Obstetrical Rituals and Cultural Anomaly: Part I

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Full Text: Headnote ABSTRACT: A constant reminder that babies come from women and nature, not from technology and culture, childbirth calls into question our attempts at technological dominance of nature, confronting American society with a series of conceptual dilemmas with practical, procedural ramifications: how to create a sense of cultural control over birth, a natural process resistant to such control? How to make a birth, a powerfully female phenomenon, reinforce, instead of undermine, the patriarchal system upon which American society is still based? In the absence of universal baptism, how to enculturate a non-cultural baby? Some of these dilemmas are universal problems presented by the birth process to all human societies; others are specific to American culture. Each contains within it a fundamental paradox, an opposition which must be culturally reconciled lest the anomaly of its existence undermine the fragile technology-based conceptual system in terms of which American society understands itself. After a brief discussion of the history of this technological paradigm, analysis of eight of these dilemmas will demonstrate how they have been neatly resolved by obstetrical rituals specifically designed to remove birth's conceptual threat to the technological model by making birth appear to confirm instead of challenge the basic tenets of that model. The ultimate goal of the presentation is to offer a convincing anthropological answer to the question that plagues so many of those involved with birth, "Since most standard obstetrical procedures are so irrational, why are they so universally used?" Ritual forms an essential part of the matrix that organizes people into the social structure, and provides the glue that holds the social and cognitive structures together. . . . Its principal function . . . is to provide what we have termed the stage one state: the state that maximizes a single, univariate orientation to reality at any level of analysis-physiological, psychological, or social. John McManus The Spectrum of Ritual INTRODUCTION: AMERICAN CORE VALUES AND THE RITUALIZATION OF CHILDBIRTH Every woman giving birth in an American hospital is faced with a standardized set of technologically-oriented procedures which will shape her experience of childbirth and often will even determine the outcome of that experience. As American birth becomes increasingly technological, increasing numbers of women have raised their voices in protest of a system that they see not only as dehumanizing and disempowering to women, but also as illogical and nonsensical [1, 2, 3, 4, 5, 6]. As evidence of the unnecessary and often harmful nature of obstetrical procedures is accumulated and published by the medical [7, 8, 9] and lay presses [10, 11, 12, 13, 14, 15, 16, 17], more and more individuals involved with birth are asking how it is possible that a medical specialty that purports to be scientific can appear to be so "irrational." These individuals cite such common obstetrical practices as the placement of the woman in the lithotomy position for birth [18], the frequent performance of episiotomies [19], and the Cesarean deliveries of nearly 25% of American babies [20] as examples of such irrationality. Although as a woman I was led by much of this literature, as well as by interviews with over one hundred mothers and many of their birth attendants [21], to question the "scientific" legitimacy of obstetrical procedures, as an anthropologist I have learned that most cultural behaviors which at first appear to be irrational usually turn out, upon closer investigation, to make excellent sense and to play important and meaningful roles within the context of the overall cultural system. If so-called "primitive" customs like initiatory scarification or drinking the ashes of dead relatives are perfectly logical extensions of cultural assumptions about reality, then wouldn't there be something equally as sensible about the cultural treatment of birth in the American hospital? What cultural services might obstetricians be performing when they bring forth a new social member through a maze of wires and electronic bleeps? In this article, I want to examine the American obstetrical treatment of

birth from the perspective of American culture as a conceptual system. In earlier works [22, 23, 24], I have addressed questions of the significance for the individual of the "standard American hospital birth," looking at birth as a rite of passage into motherhood in American society. This perspective has enabled me to see that many obstetrical procedures which pass for science are in fact rituals designed to convey the core values of American society to birthing women. These core values, I have argued, center around science and technology, the institutions through which these are disseminated into society, and the patriarchal system through which they are managed. From this perspective, routinely used obstetrical procedures such as electronic fetal monitoring, episiotomies, the lithotomy position, and even the Cesarean section, emerge as perfectly sensible ritual and symbolic techniques for socializing women into this technological core value system. These obstetrical procedures are in fact rational ritual responses to our technological society's extreme fear of the natural processes on which it still depends for its continued existence. CULTURES, CATEGORIES, AND CONCEPTUAL ANOMALIES In order to survive and to perpetuate itself, every human culture must be based on a