Hospital Birth Routines as Rituals: Society's Messages to American Women

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Full Text: In the United States today, there is a great deal of controversy centering around the routine use of "standard procedures for normal birth" in hospitals across the country. Increasing consumer pressure is demanding the modification or total elimination of many of these procedures. Response to this pressure in the obstetrical community has been, by and large, to throw some of these procedures out the window (such as the routine use of scopolamine and the barring of fathers from labor and delivery rooms) while increasing the use of others (efm, episiotomy). A recent article in the New England Journal of Medicine even considers the advantages of routine delivery of all babies by Cesarean section.1 What is really happening in American hospital birth? What fresh perspective might enable us to look at these hospital routines in a new way and to understand their place in the wider society, as well as their meaning to the individuals involved with them? The objectives of this article are to: 1. Apply an anthropological perspective to hospital birth routines which enables us to understand them as rituals, and thus to analyze the symbolic messages they convey to birthing women and hospital staff; 2. Decode these rituals, otherwise known as "standard procedures for normal birth", to see exactly what messages are conveyed through each procedure; 3. Isolate the core values and central beliefs of American society, and illuminate their relationship to hospital birth rituals; 4. Identify techniques and strategies which childbirth educators and medical personnel can offer to the pregnant mother to both set her up for a positive reception of the messages conveyed by her birth experience, and to help her, after the birth, to reinterpret any negative messages she may have received in newly selfstrengthening ways. Birth Rituals and American Core Values What is ritual? A ritual is a patterned, repetitive, symbolic enactment of a cultural belief; its purpose is to effect some type of transformation. Ritual works by sending messages to those who perform and those who receive or observe it. These messages are presented in the form of symbols. A symbol is an object, idea or action that is loaded with cultural meaning. Symbols are received by the right hemisphere of the brain and interpreted wholistically; in other words, a symbol's message will be felt through the body or the emotions, not analyzed by the brain's left hemisphere like straightforward verbal messages. The practical result of this characteristic of symbols is that they are often received by individuals on unconscious levels; thus their impact may only be dimly felt at the moment of reception, yet precisely because it is not analyzed and interpreted, its ultimate effect on the recipient may be extremely powerful. Another important characteristic of symbols is their multivocality-that is, one symbol can speak with many voices, carry more than one message (e.g. a gun can simultaneously connote death, violence, crime, hunting, killing, war, the male phallus, etc.). Two characteristics of ritual important for a consideration of its role in hospital birth are the redundancy and the gradual intensification of the messages it sends. In other words, for maximum effectiveness, a ritual will concentrate on sending one basic set of messages which it will repeat over and over again in different forms, in a gradually increasing crescendo. So effective is ritual in achieving individual transformation that it has been used across cultures and throughout human history to fulfill man's profoundest psychological and social needs. Rites of passage. A rite of passage is a series of rituals designed to conduct an individual (or group of individuals) from one social state or status to another, thereby transforming the individual both in his/her own eyes and in society's. The role of ritual in rites of passage is threefold: 1. to give man a sense of control over natural processes that may be beyond his control, by making it appear that these natural transformations (e.g. birth, puberty, death) are actually effected by society and serve society's ends; 2. to "fence in" the dangers perceived cross-culturally to be present in transitional periods (when individuals are in between social

categories and so call the reality of those categories into question), while at the same time allowing controlled access to their revitalizing power; 3. to convey, through the emotions and the body, a series of repetitious and unforgettable messages to the initiate concerning the core values of the society into which s/he is being initiated, through the carefully structured manipulation of symbols, and thereby to effect a real interior transformation of his/her psyche. One of the chief characteristics of the "liminal" or transitional period of any rite of passage is the gradual psychological "opening" of the initiates to receive new knowledge. In many initiation rites involving major transitions into new social roles (such as, for example, Marine basic training), this openness is achieved through physical and mental hardships that serve to break down the initiate's category systemthe internal mental structure of concepts through which s/he perceives and interprets the world and his/her relationship to it. The breakdown of this category system leaves the initiate profoundly open to new learning and to the construction of new categories. Any symbolic messages conveyed to the initiate during this opening process will thus be as deeply imprinted on his/her psyche "as a seal impresses wax."2 Birth as a rite of passage. Sheila Kitzinger has said, ". . . in any society, the way a woman gives birth and the kind of care given to her, point as sharply as an