back-up Plan*, too, represents female power in childbirth, unleashed from patriarchal control. Unconstrained female power is, according to feminist theorists, a constant source of fear within patriarchal structures.

> There is much to suggest that the male mind has always been haunted by the force of the idea of *dependence on a woman for life itself,* the son's constant effort to assimilate, compensate for, or deny the fact that he is 'of woman born' (Rich 1976, 11).

Rich quotes de Beauvoir as having written: "It was as Mother that woman was fearsome; it is in maternity that she must be transfigured and enslaved." Thus the institution of motherhood was constructed in order to turn maternal power—a power over life and death—"into a source of powerlessness" (Rich 1976, 68). This transfiguring of maternal power into powerlessness is ritualistically enacted in birth comedies.

In her analysis of masculinity and childbirth in comedic Hollywood films of the 1980s and 1990s, film and media scholar Shira Segal contends that birth is generally represented as a medically controlled event. Not only is birth presented as an "anti-feminist project" (Segal 2007, 1), it serves to highlight the inadequacies of the dominant model of masculine selfhood: despite expectations associated with dominant masculinity, men are unable to remain unemotional and in total control during the birth event (Segal 2007, 15). Thus both birthing mothers and accompanying men find themselves in the shadow of institutionalized medical authority, which is representative of "ultimate masculinity" (Segal 2007, 15). Segal writes:

> Birth functions as the extreme of men's estrangement from the female body….new fathers in comedy often regress to a child-like, boy-state; birth works to highlight men's misunderstanding and alienation of the female procreative experience. Not only is femininity, in all its reproductive force, deemed as outside the realm of men's work, masculinity itself is mocked as unattainable for comic figures such as the doctor…, as well as the inadequate partners…. (Segal 2007, 7-8).

This point is illustrated in the way Stan's character becomes very uncomfortable when Zoe's doctor repeatedly uses the word "vagina." Only within patriarchal gender

boundaries that systematically marginalize female sexual and reproductive potency would women's birthing agency be met with such fear and bewilderment.

Moreover, the film's treatment of home water birth acts as a forewarning to those women gravitating to the counter-hegemonic narrative of woman-centered birth: subverting gendered norms comes with a heavy price. The scene suggests that in a social order which sexualizes and, more generally, idealizes feminine passivity, weakness, and utter reliance on men, the kind of feminine power displayed in non-medically controlled birth is the ultimate turn-off, the renunciation of femininity itself—a woman acting like a man. Conversely, Zoe's birth offers female viewers the patriarchal vision of birth in which women are passively coached by fathers and delivered by doctors. She, then, is the desirable and (heteronormative) woman.

Conclusion

Dominant mass media representations of maternity, such as those featured in Hollywood blockbusters *Knocked Up* and *The Back-up Plan*, use childbirth as a prop to transmit patriarchal gender roles. Uniquely, *The Back Up Plan* uses planned homebirth to hold accountable those women who dare to transgress emphasized femininity. In particular, we see the continued usefulness of the "deviant," that is non-feminine, and "filthy lesbian" trope in holding women accountable for transgressing gender polarities. More generally, the salient theme running throughout such materials is the warning that women who assert their agency during birth rather than acquiesce to masculine medical professionals or institutions, be it in the hospital or at home, run the risk of forsaking their femininity if not womanhood. As indicated, even the *Vagina Monologues* makes the mistake of uncritically relaying a patriarchal conceptualization of birth; one that identifies

women with a dangerous, distrustful natural sphere, and contends that women must be delivered of and saved from the limitations of the female biology.

Whatever one may believe about the true "natural" order of gender and processes such as childbirth, our failure to recognize the way in which our experiences and cultural representations are colored by conceptual predispositions (lenses) predisposes us to what Bertrand Russell describes as the "tyranny of custom" and what Gramsci understands as "common sense"; failure to recognize the conceptual underpinnings of all accounts of experience and knowledge condemns us to intolerable apathy. Indeed, even those incisive critics of custom, Gramsci and Russell, perhaps unknowingly perpetuated androcentrisism (male-centeredness). How one understands the unique female capacity to form, nourish, and birth new life will be determined by the conceptual framework one's perceptions are guided by. Thus, the challenge before us is envisioned alternative ways of understanding the world and our place in it. As I will examine in chapter five, I believe the mother-centered midwifery movement offers an alternative perspective that may possess important tools for resisting dualistic logic.

CHAPTER FIVE

BIRTH RESISTANCE: REVOLUTIONARY REPRESENTATIONS OF CHILDBIRTH

Introduction

In chapter four I showed how many pop culture representations of maternity, particularly those promulgated in mass media, uphold a dualistic conceptual framework that perpetuates patriarchal gender and the culture/nature dualism. Nevertheless, as noted before, such visions of childbirth are not without competition. In this chapter I turn to a tapestry of popular, though largely marginalized, culture to articulate the way in which counter-hegemonic portrayals of birth stand in stark contrast to those previously discussed. I argue that mother-centered and midwifery-informed conceptualizations of birth represented in individual women's birth experiences, popular essays, and films such as *Business of Being Born* (*BoBB*) (2007) and *Birth as We Know It* (2006), resist and in fact undermine the dominant patriarchal conceptualization of childbirth by confusing and transgressing the gender and culture/nature polarity perpetuated by dominant culture. I suggest that the mother centered births exemplified in these materials serve to de-objectify women and pluralize masculine gender roles. In particular, I contend that alternative conceptions of childbirth such as these allow men to exchange the ofte

burdensome and impossible "man-in-control" role, expressed in the notion of male partner as "coach," for the role of nurturing "man-in-awe." Finally, I determine that analysis of films such as *BoBB* allow us to fully understand how recent films such as *The Back-up Plan* (2010) indirectly, if not directly, react to and rebuke ideas represented in these works and the conscious birth movement more generally.

Counter-Hegemonic Cultural Resistance

It is sometimes lost upon critics of hegemony theory that Antonio Gramsci himself contends that cultural resistance or dissent carries with it great power. One of Gramsci's crucial theses was that ruling elites had formed a prejudiced and a grossly misleading conceptualization of philosophical thinking (intellectualism, idea formation and perpetuation). While dominant culture asserted such mental activity was engaged in by only a special, elite few within human culture, Gramsci conceptualized philosophy as a social activity which all people engage in on one or more levels. In his classic work, *Prison Notebooks*, Gramsci writes:

> It is essential to destroy the widespread prejudice that philosophy is a strange and difficult thing just because it is the specific intellectual activity of a particular category of specialists or of professional and systematic philosophers. It must first be shown that all men [sic] are 'philosophers,' by defining the limits and characteristics of 'spontaneous philosophy' which is proper to everybody (2005, 323).

Though the poorest and most marginalized are often discouraged from believing that they are capable of intellectual thought, Gramsci explains that everyone is engaged in the enactment, promotion, and exchange of ideas. Everyday people, from construction workers to childcare takers, children and adults, engage in thinking, with or without full awareness, to make a variety of decisions.

> There is no human activity from which every form of intellectual participation can be excluded….Each man [sic], finally, outside his [sic] professional activity, carries on some form of intellectual activity, that is, he [sic] is a 'philosopher,' an artist, a man of taste, he [sic] participates in a particular conception of the world, has a conscious line of moral conduct, and therefore contributes to sustain a conception of the world or to modify it, that is, to bring into being new modes of thought (Gramsci 2005, 9).

Determining that all people participate in the creation and maintenance of culture, Gramsci concludes that the socio-cultural institutions legitimating oppression are reliant upon the oppressed. Those who wish to maintain dominant systems of thought rely upon the masses to uncritically consent to them, consume them, and perpetuate them. Indeed, the potentially destructive power of disbelieving in dominant norms forces hegemonic power to continually remake itself.

> Racist and sexist ideologies, if they are disbelieved, lose their impact. Thus, an important feature of the hegemonic domain of power lies in the need to continually refashion images in order to solicit support for the U.S. matrix of domination. Not just elite group support, but the endorsement of subordinated groups is needed for hegemonic ideologies to function smoothly (Collins 2009, 303).

The crucial point here is that since everyday systems of oppression rely upon the complicity to maintain hegemony, the oppressed are capable, by way of broad socio-cultural dissent, of demolishing and reconstructing oppressive or disempowering concepts. In short, oppressed people can exert power through critically examining dominant thinking, and constructing alternative concepts and power relations. What follows is an examination of various counter-hegemonic cultural projects that challenge and undermine crucial features of dominant culture's dualistic and patriarchal-gendered conceptualization of childbirth.

Methodology

The materials I identify as offering resistant or counter-hegemonic representations of women and birth were accidentally discovered and purposefully sought out. My entire encounter with these materials is primarily the consequence of my having stumbled upon non-medicalized birth. This occurred during my wife, April's 2008 pregnancy. April and I met a West Palm Beach doula named Ruth during a birth education course. Ruth exposed us to a film that called into question nearly everything we had come to know during our first experiences with birth, which we experienced separately. This film was *Birth As We Know It*. Through our own investigation we soon discovered *BoBB*, produced and co-written by former talk-show-host Ricki Lake. This work will examine both of these films. In addition to encountering such films I also met traditional midwife, Lori Nelson, who went on to attend April's birth of our daughter. These experiences, at first, called into question and then transformed a great many of my own ideas about gender and nature as is explicated in a personal essay, "The Feminism of Birth," published in *Beyond Burning Bras: Feminist Activism is for Everyone* (2010).

Just as scientists are "attracted to science" out of interest in their subject matter (Thomas Kuhn 1996, 37), my experiences and interests prompted me to conduct an IRB-approved study in which I interviewed Nelson about her long midwifery career and two of the women she assisted in birth, one of whom was my partner, April. While scholars outside of feminist theory might view such personal connections to the subject at hand as problematic, three-decades of feminist scholarship has concluded that knowledge is always situated in a particular context and that objectivity as the view-from-nowhere is impossible; moreover, feminist theorists contend that knowledge is "best produced

collaboratively among scholars and others, including the people being observed" (Aulette, Wittner, Blakely 2009, 3-4). In fact, feminist care ethics views "detachment" as grounds for moral concern (Gilligan 2006, 201). I join feminist scholar and theorist, Robert Jensen, in rejecting the "conventional academic" conceptual division of "mind and body, reason and emotion, objective and subjective, scholarship and activism" (Jensen 1998, 534); such dualisms are untenable at best, and dishonest at worst.

Our experiences play a crucial role in determining our scholarly, as well as our political objectives. Indeed, it was precisely this transformative birth experience that led me to dedicate my doctoral research to the topic at hand and allowed me to gain valuable knowledge of a number of marginalized perspectives that had been almost entirely unknown to me despite prior personal experience with birth. From a feminist theory perspective, acknowledging personal experiences, ideas, and commitments does not taint one's scholarship, but rather acts as honest disclosure in contrast to obfuscating assurance of an impossibly detached objectivity.

Patriarchal Control of Women

The linkage of women to their bodies (in a system that elevates mind over body) has long been an important conceptual strategy of patriarchal power. As discussed throughout this dissertation, women's bodily reproductive processes have been viewed as evidence that women are imbedded in the natural sphere (immanence). "Women were denigrated because they seemed more carnal, fleshy, and earthly than the culture-creating males" (Christ 2006, 214). Patriarchy, a political and social system in which male domination is presupposed (Lorber 2011, 3), has long conceptualized the natural sphere as hyper-separated from human culture, the sphere of intellectualism, mind, agency, and freedom.

Thus women's reproductive capacity has been identified as incompatible with agency and freedom.

As birthing bodies have been identified with the natural sphere, split from the realm of culture and agency, they have been viewed as unintentional objects incapable of self-direction. For to be earth-bound was to lack agency, freedom. Lacking this autonomy, birthing bodies, constrained to mere objectified earth, have thus been understood instrumentally as 'wild'—identified with emotion, the body, nature—objects requiring control by agents (men). Understood this way, birth became a project for men, and others identified with culture and its associated institutions (such as technology), not birthing women. Birthing women, instead were understood as passive experiencers of birth—thus the understanding of childbirth as women being 'delivered' of new life rather than 'deliverers' of new life. As an arena of passivity, women's experience of birth ceased to be identified with agency and empowerment.

Feminist Responses to Patriarchy

In response to this gendered ideology, liberal or humanist feminism (also called "sameness" feminism) asserts that women are as capable of men in developing a mental toughness enabling them to overcome or transcend the mere bodily. The position explains that women are as capable as men of breaking the chains of immanence, connection to necessity and the natural world (Young 2006, 177), and that they can also participate in the transcendent realm of culture and rationality. Accepting the patriarchal parameters of the debate, feminist pioneer, Simone de Beauvoir went so far as to argue that the historically feminine activities of nurturance and birthing children evidenced "women's resignation to their condition of immanence" (Young 2006, 178). She understood

pregnancy as “an ‘ordeal’ (p. 559) in which the woman submits to the species and must suffer limitations on her capacity to individualize herself” (Young 2006, 178).