cohesive and consistent system of conceptual categories through which its members can understand the world around them. Yet any such system, no matter how carefully worked out, is bound to confront experiences in nature and in the supernatural that do not comfortably fit its categories nor support its premises [25, 26]. Cultures like ours, whose conceptual systems are founded on principles of man's superiority to nature, are especially challenged to develop successful ways of dealing with powerful natural and supernatural experiences which demonstrate the inadequacy of their belief systems. Birth is one such experience. The unique constraints on reality inherent in our system of core values and beliefs ensure that the natural process of birth will confront our society with a thorny set of philosophical problems concerning its relationship to the individuals who comprise it, and to the larger natural and cosmic worlds which sustain and encompass it. Some of these problems are universal to all human cultures; others stem from our society's uniquely profound commitment to a belief system which I term the technological model of reality. Because any understanding of the conceptual role played by American obstetrics in American culture must first encompass this model, we will turn here to a brief consideration of its history and basic premises. THE TECHNOLOGICAL MODEL OF REALITY According to Carolyn Merchant in The Death of Nature (27), it was during the 17th-century period of the rapid commercial expansion of Western society that the machine replaced the organism as the underlying metaphor for the organization of man's universe. (Prior to this time, the earth had been viewed as a living organism infused with a female "world-soul.") Descartes, Bacon, Hobbes, and others developed and widely disseminated a philosophy which assumed that the universe is mechanistic, following predictable laws which those enlightened enough to free themselves from the limitations of medieval superstition could discover through science and manipulate through technology. These ideas fit in so well with the already ancient Western cultural belief in man's right to dominate nature (chartered in Grenesis) that by the end of the 17th century they had become the philosophical cornerstones on which rested the belief system of Western society. As a result of this switch in base metaphors, nature, society, and the human body soon came to be viewed as composed of "interchangeable atomized parts" that could be repaired or replaced from the outside. Merchant says: [These philosophers] transformed the body of the world and its female soul ... into ... a mechanical system of dead corpuscles, set into motion by the creator, so that each obeyed the law of inertia and moved only by external contact with another moving body.... Because nature was now viewed as a system of dead, inert particles moved by external, rather than inherent forces, the mechanical framework itself could legitimate the manipulation of nature. [27:193] Under this model, God set in motion a chain of events. Man could discover the laws by which these events proceeded, and could intervene in these events for his own benefit. Power was to be legitimately "derived from active and immediate intervention in a secularized world" [27:193]. But there were restrictions on this power, as under this model humans were limited by the divinely imposed-albeit strictly mechanical-limitations of the natural and cosmic worlds. In today's world, these restrictions have been conceptually-and significantly-removed. Modern technology has "progressed" far beyond what was imaginable to the 17th-century philosophers who originated

the mechanical model. There is a promise inherent in today's technology peculiar to this century and critical to our cultural future. To the earlier philosophers, the phenomenon of death was the inevitable fate of every human body-machine, and while the birth process came to be seen as mechanical, the phenomenon of conception remained a mystery beyond human manipulation or control. But for present generations, modern technology holds the twin promises of our actual creation of life, and our actual transcendence of both death and the planetary bounds of nature. Cryogenic suspension, test-tube conception, and space travel are physiological realities today, whispering the promise of ultimate transcendence through technology tomorrow. MEDICINE AS A MICROCOSM OF AMERICAN SOCIETY The widespread cultural acceptance of the mechanical model in the 17th century was accompanied by the fragmentation of the system of organized religion which had unified the conceptual framework of European society. As the mechanical model itself became the conceptual factor "unifying cosmos, society, and self [27:192], the primary responsibility for the human body, a responsibility which had once belonged to religion, was assigned to the medical profession. This developing science had taken the mechanical model as its philosophical foundation, and so was much better equipped than religion to take on the challenging conceptual task of transforming the human body, quite clearly an organism, into a machine-a transformation which was crucial to the development of Western society. The elaboration of an intelligible and consistent conceptual universe is an essential step in the formation and continuation of any society. In such a universe, the founding metaphors for cosmos, culture, and individual self must be consistent with each other, so that each element becomes a scaled-down version of the other. As the basic vehicle of human, and thus