arrowhead to the key values in the culture."3 The reason why a society's key values, or core values, as they are often called in anthropology, are so clearly visible in birth rituals is that these rituals are specifically designed to communicate those very values to the new parents. Most especially, society must make sure that the new mother is very clear about these values and the belief system that underlies them, as she is generally the one most responsible for instilling this belief system in the minds of her childrensociety's new members and the guarantors of its future. This goal is accomplished through the ritualizing of the birth process. By making the naturally transformative process of birth into a cultural rite of passage, a society can ensure that the basic tenets of its belief system will be transmitted to the three new members born out of the birth process-the new baby, the woman reborn into the new social role of mother, and the man reborn as father. American core values. The most significant messages conveyed by the rituals of initiatory rites of passage speak of the culture's most deeply held values and beliefs. In the United States today our core values constitute an oppositional paradigm-or model of reality-in which the interests of science, technology, patriarchy, and institutions are held to be paramount over those of nature, individuals, families, and women. The technological model. The belief system out of which arises this set of oppositions is based on the technological model of reality which we have inherited from the Scientific Revolution in Europe. Developed in the 1600s by Descartes, Bacon, Hobbes and others, this model assumes that the universe is mechanistic, following predictable laws which mankind can discover through his science and manipulate through his technology in order to decrease his dependence on nature.4 Yet nature, through the human body, and most especially through the birth process, presents constant reminders to our culture that we have not yet succeeded in unlocking its mysteries. Because these reminders threaten to undermine the ultimate promise inherent in our technological model-that we will eventually be able to free ourselves entirely from our dependence on nature, growing brains in computers and babies in test tubes, our society is constantly challenged to find ways to convince its citizens of the ultimate truth of its technological worldview. Its response to this challenge has been to mold the body into conceptual compliance with the technological model by metaphorizing it as a machine. It then became incumbent upon the medical profession, as the branch of society officially in charge of the body, to prove the metaphor true. The body as machine. Because the technological model was developed at a time in history when the prevailing worldview held that women were inferior to men-closer to nature, with less-developed minds and little or no spirituality, the male body was selected as its standard for the proper form and functioning of this body-as-machine. The female body, insofar as it deviated from this standard, was labeled an inherently defective machine.5 This concept formed the philosophical foundation of modern obstetrics, which was thus enjoined from its beginnings to develop tools and technologies for the manipulation and improvement of the inherently defective and therefore dangerous process of birth. To obstetrics also, society assigned the formidable task of making childbirth-heretofore the primary symbol of culture's dependence on nature for its

perpetuation-support, rather than threaten, the promise of the technological model. The rising science of obstetrics ultimately accomplished this goal by adopting the model of the assembly line factory production of goods-the template by which most of the technological wonders of modern society were being produced-as its base metaphor for hospital birth. With this metaphor as their conceptual guideline, obstetricians were able to develop ritual procedures which successfully transform the natural process of birth into absolute proof of the accuracy and superiority of the technological model, and of the values and behaviors it justifies, as we will investigate below. And in order to ensure that obstetricians would adequately fulfill their roles as the defenders and perpetrators of society's conceptual system, an eight-year long rite of passage was developed for them-an initiatory process so pervasive and thorough that they had little conceptual choice but to absorb the belief and value system which they were to transmit. Ritual and danger. One problem remained. Although a culture may do its best to make the world appear to fit its belief system, reality may occasionally pop through the culture's protective filter of categories and threaten to upset the whole conceptual system. Because our obstetricians sometimes see babies dying and being born in spite of their predictions and technologies, they know that ultimate control over birth is beyond them, and they fear their powerlessness in the face of birth's mysteries. In such circumstances, man has always used ritual -often in the form of prayer or religious sacrifice-as a means of giving himself the courage to carry on. Our obstetricians and nurses, who must face the unknowns of birth every day, utilize their ritual procedures in this way. Thus the performance of the rituals themselves had to become a mechanical process, so that this process could form the template, the mold, the cranking gears which-once locked into place -could mechanically and inevitably carry the birth process right on through the perceived danger to a safe and predictable end. Serving this purpose, the initial performance of many of the procedures analyzed below will often entail and require the application of the others. Routines as Rituals: A Symbolic Analysis6 