Radical feminists and ecological feminists argue, in response, that such thinking fails to resolve the culture/nature dualism which underlies the inferiorization of women among others and, more generally, distorts the fundamental interrelationality of humanity and the natural sphere. By accepting the parameters of the patriarchally defined debate, we uncritically affirm a highly normative conceptualization of idealized humanity that acts as a wellspring of oppressions. This conceptualization of ideal selfhood is one founded on the illegitimate denial of the value and virtue of “the feminine, the emotional, the merely bodily or the merely animal, and the natural world itself” (Plumwood 1998, 293). Indeed, de Beauvoir’s uncritical assent to the “master” model of selfhood quite directly propagates the idea that female freedom necessitates alienation from the body, emotionality, and the capacity to germinate and birth new life.

As I will show in subsequent analysis, mother-centered approaches to childbirth build on and contribute to the radical and ecofeminist critique of the uncritical affirmation of the patriarchal master model of selfhood.

Patriarchy and Dominant Culture

Drawing from this conceptual storehouse, dominant cultural representations of birth perpetuate the patriarchal vision of femininity and childbirth. As explained in chapter four, they normalize feminine passivity during the birth process, and mark as deviant, irrational, and dangerous those mothers who seek to assert their autonomy. In so doing, such depictions serve to promote the medicalized view of birth and deprive mothers of autonomy. Birthing women’s attempt to assert control over their birth process is treated

as a rather idealistic request which the presiding priest of technology is free to, and very often does, dismiss. Women who seek to challenge the hegemonic conceptualization of birth as diseased and requiring medical intervention are stereotyped as crazy and/or control hungry.

An unsurprising consequence of the prevailing dismissal of the empowering potential of childbirth in mass media representations is that some American women are left doubting the sensibility of seeking birthing "autonomy." One of the mothers I interviewed, whom I will refer to as Gwyneth, said that during her first nonmedicalized birth she found herself asking, "Am I nuts?" (Interview 2010). According to many the answer to this rhetorical question is a resounding "yes." Women's studies professor, Kathleen Doherty Turkel writes that an editorial published in the November 6, 1992 *Wall Street Journal* characterized those seeking alternatives to the medical model of birth "as masochistic feminists who prefer to act as martyrs rather than to be spared the painful parts of birth through the array of drugs and paraphernalia" (Turkel 1995, 11).

Counteracting Patriarchal Thinking

In this work I explore the ways in which mother-centered cultural representations of childbirth counteract the patriarchal thinking at the root of dominant, disempowering understandings of childbirth, and at least partially fulfill calls by feminist thinkers to reclaim both the agency and centrality of the birthing mother. As exemplified in the films *BoBB* and *Birth as We Know it*, and various birth accounts herein explored, this understanding of birth undermines and resists the manipulative technologies of gender and dualistic logic central to the dominant understanding of childbirth. This is accomplished by 1) de-pathologizing childbirth through a) critique of medicalized

childbirth and b) deconstructing of the intertwined culture/nature and autonomy/birth dualisms; 2) controverting the "damsel-in-distress" trope implemented in dominant understandings, proffering childbirth instead as an empowering experience; and 3) counteracting stereotypes and symbolic annihilation by respectfully representing a range of bodies and ethnicities.

Depathologizing Women's Birth and Bodies

One of the crucial impediments to childbirthing autonomy has been the construction of women's reproductive processes as fundamentally pathological. This "commonsensical" understanding of birth as a fundamentally dangerous, life-threatening affair for mother and infant has given rise to a medical birth model that is unquestioningly assented to by the majority. Indeed, it is a core feature of contemporary U.S. medicalized childbirth. A significant implication of this pervasive conceptualization of childbirth is that medicalized birth is often thought to be the only reasonable option for pregnant women.

Women's Birth is Not a Medical Project

BoBB provides a powerful, convincing critique of the medical model of childbirth informed by a range of notable researchers and scholars including medical anthropologist and renowned birth scholar, Robbie Davis-Floyd, Dr. Marsden Wagner, former director of Women's and Children's Health at the World Health Organization, Dr. Michel Odent, internationally acclaimed birth scholar and obstetrician, and pioneer of American direct-entry midwifery, Ina May Gaskin, a Certified Professional Midwife and Executive Director of The Farm Birth Center. Together these scholars present a convincing counter-narrative to the notion that women and children's wellbeing is benefiting from the

medicalized model of birth so pervasive in the United States. By virtue of their experience and emerging repute, at least within communities advocating conscious birth and mother-centered birth, these experts themselves challenge the dominant medical narrative about what constitutes safe, affective approaches to birth. Such interrogation of so-called commonsense or conventional wisdom is critical to open discussion about understandings around childbirth and gender.

The film's united thesis, contributed to by each of these thinkers, is that the U.S. medical model of childbirth, which treats birth as a pathology "cured" by an obstetrician, is harmful to women and their birth outcomes. This conclusion is based on studies indicating that the U.S. has the "second worst newborn death rate in the developed world" (Epstein 10), and that nations with the best infant mortality rate, Japan, Singapore, Sweden, Finland and Norway, use midwives as their primary care providers during childbirth (Epstein 10). In contrast, the vast majority of births in the U.S. occur in the hospital, and under the care of an obstetrician. At one point in the film, three female OB/GYN residents at NYU's Bellevue Hospital Center are asked how often they see "a fully natural birth." The two replies are: "Rarely," and "almost never." Thus Odent, himself an obstetrician, states: "Most obstetricians have no idea what a birth can be like" (in Epstein 5). To this, Susan Hodges, president of the organization called Citizens for Midwifery, adds: "Very few doctors have ever observed a normal birth, either in medical school or in the hospital." The affect of this is that the viewer is given a rare critical perspective on the dominant American medical mindset around birth.

BoBB also questions the motives behind medicalized childbirth, identifying the financial incentives associated with treating birth as pathology. The film argues that birth

in the U.S. has become a business in which profit and accompanying practices have overtaken ultimate concern for the wellbeing of birthing women and their new-born babies. For instance, the filmmakers argue that hospitals charge about three times as much as birth centers. In one scene, Nurse-midwife and director of the New Hampshire Birth Center, Carol Leonard, explains that she charges just $4,000 for a normal vaginal birth and post-natal care. In contrast, Leonard explains that hospitals in her state charge $13,000 for a normal vaginal birth, and, when involving multiple interventions and cesarean section, can cost as much as $35,000. *BoBB* suggests that the increased rate of cesarean-sections—growing from 5.5-percent in 1970 (Epstein 2007, 10) to over 30-percent nationally and 40-percent in some areas (*Palm Beach Post* 2008)—is connected to both physician convenience (c-sections are much quicker and allow physicians to have greater control over their schedule) and increased earning potential of such procedures.

BoBB does not, however, embody the stereotype of nonmedicalized birth as an absolute disavowal of technology or hospitals. In fact, the film conveys the birth experience of the film's producer, Abby Epstein, who wrestles with determining how best to give birth. After opting for homebirth, Epstein unexpectedly goes in to pre-term labor and has a caesarean section. Yet her experience does not contradict the film's overarching critique of medicalized birth nor the promotion of mother-centeredness. The filmmakers' approach reflect what religion scholar Pamela Klassen calls "technopragmatism" among homebirthing mothers. Explaining that the 45 women she studied were "not Luddites," Klassen writes:

> …almost all of them would welcome the technologies their midwives might have ready in case of complications, and most would welcome whatever the hospital offered in an emergency that they and/or their midwives believed necessary to attain a successful birth (Klassen 2001, 215).

What the filmmakers, and the birthing mothers depicted therein appear to disavow is not so much technology in-of-itself as the compulsory co-optation of their births by an institution—medicalized childbirth—that implements technology within a patriarchal conceptual framework that fails to recognize the creative capacity of women's bodies and presumes the pathological character of childbirth. Thus the film avoids dogmatic naturalism as well as absolute disavowal of technology.

BoBB thus highlights the way in which at least part of the nonmedicalized birth movement is not simply revolting against "technology" so much as they are revolting against the at times arbitrary and oppressive implementation of technology to control their births. *BoBB*'s crucial point is that women ought to have significant if not total control over the life-altering experience of giving birth. Epstein's experience indicates the filmmakers' evenhandedness and advocacy of, above all else, women having the best information to make the best choices for themselves and the new life they are forming and preparing to birth.

In contrast *Birth as We Know It* takes a more direct charge at what it sees as a trauma-inducing rejection of the body expressed in medicalized childbirth. The film vividly juxtaposes the kind of routinely traumatic birth experiences women have in hospitals, including the callous handling of infants, with the serene, tender, mother-centered and mother-led environment of multiple homebirths. The film argues that medical practices interrupt an organic process that, when occurring within a confident, healthy, supported mother, results in a far better birth in terms of physiological and psychological outcomes for both mother and child. Despite such clear aversion to

medicalized birth, *Birth as We Know It* acknowledges that, when an emergency arises, mothers may need to go to the hospital. Moreover, it states that such births are not failures; that mothers are "encouraged to do whatever it may take to recognize that moment and to remain engaged with the process"; and a mother's love for her child "has the power to heal the trauma and neutralize any damage" resulting from medical intervention.

The crucial conceptual reorientation offered by both of these films is that women's bodies are not, as patriarchy has long insisted, malfunctioning machines or misbegotten men in need of compulsory curing. Childbirth is not pathological. A significant implication in this thinking is that the conceptual stockade built around culture to exclude the "natural" sphere is harmful and erroneously founded.

Mother-centered birth's fundamental rejection of the hyperseparation of culture from nature arguably begins the demolition of the very foundation upon which the dualistic patriarchal conceptual framework has relied upon to justify its classes of inferior and superior. As a result, it becomes possible to recognize agency and freedom in women's reproductive activities.

While this work is focused on providing an ecofeminist assessment of such works, it is worth noting that efforts to decentralize healthcare and to acquire greater self-knowledge are hallmarks of the broader women's health movement. As articulated in Sandra Morgen's work, *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990*, dating back to the early 1970s women began to confront masculinist biomedical control of women's healthcare and reproduction. Initially, the members of the Abortion Counseling Service of Women's Liberation, formed in 1969,

sough to assist women in the right to govern their bodies. The organization formed a radical group, Jane, which sought to assist women in obtaining information on abortion services as well as counseling them on what to expect during the procedure. After growing frustrated with the prohibitive cost of abortions, Jane members did apprenticeships and began doing abortions for no more than fifty dollars (Morgen 2002, 6). The Janes, not unlike homebirth advocates, offered up "a profound rejection of the ethos of professionalism. By mastering a series of simple tasks, and then combining them, they reclaimed knowledge held by midwives who were the repositories of abortion skills until the procedure was criminalized in the late nineteenth century" (Morgen 2002, 34). Moreover, Jane members provided service to women with greater humanity: "Jane held the hands of their clients, rubbed their legs, made them cups of tea, explained post-procedure medications to suppress bleeding and prevent infection, performed Pap smears, handed out copies of *Our Bodies, Ourselves*, and provided birth control information and supplies. And they telephoned each woman after her abortion to make sure her recovery was uncomplicated" (Morgan 2002, 6).

Like the Janes, Carol Downer began her involvement in the women's movement with the desire to expand on women's abortion rights. Yet when she saw the cervix for the first time, while watching a doctor examine a woman, Downer had an epiphany: greater agency came with greater self-knowledge. Doctors, Downer realized, veiled and controlled many aspects of women's health, even when it was not necessary. On April 7, 1971, Downer started a medical reformation when she demonstrated the process of cervical self-examination at a meeting at Everywoman's Bookstore, in Los Angeles. She

performed the exhibition with a clear plastic speculum before about thirty speakers on women's issues (Morgan 2002, 7). In 1974 Downer explained:

> Why, when some women's groups are appealing for rent money and pessimism is rampant, is Self-Help barreling along? I believe the difference lies in *class*. Self-Help comes out of a lower-class consciousness, an everyday common-sense understanding that social change is not going to be welcomed by the status-quo. We know that we will not be funded to make a revolution; we will not waste our energies applying for the proverbial foundation grant or writing the proverbial book. We will not have the support of publishers, businessmen, and certainly not doctors. We will not search for 'the sympathetic woman doctor,' and we're too poor to offer 'free' services to anyone… Yes, we dare to want POWER. We want to take over women's medicine—nothing less (quoted in Morgen 2002, 25).

One can detect a different but detectably similar desire for women's empowerment in the homebirth advocates featured in films such as *BoBB* and *Birth as We Know it*. Indeed the women's health movement sought to not only aid women in ending unwanted pregnancies and understanding their bodies, it also participated, in some instances, in opening alternative birthing centers (Morgen 2002, 43).[23]

Pain is not Pathology

Mother-centered cultural representations de-pathologize birth and women's bodies by rejecting the conceptualization of birth as affliction requiring medical intervention. An important example of mother-centered birth's rejection of the culture/nature and culture/body dualisms is its general approach to pain. Rather than assuming that pain is an enemy to be dominated or eradicated, pain during childbirth is understood as a generally important (Turkel 1995, 11) and, arguably, creative component of the process. Moreover, many midwives and mother-centered birth activists contend that the idea that

[23] Morgen discusses the story of Byllye Avery who helped found, in 1974, the "Gainesville Women's Health Clinic" and, in 1978, an alternative birthing center called "Birth Place." Pp. 43-44.

the pain of normal childbirth is an evil to be vanquished is used as a pretext to takeover women's birth and the broader denial of their full personhood.

