

Childbirth: The Ordinary Miracle: Effects of Devaluation of Childbirth on Women's Self-Esteem and Family Relationships

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Abstract: None available.

Full Text: "You are stupid women! You have nothing to prove. You're not a man."-comedian Carole Montgomery, in reference to natural childbirth on The Oprah Winfrey Show, March 1, 1996. The experience of pregnancy and childbirth is uniquely female. Not all women give or want to give birth. However women who do give birth are faced with the reality of one of nature's most powerful events whatever the circumstances. The fact that women can express extremely negative or incredibly positive experiences of childbirth is evidence of the generic power of the experience itself. This most basic fact, that childbirth is a powerful force to be respected, has been lost in the overall devaluation of the feminine in our society. Women often feel alone with the responsibility of motherhood, even when they have supportive partners. Mothers are criticized quickly when things go awry in childbearing, while their positive contributions go unsung. In fact, many aspects of female development remain invisible to our culture at large. Childbirth is no exception. The message of our society is that the experience of childbirth is unimportant. Countless women have come to see me in my practice because they could find no one to talk to about their childbirth experience. Their psyches called out for an integration of this very powerful event, that brought their babies into their lives, their hearts and their minds. But they are questioned for their need to process it, as if the tremendous physical transformation of a newborn emerging from within their bodies were not significant enough to address. Their obstetricians often express dismay that they should want to talk further about the experience for any reason, because after all they have a healthy baby! Women are left with the implication that to continue to have any need to discuss the experience means they don't really care about the baby, or they have missed the point of it all. Again, this is a way of saying that the experience of giving birth should not matter to a woman. This gives women the message that their own development does not matter once they become mothers. To not take a woman's needs seriously, is to contribute to a lowered sense of self-esteem which may also have effects on her available energy for bonding and enjoying her baby, and may even contribute to postpartum depression. Without a way to integrate the experience, women are left to try to feel better by denigrating childbirth. This approach serves the overall social structure which itself devalues the process. But in the end it undermines a woman's sense of the worth of her own significant life events. DEVALUATION OF FEMALE EXPERIENCE Because our culture devalues that which is feminine, even the most intimate and basic processes of women's lives become targets for judgment. Our society encourages competition in every aspect of life. Mothers themselves are incited to compete with one another, making their own birth experience a valid or invalid one, arguing whether the experience of giving birth is sacred, beautiful and powerful or a denigrating process to endure, even a worthless joke on women. Women comedians sarcastically attack women who want to experience natural birth.¹ "You are stupid women! You have nothing to prove. You're not a man!" It makes for good entertainment, but this polarization distorts the continuing problem of devaluation at the heart of our experience of womanhood. When a mother's self-esteem is undermined, family relationships suffer as well. Perhaps it is possible for us to validate and share our female experiences in a manner that would build rather than devalue a woman's sense of self. Childbirth is and always will be a woman's experience. This does not mean that men are not participants, involved in the process, but they do not undergo the transformation of physicality inherent for their mate. For this reason, childbirth is feminine. It is an experience of sufficient power to generate tremendous amounts of anxiety, fear, excitement and anticipation. Labor is not by it's nature, a neutral event. Our experience of ourselves and our sense of