The wheelchair. In any initiatory rite of passage, one of the first steps in breaking open the category system of the initiates is to make them appear strange to themselves. Placing a healthy laboring woman in a chair that strongly connotes disability and a flawed body is the first step in this process of "strange-making." At the very least, her physical transportation in a wheelchair tells the woman that the institution sees her as disabled, a message which, since it is received through the body and thus goes into the right brain, she will receive as "you are disabled." The prep. In the separation of husband and wife during the "prep," we see the continuance of the conceptual demarcation of ritual boundaries begun with the wheelchair, as the woman's body is claimed for the institution by its representative, the nurse. This "standard hospital policy" sends two powerful messages: "the hospital has the right to separate husband and wife" and "the laboring woman now conceptually belongs to the institution, and must be marked as such." This marking is accomplished by the "prep" itself. A woman's clothes are her markers of individual identity; removing them is an effective means of communicating the message that she is no longer autonomous, but dependent on the institution. Like the identical uniforms of Marine basic trainees, the hospital gown becomes an indicator of the woman's liminal status. Its openness intensifies the message of her loss of autonomy: not only does it expose her most private parts to institutional handling and control, it also prevents her from simply walking out the door anytime she chooses-like a prison inmate, she is now marked in society's eyes as belonging to a total institution, the hospital. Further intensification of this ritual marking of the woman as hospital property is accomplished by the shaving of the pubic hair and the administration of an enema. Just as the head-shaving of the Marine basic trainee functions as a "strange-making device" which both alienates the young man from his former conceptions of self and ritually marks him as being in a liminal state, and belonging to the Marines, so the shaving of a laboring woman's pubic hair separates her from her former conceptions of her body, and, like the gown, further marks her as being in a liminal state and as belonging to the hospital. But the prep does more than that. It also 1. ritually establishes a boundary separation between the upper and lower portions of a woman's body and 2. strips the lower portion of her body of its sexuality, returning the woman to a conceptual state of childishness and its accompanying characteristics of dependency and lack of personal responsibility; and 3. begins a

powerful process of the symbolic inversion of the most private region of her body to the most public, as we will further investigate below.7 The enema is readily recognizable as the obligatory ritual cleansing of the initiate traditional in many rites of passage. But because it is the lower region of the body that is cleansed, the enema also constitutes an intensification of the symbolic inversion accomplished by the shaving and the gown-from most private to institutional property. Accompanying this process is the clear message that her most private parts were internally dirty while they were private, and that it is the institution which makes them clean. Underlying this message is the deeper message that individuals are impure, while only society is pure. Bed. Many of the laboring women wearing hospital gowns at this moment would perhaps swear to us that they believe themselves to be healthy and well and strong, not sick and weak and dependent. But this conviction, while quite possibly receiving verbal reinforcement from hospital staff, is steadily being undermined by the messages with which the woman's environment bombards her. Being put to bed, as nearly all laboring women sooner or later are, reinforces the message already communicated by the wheelchair and the gown-that she is a patient, that she is sick. Or, more precisely, it tells her that the hospital conceptualizes her as sick-a message which, as time passes and labor becomes more intense, becomes more and more likely to be interrialized as "I am sick". And although in many hospitals nowadays the woman may choose to walk around during labor, still the bed and its messages remain her locus in the hospital, the point to which eventually she must return. The I.V. The intravenous needles so commonly attached to the hands and arms of birthing women make a very powerful symbolic statement: they are umbilical cords to the hospital. The connection created between the woman's body and the long cord going up to the fluid-filled bottle graphically illustrates to the woman that she is now in the same relation to the hospital as the baby in her womb is to her. She is dependent on the institution for her life, and is receiving one of the most profound messages of her initiation experience: we are all dependent on institutions for our lives. But this message is all the more compelling in her case, for she is the real giver of life. Society and its institutions cannot exist unless women give birth; our society, however, is doing its best to deny and negate that reality. The message the birthing woman in the hospital receives is not that she gives life, but rather that the institution does. The "pit" drip. In the technological model of reality, time-mechanical and linear-is viewed as being measurable into discrete, almost weighable, units, so we say that something should take place within a specific "amount of time." As the processes that procreate our society, labor and birth must set the standards, so to speak, for our general cultural handling of time; they must be culturally shaped to occur within specific amounts of time, just as must be the production of