According to feminist thinker Adrienne Rich, the rendering of the pain of childbirth as pure affliction rather than potentially transformative, has important implications for gender and power relations. Rich addresses the issue of pain in birth by discussing the work of philosopher-mystic Simone Weil, who distinguishes between two types of experiences of pain. On the one hand, there is suffering which holds the potential to result in growth and enlightenment. Conversely, there is simple affliction, the slave's inane experience of agony which fails to promote her flourishing, furthering little more than a condition of powerlessness. Rich writes that Weil's understanding of pain offers key insight on the experience of pain in childbirth. "[Weil] reiterates that pain is not to be sought, and she objects to putting oneself in the way of unnecessary affliction. But where it is unavoidable, pain can be transformed into something usable, something which takes us beyond the limits of the experience itself into a further grasp of the essentials of life and the possibilities within us" (Rich 1976, 158).

Mother-centered understandings of childbirth often recognize the transformative potential of some pain during birth. This far less commonly discussed understanding was eloquently discussed in an article titled, "Believe In Birth: Reflections of a home birth midwife; Green Birthing: The Tripple Bottom Line," published in the July/August 2008 issue *Natural Life* magazine. Founded in 1976, *Natural Life* is an independent, family owned magazine that centers on topics of "green living," "natural parenting" and "life learning" (naturallifemagazine.com). In the essay, Philadelphia home birth midwife, Beth Leianne Curtis, identifies the coercive underpinning of conceptualizing birth as a medical

project. The belief that women need to be saved from the sickness of birth permits "all manner of technological medicines and procedures to 'fix' the laboring woman's 'condition'" (Curtis 2008, 44). Yet these technological fixes are premised on conceptualizations of childbirth that fail to fully account for the importance of individual birthing women accessing and utilizing their creative autonomy during birth, and fail to account for non-pathological presence of pain. Midwifes such as Curtis contend that normal pain during birth is necessary and, in the long run, fruitful. "Instead of being told that the pain is unhealthy and that they should consider having an anesthetic drug injected into their backs, women are told that they are strong enough, capable enough and that soon they will be holding new life in their arms" (Curtis 2008, 44). Such a way of understanding the body facilitates an important implicit critique of the dominant logic of patriarchal dualism.

The medical model of birth's attempt to alleviate pain via body-numbing drugs and its failure to recognize and accept the role played by pain in the birth process is akin to what ecofeminist Paula Gunn Allen calls body-denial. Allen contends that our attitudes toward the human body reflect our "inner attitude toward the planet" (1990, 52), and that belief systems premised on body denial pave the way for destructive practices.

> A society that believes that the body is somehow diseased, painful, sinful, or wrong, a people that spends its time trying to deny the body's needs, aims, goals, and processes—whether these be called health or disease—is going to misunderstand the nature of its existence and of the planet's and is going to create social institutions out of those body-denying attitudes that wreak destruction not only on human, plant, and other creaturely bodies but on the body of the Earth herself (Allen 1990, 52).

Advocates of mother-centered birth contend that such body-denial can also thwart the profound transformation that accompanies the normal processes of birth. In her film,

Birth As We Know It, director Elena Tonetti-Vladimirova, who participated in Russia's "Conscious Birth" movement during the early 1980s, argues that the natural process by which a birthing woman experiences the pain of childbirth enables her to release oxytocin, what some call the love hormone, and endorphins responsible for facilitating birth, then filling her with a sense of satisfaction and potency. In the film the narrator offers the following metaphor to explain the creative significance of pain during the birth process. She explains, once a child noticed a butterfly struggling to escape its cocoon. The child sought to save the butterfly from its struggle with nature and sliced open the cocoon. What he did not know, she tells us, is that the struggle out of the cocoon pumps fluid into its wings and activates them. Saved by the boy, the butterfly could not fly. Such a simple tale acts as a profound parable warning against patriarchal dualistic logic and its shortsightedness.

This injunction to work with rather than against the body resonates with the ecofeminist contention that in order to repair our relationship with the planet we must first repair our relationship with our bodies. According to Allen, our relationship with our body can teach us about the natural world. She writes that achieving harmony requires acceptance of and respect for our body's natural process, its "discomforts, decayings, witherings, and blossomings and respecting them" (1990, 52). Allen indirectly speaks of the technicians of medicalized childbirth who wish to free women of their every pang at the price of their agency, fuller understanding of their body, and the unique wisdom and empowerment resulting from most normal childbirths. The thrust behind calls for calm, Allen tells us, originate in the desire to maintain social power for a select group. "But we must remember that those who preached and taught serenity and peacefulness were

teaching the oppressed how to act—docile slaves who deeply accept their place and do not recognize that in their anguish lies also their redemption, their liberation, are not likely to disturb the tranquility of the ruling class. Members of the ruling class are, of course, utterly tranquil" (Allen 1990, 53). Curtis's work and *Birth as We Know it* contribute to this alternative perspective as they overturn women's alienation from their bodies by recognizing that the cost of serenity is nothing short of surrender, servitude, and a destructive body-denial.

Some pregnant women in the United States also find this destructive body-denial paradigm hoisted upon them without their consent. Such was the case for German artist Birgit Amadori who was forced by the medical establishment to have a cesarean section because her first pregnancy had been delivered through cesarean. 20-weeks into her pregnancy Amadori discovered that the hospital, the one her insurance company restricted her to, had a policy of not doing vaginal birth after cesarean, widely known as "VBAC." Moreover, Amadori was unable to locate any other area care providers to facilitate a vaginal birth. The nearest birthing center turned her down. When she contacted a hotline for midwives "they told her it was outside their regulations" (Block 2007, 142-143). Much of the medical establishment has campaigned against VBACs with the stated desire to ensure the health of birthing women by avoiding potential uterine rupture. Yet feminist researcher Jennifer Block's thorough examination of the topic indicates that this control of women's bodies is largely arbitrary and without merit:

> If you are a woman attempting a VBAC, you have around a 75% chance of delivering vaginally and avoiding another major surgery and at least a 99.5% change of not suffering a uterine rupture. If you choose a repeat cesarean, you have a 99.8% chance of not suffering a uterine rupture (it can still happen) and a 100% chance of having another major surgery, with all the risks and drawbacks

> that entails. These include longer hospital stay; longer and more painful recovery; high risk of infection, organ damage, adhesions, hemorrhage, embolism, and hysterectomy; more blood loss; higher chance of rehospitalization; higher chance of a complication with the next pregnancy; less initial contact with the baby; less successful breastfeeding; higher risk of respiratory problems for the baby; and twice the risk of the most catastrophic complication of all: maternal death (Block 2007, 90).

Nevertheless, women such as Amadori have few options. Thus, after arguing with her physician and crying at her prenatal appointments, Amadori resigned herself to the operation for lack of any alternatives. “She sobbed through the operation” (Block 2007, 143). After the birth, Amadori chose to implement her creative skills to reflect on this tragic, disturbing experience and critique the system responsible for it.

Amadori created a series of artworks reflecting the trauma and the theft of autonomy she experienced in having her manner of birth determined for her. In the process she forged a compelling critique of the dominant model of birth in the U.S. and the dualistic logic upon which it relies. In one of the profound images Amadori depicts a lifeless medicalized mother strapped to a gurney, oxygen mask over her face, stomach torn open, and her infant laying on a bed separated from its mother. This artwork describes more than just the experience of a woman who was disallowed from having a VBAC. With cesarean section rates over 30-percent nationally, and 40-perent in some regions, the work depicts the medical model’s increasingly common vision of birth. The female body appears as a mindless resource that experiences its intended purpose under the direction and control of the master self identified with idealized masculinity: unemotional, detached, timely, methodical, exact, silent. Here the master consciousness’s dualism of reason/nature could not be starker. She appears unconscious, strapped to a cross-shaped medical table; her autonomy and procreative power has been sacrificed to

act out a patriarchal ritual that affirms man's supposed independence from the planet and from the female or feminine. Nature, as Plumwood suggests (1993, 192) is colonized by reason. Depicting her as lifeless and partly clad in torn clothing, the image tells its viewer that this woman has been the victim of a violent crime, perhaps even a sexual assault. The absence of any medical provider, in some ways, lends to this reading since it is as if we are viewing a person who, after having been violated, has been left for dead. This is not as absurd as some may think. As is more fully discussed in chapter six, some women suffer post-traumatic stress disorder as a result of violent birth experiences. Meanwhile the child, representing the future of humanity, is condemned to enter the world disconnected from his human mother and his biosphereic mother. Let me be clear: an image of a cesarean section saving the life of a child whose life is in verifiable jeopardy would not evoke the same interpretation. We must understand the context of this artwork and how it depicts more than a medical procedure, but the theft of a mother's desired birth experience, a profound, formative (sacred) rite of passage.

Birth Empowerment: Damsel in Distress No More

Emphasized femininity marks women as passive, perpetually accommodating, and tepid. Throughout mass media, such qualities are merged with a reoccurring theme wherein women encounter challenges, which they can only overcome with the aid of a figure identified with hegemonic masculinity. In sum, women await rescue while men play the role of "man-in-control," be it as a physician, nurse, or coaching father. Such a narrative facilitates women's disempowerment and oppression. The rethinking of childbirth is an important component of combating this story of inequity.

Plumwood argues that so long as birth is conceptualized as pure submission, be it to "nature" or the medical model, women's reproductive powers will be a source of patriarchal power. What is needed, she argues, is the rightful re-conceptualization of childbirth as a "project for women."

> It is only when women are conceived as free agents and choosers with respect to their bodies and as full agents in their reproductive activity that the [body, agency split] is avoided. It is only in such freedom that women's reproductive life is not distorted (Plumwood 1993, 38-39).

Furthermore, Adrienne Rich writes that in order to overcome maternal servitude, mothers must have the right to determine not only the "means of conception" but also "the place of birth, her own style of giving birth, and her birth attendants: midwife or doctor as she wishes, a man she loves and trusts, women and men friends or kin, her other children" (Rich 1976, 184). In contrast, with dominant mass media depictions, many experiences, stories, and depictions of mother-centered birth heed the ethical demand that our understanding of maternity respect the centrality and agency of the mother.

Empowered Mother, Father-in-Awe

BoBB highlights the centrality of mothers' rational and emotional autonomy: it shows women giving birth in a variety of locations: birth center, home, and hospital. Of particular significance, the film offers scenes in which male partners[24], when present, support women, children and friends in attendance at the behest of their mothers, and midwifes accommodate the wishes of the mother. When supportive male partners are included, this has important implications not only for the de-objectification of women, but also a pluralizing of the possibilities within masculine gender identity.

[24] I should add that not all of the depicted births offered clear indications about the sexual orientation of the birthing mother. It may well be the case that some of the women attending particular births were in a intimate relationship with the birthing women.

BoBB shows different male partners enacting supportive roles typically gendered "female." One man, David Radzinski vocalizes support for the decision of his wife, Mayra Radzinski, to have a homebirth. During Mayra's birth David accommodates her various needs. At times he massages her body and, at other times, supports her body as she squats during labor. We go on to witness Mayra react to what Davis-Floyd describes, in the film, as one of the most potent rushes of oxytocin a person can experience. As she births her baby, Mayra exclaims: "oh my baby, oh my baby; oh my god, oh my baby." Her words ring out with relief, joy, euphoria, and accomplishment. At one point Mayra reacts with astonishment at the feat she has just accomplished: "I'm so not believing this." Such a response reflects the contrast between birth, used as a prop for patriarchal gender norms, wherein a mother experiences debilitating pain resulting in medicalized passivity; or how birth can become an opportunity to discover an undeniable female power that undermines many key qualities within existing gender categories.

Similar roles are enacted by another birthing woman, Jen, and her husband. He is variously shown caressing and physically supporting her body during labor. Later, Jen's husband is shown standing back watching with seeming reverence or awe as she births her child into her own hands while standing. Reflecting on the experience, Jen echoes a sense of accomplishment resounding throughout the film and, more generally, throughout the mother-centered, midwifery birth movement: "You feel so accomplished, nothing compares to it."

A variance of such empowering, gender-transgressing events also occur during La Juana Smith-Huebner's birth. Once again, the birth partner, in this case, Gregor Huebner, engages in caring, supportive work: comforting his partner through hand-holding and

massaging. La Juana goes on to give birth in a birthing pool while Gregor and their son look on. Navigating a terrain of creative pain, La Juana silently grimaces, birthing her child into her own hands. One moment later, painful grimace becomes a grand grin of joyous, perhaps euphoric satisfaction. She looks down at the child atop her breast with great accomplishment.