social, existence, the human body must officially reflect society's vision of itself. If a society chooses to see itself and the universe it inhabits as purely mechanistic, then it must also see the human bodies which comprise it as mechanistic. The problem here, of course, is that bodies are not machines, and therefore the human body represents a great conceptual challenge to the technological model. And so it became both the cultural mission and the vested interest of Western medicine to prove the ultimate truth and viability of this model by making the body appear to be as mechanistic as possible. Medicine's eventual success in this mission-a success which was not at all guaranteed until the introduction of the germ theory of disease in the late 1800s [28:236,29:30]-played a major role in the permeation of the machine metaphor into every aspect of American life. Along with responsibility for maintaining the consistency of our dominant belief system, doctors hold another social duty which had previously been the responsibility of the medieval priest-namely, that of inculcating the basic tenets of this belief system into individual members of society. It is no cultural accident that doctors themselves must undergo an eight-year long initiatory rite of passage, a process of socialization so lengthy and thorough that at its end they will become not only physicians but society's representatives [30]. For our medical system encapsulates the core values of our society which stem from its technological model of life, and thus is well-qualified to transmit these values. American bio-medicine's cures are based on science, effected by technology, and carried out in institutions founded on principles of patriarchy and the supremacy of the institution over the individual. These medical institutions are especially effective as mechanisms through which society's core values can be perpetuated because the hierarchical principles on which they are organized allow responsibility to be so generalized and diffused that few individuals have enough power to fundamentally alter how things are done. Individual physicians who try to change "the system" often find themselves thwarted and stymied by other physicians, by hospital administrators, and ultimately by the combined forces of the legal and business systems of our society. In very recent times, the threat of lawsuits and the rising cost of malpractice insurance have become major social deterrents against the efforts of individual physicians to humanize and personalize American medicine. To quote a Texas obstetrician: Certainly I've changed the way I practice since malpractice became an issue. I do more c-sections, that's the major thing. And more and more tests to cover myself. More expensive stuff. We don't do risky things that women ask for-we're very conservative in our approach to everything.... In 1970 before all this came up, my c-section rate was around 4%. It has gradually climbed every year since then. In 1985 it was 16%, then in 1986 it was 23%. These legal and financial

deterrents to radical change powerfully constrain our medical system, in effect forcing that system to precisely reflect and to actively perpetuate the core belief and value system of American society as a whole. Thus, this medical system can most productively be understood as American society's microcosm-the condensed world in which our society's deepest beliefs, greatest triumphs, and grossest inadequacies stand out in high relief against their cultural background. For this reason, the anthropological study of this system can be particularly revealing. And for the same reason, our medical system is in a unique position to respond to conceptual challenges to the core beliefs of American society which center around that basic social unit for which medicine is responsible-the human body. THE BODY AS MACHINE The human body presents a profound conceptual paradox to our society, for it is simultaneously a creation of nature and the focal point of culture. How can we be separate from nature when we are of it? Western philosophers such as Descartes and Bacon neatly resolved this problem for us in the 1600s when they established the conceptual separation of mind and body, upon which the metaphor of the body-as-machine depends. This idea meant that the body, as a mere part of mechanical nature, could be taken apart, studied, and repaired without fear of affecting the superior cultural essence of man-his mind. In the 17th century, the practical utility of the application of this mechanical metaphor to the human body lay in its removal of the body from the purviews of religion and philosophy, as well as superstition and ignorance. To conceive of the body as a machine was to open it up to scientific investigation and get on with the research, leaving all bothersome questions of spirituality and the integrity of the individual to the priests and philosophers. (The same questions, by the way, kept the Chinese from any type of surgical intervention into the body's integrity for centuries.) The philosophical links between the metaphor of the body-as-machine and the core value system current in the United States today are to be found in the category system of the Roman Catholic church, which was in place hundreds of years before it was transformed by the mechanical model in the 1600s. This symbolic system held that women were inferior to men-closer to nature, with far feebler intellects, little or no spirituality, and a propensity for lying and deceit, as is indicated in the following excerpt from the Malleus Malefiearum (The Hammer of Witches), a