any factory good. When a woman's labor fails to conform to production timetables (labor time charts), it will be speeded up with the drug pitocin, a synthetic form of the hormone oxytocin. The administration of pitocin through the umbilical IV sends several messages to a laboring woman: 1. that our cultural concept of time as linear and measurable and a valuable commodity is right and true; 2. that her body is a machine; 3. that her machine is defective because it is not producing on schedule; 4. that the institution's schedule is much more important than her body's own internal rhythms and her individual experience of labor. Moreover, the increased pain during contractions which results from the administration of pitocin serves the ritual purpose of hazing-i.e. of speeding up the breakdown of the initiate's category system through the intensification of physical stress. Analgesia. Most laboring women receive some form of analgesia, such as Demerol or Nisentil (colloquially referred to in some hospitals as "nice n' still"). The analgesia intensifies the message that their bodies are machines by adding to it the clear statement that their machines can function without them. The sending of such a message would not have been possible without our cultural notion of the separation of mind and body-a basic tenet of the technological model. At the same time, this procedure teaches and reinforces that concept. Hospital birth is indeed a lesson in some of our most basic cultural constructs. The ritual administration of analgesia serves the further purpose of intensifying the strange-making process and its accompanying breakdown of the initiate's category system. Rupture of the membranes. When performed for the purpose of speeding up the labor, rupturing the membranes of a laboring woman reinforces and intensifies the urgency of the institution's message about the

necessity of condensing the woman's experience of labor and birth into a discrete, measurable unit of time. When performed so that an internal fetal monitor can be inserted, artificial rupture of the membranes further intensifies the message of the birth machine. In both cases the fundamental, underlying message is clear: culture, not nature, knows best. EFM, external. A common feature of rites of passage across cultures is the ritual adornment of the initiates with the visible physical trappings of their transformation. In primitive (i.e. low technology) societies, these adornments usually consist of objects representing the most deeply held values and beliefs of the society, such as "relics of deities, heroes, or ancestors . . . sacred drums or other musical instruments."8 In Marine basic training, the rifle, backpack and ammunition belt constitute the sacred symbols with which the initiate is adorned. This perspective provides a fascinating insight into the symbolic significance of the efm, a machine which has itself become the symbol of high technology hospital birth. Observers and participants alike report that the monitor, once attached, becomes the focal point of the labor, as nurses, physicians, husbands, and even the laboring women themselves become visually and conceptually glued to the machine, which then shapes their perceptions and interpretations of the birth process. If we stop a moment now, to see in our mind's eye the visual and kinesthetic images that a laboring woman will be experiencing (herself in bed, in a hospital gown, staring up at an IV pole, bag and cord on one side, and an efm on the other, and down at a huge belt encircling her waist and a steel bed), we can see that her entire visual field is conveying one overwhelming perceptual message about our culture's deepest values and beliefs: technology is supreme, and you are utterly dependent upon it and the institutions which control and dispense it; even your body is a technological artifact which could not function to create new life without society, its institutions, and its technology. EFM, internal. To this profound message, the internal fetal monitor adds a further note: your baby is a technological artifact too. And as such, it is our (i.e. the institution's) product, not yours. In fact, your machine is so defective that our product may be in danger from its potential malfunction, so we have to apply*a special machine to monitor our product's progress, in order to protect it from possible harm caused by you. Cervical checks. Frequent cervical checks drive home to the laboring woman the physical significance of the messages about time, about the suspected defectiveness of her own body, and about her statuslessness and lack of power relative to the hospital staff (the institution's representatives) and the institution (society's representative). When they are especially painful, they also function as part of the hazing of the initiate, the ritual process she must undergo to ensure the complete breakdown of her category system so that she will be as psychologically open to the reception of the messages imparted by her birth experience as possible. They also intensify the process of symbolic inversion begun with the "prep"-to have a series of strangers sticking their hands through her vagina and deep into her cervix approaches the extreme of conceptual opposition to a woman's usual conceptions of appropriate relations between herself and society-an extreme which will ultimately be reached on the delivery table with the lithotomy position. Epidural Anesthesia. To numb a woman about to give birth is to put the final seal on the message that her body is a machine which can function without her participation. Yet to fully understand the symbolic significance of the epidural in hospital birth, we need to consider the meaning of its replacement of scopolamine and general anesthesia as routine procedures in many hospitals. Although "scope" did serve to reinforce