In each birth depicted in *Birth as We Know It* the birthing mother retains the majority control over her birth. This framing of birth is in stark contrast from two of the most commonly implemented birth methods, the Lamaze method, invented by Fernand Lamaze, and the Bradley method, generally identified with natural birth. Both methods begin from the supposition that women must learn how to give birth (Odent 2003, 7-8). The Bradley method, pioneered in the mid-1960s, seeks to utilize couples' intimacy to ensure optimum birth outcomes. Based on the contention that women, unlike other animals, lacked the instinctual capability to give birth, Robert Bradley, the method's founder, encourages the "husband" to create the appropriate birthing environment, and to council the birthing woman through contractions and assorted inhibitions that interfere with productive labor (Reed 2005, 119-122). A consequence of the convergence of men's increased participation in childbirth and the ascendancy of the Bradley method has led to the expectation, in the hospital birth environment, that male partners coach their partners through labor. In contrast, those present at each birth in *Birth as We Know It*, be they friends, family, lovers, and/or midwives, enact supportive and encouraging roles. Perhaps most importantly, the men depicted in the film were often silent supporters who respected the mother's inherent knowledge and creative power. In a particularly significant scenario enacted in multiple births in the film, a male partner sits behind and beneath the laboring

mother in a birth tub. As each woman labors the male partner rubs her back, brushes her hair with his hands, and/or kisses her face.

Despite the fact mass media perpetuates a cultural imperialism that "disappears" or symbolically annihilates (Aulette 2009, 338, citing Tuchman, Daniels, and Benet**)** such perspectives, a variety of women's lives and experiences indicate the empowering potential of mother-centered birth. Despite questioning her sanity, as conventional wisdom would urge, Gwyneth went on to give birth outside of the hospital. "Right after that, [she] was born and I was like, oh, okay. This is very intense…it was amazing. It hurt a lot, but I could hack it. And she was born. And that totally took away my fear" (Interview 2010). Gwyneth also noted that it was empowering for her to have her husband watch her give birth because the process exhibited her strength and capableness. "I felt like it would give him confidence in me. And I think it did. Almost undeniably" (Gwyneth 2010). Such an experience suggests such birthing experiences have important implications for gender and power. Indeed, these women's experiences challenge the dominant cultural motif that, according to Caputi (2004, 16) identifies divine power, for instance, with the capacity to destroy rather than create life, as indicated in claims of godliness by actual killers or play-acting killers, who actually often declare themselves to "be God." As Caputi ironically notes, "the phrase 'I am God'" is more culturally associated with serial killers that with birthing mothers" (Caputi 2004, 16). While none of the mothers discussed here cried out that they were "God," their sense of accomplishment and creative power through birth, nevertheless, indirectly reclaim the "divinity" of germinating and birthing new life.

Recall that mass media depictions perpetuate men's estrangement from the female body and portray men left with the self-defeating task of coaching, regulating, and otherwise directing a birth process they do not understand (Segal 2007, 7-8; chapter four). In contrast, these mother-centered birth experiences not only replace "estrangement" with "respect," but also the responsibility for "ensuring successful birth" with responsibility for "providing care." This second point is perhaps too often overlooked within gender studies. While it is without a doubt true that men benefit from patriarchal privilege, it must increasingly be recognized and then stressed to men that the trade off for this privilege is rather great; and that equitable relationships can often reduce infeasible burdens of controlling rather than working with others. For many women within a patriarchal order, reclaiming power and the right for self-direction is radical. For men in such an order, reclaiming the right to be secondary in matters where one has no business being primary is also radical.

In these films' scenes, the supportive male partners exchange the hegemonic masculine role of "man-in-control" for the role of supportive partner or perhaps even "man-in-awe." Such depiction provides an alternative to the dominant notion that men, in order to uphold their masculine identity, must always lead, including leading birth through coaching their female partners. Moreover, the representation of empowered mothers finding a way to work through the creative, but often physically, emotionally, and psychologically challenging process of birth, subverts the "damsel in distress" motif so often recapitulated by medicalized birth. Successful homebirth requires the mother to

win her own victory; she must become her own hero.[25] As Cara Muhlhahn, Mayra's Certified Nurse Midwife, says in the film:

> A woman doesn't really need to be rescued. It's not the place for a knight in shining armor. It's the place for her to face her darkest moment and lay claim to her victory, so that she can lay claim to her victory after she's done it.

Thus, the birth scenes in *BoBB* undo gender polarities in two key ways. It does this first by depicting men who are capable of taking a secondary role, offering support to powerful women, all without suffering emasculation. In the process these men along with the general viewer is urged to view birthing women not as victims but as triumphant creators. Secondly, *BoBB* deconstructs gender polarities by showing women who each principally turn to themselves and, thus, birth not only their children, but also new or further developed, empowered senses of self.

These birth experiences have profound implications for women's individual lives. Davis-Floyd postulates that when a woman assumes "personal responsibility for her physiological transition into motherhood" rather than relinquishing responsibility to society at large, she "can consciously utilize the opening process of pregnancy to send herself messages about the rightness and validity of the beliefs she *wishes* to hold" (1992, 294). Similarly, Rich theorizes that there is a connection between the way in which women experience childbirth and their "relationship to fear and powerlessness, to our bodies, to our children." Thus changing women's childbirth experiences requires changing their relationship to these other elements. Doing so, she wrote, would have "far-reaching psychic and political implications" (Rich 1976, 182). The veracity of these claims is upheld in a variety of accounts of mother-centered birth.

[25] Conversation with April Nall.

Many women, in full-possession of their birth, discover a new sense of strength and power. In her case study of a free-standing birth center, Turkel cites one mother's experience giving birth at the center, assisted by a midwife. The mother explains that after twenty-two hours of slow, but progressive labor, she began considering moving her birth to the hospital and having the birth expedited via medical intervention. At this point:

> My midwife wrapped her arms around me and whispered in my ear: You can do this. Women have been doing this forever, and you can, too. And when you do, you will know that you have the power to achieve anything. And, when my son was born that early spring morning—the birds were singing. I can still hear the birds!—I was born with him. I emerged from that profound experience a stronger person, more confident, more alive than I have ever been before (in Turkel 1995).

Practicing Dutch midwife, Beatrijs Smulders, writes that mother-centered birth experiences in which the mother takes the lead role has an emancipatory affect on women: "A system in which women do the delivery themselves emancipates women" (de Vries, Smulders, et al 2009, 34). She adds: "Often women say after the delivery, 'After this I can do anything' or 'because I was forced to rely on myself during the delivery I learned all of a sudden to trust myself'" (de Vries, Smulders, et al 2009, 34). Such experiences call into question the commonsense and deeply disempowering gender boundaries that characterize women as weak, passive, compliant; and tell us that women are most comfortable in subordination.

In 2008, I witnessed the transformative power of the mother-centered approach to birth described by Turkel when my partner, April Nall, birthed our daughter. After explaining the oppressive character of her first birth experience, which she had in a hospital, April described her second birth, which took place at home and was aided by a traditional midwife, this way:

> It was spiritual and magical. And even if that sounds silly, that's exactly how it felt. It felt sacred…. It was like putting all this effort towards something without the aid of technology, without drugs, without machines; it was me, along with supportive companions, supportive words. And it felt good. It felt really good. It felt like a major accomplishment. It was a combination of that and just the pure heightened spiritual experience. It was a very intimate experience….I mean who wouldn't want to experience something that special, over and over again? (Interview 2010).

It is perhaps safe to contend that Monica Sjoo's 1968 artwork, "God Giving Birth," depicts what women like April mean when they attempt to verbalize their feelings about such birth experiences. "God Giving Birth" *features* a mighty goddess figure (modeled after a pre-Columbian Mexican goddess) amid a backdrop of dark universe and glowing stars. She is squatting above what is perhaps a planet. Half of her face is colored gray to black and the other half is white. Her lips are full and closed. Her countenance displays concentration and intentionality. Her hands wait at her thighs, preparing to catch the new being whose face has now emerged on the horizon of her vulva. Sjoo's work features nothing but the mother, emerging new life, and the universe, which she is amidst, not below. The artwork highlights the supreme absurdity of the idea that women's activity as mothers is somehow passive and "directed from elsewhere—by the sperm, by the fetus, by the doctor, by god" (Caputi 2004, 298). Sjoo has written that the painting, which expresses her "belief in the Great Mother as *the* cosmic spirit and generative force in the universe," was inspired by "the natural homebirth of my second son in 1961" (1987, xix). The work quite simply depicts the fact that all of human life begins in the womb of a woman; and that most of those lives enter the external world by first passing through their mother's birth canal. The positioning of the mother and her act of birth in

the foreground, standing against nothing less than the universe, affirms the "divinity"[26] of female biology.

In sum, if we are to believe these mothers' accounts, their birth experiences lend support to the contention that women can undergo radical transformation of consciousness during birth. At the very least it is clear that such birth experiences controvert the very basis of the dominant gendered-order expressed in emphasized femininity and hegemonic masculinity.

The Back-up Plan as Backlash

The theme of feminine empowerment through birth is perhaps the most palpable and subversive theme throughout the mother-centered birth movement. This is clear from the way in which it so starkly contrasts with the pervasive understanding of childbirth pervading culture and mass media. As I showed in chapter four, mass media often portrays birth as something doctors do: children congratulate doctors for perfect deliveries (Cars.com ad[27]). Moreover, in these depictions birth becomes martyrdom:

> Aren't you scared? The way it's gonna come out? It's gonna hurt a lot, I bet; your vagina. That's so sick (Jody in *Knocked Up*)

This is even true of the feminist work, the *Vagina Monologues*. Without qualifying that such an experience is specific to medicalized birth or a particular emergency situation, Ensler explains that birth requires not only aching but also bleeding, tearing, mutilation, and dying (Ensler 2001, 124-125).

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[26] What precisely do I mean by divine? Let me explain it this way. During our preliminary discussions about God, I ask my philosophy students what powers are unique to God. One of the most common responses is this: God creates life. Divinity, I believe, has to do with creativity. For some, it has to do with creating new life. In either case the germination and birthing of new life is if not the preeminent act of divinity, it is at very least a very important act of divinity.

[27] http://www.mahalo.com/cars.com_super_bowl_ad

Second, recall the depiction of homebirth in *The Back Up Plan* wherein birthing mom, Lori, was portrayed not only as supremely masculine, but also foolish, disgusting, and crazy. I think it is reasonable to suggest that this comedic ridicule of homebirth is not only inspired by films such as *BoBB*, but also a reflection of the patriarchal conceptual framework which finds femaleness and empowerment fundamentally and perpetually antithetical.

The respectful representation of powerful women affirming both the intelligence and power of the body and femininity itself, is an infinitely disconcerting image when perceived through a patriarchal, dualistic conceptual framework. This is not without good reason, for core dualisms, culture/nature, men/women, mind/body, provide those thinking within such a framework with crucial cognitive anchors, literally shaping their perception of reality. I am reminded of a friend's story wherein an adult was profoundly nonplussed to learn that her child, despite having long-hair, wearing barrettes and pink Crocs (a kind of shoe), was, nevertheless, a boy. "But his shoes are pink," she repeated. The breaking of the chains to these cognitive anchors free the ships of human thought are from their oppressive, fallacious bounds; however, the very same act inspires demeaning ridicule or worse from those unaware of their erroneous basis. Films such as *The Back-up Plan* indicate how incomprehensible the representation of powerful, proud, women embracing both the body and natural sphere to which they are, like men, connected to, is within patriarchal, dualistic delineations. Moreover, Ensler's account is instructive insofar as it shows the difficulty of a full awareness of the conceptual technologies of power and their capacity to influence our thinking.

Counteracting Stereotypes and Symbolic Annihilation

An important aspect of *BoBB* is the way the film challenges stereotypical depictions of black women. Stereotypes or controlling images of black women pervade mass media representations (Young 2002, 542). Black women, for instance, are often represented as inconsequential (Aulette 2009, 343), as hypersexualized jezebels/whores/hoochies (Collins 2009, 89-91), and, when sexualized, as animalistic and inviting domination (Caputi 2004, 316). A recent example of this is Dolce and Gabbana's ad campaign for its "animalier" sunglass collection.[28] Two of the ads, one of which was prominently featured on the New Yorker's website, show black women in leopard print clothes and sunglasses. In one image, the woman blends in with shadows of surrounding trees, suggesting that she is just a part of the wild background. In another, the woman, still in her animalistic print, steps out of the shadows. Her sunglasses are tilted up, her face is expressionless and her eyes are wide, looking away from the viewer. Together this suggests her status as an object and, perhaps, an object inviting sexual conquest.

In contrast, *BoBB* introduces viewers to two confident black women, certified nurse midwife, Catherine Tanksley, and the previously discussed birthing mother, La Juana. In addition to witnessing La Juana's inspiring birth, we also watch as Tanksley, at the time the director of Modern Midwife, cares and councils a variety of pregnant women (black and white). She also is also shown talking about her experience in a roundtable discussion of midwifery supporters. Given the pervasiveness of these stereotypical representations of black women, the non-sexualized portrayal of a black woman displaying agency, palpable strength and creative power makes La Juana's representation

[28] http://www.dolcegabbana.it/dg/occhiali/animalier-collezione/

in the film all the more significant and rebellious. Similarly, Tanksley's depiction adds to this rebellion by countering the dominant representation of professionals as white males.