witch-hunting manual so influential that it was used in witch trials throughout Europe for nearly three centuries after its publication in 1486: And it should be noted that there was a defect in the formation of the first woman, since she was formed from a bent rib, that is, a rib of the breast, which is bent as it were in a contrary direction to a man. And since through this defect she is an imperfect animal, she always deceives. . . . And all this is indicated by the etymology of the word; for "Femina" comes from Fe and Minus, since she is ever weaker to hold and preserve the faith. [31, 121] Had the mechanical model been impartially applied to both females and males, it could have done to the patriarchal belief system of the 1600s what women's liberation is trying to do today to our inherited version of that same system. Instead, the mechanical model as finally accepted by Western society over the next two centuries was simply overlaid on centuries-old Roman Catholic notions of sexual differences. Thus the transformation of the Catholic symbolic system by the mechanical model of the universe ultimately strengthened, rather than equalized, the patriarchal system in Europe. In spite of the potential for establishing female equality also inherent in the Protestant Reformation and the Scientific Revolution (events which also transformed, and to some extent undermined the Catholic symbolic system), the men who established the idea of the body as a machine firmly established the male body as the prototype of this machine. [32] Insofar as it deviated from the male standard, the female body was regarded as abnormal, inherently defective, and dangerously under the influence of nature, which due to its unpredictability and its occasional monstrosities, was itself regarded as inherently defective and in need of constant manipulation by man [27, 2]. Thus, despite the acceptance of birth as mechanical like all other bodily processes, it was still viewed as inherently imperfect and untrustworthy. The demise of the midwife and the rise of the male-attended, mechanically manipulated birth followed close on the heels of the wide cultural acceptance of the metaphor of the body-as-machine in the West and the accompanying acceptance of the metaphor of the female body as a defective machine-a metaphor which eventually formed the philosophical function of modern obstetrics. Obstetrics was thus challenged from its

beginnings to develop tools and technologies for the manipulation and improvement of the inherently defective and therefore anomalous and dangerous process of birth. The natural process of birth confronts American society with at least eight major conceptual and procedural dilemmas. I choose the label "dilemmas" (in the sense of "a problem seemingly incapable of a satisfactory solution [33]), instead of "oppositions" or "anomalies," and present these dilemmas below in "how to" terms, in order to emphasize that they are conceptual problems whose successful resolution depends on concrete, operational, "how-to-proceed" plans for action in the face of potentially paralyzing paradox. These dilemmas may be summarized as follows: 1. Our society is conceptually grounded in the technological model of reality, and thus has a vested interest in maintaining the conceptual validity of that model. Yet the natural process of birth appears to refute the technological model because the birth process confronts us with graphic evidence that babies come from women and nature, not from technology and culture. This dilemma can be stated as follows: how to make the natural process of birth appear to confirm, instead of refute, the technological model? 2. Our culture has a strong need to feel that it is in control of nature and its own future, and yet the birth process, on which the future of our society (still) depends, in many fundamental ways cannot be predicted or controlled. So the dilemma becomes, how to create a sense of cultural control over birth, a natural process resistant to such control? 3. The birthing of a child constitutes one of the most profoundly transformative and uniquely individual experiences a woman will go through in her life. Across cultures, people seek ways to generalize such experiences-that is, to turn them into cultural rites of passage in order to make it appear that the transformation is effected, not by nature, but by the culture itself, and to utilize the transformative period to inculcate the individual with basic cultural beliefs and values through ritual. So the dilemma is, how to generalize an individual transformation?-that is, how to turn the natural birth experience which, left unshaped by ritual, would remain a purely individual transformation, into a cultural rite of passage? 4. Rites of passage entail a period of liminality [34] in which the initiate is considered dangerous to society, because he or she is living in a transitional realm between social categories which is officially not supposed to exist; the fact that it does exist threatens the entire category system of the culture. Yet this danger, if properly handled, can be culturally revitalizing, as it carries the tantalizing possibility of cultural change. While too much contact with this danger can be culturally disruptive, some is essential for combating the constant dangers of entropy which threaten to undermine those societies who never flirt with the unknown. So the problem becomes, how to "fence in" the dangers associated with the liminal period in birth, while at the same time allowing controlled access to their revitalizing power? 