the technological model of birth in that it told women that their machines did not need them to produce a baby, it did not make women act like machines but like wild animals-a metaphor which undermined society's attempts to make birth appear to be mechanical enough to conform to the reality created by the technological model. Furthermore, any type of general anesthesia meant that the woman would miss many of the important messages she could have been receiving. The "awake and aware" Lamaze patient with the epidural fits the picture of birthing reality painted by the technological model much better than the "scoped out" or "gassed out" mother, for the epidural makes a physical reality out of the conceptual separation of mind and body, a reality which her awareness ensures that the woman will grasp. Lithotomy position. This position completes the process of symbolic inversion that has been in motion since the woman was put into that "upside-down" hospital gown. Now we have the woman's normal bodily patterns of relating to the world turned, quite

literally, upside down-her legs in the air, her buttocks hanging over the table's edge, her vagina totally exposed. As the ultimate symbolic inversion, it is ritually appropriate that this position be reserved for the peak transformational moments of the initiation experience-the birth itself. The official representative of society and its core values of science, technology, patriarchy and institutions stands now not at the mother's head nor at her side, but at her bottom, where the baby's head is beginning to emerge. The overthrow of the initiate's category system is now complete: this position marks and reinforces her now total openness to the new messages she is about to receive, and itself constitutes one of those messages, as it speaks so eloquently to her of her powerlessness and of the power of society at the supreme moment of her own individual transformation. Sterile sheets. The sterile sheets with which the birthing woman is draped from neck to foot reinforce this inversion, as the one part that is always covered in public is now the one part left uncovered. The sterility of the sheets itself carries a profound series of messages. Besides intensifying the purification of the initiate by society begun during the prep, it graphically illustrates to her that she is fundamentally conceptually dirty, while her baby-society's product-is pure and clean. The profound invisible message behind this more obvious one is that our culture's categories are real and are to be believed in and observed. Please remember here that every human culture constructs a system of categories through which all its members are to interpret reality, and that, in order to survive as a culture, each culture must convince its members through a thorough process of socialization that all of these categories are real. The rituals of hospital birth, as the cultural process responsible for socializing the new mother into her new role as teacher and perpetuator of her culture's belief system, most fundamentally of all must convince her of the existence and validity of the categories which structure that belief system. All of the birth procedures do this to some degree, but the process is most visible in the clear delineation of category boundaries established by the sterile sheets. Episiotomy. Besides the obvious "hazing and ritual mutilation of the initiate" functions of the episiotomy, this procedure, which is used in 98% of all hospital births in the U.S.9 conveys to the initiate the value and importance of one of the most fundamental markers of our separation from nature-the straight line. Episiotomies are performed in part because doctors are taught that straight cuts heal faster than jagged tears-a teaching which is totally in accord with our Western belief in the superiority of culture over nature. Thus the episiotomy teaches the initiate to believe in and value something which has become one of our most basic cultural categories because it does not exist in nature, and is therefore most useful in aiding us in our constant conceptual efforts to separate ourselves from nature. On top of that, the episiotomy of course reinforces and intensifies the messages of the other procedures about the importance of on-time production, the inherent defectiveness of the female birth machine, the supremacy of the male over the female in our society, and society's production of the baby. All of these messages are reinforced if the baby is pulled out with forceps. The application of forceps shows the mother beyond all doubt that her machine is indeed defective, and brings home the message that she and her baby are truly dependent on the institution and its technology for their lives. However, the use of forceps is no longer routine in many hospitals, as this procedure is rapidly being replaced by the cesarean section. The possibility of the routinization of delivery "from above," mentioned at the beginning of this article, represents the farthest we have yet gotten in our mammoth cultural attempt to make birth as mechanical and as male (read "logical, predictable, and supportive of our technological model") as we can. Apgar score. Just as meat for the supermarket must be inspected, and stamped "USDA approved," and placed in a plastic wrapper that makes it look like it did not come from a cow, so must society's new product, the baby, be inspected and rated (and wrapped, and placed in a plastic box). If the rating is high, the institution, and through it, society, can then claim the credit for a job well done. If there are defects, they can be used as reinforcers of the standard cultural view of nature as dangerous, untrustworthy, and inferior to culture, and of the inherent defectiveness of the female birth machine. The apgar score is but the first in a long series of ratings that society will give its new member throughout its life; scoring the baby at birth sets up the mother to respect and rely on society's system of rating to judge her baby by for the rest of its life. Washing the baby. Blood and vernix are natural substances which must immediately be removed from society's product because their