Moreover, we are also shown a rarity in filmic or televised depictions of women's bodies: throughout the film we see partially clad and, at times, nude pregnant bodies that are not sexualized but are, nevertheless, accepted, and honored. Mass media representations of women's bodies denigrate as ugly those bodies that fall short of beauty norms involving thinness, passivity, compliance, control, and submission. In contrast, *BoBB* show birthing bodies that do as they wish. These bodies are not sexualized as objects of hetereosexual men's desires, and they are not hidden as embarrassing transgressions of emphasized femininity's requisite thinness for positive recognition. There is an implicit celebration of birthing bodies throughout the film indicated in the freeness and guiltlessness of their depiction. It is also indicated in the absence of body shaming, ridiculing, and sexualizing of individual body parts. Such representations offer a significant, revolutionary counter-narrative to dominant culture's program of sexualization of women's bodies that meet established beauty ideals and degradation of those which do not. Whereas women's pregnant bodies and birth processes evoke sickness and disgust in *Knocked Up* and *The Back Up Plan*, such is honored in *BoBB.*

Conclusion

Alternative visions of birth, such as those provided in *BoBB* and *Birth As We Know It*, provide powerful, direct critiques of the gendered conceptualization of female biology as prone to malfunctioning. Moreover, they also respond, whether it be directly or indirectly, to feminism's ethic demanding respect for the plurality of human bodies and experiences; they strive to counteract the dominant trend in which, as Lorber explains

it, “Human bodies are not allowed to develop in all their diversity of shapes, sizes, and physical capabilities” (Lorber 2011, 4). Indeed, these counter-hegemonic representations challenge the core qualities of the emphasized feminine ideal, feminine passivity and compliance with patriarchal authority. Moreover, it is confirmed that culture is not monolithic. It possesses not only conceptual weapons to solidify the power of the master self, but also subversive ideas that inspire resistance. The very fact counter-hegemonic themes of resistance have found themselves targeted by the dominant culture suggests, at the very least, a nerve has been struck!

CHAPTER SIX

SCHOLARLY AND NEWS MEDIA DISCOURSE AROUND HOMEBIRTH

Introduction

Recently, mainstream medical professionals and medical scholars have turned their attention to what they see as the dangers of planned homebirth. In 2010, a highly-touted study "Maternal and newborn outcomes in planned home birth vs planned hospital births: a metaanalysis," was published in the *American Journal of Obstetrics and Gynecology* (AJOG). The study, comparing hospital birth with homebirth, ignited headlines in popular news media publications. Emphasizing the incidence of infant mortality, the study concluded that infants fare much better in hospital births. It also prompted respected journals such as the *Lancet* to decry the irresponsibility of women's decision to give birth at home. In January 2011, other popular media outlets, such as the Hollywood Tabloid website, HollyBaby.com, claimed that the decision to have a planned homebirth was dangerous and irresponsible.[29] Similar opinions were expressed by both readers and medical professionals in response to headlines that the rate of homebirths is increasing.

[29] http://www.hollybaby.com/2011/01/13/owen-wilson-jade-duell-home-birth-risk-childbirth-kills-heather-wittenberg/

In this chapter, I critically assess both the study in question and the broader accompanying media discourse around the dangers of homebirth. I show that mainstream Hollywood films such as *The Back Up Plan* are not alone in perpetuating a discourse that promotes gender and nature/culture dualisms in valuing medicalized childbirth over homebirth. This popular condemnation of homebirth is based, I argue, on incomplete medical research that, while showing higher risk of infant mortality in homebirths, fails to take into account research offering contradictory conclusions about such risks--namely, research concluding that planned homebirth is generally safe for both mother and child.

Background: The Assault on Birth Rights

Discussions about the assault on women's reproductive rights tend to concentrate almost exclusively on questions of when or if women have a right to terminate a pregnancy. What is much less understood or discussed is that women's reproductive rights have also been significantly infringed upon in terms of the right to decide when, where, and how to give birth. In addition to facing increasingly limited access to safe, affordable abortions, today women in 23 states are effectively forced to choose hospital birth. In these states midwife-attended homebirths are effectively illegal:

> Today, just 27 states license or regulate so-called direct-entry midwives — or certified professional midwives (CPMs) — whose level of training has met national standards for attending planned home births. In the 23 states that lack licensing laws, midwife-attended births are illegal, and midwives may be arrested and prosecuted on charges of practicing medicine or nursing without a license. (Unlike CPMs, certified nurse midwives, or CNMs, who are trained nurses, may legally assist home births in any state. But in practice, they rarely do, since most of them work in hospitals.) (Elton 2010).

Meanwhile, major medical institutions decry homebirth and its purported risks to women's newborn children. Both the American Medical Association and the American College of Obstetricians and Gynecologists (ACOG) adamantly oppose homebirth (*MSNBC* 2009, Elton 2010) on grounds that it puts infants at unnecessary risks, and that hospitals and medical professionals are most qualified to ensure safe delivery. Meanwhile, critics of medicalized childbirth, including midwives (Ina May Gaskin), homebirth activists (Ricki Lake), medical anthropologists (Robbie Davis-Floyd), doctors (Michel Odent), and maternity health organizations (Childbirth Connection) argue that medicalized birth is subjecting women to increased rates of maternal morbidity, which refers to "serious disease, disability or physical damage" resulting from birth complications,[30] a 31.8-percent chance, nationally, of undergoing the major abdominal surgery of cesarean-section, and, in nearly 50-percent of hospitals (Public Citizen 2010), women are denied the choice of having a vaginal birth after cesarean-section (VBAC), effectively forcing them to not only give birth in a hospital setting but also plan for a cesarean-section.

Denunciations of homebirth have increased in fervor as of late. A statement by the American College of Obstetricians and Gynecologists reads:

> Childbirth decisions should not be dictated or influenced by what's fashionable, trendy, or the latest *cause celebre*. Despite the rosy picture painted by home birth advocates, a seemingly normal labor and delivery can quickly become life-threatening for both the mother and baby (*MSNBC* 2009).

Such outcry, which will be more fully examined subsequently, is likely related to a general recognition that women are increasingly turning to alternative birth practices. A 2011 study found that while the number of American homebirths had persistently

[30] United Nations Population Fund, "Glossary of Terms," http://web.unfpa.org/mothers/terms.htm

declined from 0.69-percent in 1989 to 0.56 in 2004, it increased by 20-percent between 2004 and 2008 (MacDorman et. al. 2011, 1). The study authors examined the birth certificates of some 4.2 million births and found that, in 2008, 28,357 births took place at home in the U.S. This number accounts for 0.67-percent of all births ((MacDorman et. al. 2011, 1).

Homebirth, a Reckless, Dangerous, and Immoral Choice?

As of late, popular and scholarly discourse has coincided to assert that birth outside of medical control is irresponsible and immoral. In July 2010, the *Lancet* published an editorial titled, "Home birth—proceed with caution." The piece begins by pitting the benefits of homebirth for the mother against those of her infant: "Although home birth seems to be safe for low-risk mothers and, when compared with hospital delivery, is associated with a shorter recovery time and fewer lacerations, post-partum hemorrhages, retained placenta and infections, the evidence is contradictory for outcomes of newborn babies delivered at home" (July 2010). The editorial goes on to state: "A recent meta-analysis published in the *American Journal of Obstetrics & Gynecology* provides the strongest evidence so far that home birth can, after all, be harmful to newborn babies" (July 2010). The editorial summarizes the study's finding that the increase in neonatal death among homebirths was mainly attributable to "breathing difficulties and failed attempts at resuscitation—two factors associated with poor midwife training and a lack of access to hospital equipment" (July 2010). It then makes the following assertion:

> Women have the right to choose how and where to give birth, but they do not have the right to put their baby at risk (July 2010).

A number of news outlets including the *LA Times* picked up on the editorial, further conveying its warning: "Mothers shouldn't put babies at risk with home birth, editorial says" (July 29, 2010).[31]

The study in question, "Maternal and newborn outcomes…," concluded that the risk of newborn neonatal death (i.e., within the first 28 days of life) is between two and three times higher among women who give birth at home rather than in the hospital (Wax JR, Lucas FL, Lamont M, et al. 2010, 243.e3). Based on 12 studies and 500,000 births from nations including the U.S., Canada, Australia, Sweden, the Netherlands, and Switzerland, the study also concluded that women having hospital births, compared to homebirths, were twice as likely to experience third-degree lacerations, and three times as likely to encounter infection or vaginal lacerations (Wax JR et al. 2010, 243.e5- 243.e6, see table 2).

The study generated a great deal of popular media discussion. Several articles informed the public of the dangers of birth beyond the bounds of medical control. One ubiquitous headline read: "Home Births Linked to Higher Newborn Death Rate," and discussed the study's conclusion that non-medicalized birth increases risks for newborn infants (WebMD Health News 2010). Other headlines included "Risks of Planned Home Births Greatly Outweigh the Benefits,"[32] "Home Births linked to higher infant death rates,"[33] and "Home Births New Born Death Rate 'Higher' Says Study."[34] While most articles at least briefly mentioned the study's findings concerning increased interventions

[31] http://articles.latimes.com/2010/jul/29/news/la-heb-homebirth-20100729
[32] http://www.emaxhealth.com/1506/risks-planned-home-births-greatly-outweigh-benefits
[33] http://www.whattoexpect.com/forums/february-2011-babies/topic/home-births-linked-to-higher-infant-death-rates
[34] http://www.postchronicle.com/cgi-bin/artman/exec/view.cgi?archive=216&num=310749

in the hospital, the central issue of concern was the neonatal death rate as is indicated in the headlines. Based on the study, the American Congress of Obstetricians and Gynecologists, which represents some 52,000 members, declared that babies birthed at home were at two to three times the risk of dying within their first month (*Scientific American* March 18, 2011). Such findings bolster the ACOG's stated and official opposition to homebirth due to "safety concerns and lack of rigorous scientific study" (Wax JR, Lucas FL, Lamont M, et al. 2010, 243.e1).

Despite its objective, scholarly tone, the previously discussed study, "Maternal and newborn outcomes," and, thus, the various proclamations concerning the neonatal death rate made on its basis, are deeply flawed. In an October letter to the *Lancet's* editor, birth researchers and scholars, Gill Gyte, Miranda Dodwell, and Alison MacFarlane addressed the specious character of both the indicated study and the *Lancet's* previously mentioned editorial. The authors argued that the editorial was mired with half-truths. While highlighting the fact that the meta-analysis included 12 studies and 500,000 births, and concluded that homebirth can be "harmful to newborn babies," the editorial omitted three crucial facts about the study: 1) the widely touted conclusions regarding neonatal mortality rates discussed in the editorial were based on "only six studies and fewer than 50,000 women"; 2) study authors found no significant difference between homebirth and hospital birth in their comparative analysis of perinatal mortality rates (death of the baby up to a week after birth), a comparison based on 500,000 women; and finally, 3) the study responsible for providing the majority of data for the neonatal mortality comparison "was of poor methodological quality." Specifically, it "used birth-register data that did not record planned place of birth, so is likely to have misclassified as planned home

births some unplanned home births, which are known to have a greater chance of poor outcomes" (Gill Gyte, Miranda Dodwell, Alison Masfarlane October 2010). In sum, the most widely touted finding of "Maternal and newborn outcomes" study, that medically managed births are two to three times safer for newborns than homebirth, is based on imprecise data and 90-percent fewer birth outcomes than is implied in both the study and popular discussion of the work.

In addition to these critiques, it is also necessary to point out that, even if it were the case that the study in question provided reliable conclusions, it is *not* abundantly clear that the most reasonable remedy for the purported cause of such outcomes, "poor midwife training and lack of access to hospital equipment," is to abandon homebirth. Location, home or hospital, does not seem to be the principle issue at hand. Rather, improved midwifery training and portable equipment seem to be the simplest remedy. Thus, we seem to be presented with yet another fallacy, that of the false either or: either ill-equipped homebirths, or medically controlled hospital births. Before moving on it is important to refer to chapter two here, where it was discussed that earlier campaigns waged by professional obstetricians against midwifes utilized similar tactics. Professional medical associations opted for an outright attack on midwifery when it was believed that something as simple as regular hand-washing would have improved birth outcomes. Thus it seems plausible that the aim here is not so much to simply identify problems and then remedy them with basic education, but rather to identify problems and then use them as a pretext to attack and discredit the other.

Another problem with the "Maternal and newborn outcomes" study is that it significantly drew upon a study surveying homebirths that was conducted from 1976 to

1982. Thus, American homebirth, largely attended by traditional midwifes, is being judged on arguably outdated data compiled before and shortly after the publication of American midwife pioneer, Ina May Gaskin's landmark work, *Spiritual Midwifery* (1977). As a result of a variety of factors including increased medical management of birth (Dye 1980, 98) and efforts to criminalize non-medically managed birth (Dye 1980, 104), traditional midwifery was nearly eliminated (Holly Powell Kennedy 2009, 417) during the 20th century. The resurgence of "traditional" direct-entry midwifery is a product of grassroots efforts during the 1960s and 1970s (Rooks 2007, 4). Gaskin's work throughout the 1970s is widely recognized as significantly contributing to the foundation for the education and training of contemporary direct-entry (non-nurses) midwives (Block 2007, 218; Nelson 2010; Katie Allison Granju 1999). Specifically, Gaskin's book, *Spiritual Midwifery,* was met with international acclaim; she founded of one of the first out-of-hospital birth centers, at "The Farm," in Summertown, Tennessee, and, in 1982, participated in the creation of the Midwives Alliance of North America (MANA), an organization responsible for supporting, educating, and credentialing midwives.[35] In sum, the midwives attending planned homebirth today are arguably in a better position to ensure better birth outcomes than they were before the rise of such supportive and educational structures.