5. Babies are natural beings, born essentially culture-less. Yet people universally seem to insist that being culture-full is what makes us human. How to enculturate a non-cultural baby? 6. The majority of human cultures are strongly patriarchal, ours included. Yet birth, upon which men must totally depend for their own and their children's existence, is a purely female phenomenon. As such, birth poses a major conceptual threat to male dominance, as male dependence upon females for birth would seem to demand that women be honored and worshipped as the goddesses of their society's perpetuation. The dilemma here: how to make birth, a powerfully female phenomenon, appear to sanction patriarchy? 7. The technology and the institutions in which we place our faith for the perpetuation of our culture are inherently asexual and impersonal. The birth process, upon which the perpetuation of our culture depends, is inherently sexual and intimate. Thus its intimacy and sexuality constitute yet another arena in which birth threatens to undermine the conceptual hegemony of the technological model. So those responsible for the cultural management of birth in the United States have had to devise culturally appropriate ways to remove the sexuality from the sexual process of birth. 8. Our society remains strongly patriarchal, yet pays increasing lip service to the ideal of equality. While increasing numbers of women espouse this ideal, our culture will not survive in its present form unless these women can also be made to internalize the basic tenets of the technological model of reality. This dilemma is one of the most intriguing: how to get women, in a culture which pays increasing lip service to the ideal of equality, to accept a belief system which denigrates them? Some of the above dilemmas are universal problems presented by the birth process to all human societies; others are

specific to American culture. Each contains within it a fundamental paradox, an opposition which must be culturally reconciled lest the anomaly of its existence undermine the fragile conceptual framework in terms of which our society understands itself in relation to the universe. That conceptual anomalies do in fact have such power is abundantly illustrated throughout history: every new religion has promoted itself by daring to spotlight the conceptual discrepancies in the belief system that went before it [35]. Irreconcilable oppositions are tolerable as long as no one points the finger at them, but once they are put in front of the public eye, they can and often do topple governments. Thus any society's ability to perpetuate its belief system depends greatly upon its ability to offer its members a variety of ways to mediate those conceptual oppositions which constantly threaten to tear it apart. As we have seen, the cultural responsibility for mediating these eight dilemmas in which birth and American culture are fundamentally opposed lies with our obstetrical profession. The response of the science of obstetrics to this cultural challenge has been: 1) to work out carefully a strong and consistent philosophical rationale for the management of birth which interprets birth specifically and exclusively in terms of the technological model; and 2) to develop a set of ritual procedures which could be uniformly applied to the natural process of human reproduction in order to conceptually transform it into a cultural process of human production, similar to the production of any other technological artifact. We will now turn to specific consideration of each dilemma and of how it is successfully (more or less) resolved by the rituals developed by American obstetrics. THE CONCEPTUAL AND PROCEDURAL DILEMMAS PRESENTED TO AMERICAN SOCIETY BY THE NATURAL PROCESS OF BIRTH, AND RESOLVED BY OBSTETRICAL RITUALS In all cases, the immediate attempt of the human organism in the face of an unknown stimulus is to organize it within a known framework. Eugene d'Aquili and Charles Laughlin The Spectrum of Ritual NATURAL VS. TECHNOLOGICAL REALITY: HOW TO MAKE THE NATURAL PROCESS OF BIRTH APPEAR TO CONFIRM THE TECHNOLOGICAL MODEL In developing its belief system, every culture must make the basic conceptual move of separating itself from the natural world which spawned it, of deciding and then delineating where one ends and the other begins. Yet because it is only through nature that new members can enter culture, childbirth calls into question any conceptual boundaries a culture tries to establish between itself and nature. Such a visible and constant reminder that we can never really separate ourselves from the natural world presents an especially serious conceptual challenge to our culture, for it threatens to undermine the promise of ultimate technological transcendence inherent in our technological model. A common cultural response to this type of conceptual threat is to wall it off from the mainstream of social life by creating special categories of "tabu," which are often reflected in actual social spaces specifically constructed to contain the conceptual danger [25]. Another common cultural coping technique is to then defuse the conceptual bomb through the careful and consistent performance of rituals designed to mold the inconsistent phenomenon into apparent compliance with society's official belief system]36[. Our culture, like many others, has availed itself of both of these techniques in its struggle to cope with the conceptual threat presented by natural birth. We have tabued birth, removing it from everyday life by walling it off in hospitals (institutions specifically designed to isolate most of the boundary-threatening