personal identity is in constant flux with our life's unfolding. Because of the intensity of such an experience as childbirth and all that it entails, it is one that will help formulate a woman's identity. Like any powerfully significant event in our lives, it has the potential for mastery or overwhelm, empowerment or devastation. Getting trapped in a battle about "the right way to give birth" or "the right way to feel about your childbirth experience" misses the very real need to integrate the experience. A woman needs opportunity to explore the relationship to her changing body and identity as she becomes a mother, if she is to feel at all "ready" for childbirth. There is no right method or experience. There is basic need to psychologically metabolize all that is happening! DEALING WITH PAIN Experiences of empowerment and beauty that also encompass coping with pain threaten the status quo. Women may feel pressured to lie about the pain to avoid being devalued in their own positive experience of childbirth. This unintentional deception can leave subsequent generations of women in our culture vulnerable to a recurring cycle of mystery and inadequate information surrounding birth. When this happens, messages recur which promise women the positive experience with no pain if they adhere to a particular method. Though these methods do not succeed at very high rates statistically, they fit the socially accepted value that positive experiences should not include pain. Research has shown that the best preparation in terms of statistical success for any method of natural childbirth is a realistic one which includes an experience of mastery in coping with pain.² Why is it that we as a society have difficulty accepting that something intensely difficult or even painful might also encompass a feeling of power, beauty and ease? Approaching childbirth is akin to stepping towards a mountain range, assuming that what lies ahead is not the ordinary terrain you are used to traveling. There is no way around it, it must be traversed somehow. There are choices a woman has, involving preparation-or not, experiencing it by foot, by horse; traveling with friends, guides, supplies-or not; and so on. Perhaps one woman plans to experience the trek by preparing to hike the full way, with friends and guides by her side, learning how to pace herself along the way and comes out on the other side feeling empowered and exhilarated. Should we deny her the validity of her experience? Downplay it because it isn't everyone's experience of the journey? Should we not celebrate her experience of her womanhood in this area for fear of others' jealousies? Or pretend her own approach to the trek had nothing to do with her resultant joy? Perhaps another woman plans to cushion herself as much as possible from the discomfort (maybe there are even stories in her family of someone who died on just such a journey) and takes a horse and carriage team, with sedatives to help her relax through the ordeal. Perhaps she will come out feeling the bruises and lacerations of her journey, but without the empowering feelings or any connection to the trek except for vague and painful sensations she endured. Should we deny her the validity of her experience? Should we feel guilty that we did not attempt to help her prepare for what faced her? Or even ask what her associations to childbirth were beforehand? Should we try to help her integrate the dissociated experience by talking with her about it, or avoid discussing it altogether? Should we try to make her feel better by denying the experience of the other woman? Or devalue childbirth itself? How cruel it is for any one of us to judge either woman or to pit them against one another in a failing attempt to validate their own experiences of life. And yet this is what our society does to women in the intensely private and feminine experience of childbirth. We do not validate the experience of pregnancy and childbirth as an event of unusual and provocative dimensions. In the mountain range metaphor, we must accept the reality of nature, i.e., that the trek once embarked upon is no longer a choice. Our choice lies in the freedom we have in our approach to childbirth. But we do not come to this female experience "pure." We come with inherited emotional baggage of past generations and the legacy of inequity to females in our social system. PRENATAL CARE: A HOLISTIC APPROACH There are a multitude of unrecognized factors which ready or frighten us as we approach childbirth, including our experience of how we came into the world, our mothers' and grandmothers' experiences of childbirth, our relationships to our own mothers and fathers, our expectations about motherhood and the quality of spousal and prenatal support at the time of birth, to name a few.³ How we visualize ourselves in the world after giving birth can affect the labor. Childbirth is a journey towards motherhood and the process of labor can be affected by any of the emotional