One indication that the study is informed by the perceptual narrowness afforded by a patriarchal gender lens is that it views pregnancy as a problem. This is clear from the study's omission of two significant studies that contradict their work's conclusion. For

[35] http://mana.org/about.html

instance, one study of planned home births in the U.S. and Canada, published in June 2005 in *BMJ* (British Medical Journal), concluded:

> Planned home birth for low risk women in North America using certified professional midwives was associated with lower rates of medical intervention but similar intrapartum and neonatal mortality to that of low risk hospital births in the United States (Kenneth C Johnson, Betty-Anne Daviss 2005, 1).

In a March 2011 story discussing an investigation of the "Maternal and newborn outcomes" study (Wax et al. 2010), *Scientific American* reported that independent epidemiologists questioned the study's selective data choices. The article cites Diana Petitti, an epidemiologist at the Arizona State University Center for Health Information and Research in Phoenix, as indicating that the study:

> should not have excluded data from a major Dutch study, published in 2009, that examined more than 300,000 home births for many outcomes, including the risk of newborn deaths. That study found no increased risk of death after home birth in the first week of life (*Scientific American* 2011).

In short, there are reasons to doubt the accuracy of the "Maternal and newborn outcomes" study, a work which has been trumpeted by the *Lancet* and American Congress of Obstetricians and Gynecologists as proof of the danger homebirth posses to infants. Moreover, there is ample evidence that currently there can be no authoritative or definitive claim that medicalized birth is safer for newborns than planned homebirth. Indeed, there appears to be a growing body of knowledge indicating that planned homebirth is more likely to reduce medical interventions and maternal morbidity, increasing neither the rate of maternal mortality nor the rate of infant mortality.

Homebirth Endangers Mothers

At the start of 2011, Hollywood gossip website, *HollyBaby.com*, further contributed to the increasingly "commonsense" claim of the dangers of homebirth. The

website offered an intense, opinionated reaction to the birth plans of Hollywood couple, Owen Wilson, an immensely popular Hollywood actor, and Jade Duell. At the start of 2011, it was publicized that Duell decided to have a homebirth in the couple's Maui, Hawaii mansion, a choice supported by Wilson. Duell's birth became the center of attention among both those with fears about the dangers of nonmedicalized birth and those who advocate homebirth. In its January 13, 2011 posting, *HollyBaby.com* urged Wilson to pressure his girlfriend to reconsider her decision to birth at home and to have her baby in a hospital. The article warned that "giving birth at home is very risky business." It attempted to support this claim by first quoting Maui-based psychologist Heather Wittenberg: "The fact is that childbirth has killed more women in history than anything else." Then the piece explains that those at HollyBaby.com "were shocked to find out that the risk of dying in childbirth in the US is worse than in 40 other countries, according to Amnesty International." It also adds Wittenberg's rhetorical question: "I understand that parents today want less medical intervention. But at what cost?" Implicitly, the posting suggested that there is a correlation between maternal mortality and homebirth. The clear "commonsense" message of the posting insists: choosing to give birth at home is irrational and dangerous.

While the article in question mentions maternal mortality it does not give specific numbers. Today, out of approximately 4 million annual U.S. births, approximately 500 women die "during childbirth or from pregnancy-related complications" (BBC 2009). Organizations such as Amnesty International argue that given our nation's resources, the 2006 rate of 13.3 deaths per 100,000 live births is, when compared to other nations,

unnecessarily high[36] (AI 2010, 7). What is lacking from *Hollybaby.com's* discussion is any mention of factors that contribute to maternal mortality. This lack of detail implies that non-medicalized birth is the culprit for maternal mortality and that it is irresponsible to give birth without the assistance of medical professionals. Historically, the factors involved in the death of birthing women have been diverse. These included poor nutrition, women's work-load in a patriarchal society, access to the means of preventing or terminating pregnancy when necessary, as well as access to life-saving technology in the minority of cases where birth becomes complicated. The article's unsupported claim that childbirth has killed more women in history than anything else, if true, is nevertheless an example of the fallacy of oversimplification. As discussed in chapter two, the mortality rate of birthing women exploded when women began giving birth in hospitals in mass. The cause of death was not birth-itself, but rather important factors such as exposure to bacteria in the hospital (Wertz 1989, 138).

The implication of the publication's warning against childbirth at home, given its mention of maternal mortality, is that such birth practices may endanger women's lives. Such assertions are not unique to the tabloid, but frequent the comment sections of birth related articles featured on mainstream news media websites. Consider the responses to a May 2011 article on CNN's website discussing the growing rate of homebirths in the U.S. One user, "jim," wrote: "the 'natural' state of affairs is that either the mother or baby will die in about 10-20% of childbirths." User, "Gabor47," who purports to be a retired

[36] "The USA spends more than any other country on health care, and more on maternal health than any other type of hospital care. Despite this, women in the USA have a higher risk of dying of pregnancy-related complications than those in 40 other countries. For example, the likelihood of a woman dying in childbirth in the USA is five times greater than in Greece, four times greater than in Germany, and three times greater than in Spain" (AI 2010: 3).

obstetrician who practiced for “four decades,” wrote: “having a baby at home is significantly more dangerous than having it in a hospital.” Another named “shady” wrote: “the reason you should [give birth] in a hospital and not in a barn with a midwife are the 5% of cases where things go wrong.” Such assertions amount to nothing more than unsupported claims that are, upon examination of known facts, unfounded. When the user, “shady,” equates midwifery and homebirth with giving birth in the barnyard he/she is implementing the long-standing and ever useful dualistic concept, culture/nature. Here we see the way in which such dualisms are implemented, as ecofeminists argue, to facilitate unsubstantiated discourse of dominance. To be identified with the uncultivated animal realm is to be dirty, ignorant—inferior.

Despite these alarmist assertions, there is no evidence to support such claims. In a study of more than 5,000 homebirths in the U.S. and Canada, no maternal deaths were recorded (Kenneth C Johnson et. al. 2005). The “Maternal and newborn outcomes in planned home birth vs planned hospital” study, which I will turn to discuss in detail momentarily, failed to find any statistical differences between hospital birth and homebirth (Joseph R. Wax et. al. 2010, 243.e6). As stated above, even the *Lancet’s* editorial critical of homebirth, nevertheless, acknowledged that “home birth seems to be safe for low-risk mothers and, when compared with hospital delivery, is associated with a shorter recovery time and fewer lacerations, post-partum hemorrhages, retained placenta and infections…” (July 2010). Interestingly, in 2008 Vermont had the second highest percentage of homebirths in the U.S. (1.96-percent) (MacDorman et. al. 2011, 3), yet, as of 2006, the state was one of only five states to have achieved the U.S. government “Healthy People 2010” goal of reducing the maternal death rate to 4.3 per 100,000 (AI

2010, 7). If homebirth is responsible for increasing maternal deaths then states with higher homebirth rates should have higher maternal death rates. Yet Vermont has one of the highest homebirth rates and one of the lowest maternal death rates. In all, on the most conservative assessment, we might conclude that given the lack of a comprehensive and sizeable study of birth location and maternal mortality, there is simply no evidence to suggest that homebirth poses greater risk to birthing mothers than hospital birth. Conversely, one could make the logically valid argument that, as far as we currently know, homebirth is at least as safe as hospital birth given the results of known studies. For if homebirth were the principal cause of maternal mortality then one would expect homebirth related studies to have detected abnormally high numbers of maternal deaths. This has not been the case.

Moreover, the fact of the matter is that we have substantial evidence indicating that race and economic standing is a significant determiner of poor birth outcomes. The dominant discourse's implicit suggestion that women's organic reproductive processes are the central cause of maternal mortality masks well-known facts. Principle factors associated with maternal mortality include obesity, lack of healthcare coverage, and impoverishment (*BBC* 2009). Since a disproportionate number of African Americans are impoverished and uninsured it is perhaps unsurprising to learn that, according to a 2010 Amnesty International report, race is a particularly crucial determiner of maternal mortality: "African-American women are nearly four times more likely to die of pregnancy-related complications than white women" (AI 3). Indeed the report explains that a disproportionate number of women of color lack health insurance, and are "less likely to have access to adequate maternal health care services" (AI 4). Thus a sensible

discourse around maternal wellbeing would concentrate more specifically on issues of the intersecting oppressions of racial prejudice, economic marginalization, and the accompanying lack of access to quality healthcare providers, be they obstetricians, birth center care providers, or traditional midwives. The concentration, instead, on informed mothers' choice of birth location is a distraction from verifiable factors that contribute to maternal death. Arguably, the discourse in question is framed by a lens that justifies control of women's reproductive processes on grounds of providing mother and/or child security from the dangers or unreliability of the body and its reproductive processes.

Ignoring Maternal Wellbeing

The discourse decrying the dangers homebirth poses to women's children indicates a profound disregard for the frequent violence birthing women experience during medicalized childbirth. Indeed, the emphasis on the wellbeing of the emerging new life at the expense of serious consideration of the mother's wellbeing, [37] such as that exemplified in the *Lancet's* editorial and the study in question, is informed by and perpetuates patriarchal gender, wherein women's bodies are objectified as mere means to an end and women are expected to engage in what I call compulsory maternal sacrifice.

Recall that the "Maternal and newborn outcomes" study not only claimed medicalized birth produced a lower neonatal death rate, but also admitted that women giving birth in a hospital rather than at home were, as stated above, twice as likely to experience third-degree lacerations, and three times as likely to encounter infection or vaginal lacerations (Wax JR, Lucas FL, Lamont M, et al. 2010, 243.e5- 243.e6, see table

[37] I want to make it clear that I do not believe an actual divisiveness between the mother and child's interests exist. Quality birth experiences have the ability to improve mother-child relations and facilitate important activities such as bonding and breastfeeding.

2). Even if we were to suspend, momentarily, concerns about the quality of the study's findings on neonatal death, it is nevertheless worth noting that according to the authors' findings the "absolute risk" of neonatal death is relatively low. The study's data indicates that out of 16,500 homebirths, 32 infants died, a neonatal death rate of about 2 per 1,000. Comparatively, the absolute likelihood that a woman experiences "vaginal laceration" in a hospital birth was reported to be 22.4-percent or about 224 women per 1,000 compared to 7.9-percent in homebirth or 79 per 1,000. Thus, in addition to scrutinizing the quality of the study itself, it is also worth asking the question: given the significant absolute risk to women's bodies, why hasn't the increasingly violent character of medicalized hospital birth garnered more attention? Shouldn't the significantly greater absolute risk of suffering during the birth process be given greater weight in determining where and how one should give birth? As I will explain, there is a great deal of evidence to suggest that the violence of medicalized birth is increasing and, consequently, having profound affects on women's lives, including their sense of self and relationship with their loved ones. Simply put, a conceptual framework that presumes the inherent worth of the mother would not so freely dismiss or marginalize her birth experience in determining what birth-related reproductive choices women are morally or legally obligated to make.

Authors of the "Maternal and newborn outcomes" study acknowledged that American women are turning to homebirth in order to escape pharmacological interventions (drugs) and "medical technology" (Wax JR, Lucas FL, Lamont M, et al. 2010, 243.e7). Despite such a statement, full acknowledgement of birthing women's interests is not significantly indicated in the study. Indeed, the general outcry against homebirth appears to be a negative reaction to women's attempts to rectify the rapidly

growing rate of medical intervention. Consider that the U.S. study that provided a significant amount of their data looked at about 11,000 Washington State hospital births, all of which took place between 1989 and 1996 (Wax JR, Lucas FL, Lamont M, et al. 2010, 243.e4- 243.e5, See Table 1). The study provided nearly 40-percent of the data for the conclusion concerning neonatal death rate (Elton). Consequently, this study, the paternalist *Lancet* editorial, and ACOG have made authoritative and influential recommendations about where women ought to be *allowed* to give birth largely on the basis of statistics that are 15-years old. Such data provides a skewed depiction of women's hospital birth experiences. The cesarean-section delivery rate in hospital birth rose from 20.7-percent in 1996 to 31.8-percent in 2007 (Centers for Disease Control and Prevention (CDC) March 2009, 3). This is a profound increase of more than 50-percent! Whereas just 5.5-percent of U.S. births were cesarean sections in 1970 (Epstein 2007, 10), today the cesarean section is now the most common surgery performed in the United States. The latest figures indicate that, as of 2009, the cesarean-section has risen to 32.9-percent (CDC December 21, 2010) with rates topping 40-percent, in 2008, in areas such as Palm Beach County (*Palm Beach Post* 2008).

According to the director of Public Citizen's Health Research Group, Dr. Sidney Wolfe, about 1/3 of these are unnecessary (Public Citizen 2010). This means that of the 1.3 million cesarean-sections conducted on women annually, at least 400,000 are unnecessary. Wolfe's conclusion is based on his study of the 2007 c-section rates at New York hospital practices. Among his findings were that c-section rates in urban hospitals, for instance, varied dramatically from one hospital to another. Whereas the North Central Bronx Hospital had a rate of just 18.5-percent, University Hospital of Brooklyn had a rate

of 40.2-percent. “Contrary to expectation, the largest hospitals did not have the highest C-section rates, nor was there a consistent relationship between the size of a hospital and its rate of performing C-sections” (Public Citizen 2010). Thus, by heavily relying upon outdated statistics that significantly under represent the rate of medicalization in hospital birth, study authors fail to fully acknowledge or address women’s concerns.