reminders of our subordination to nature presented to our culture by the human body, including disease and death, as well as birth [37, 38]. Finally, we have defused birth's explosive potential for conceptual upset by processing it through rituals specifically designed to eliminate the inconsistency between the birth process and our technological belief system, by making birth appear to confirm, instead of challenge, that belief system. Shortly after entry into the hospital, the laboring woman will be symbolically stripped of her individuality, her autonomy and her sexuality as she is "prepped"-a multi-step procedure in which she is separated from her husband, her clothes are removed, she is asked to put on a hospital gown, her pubic hair is shaved or clipped, and she is ritually cleansed with an enema [39]. Now marked as institutional property, she may be reunited with her husband, if he chooses to be present, and put to bed. Her access to food will be limited or prohibited, and an intravenous needle may be inserted in her hand or arm. Symbolically speaking, the IV constitutes her umbilical cord to the hospital, signifying her now-total dependence on the institution for her life, telling her not

that she gives life, but rather that the institution does. The laboring woman's cervix will be checked for degree of dilation, at least once every two hours and sometimes more often. If dilation is not progressing in conformity with standard labor charts, pitocin (a synthetic hormone) will be added to the intravenous solution to speed her labor (80% of the women in my study group were given pitocin, or were "pitted"). This "labor augmentation" clearly indicates to the woman that her machine is defective, as it is not producing on schedule, in conformity with production timetables Gabor time charts). The mechanicity of her labor will be further demonstrated by the administration of analgesia and/or anesthesia; the ensuing physiological separation of her mind from her body thus effected quite clearly shows her that the body-machine which produces the baby is quite a different entity from her individual self. This message is intensified by the external electronic fetal monitor, attached to her body by a large belt strapped around her waist to monitor the strength of her contractions and the baby's heartbeat: The vision of the needle travelling across the paper, making a blip with each heartbeat, [is] hypnotic, often giving one the illusion that the machines are keeping the baby's heart beating. [3:90] The internal monitor, attached through electrodes to the baby's scalp, communicates the additional message that the baby-as-hospital-product is in potential danger from the inherent defectiveness of the mother's birthing machine. As the moment of birth approaches, there is an intensification of actions performed on the woman, as she is transferred to a delivery room, placed in the lithotomy position, covered with sterile sheets and doused with antiseptic, and an episiotomy is cut to widen her vaginal opening. The lithotomy position, in which the woman lies with her legs elevated in stirrups and her buttocks at the very edge of the delivery table, completes the process of her symbolic inversion from autonomy and privacy to dependence and complete exposure, expressing and reinforcing her powerlessness and the power of society at the supreme moment of her own individual transformation. The sterile sheets with which she is draped from neck to foot enforce the clear delineation of category boundaries, graphically illustrating to the woman that her baby, society's product, is pure and clean, and must be protected from the fundamental uncleanness of her body and her sexuality. The delineation of basic social categories is furthered by the episiotomy, which conveys to the birthing woman the value and importance of the straight line-one of the most fundamental markers of our separation from nature. Of equal significance, the episiotomy transforms even the most natural of childbirths into a surgical procedure; routinizing it has proven to be an effective means of justifying the medicalization of birth. Estimates of episiotomy rates in first-time mothers (primagravidas) range from 50-90%; large teaching hospitals often have primagravida rates above 90%. Multi-gravida rates are estimated at 25-30% [40]. The obstetrician instructs the mother on how to push, catching the baby and announcing its sex, then handing it to a nurse. The obstetrician then caps off the messages of the mother's mechanicity by extracting her placenta if it does not come out quickly on its own, sewing up his episiotomy, and ordering more pitocin to help her uterus contract back down. Finally the new mother, now properly "dubbed" as such through her technological annointings, will be cleaned up and transferred to a hospital bed. Through these procedures, the natural process of birth is deconstructed into identifiable segments, then reconstructed as a mechanical process. Birth is thereby made to appear to confirm, instead of to challenge, the technological model of reality. Of course, there are many variations on this theme. Many younger doctors are dropping preps and enemas from their standard orders (although several complained to me that the nurses, also strongly socialized into the technological model, frequently administer them anyway). Increasing numbers of women opt for delivery in the birthing suite or the LDR Qabor-delivery-recovery room), where they can wear their own clothes, do without the IV, walk around during labor, and where the options of side-lying, squatting, or even standing for birth are increasingly available. (The fact that many of the procedures analyzed above can be instrumentally omitted underscores my point that they are rituals.) Yet in spite of these concessions to consumer demand for more "natural" birth, a basic pattern of consistent high-technological intervention remains: most hospitals now require at least periodic electronic monitoring of all laboring women; analgesics, pitocin, and epidurals are widely administered; and one in four will be delivered by Cesarean section. Thus, while some of the medicalization of birth drops away, the use of the most powerful