presence threatens the fragile conceptual framework, so painstakingly established and guarded through the hospital birth rituals, within which the birth takes place-the framework that claims that the institution produces the baby. To wash the baby before giving it to the mother is in part to conceptually remove it from its natural origins and to begin the process of enculturation at once. Antibiotic eyedrops. The placing of antibiotic eyedrops in the baby's eyes once again tells the mother that she-and the father-are impure in society's eyes, and that they have potentially polluted society's product, which science and technology must now restore to purity-a purity that only society can bestow. Vitamin K injection. This injection tells both baby and mother once again that nature doesn't work right and that society is necessary for successful life. This procedure, the administration of antibiotic eyedrops, the PKU test, and the two Apgar scores all combine to reinforce the message that both mother and baby are dependent on science and technology for their lives and health. Bonding period. The fact that the baby is handed by a hospital staff member to the mother for a time-limited "bonding period," while conveying the message that society gives her baby to her, at the same time constitutes a powerful ritual acknowledgement on the part of society that she is now a mother, that her transformation is complete. Holding and touching the baby shortly after its birth enable her to physically and emotionally incorporate her new baby into the transformed identity with which she will emerge from her initiation experience while she is still-physically and psychically-at her most open, and thus is quickly and easily able to internalize the messages she receives. The baby itself is a powerful symbol of her motherhood, her individuality, her new family, the beauty and wonder of nature and the perfection of her own body and her procreative powers. To hold it unhindered against her body is to internalize its messages; often these are powerful and positive enough to entirely override in her conscious perception of her birth experience the negative feelings of powerlessness, humiliation, and pain she may have been experiencing before its birth. Four-hour separation. What society gives, society can take away. The four-hour ritual separation of mother and child after birth and bonding common in many hospitals powerfully reminds the mother that her baby belongs to society first. By sending her this message now, this procedure works to ensure that the mother will be willing to give her baby over to society's institutions (hospitals for its medical care, schools for its socialization) for the rest of its life. Bassinet. The bassinet, with its clean straight lines, its seethrough plastic walls, and its soft blankets gives a special message to the newborn baby. A symbol of society itself, the bassinet tells the baby that it belongs to society more than to its mother, and that the only sure comfort, peace, and warmth in life will come ultimately not from people but from society and its products. The mother's womb is replaced by the plastic womb of culture. Wheelchair. As the woman in labor, in transition from one social identity to another, undergoing one of the most profound transformations she may ever experience in her cultural life, enters the place of her initiation, so will she leave it. The message going out of the hospital is the message coming in, a final reminder of exactly where she stands in society's eyes, and of what her role is to be. Summary: Ritual and Society. While not all of these procedures are performed on all mothers and babies, most of them are performed most of the time. They fully satisfy the criteria for ritual as listed abovethey are patterned and repetitive; they are symbolic-i.e. they communicate messages through the body and the emotions; they are enactments of 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. These procedures are also transformative in intent-they work to contain and control the inherently transformative natural process of birth, and to transform the birthing woman into a mother in the full social sense of the word-i.e. into a woman who knows her place in American society, who will conform to society's dictates and meet the demands of its institutions. This transformative process is neither inherently negative nor inherently positive; every society in the world has felt the need to thoroughly socialize its citizens into conformity with its norms. If a culture had to rely on policemen to make sure that everyone would obey its laws, it would disintegrate into chaos, as there would not be enough policemen to go around. It is much more practical for cultures to find ways to socialize their members from the