What’s so bad about a C-section?

Of course talk of having a cesarean-section has been so normalized that many may not be understood why such statistics are alarming. First, consider precisely what a c-section entails:

> Seven layers of tissue and muscle are severed. There is also significant blood loss. In a vaginal birth, 300 to 500 militers—fittingly about eight or nine menstrual periods’ worth—is normal; anything over 500 is considered a hemorrhage. The average blood loss during a cesarean is 1000 militers (Block 2007, 115).

In her 2007 work, *Pushed: The Painful Truth about Childbirth and Modern Maternity Care,* Jennifer Block, former editor at *Ms. Magazine* and an editor of the revised *Our Bodies, Ourselves*, offers a comprehensive view of the historical and contemporary debate around cesarean section. Block explains that fears about the consequences of increased cesarean sections began during the late 70s and early 1980s.

> In 1979, the National Institutes of Health, the research arm of the Department of Health and Human Services, appointed a 19-member task force on ‘Cesarean Childbirth’ and in 1980 held the first U.S. conference on the issue. ‘The rising caesarean birth rate is a matter of concern,’ read the final consensus statement, part of a 537-page report. The trend ‘may be stopped and perhaps reversed, while continuing to make improvements in maternal and fetal outcomes, the goal of clinical obstetrics today.’ The data available at that time showed the cesarean rate just clearing 15% (Block 2007, 109).

Subsequent studies have reinforced the target of reducing cesarean sections to 15 percent. Medical doctor Jose Villar conducted a 2005 World Health Organization (WHO) study

examining the relationship between adverse health outcomes and cesarean section in 100,000 births. The work, published in the *Lancet* in June 2006, "found that after controlling for risk factors so that poor outcomes could be attributed to the delivery method alone, the rate of 'severe maternal morbidity and mortality—infection requiring re-hospitalization, hemorrhage, blood transfusion, hysterectomy, admission to intensive care, and death—rose in proportion to the rate of cesarean section" (Block 2007, 114). A study conducted in 2006 by CDC statistician Marrian MacDorman "found that low-risk babies born by cesarean were nearly three times more likely to die within the first month of life than those born vaginally" (Block 2007, 114). Both of these studies contradict claims that the problem of maternal mortality and infant mortality can be resolved by abandoning planned homebirth for hospital birth.

According to an Amnesty International report, the "risk of death following c-sections is more than three times higher than for vaginal births" (Amnesty International March 2010, 9). Indeed, WHO determined that women undergoing cesarean deliveries that are not medically necessary "are more likely to die or be admitted into intensive care units, require blood transfusions or encounter complications that lead to hysterectomies" (*Associated Press* January 12, 2010). Despite the U.S.'s spending more on health care than any other single country, "the likelihood of a woman dying in childbirth in the USA is five times greater than in Greece, four times greater than in Germany, and three times greater than in Spain" (Amnesty International March 2010, 3). Unfortunately, mainstream discourse on the subject tends to identify the problem as correlating to homebirth or more generally female biology. Yet there is no solid link between planned homebirth and maternal mortality. Rather, evidence suggests that key factors contributing

to increased risk of maternal mortality include cesarean section and race, along with its accompanying economic inequalities.

Beyond the question of maternal mortality, studies indicate that women who have surgical births are likely to be in much worse physical condition compared to women birthing vaginally. Cesarean sections often result in pain after the birth, bowel problems, and even incontinence issues. Moreover, the benignly named "bikini" scar produced by the cesarean actually produces "permanent disfigurement colloquially termed either the 'pooch,' 'apron,' or 'overhang'—a flap of skin or fat that bulges over the cesarean scar, which is sometimes so bothersome that it prompts later cosmetic surgery" (Block 2007, 115). Whereas about 1 to 2 percent of women who give birth vaginally experience infection, between 10 to 50-percent of women who have cesareans experience infection (Block 2007, 116). Thus the CDC reports that, as a "major abdominal surgery," cesarean delivery "is associated with higher rates of surgical complications and maternal rehospitalization" (CDC March 2010, 1). A crucial point here is that while maternal mortality and infant mortality are serious matters deserving of a great deal of attention, the rapidly increasing rate of interventions, often negatively impacting women's lives, are deserving of at the very least an equal amount of attention.

The often unspoken complications resulting from "successful" cesarean sections are rather solemnly described by Jenny McCarthy in her otherwise comedic 2006 book, *Baby Laughs.* McCarthy describes the agony of being removed from her newborn for his first five hours of life (2006, 14). She discusses the incredible pain that follows cesarean section including a horrendous trip to the bathroom in which she "cried the whole way" (2006, 14-15). The following night she awoke at 3 AM, "shaking uncontrollably" until a

nurse brought in heated blankets and informed her that the chill was a result of anesthesia. “I talked to other women who had C-sections, and we commiserated about how weird this part was. We all had the shakes BAD. Why didn’t they warn us that was coming instead of letting us freak out, thinking we were having seizures?” (2006, 14-15).

The trauma of McCarthy’s cesarean-experience is shared by many other women. Block gives the following story one woman shared:

> I felt raped. Lying naked on a cold table, strangers sticking tubes up my body, pulling my innermost organs out to fondle. I could not even pull myself out of bed for the first 3 weeks. My life was hell for months. I could not bond to my child. I had a feeling that they pulled her out from under the table. I now live with adhesion pain; numbness from hip to hip and up to my belly button; pain during intercourse. I am not healthy! This is not birth. I went in pregnant, and I came out a bleeding, empty woman (quoted in Block 146)

Nursing scholar Cheryl Beck’s research concerning these kinds of experiences has led her to determine that a significant number of birthing women experience “birth trauma.” Beck contends that “somewhere between 1.5% and 6% of mothers are suffering from post-traumatic stress disorder (PTSD) as a result of their birth experience—with all the flashbacks, avoidance, and paranoia that plague survivors of rape and war” (Block 2007, 145). According to Beck, the PTSD experienced by birthing women is associated with a “high level of obstetric intervention” at birth (Beck 2004, 223). In addition to being impacted by what is happening, women who experience birth trauma are significantly affected by the way they are treated during such processes: “They do not feel cared for, they’re not communicated with, they’re powerless. They talk about being stripped of their dignity” (quoting Beck in Block, 145). Beck’s study indicates the way in which poor birth experiences can negatively impact women’s lives in multiple ways. One common consequence of traumatic birth experiences detected by Beck was that women

experienced a “numbing of self and actual dissociation” (Beck 2004, 220). Some women reported that the experience compromised their relationship with their infants. One mother who experienced “a fourth-degree tear” reported that she relived the terror she experienced during birth “constantly for 4 months,” making it difficult to “enjoy the present with her infant” (Beck 2004, 219). Another mother reported an inability to engage in sex with her husband due to flashbacks of her birth experience, which was marked by “a high level of medical intervention during the delivery” (Beck 2004, 219). Similarly aware of the serious consequences such invasive procedures can have on some women, Dr. Sidney Wolfe describes the habitual implementation of unnecessary cesarean-sections as “unnecessary acts of violence against women” (Public Citizen 2010). While not all women experience c-section this way, the fact that many do is cause for concern.

Cesarean sections may also negatively affect children. William Sappenfield, a Florida Department of Health epidemiologist states that the caesarian section rate increase is contributing to the rise of preterm births (*Palm Beach Post* 2008). Sappenfield theorizes that early c-sections are a product of difficulties estimating the date of conception and miscalculating the delivery date. This is problematic because “an infant born between 34 and 36 weeks is more likely to have problems with breathing, feeding and neurological development” (*Palm Beach Post* 2008). In his work *Primal Health*, Odent explains that based on a 2001 study that “those born by Caesarean had a risk of being diagnosed as having asthma multiplied by 3.23” (Odent 2007, 179). Odent further contends there is perhaps a great deal we do not know about the consequences of such births. In his view there is something problematic with the presumption that cesarean

section surgeries have no long-term effect on the life being birthed. “There are many anecdotes confirming that when doctors discuss the topical issue of C-section on demand, i.e., without any medical indication, they only think of the possible short-term consequences” (2007, 178).

Patient Choice

“Patient choice” is one of the red-herrings cited to explain away medical interventions such as c-section. Evidence suggests that few women choose c-sections without being given the impression such a procedure is medically necessary. The *Listening to Mothers II* survey of American birth experiences found that of the women who had planned first-time (primary) cesareans, 16-percent of all births, the vast majority were based on a medical rationale of some kind (Declercq, ER, et al. 2006, 36). Of those (16-percent) who had primary cesareans, just 2-percent did so for “no medical reason” (Declercq, ER, et al. 2006, 36). When considering all those who opted for the procedure independently, before labor began, the total is just 5-percent of primary c-sections (Declercq, ER, et al. 2006, 37) or 0.8-percent of all birthing women. Moreover, 24-percent of women who had first-time c-sections indicated that their maternity care provider recommended the procedure before labor began (Declercq, ER, et al. 2006, 37).

VBACs

A final relevant fact is that as of 2009, 28-percent of hospitals disallow vaginal birth after c-section (VBAC) and an additional 21-percent have de-facto bans on the procedure due to obstetricians’ unwillingness to perform the procedure (Public Citizen 2010). This means that nearly 50-percent of hospitals deny women who have had a prior c-section their right to determine whether or not to give birth vaginally. Similar

conclusions were drawn in the *Listening to Mothers II* survey, which found that 57-percent of mothers who previously had a cesarean-section but expressed an interest in having a VBAC were denied this option for reasons ranging from refusal by their caregiver (45-percent) to hospital policies (23-percent) (Declercq, ER et al 2006, 36). While it must recognized that such a trend is in part due to unfortunate cases in which women attempting VBAC ruptured their uterus (Public Citizen 2010), it is also the case that 75-percent of VBACs are successful while 5-percent experience a ruptured uterus (Block 2007, 90). In contrast, while repeat cesarean-sections reduce the likelihood of a ruptured uterus to 2-percent compared to the 5-percent who have a VBAC, they are nevertheless guaranteed "having another major surgery, with all the risks and drawbacks that entails" (Block 2007, 90). Consequently, some medical professionals argue that the VBAC rate should be increased. Howard Minkoff, chairman of the Obstetrics and gynecology department at Maimonides Medical Center in Brooklyn believes that the national VBAC rate, currently 9.6-percent, should be increased to 28.1-percent (Clark 2010).

Now let us consider that the overall rate of medical intervention for planned homebirths were, according to a 2005 study conducted by KC Johnson et al., "consistently less than half those in hospital, whether compared with a relatively low risk group…that will have a small percentage of higher risk births or the general population having hospital births" (2).

> Compared with the relatively low risk hospital group, intended home births were associated with lower rates of electronic fetal monitoring (9.6% versus 84.3%), episiotomy (2.1% versus 33.0%), caesarean section (3.7% versus 19.0%), and vacuum extraction (0.6% versus 5.5%) (Johnson 2005, 2)

The *Listening to Mothers II* survey cites both the Johnson study and a 1989 study of outcomes in birth centers in noting the remarkable difference between the rates of such interventions in hospital birth

> The experiences of women in these two large prospective studies were dramatically different from our national survey results. For example, whereas the *Listening to Mothers II* had an extraordinary 32% cesarean rate, both of these studies reported 4% cesarean rates (with no indication that the low rate of intervention or out-of-hospital settings involved excess risk when compared with low-risk women giving birth in hospitals (2006, fn 2, p.75)

A different study by Lewis Mehl-Madrona, MD, PhD, coordinator of Integrative Psychiatry and Systems Medicine, at the University of Arizona College of Medicine Program in Integrative Medicine, found that homebirths generally have less negative outcomes than hospital birth. Mehl-Madrona's study compared 1,046 home births to the same number of hospital births and

> found negative outcomes consistently higher in hospital births. These included a fetal distress rate six times higher in hospitals, a respiratory distress rate 17 times higher in hospitals, babies requiring resuscitation 3.7 times higher in hospitals, maternal postpartum hemorrhage three times higher in hospitals and 30 birth injuries in the hospital compared with none occurring during the homebirths (Epstein 2007, 10).

The most conservative conclusion that can be drawn from this information is that, when factoring in the reduction of medical interventions including those that increase maternal morbidity and maternal mortality, homebirth is certainly no worse an option than hospital birth and, in fact, it may very well be a far better choice.