factors that impinge on this transition. What we fail to include in the delivery of prenatal care in our society, is the fact of childbirth as a part of a larger psychological transformation that is occurring in a woman's life when she becomes a mother. We do not treat the prenatal process as one of family making, which it is. Prenatal care should include emotional support through the enormous physical changes involved in pregnancy, the birth, and the emotional aspects of becoming a family. New roles, expectations, childhood experience all need to be discussed throughout the prenatal period for a woman to not feel overwhelmed with these changes at delivery or postpartum. This is particularly true in this day and age of mothers working in and outside of the home. Postpartum depression is in part a result of continued minimization of the tremendous changes women experience in becoming mothers. Processing feelings about the birth experience are an integral part of the postpartum transition. When a child is born a mother's needs may be forgotten. Support to integrate her experience of the birth, whether through celebration or supporting her in any emotional recovery needed becomes insignificant to those around her, and even to herself. It may not be until the child's first birthday, that the woman recalls the event. It is as invalidating to withhold celebration of childbirth as an empowering feminine experience, as it is to insist that all women should experience natural birth in order to be empowered. Empowerment is a process. We must not confuse it with an end product (i.e., medicated or unmedicated delivery, home or hospital birth, etc.). A woman's positive feelings about her femininity come from a sense of support, acceptance and encouragement to express herself as a whole person, in any way that contributes to her sense of well-being. I have had occasion to witness women's empowerment by cesarean birth, and I have seen women overwhelmed by the experience of natural birth. The determining factor in a woman's self-esteem is that they have the opportunity to address their own emotional changes about becoming a mother and the experience of their bodies in pregnancy, labor, birth and postpartum. If this occurs, women usually feel good about themselves. Predictably and paradoxically, when women address the emotional aspects of their transition to motherhood their potential for complications of labor is decreased. Anxiety and fears have been lessened, and the body has greater resources available for adjustment to the labor. When given the opportunity for talking about the emotional aspects of their pregnancy, birth and motherhood, most women will tend to make choices for childbirth that suit their needs. Their sense of empowerment lies in their exploration of themselves. After all, they are giving birth to a new identity of motherhood! Overall, when women are assisted in learning about themselves and the physical process they are undergoing, they come to realize that even a choice of medication in labor does not entirely shield them from experiencing pain in the process (contrary to widespread belief). It is common for women to conclude that a natural or close to natural delivery, if they are prepared with coping skills, is their most positive choice. But what is key, is the process of turning inwards, not the type of childbirth planned or had. In the media and other segments of society, motherhood and childbirth too easily become relegated to just one more "performance" for women to validate themselves in a world in which they are invisible in so many ways. Women are encouraged to describe their birth as a product: a "home birth" or a "hospital birth," a "natural birth" or a "medicated birth." The emphasis is not on the woman as birth-giver: "I gave birth at home," or "I gave birth in the hospital," or "I gave birth with medication," or "I gave birth without medication" or "I gave birth by cesarean." The woman's experience of herself has gone from process to product. Similarly, society does not value a mother's ongoing nurturing, but labels her a "good" mother or a "bad" mother.

WHAT CONTRIBUTES TO SELF-ESTEEM IN BIRTHING WOMEN? Research does show that childbirth experience has an effect on a woman's self-esteem after birth and can impact her emotional availability to her baby immediately afterwards.⁴ Giving birth will tend to be integrative or disintegrative, depending on the support, preparation and acceptance of her feelings before, during and after the birth. Her sense of maintaining psychological wholeness throughout the labor, whatever the method or kind of birth, is key to a positive sense of self. Giving birth is an experience of great magnitude. It naturally follows that the more intact a woman feels emotionally, the easier it is for her body to adapt to the intensity of the labor, as heightened amounts of fear can give messages in some women for the brain to shut off labor. Self-esteem is a part of health. To support