inside, by making them want to conform to society's needs. And every culture has developed rituals to do just that. Yet, although every society must try as best it can to ensure its preservation in this way, human beings are not automatons, and the extent to which this type of ritual succeeds in such thorough socialization will depend to a great extent on the individual involved. How the Messages Are Received In hospital birth, the extent to which the laboring woman has already accepted the concepts behind the messages she is about to receive from the procedures will determine the degree of psychological pain her hospital experience will cause her. If she accepts society's core values and the technological model fully, she will feel slighted if the procedures are not performed, as this would indicate to her that the larger society does not value her individual transition into motherhood enough to mark it with the procedures which she herself views as ritually appropriate. If, on the other hand, the new mother does not participate fully in our culture's dominant belief system, the messages she receives in the hospital will cause her mental pain to the extent to which they clash with her individual beliefs. Thus the women most likely to suffer psychological trauma from hospital birth procedures are those who do not accept the technological model with its metaphor of the body-as-machine, believing instead in the oneness of mind and body, trusting in their own intuitions and in the wisdom of nature or God, and seeking to retain individual responsibility for their births.10 These women are caught in a conceptual double-bind, for they are seeking to preserve their alternative worldview inside an institution whose very definition of birth is antithetical to theirs. Their degree of success at imposing their own model of reality on the situation will depend on: 1.) the degree to which their birth process naturally conforms to institutional standards, as high natural conformity itself sends a strong message to the hospital staff that this birthing machine is not defective, and so not in need of manipulation or repair; 2.) the degree to which their staff attendants have internalized the technological model of birth-very often, laboring couples can maintain their autonomy in birth if they are supported by nurses or physicians who can buffer them from institutional pressure by adroit mediation between the institution's technological model and logistical requirements, and the couple's own; 3.) the degree to which their childbirth education process has a.) served as a formal step in their social rite of passage, by "setting them up" to expect or accept even those procedures which will overthrow their efforts at conceptual autonomy in the hospital; or b.) has versed them well in their rights and options, and has provided them with specific techniques for combatting the hidden symbolic messages of hospital birth procedures, on the same unconscious levels on which they are sent. The Impact Of Childbirth Education On Hospital Birth Rituals As we have so clearly seen above, hospital procedures, like all symbolic rituals, send messages that are most effectively received on an unconscious level through emotional and physical, rather than intellectual, channels-i.e. their impact is more dimly felt than consciously grasped, and thus is all the more powerful, for one cannot refute or deny the content of a message one doesn't even know one is receiving. The more conscious a woman becomes of the workings of these unconscious processes, the less likely she is to be deeply or permanently affected by them. Consequently, one of the most important things childbirth educators can do to foster freedom of choice in childbirth is to make women aware of the hidden symbolic process at work in hospital birth, and of the wider cultural significance of their choices. Conscious awareness of unconscious processes. The first step in this process would be to encourage pregnant women to become consciously aware of their own unconscious expectations, fears, and desires through the use of self-discovery techniques such as psychotherapy and visualization, so that they can begin to know what their true be liefs are, and whether they seek to reinforce or to alter those beliefs through their birth experiences. If a pregnant woman is clear about what she believes about birth, her mind and body, and her relationship to society, then the conscious awareness that the childbirth educator can provide of the unconscious socializing processes at work in doctor's offices and hospitals can enable the woman and her partner to choose how they will interpret the messages they receive. Symbolic strategies. Furthermore, childbirth education can show the couple how to invert those messages and send them right back to society by counteracting the symbolic process itself, on its own level. For example, using her own food and liquids instead of the IV can symbolically redefine a laboring woman as a healthy and autonomous individual, just as the IV

defines her as dependent on the institution. Refusing separation during the prep, clipping her own pubic hair, avoiding pitocin by not going to the hospital until labor is well advanced, delivering sitting or squatting in the labor room, convincing the doctor to substitute perineal massage with her own warm oil for the usual episiotomy-all these are strategies the laboring woman can employ. The more couples work to counteract the hospital's manipulation of symbols through their own symbolic manipulations, the more control they will have over the meaning and psychological outcome of their own birth experiences. Yet each time a laboring woman employs one of these strategies, she may call into question the entire conceptual system of those hospital staff members most thoroughly enculturated into our dominant belief system. When someone's belief system is openly challenged, that person is likely to react by intensifying the performance of all those ritual procedures most capable of refuting the perceived threat to his or her beliefs, in a frantic attempt to restore conceptual order. Such clashes can turn childbirth into a psychological battleground, with negative results for all involved. But if childbirth educators work to make their couples aware of this likely response to their conceptual challenge of the technological model, those couples who wish to can concentrate on developing more subtle ways of maintaining conceptual control of their births. Sexuality can be a powerful ally in this process, because sexuality is one natural element