signifiers of the woman's dependence on science and technology intensifies. HOW TO CREATE A SENSE OF CULTURAL CONTROL OVER BIRTH, A NATURAL PROCESS RESISTANT TO SUCH CONTROL

Underneath our stubborn insistence on the mechanistic nature of birth hide the truths of its natural unpredictability and spiritual unknowability. Because across cultures and throughout history ritual mediates between cognition and chaos by appearing to restructure reality, humans have chosen it as the most effective means of overcoming their fear of the mystery and unpredictability of the natural and cosmic realms. To precisely perform a series of rituals is to feel oneself locked into a set of conceptual gears which, once set in motion, will inevitably carry one all the way through the perceived danger to a safe and predictable end [41, 42, 43]. Just so do obstetrical rituals serve physicians and nurses. It is these routines which psychologically enable medical personnel to attend births; without their routines, birth attendants would feel powerless in front of the power of nature, conceptually adrift in a category-less sea of uncontrollable and uninterpretable experience. To understand one of the communicative functions the repetitive patterning of obstetrical procedures has for obstetrical personnel, the value of careful adherence to form in ritual must be appreciated. Moore and Myerhoff [44] observe that order and exaggerated precision in performance, which set ritual apart from other modes of social interaction, serve to impute "permanence and legitimacy to what are actually evanescent cultural constructs." This establishment of a sense of "permanence and legitimacy" is particularly important in the performance of obstetrical procedures because of the limitations on the power the obstetrician's technological model gives him over the events of birth. Although a culture may do its best through ritual to make the world appear to fit its belief system, reality may occasionally perforate the culture's protective filter of categories and threaten to upset the whole conceptual system. Thus obstetricians and nurses who have experienced the agony and confusion of maternal or fetal death or the miracle of a healthy birth when all indications were to the contrary, known at some level that ultimate power over birth is beyond them, and may well fear that knowledge. In such circumstances, humans use ritual as a means of giving themselves the courage to carry on [41], as through its careful adherence to form, ritual mediates between cognition and chaos by appearing to restructure reality. The format for performing standard obstetrical procedures provides a strong sense of cultural order imposed on and superior to the chaos of nature: Except for cutting the umbilical cord, the episiotomy is the most common operation in obstetrics. The reasons for its popularity among obstetricians are clear. It substitutes a straight, neat surgical incision for the ragged laceration that otherwise frequently results. It is easier to repair and heals better than a tear. It spares the fetal head the necessity of serving as a battering ram against perineal obstruction . . . [which] may cause intracranial injury. Episiotomy shortens the second stage of labor [45]. [See 19] As obstetricians began to take on the cultural responsibility for birth, their own belief in birth's inherent danger made essential their development of rituals which they could rely on to give them the courage to daily face the challenge nature presents [46]. Thus the performance of obstetrical rituals themselves had to take on the predictable pattern of a mechanical process. From the prep to the episiotomy, these procedures had to serve for birth attendants as the cranking gears which would mechanically and inevitably carry the birth process right on through the perceived danger to a safe and predictable end [47]. As one obstetrician put it: Why don't I do home births? Are you kidding? By the time I got out of residency, you couldn't get me near a birth without five fetal monitors right there, and three anesthesiologists standing by. The same kind of psychological reassurance is sought by many birthing women who must individually face the same unknowns. Whether obstetrical rituals are traumatizing or empowering to these women, such rituals do usually provide at least a sense of certainty and security that their babies will get born, and that neither they nor their babies will die. But they are also, most reassuringly, shown in most cases that a natural process perceived as terrifying and uncontrollable can be controlled and rendered conceptually safe when its course is mechanistically channeled into predictable pathways: I was scared to death of the whole thing. I didn't want to have anything to do with it, didn't want to know about it. I just wanted the doctor to take care of it and give me my baby. And when I got to the hospital they put me out, and when I woke up they showed me my baby girl, and that was just fine with me.