women's self-esteem through this very important transition to motherhood, we must begin prenatally and continue through the postpartum period. The only hindrance to addressing this is the unconscious societal belief that this is not an experience which warrants such attention. Perhaps this is because it is such a common experience-this miracle that is pregnancy and birth that we forget that it is an incredibly powerful and unknown force in so many ways. Perhaps we mistake the scientific ability to describe an event for understanding its essence. It is not a question of positive or negative experience. It is an issue of respecting women in their experience of giving life, and making opportunities available in the course of their prenatal and postpartum care to openly discuss the emotional and physical changes they are undergoing, so that they can integrate the feelings involved. In any clinical experience and research the main factors in women feeling a positive sense of themselves no matter what kind of birth they have are: 1) that she feels herself to be an active participant in the process, including decision-making, 2) that she perceives that her feelings throughout the processes are acceptable and that her caregivers support her free expression and release of these feelings before, during and after childbirth, 3) that she has been realistically prepared for labor with a sense of mastery in her own coping skills, 4) that she is not perceived by others or herself to be in control of the process, the baby or the outcome of labor; she is only responsible for doing her best to cope with the power of contractions in whatever form she is experiencing them. It is understood that in the case of desire or need for surgical or other intervention or mediation, planned or unplanned prior to birth, she is entitled to respect and supportive assistance in responding to her physical and emotional needs, 5) that she is given ample opportunity to express her feelings about motherhood, including her experience of her own childhood family relationships, 6) that she is given ample opportunity to explore her feelings and circumstances surrounding her own birth, her mother's childbirths, and any previous pregnancy and childbirth experiences of her own, and 7) that she and her partner explore the childhood role models of their respective parents' relationships for intimacy, conflict resolution and expectations for caretaking, with an eye towards developing their own plans and values for their relationship as partners and as parents. WHAT CAN BE DONE? These criteria can be met in potentially any birthing situation, by sensitive caregivers and mothers who are able to take some responsibility in their own preparation. How women choose to give birth will be influenced by available support structures for doing so. Currently our prenatal care is poorly lacking in addressing the very normal emotional adjustments that occur in this period of the family life cycle. Without any sense of importance placed on it, women are not supported to integrate their childbirth experience. When childbirth has been traumatic and no one is willing to talk about it, a woman enters the postpartum period in a weakened emotional state at a time when her very identity is in flux! This makes women and their families vulnerable to postpartum depression and difficulty in the beginning stages of family development. Emotions are physical. They affect and impact our physical and psychological well-being. When emotional factors are included as a part of routine prenatal care, research has shown a decrease in complications of labor and increases in women's self-esteem. One approach to answering the emotional needs that are present for women at this time is to provide 3-4 hours of counseling that address these specific areas.⁵ I believe the most efficient way to do this in our present society is to put an effective form of brief term prenatal counseling into standard prenatal care. Prenatal groups that are a part of the prenatal package could also be an extremely inexpensive format for some of these discussions with partners. These "support services" are really the core, not the frills, of any prenatal care. What is important is to give women the attention they deserve for the magnitude of the experience they are undergoing.⁶ I do not believe that a few hours is an excessively expensive amount to add to a prenatal care package. Particularly when the results may contribute to decreased complications and increased self-esteem. Mothers and families are worth it! It is an alternative well worth trying in the prenatal services we deliver to families. Is it too much to ask that women and their families be supported in their childbirth experience, rather than set up to compete and devalue one another in an effort to make sense of the power of birth? Whether a woman gives birth vaginally, naturally or with medication, or by cesarean, it is an event any one of us can help her accept and integrate. It is an honor to be a part of this process that remains,

despite all that is said-an ordinary miracle. References REFERENCE NOTES 1. Oprah Winfrey Show; March 1, 1996; comedian Carole Montgomery. 2. For more on this area of research see Peterson, Gayle, AN EASIER CHILDBIRTH, Shadow and Light, Berkeley, CA 1993. 3. See AN EASIER CHILDBIRTH and TRAINING CERTIFICATION PROGRAMS for more on associations that affect childbirth. 4. For more on the area of research on women's experience of birth refer to the references in Peterson, Gayle AN EASIER CHILDBIRTH, and BIRTHING NORMALLY, Shadow and Light, Berkeley CA, 1993, 1984. And, Simkin, Penny JUST ANOTHER DAY IN A WOMAN'S LIFE/NATURE AND CONSISTENCY OF WOMEN'S LONG TERM MEMORIES OF THEIR FIRST BIRTH EXPERIENCES in BIRTH 19:2 June 1990; Simkin, Penny CHILDBEARING IN SOCIAL CONTEXT in WOMEN AND HEALTH V. 15(3) 1989. 5. See AN EASIER CHILDBIRTH and PRENATAL COUNSELING PROGRAM. 6. See AN EASIER CHILDBIRTH. AuthorAffiliation Gayle Peterson, Ph.D., M.S.W. AuthorAffiliation Gayle Peterson, Ph.D., M.S.W. has done pioneering research into preventing complications in pregnancy and childbirth since 1973. She is the author of Birthing Normally and An Easier Childbirth. Dr. Peterson is in private practice in Berkeley, California specializing in perinatal psychology and early family development. She currently trains psychotherapists and childbirth educators in a year-long certification program for prenatal counseling. She can be reached for correspondence, communication and information on her preventive prenatal counseling training program at 1749 Vine Street, Berkeley, CA 94703.

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