Furthermore, it seems clear that the overemphasis on infant wellbeing at the expense of a thorough consideration of the mother's wellbeing is informed by and perpetuates patriarchal gender, wherein women's bodies are objectified as mere means to an end and women are expected to engage in "compulsory maternal sacrifice." Such a

concept promotes the idea that, as mere means to the end of producing new life, women's wellbeing simply does not count as much as the life she has germinated in her womb. Moreover, it denies her maternal agency to determine the environment in and circumstances under which she will birth the life she is principally responsible for manifesting. At best, we might say that the definition of motherhood as entailing the essential ingredient of suffering (Adrienne Rich 1976, 30) is so firmly lodged in the dominant American imagination that such professionals and assorted publications fail to realize that medicalized childbirth's routine implementation of invasive procedures on women merits serious consideration. It should not be surprising that those viewing pregnant and birthing women through a patriarchal lens, a framework in which women's personhood is always subordinated to potential or forthcoming persons, see and treat women as a mere means to an end. = Rich theorizes that it is as if the suffering of women as mothers has become so "necessary to the emotional grounding of human society" that attempts to mitigate or remove such suffering are met with dedicated resistance (1976, 30). Moreover, adopting and maintaining such ways of thinking procure financial power, particularly those who have built an industry upon the tenet that women's birth process is fundamentally pathological and in need of professional remedy. For even when procedures such as c-section are not implemented, an uncomplicated medicalized hospital birth in the U.S. costs on average "three times as much as a similar birth at home with a midwife" (Johnson et al. 2005, 6).

Conclusion

Despite their fervent character, alarmist denunciations of planned homebirth seem to lack sufficient justification and dismissive of birthing mothers' concerns. An

interesting byproduct of this examination is that it appears to be the case that, given the known facts, there seems to be reasonable grounds for supporting women who object to the increasingly violent and disempowering character of medicalized birth. For it seems that there is evidence that planned homebirth may be better than hospital birth in terms of preventing maternal morbidity.

Above all else, it is now clear that mainstream media depictions of maternity are not alone in perpetuating unjustifiable gender and nature/culture dualisms. It is joined by mainstream scholarly discourse, along with accompanying news media, in contributing to such understandings of childbirth. Arguably, the discourse around the danger of homebirth reflects and perpetuates a deeply embedded gender bias in which women's bodies are viewed "as intrinsically flawed, and in need of control and intervention" (Margo Maine 2000, 174). Medical discourse, and the news media echoing it, perpetuates a "reproductive double-bind," whereby women are with encouraged to believe both that their inherent purpose in life is to bear children, but that their bodies are inadequate for such a task and, thus, require medical control. While women continue to be socialized early on to believe their bodies are made for procreation, they are conversely "deemed untrustworthy and dangerous to the potential life they carry" (Lorber 2011, 46). As I have noted in previous chapters, it seems increasingly clear that contemporary childbirth is a central site for the promulgation of the patriarchal definition of femininity and the distrustfulness of both the female body and the sphere of "nature."

CONCLUSION

In the conclusion to her work, *Feminism and the Mastery of Nature*, Val Plumwood, who died in 2008, wrote that master consciousness is "more than a conspiracy: it is a legacy, a form of culture, a form of rationality, a framework for selfhood and relationship which, through this appropriation of culture, has come to shape us all" (1993, 190). By deploying this theory of master consciousness as a critical lens, this dissertation has sought to offer new insight into the conceptualization behind the medicalization of childbirth and its relationship to gender and social perspectives on nature. This work has shown that the dominant understanding of childbirth, as exemplified both in mass media representations and in pervasive American medical practices, is constructed from a dualistic logic that perpetuates hierarchical gender norms that both denigrate women and facilitate the dangerous hyper-separation or dualization of culture from nature.

As mentioned, this dissertation has also succeeded in contributing to ecofeminist philosophy's project of mapping and analyzing aspects of the "mechanistic world-view" (Plumwood 1993, 194). For medicalized childbirth not only deploys dualistic logic, it also participates in its perpetuation. Medicalized childbirth does not simply enforce a view of birth that results in unjustifiably routine restrictions upon women's birth

processes; it also teaches an understanding of childbirth that functions to perpetuate the culture/nature dualism. In so doing, medicalized childbirth not only obscures the way in which exploding rates of intervention are jeopardizing some birthing mothers' wellbeing, it also fosters a worldview—patriarchal master consciousness—that more generally fails to respect "biosphereic nature" as "a unique, non-tradable, irreplaceable other on which all life on the planet depends" (Plumwood 1993, 194). As explained in chapter one, women's oppression has long been rooted in their identification with "nature," the perhaps quintessential inferior other, through women's general biological capacity to give birth and their socially enforced role as caretakers of the domestic realm (Sherry Ortner 1973, 71-72). While some have argued that the resolution to this problem is full recognition of women's participation in the "culture" side of the culture/nature dualism, ecofeminist thinkers maintain that in order to deconstruct the oppressive and destructive foundation of master consciousness, human beings of all sexes and genders must recognize our fundamental embeddedness in and fundamental reliance on the natural world (Ruether 1996, 330) and reject the devaluation of necessary aspects of human experience such as emotion, embodiment, intuition, care and nurturance (Plumwood 1990).

Medicalized childbirth, as articulated by both medical professionals and in popular culture, often teaches men and women a model of selfhood that dogmatically exalts technological fixes over both organic processes, seeks to subordinate emotions, intuition, and bodily knowledge to a form of rationality based on dualistic logic, and, in the process, backgrounds the historically-based category of femininity to that of idealized patriarchal masculinity (the quintessential "master self"). If my critique is accurate, then

medicalized childbirth is a product of a master consciousness that, in failing to come "to terms with earthian existence," proceeds to cling "to illusions of identity outside nature" and is consequently "unable to grasp its peril" (Plumwood 1993, 194).

In chapter two, I showed that the development of medicalized childbirth relied on, and then recapitulated the dualisms that are central features of patriarchal master consciousness. Specifically, male midwifery, which would give rise to medicalized childbirth, implemented a dualistic conceptual framework that understood women's birth process as a mindless, mechanical occurrence of nature that called for "rational" cultural intervention and transformation. In the process the medicalization of birth significantly compromised women's health. As nature was conceptualized as fundamentally instrumental, requiring patriarchal master consciousness's cultivation, so too was women's childbirth deemed flawed and lacking without cultural transformation via medicalization.

Building on this foundation, chapter three explored the way in which the contemporary manifestation of medicalized childbirth perpetuates this understanding through its technological rituals. This is clear from the implementation of the mannequin birth simulators, which teaches medical professionals that births routinely require medical intervention, a successful childbirth is something medical professionals are foremost responsible for, and that women's intuitive bodily knowledge is fundamentally secondary and necessarily subordinated to medical control. While their use is purported to cultivate improved healthcare services, I suggest that the presumptions bound up in both their programming and their implementation undermine these goals precisely

because they background birthing women's agency, locating active agency in both medical providers and their various technological rituals.

This dissertation has also proven that popular media representations of childbirth, such as those depicted in Hollywood films like *Knocked Up* and *The Backup Plan*, reinforce oppressive patriarchal gender roles. Films such as *The Backup Plan* engage in a form of gender shaming whereby women daring to usurp medical control to give birth on their own terms are degraded as social outcasts such as the "filthy lesbian" or, more generically, the man-woman (devoid of true femininity). Conversely, these popular culture works suggest that women who give in to male control reap the benefits of patriarchal association. In *Knocked Up* this means the birthing mother gets an assertive male partner who's willing to stand up to the doctor, whom both believe is desperately necessary for a healthy birth. The product is a successful birth. Meanwhile, *The Backup Plan* suggests that abandoning female-defined spaces for patriarchal compliance, one stands to gain the perfect heterosexual lover, a healthy child, and a happily ever after. What's more, these themes are not segregated to mainstream pop-culture; they also appear, to a lesser extent, in the *Vagina Monologues*, wherein women's birth is understood as belonging to the dangerous, realm of "nature," hyper-separated from "culture." As a result, the birthing mother becomes a victim of her biology.

In contrast to these pervasive understandings of childbirth, I identify alternative visions of birth that succeed in deconstructing some of the dualisms ecofeminist philosophers contend are significantly responsible for enshrining both claims about the inferiority of women and human hostility toward the natural world. Both *The Business of Being Born* and *Birth As We Know It* refute the normalization of women's passivity, the

supposed pathological character of female biology, and the necessity of medical control for their births. These films do not reject the necessity, at times, of seeking medical assistance during emergency situations; they simply reject the presumption that the female body, particularly when preparing to give birth, is necessarily and universally in a state of crisis requiring medical control. In all, these films succeed in proffering a counter-hegemonic challenge to the gender status-quo, suggesting that birthing women can be understood as powerful, active agents of creation capable of drawing important knowledge from their intuitive connection to their bodies, to directly guide their own birth process. In so doing, the long-standing patriarchal master narrative that insists on the necessity of masculine mediation of the birth process is, within such works, undone.

Finally, chapter six suggests hat supposedly intellectually-based rejections of homebirth amount are largely without merit. Existing research shows that homebirth does not put the birthing mother's life at risk. Indeed the literature indicates that homebirth may reduce overall maternal morbidity for birthing women. For despite medicalized birth's promise of "easy," relatively "painless" birth experiences, the fact of the matter is that the dominant technological approach to childbirth is giving rise to unnecessary, invasive, and, at times, dangerous interventions. While some medical scholars have attempted to argue that homebirthing mothers are putting their children at significant risk, such accusations have been shown to be the product of incomplete—if not selective—analysis. Indeed, at least two significant studies (Kenneth C Johnson, Betty-Anne Daviss 2005, 1; *Scientific American* 2011) indicate that infant mortality in homebirths is comparable to that of hospital births. Moreover, even if the controversial "Maternal and newborn outcomes…" study was correct in concluding that homebirth results in an

increase in the relatively low "absolute risk" of neonatal death—supposedly 2 per 1,000—it is not at all clear that such findings should eclipse the study's conclusion that women giving birth in hospitals experience a comparatively high "absolute risk" of experiencing vaginal laceration compared to homebirth, 224 per 1,000 and 79 per 1,000 respectively.

It is my hope that this dissertation will give rise to additional consideration of the way in which childbirth is utilized as a ritual for the perpetuation of gender norms. Pregnancy and birth are significant locations for the construction of gender because these processes are nearly universally recognized as distinguishing females from males (Aulette, Wittner, Blakely 2009, 187). Yet as I have shown, different conceptualizations of childbirth give rise to dramatically different experiences of birth and also sometimes equally dramatic enactments of gender roles for both men and women. One avenue of future research I hope others consider is the way in which childbirth can change men's understanding of both their gender role and that of the birthing woman. A project I am currently embarking on builds on aspects of the present work and aims to examine how humorous male-directed childbirth guides normalize dominant, patriarchal gender roles and whether or not they background the agency of the birthing mother, and how reader responses contribute to and, at other times, undermine such categories.

More generally, this dissertation invites other scholars to utilize Val Plumwood's theory of master consciousness and her detailed explication of the logic of dualism. This theory provides a potent critical lens through which to examine ideas and power relations. Plumwood's critique of the dominant trends in Western thought is, I strongly believe, profoundly useful in understanding how hierarchical dualistic categories such as culture

and nature, men and women, superior and inferior, master and slave, are created and maintained. Moreover, her work is quite useful in helping us to understand the limitation of a theoretical framework that overemphasizes the "maleness" of the structures and activities of domination and mastery (Plumwood 1993, 42, 5), particularly as females in our society increasingly embrace patriarchal qualities and participate in the master identity. In short, Plumwood's theoretical contention is that while males may very often enact and benefit from the oppression of females, subordinated males, and the intersexed, "maleness" is not the defining feature of this oppression; rather, the dominator's identity is characterized, principally, by a worldview and thought process that systematically interprets real and invented differences as justification for mastery of subordinated others, "master consciousness." Thus, this work invites other scholars to contemplate, identify, and map-out this potent, long-standing understanding of the self and the other.

In closing, I wish to state my contention that people who value women as full-persons and not mere means to reproductive ends are morally required to support efforts to expand women's birth rights including the right to choose where, when, and with whom to give birth. Such a position means not only that one should support alternative birth practices which, as suggested in this work, are consonant with ecofeminist values; but more generally, it means that one should support full education around the processes of birth that openly presents the many options available to women while reducing over-emphasis on anxiety, fear, and other negative attitudes toward birth. Most fundamentally, women's reproductive choices, including their decision-making power before and during childbirth, should be given greater regard. Today, as in ages past the female body, like the earth itself, is hegemonically conceptualized as a poorly functioning object that the

masculine spheres of culture and technology are entitled to improve upon or, more explicitly, "exploit." As Adrienne Rich wrote:

> The female body has been both territory and machine, virgin wilderness to be exploited and assembly-line turning out life. We need to imagine a world in which every woman is the presiding genius of her own body. In such a world women will truly create new life, bringing forth not only children (if and as we choose) but the visions, the thinking, necessary to sustain, console, and alter human existence—a new relationship to the universe (Rich 1986, 285-286).

As I have argued throughout this dissertation, birth is a central site for the critical reconstruction of femininity, the reinterpretation of qualities associated with the female person, and also for the social construction of ideas about "nature." For it presents an opportunity to combat core sources of women's oppression including the patriarchal denial of the power and creativity inherent in childbirth, and the conceptualization of the female body as both object and as antithetical to freedom. It is my hope our society will learn to recognize and respect women's unique, creative power to participate in an organic biological process that long predates human civilization, whereby the mother literally forms new life within her womb, and births this new being into the world. In so doing we may also begin to erode the both false and dangerous culture/nature dualism, which pretends that humanity is removed from the realm of the natural world.

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