[Toni] I was terrified when my daughter was born, because I had had a section and I had been told, you know, that once you have a section you can't have a baby by vaginal delivery because you will burst or something and I was kind of scared. I just knew I was going to split open and bleed to death right there on the table, but she was coming so fast they didn't have time to do anything to me.... I would rather have had a section like my other births.... I like sections, because you don't have to be afraid. [LeAnn] Cumulatively, obstetrical procedures such as fetal monitoring, the insertion of IVs, the administration of pitocin, the use of anesthesia, amniotomy, the lithotomy position and the episiotomy, forceps or Cesarean section are felt by those who perform them to transform the unpredictable and uncontrollable natural process of birth into a relatively predictable and controllable technological phenomenon which reinforces our society's most fundamental beliefs about the superiority of technology over nature. HOW TO GENERALIZE AN INDIVIDUAL TRANSFORMATION This third conceptual dilemma presented by the naturally transformative birth process is one faced by all human cultures at various points in the human life cycle: how to generalize an individual transformation. Such generalization is necessary to ensure conformity with the official social belief system; otherwise, unchannelled individual transformative experiences might (and often do) challenge the dominant belief system. Of course, most societies resolve this dilemma by routing individual transformations through an established and generalized process known as a rite of passage-a bridge of rituals designed to safely convey an individual in transition from one social state to another, and to cognitively transform that individual in his/her own eyes, as well as in those of the dominant society. A "ritual" is a patterned, symbolic and transformative enactment of a cultural belief or value. The rituals of initiatory rites of passage utilize the communicative power of symbols to enact the basic tenets of the society's dominant reality model, and to transmit these beliefs and values to the initiates. While intellectually received messages, such as subjects taught in school, can be consciously accepted or rejected, the symbol's message is often received below the level of consciousness, through the body and the emotions (e.g., the Marine basic trainee sleeping with his rifle) and thus may have a profound effect of which the initiate is but dimly aware. In most cases, the future of the society conducting the rite depends to a great extent on the thorough internalization of its core belief and value system by the initiates. Thorough emotional and physiological integration of American society's profound respect for and dependence on technology and the maledominant cultural world built by that technology is, from society's perspective, of special importance during the woman's rite of passage into motherhood, for she will be the primary socializer of society's new member-her child. A common tenet of modern thought holds that the transfer of the birthplace from home to hospital which has taken place in American society has represented the de-ritualization of what in other, more "primitive" societies, has traditionally been a rite of passage laden with superstition and tabu. On the contrary, however, as we have seen, the placement of birth in the hospital has resulted in a proliferation of rituals surrounding this natural physiological event more elaborate than any heretofore known in the "primitive" world. These transformative rituals carry and communicate cultural meaning far beyond their ostensibly instrumental ends. In so doing, they resolve another potentially worrisome dilemma peculiar to a society which insists on appearing as rational, scientific, and non-ritualistic as possible: how to make birth into a rite of passage that does what it is supposed to do (transform the initiates through inculcating them with core social values and beliefs) without looking ritualistic at all. Moore and Myerhoff point out that unusually extensive elaboration of ritual is most likely to occur when the ideological system enacted by a series of rituals is not explicit, precisely because more presentation and persuasion, more communication of information is needed when ideology is scanty or fragmentary, and context not reliable as when background and presumption of shared belief and comprehension are limited. [44: 11] The technologically-based core value system of our culture is below the level of consciousness for most of us, although it pervades our experience in countless ways. The enormous variety of religious, philosophical, and ethnic core value and belief systems in this country necessitates special efforts on the part of the representatives of societyat-large to preserve and to perpetuate its dominant core value system. Thus the largest social institutions which are founded on the principles of that system, and which

can be counted on to touch the lives of the vast majority of American citizens, become primary socializing agents for the inculcation of mainstream American beliefs and values into young citizens, beginning with their birth in hospitals and continuing throughout their requisite years in schools. Even more profound indoctrination of society's core values can be accomplished with adults in special, intensely ritualized situations (which again, don't look to us like the rites of passage they really are) such as college football [48], Army basic training [49], medical school and residency [30,50, 51], and hospital birth [24]. Moreover, most becoming mothers, who are undergoing quite powerful and psychologically compelling physiological and cognitive transformations, feel a very real need for social acknowledgment and cultural entrainment to give meaning and order to this often chaotic and bewildering experience. It is precisely these needs, of course, which officially conducted rites of passage are specifically designed to fulfill. Those birthing women who, consciously or unconsciously, seek in the hospital both official recognition by society of their personal transformations, and official confirmation of the Tightness and validity of their own technologically-based belief systems, will feel slighted, uncared for, and downright ignored if at least some standard obstetrical routines are not performed upon them, and I quote one such woman: My husband and I got to the hospital, and we thought they would take care of everything. I kept sending my husband out to ask them to give me something for the pain, to check me-anything-but they were shortstaffed and they just ignored me until the shift changed in the morning. Many women, of course, would prefer to be so ignored! But in spite of the uniqueness of each birth and each woman who gives birth, the standardized obstetrical procedures give this, the ultimately transformational process, the reassuring appearance of sameness and conformity to the socially dominant reality model. (Part II of Dr. Davis-Floyd's paper, including references, will appear in the fall issue of PPPJ.) AuthorAffiliation Robbie E. Davis-Floyd, Ph.D., is an anthropologist who has specialized in the analysis of obstetrical procedures as cultural rituals. Correspondence may be addressed to her at 804 Crystal Creek Drive, Austin, TX 78746. This article is reprinted with permission from Social Science and Medicine.

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