that is absolutely tabu in hospital birth. Everything possible is done, in fact, to desexualize what is naturally a very sexual event11 because sex is a very powerful natural process, very private and individual, yet in reality the true creator of new life and perpetuator of culture. As such, it forms a reservoir of symbolic power on which the laboring couple can draw in their efforts to personalize and privatize their hospital birth. Laboring naked, for example, or in one's own sexy negligee can symbolically redefine a hospital room as a private bedroom, making it harder for hospital personnel to maintain their conceptual authority, as can actual physical contact between the woman and man.12 Moreover, it is important for the pregnant couple to know that an interesting symbolic change occurs when the woman herself asks for the electronic fetal monitor, or any of the other procedures, out of a sure individual conviction that this procedure is right for her at this time. Science and technology are then placed at her service, instead of the other way 'round.13 But now we must ask what significance this type of symbolic subversion of society's carefully developed birth rituals might hold for our culture as a whole. How will our technological model respond to the increasing pressure from this type of conceptual threat? Birth Rituals and Cultural Change There is what some have called a "paradigm shift" presently underway in our society.14 Those at the forefront of this tremendous effort at conceptual change are seeking to replace the technological model of reality with a holistic model based on systems theory and ecology, which stresses the interconnectedness of all things and the interdependence of systems, placing science, technology and institutions at the service of nature, families, and individuals, and eliminating patriarchy in favor of equality of the sexes. Women who have begun to adopt some of the basic philosophical principles of this new model (such as individual responsibility for life and health, the unity of mind and body, the concept of the body as an energy field in constant responsivity to all other energy fields, illness as a physical manifestation of emotional, familial, cultural, or even planetary malaise, etc.)15 see the naturally transformational birth process as an opportunity to further their individual quests for selfreliance and self-responsibility. Because these women know that in hospital birth they will find a stunning denial of all that they are trying to become, more and more of them are turning to home birth, where they can create their own rituals to send themselves self-empowering messages of the integrity and trustworthiness of their bodies and the beauty and power of their womanhood, of their strength and capability as women and mothers, and of the integrity and closeness of their family units. In so doing, these women-and the midwives who work to empower them-are denying the core values and beliefs of American society, and so of course home birth is officially regarded as dangerous and subversive, and doctors, as society's representatives, must be at the forefront of social opposition to it. Great conceptual paradigm shifts of the past have had profound effects on the directions the evolution of our society has taken. We still experience today the effects of the paradigm shift of the 17th century, in which the ancient view of the earth as an organism infused with life by a female World-Soul was replaced with the mechanistic model.16 The

expanded paradigm of reality offered to us by the new physics, the new field of wholistic health, and the science of ecology may in time replace the technological model as the dominant model of reality for our society. If it does, one of the first indications of this event will be dramatic changes in our birth rituals. At this moment, it is in the cultural arena of birth that some of the most visible battles in this conceptual war are being waged, as obstetricians perform more and more Cesarean sections while consumers demand more and more "natural births." In this context, it should be clear that childbirth education has a critical role to play in this process of potential paradigm change. If pregnant couples are made aware of the full range of their conceptual choices-which extend from reinforcing the technological model through their births to adopting and reinforcing an alternative belief system-and of the significance for the future directions of our culture of each choice they make, then they will be truly free to choose the type of birth rituals most likely to make their choices come true. Sidebar An article of this length does not allow enough space to include any consideration of the presence or lack of medical and scientific validity in the obstetrical routines analyzed. If the routine application of these procedures is indeed scientifically legitimate and medically beneficial to laboring mothers and new babies, the ritual functions of these procedures as analyzed here must be purely accidental, and thus of little cultural or individual significance. My analysis will certainly have more force and meaning if the reader believes-as I do-that there is in fact no scientific justification for the routine application of any of these procedures. The removal of their veneer of scientific legitimacy leaves profound ritual purposes as the only convincing answer to the question of why these procedures are still being performed-in fact are intensifying-in the face of a mounting body of evidence that they do far more physiological harm than good. For the most succinct and recent compilations of this evidence, see: Y. Brackbill, J. Rice, &D. Young, Birth Trap: The Legal Low-Down on High-Tech Obstetrics. St. Louis, C.V. Mosby Co. 1984. Sally Inch, Birth-Rights: What Every Parent Should Know About Childbirth in Hospitals. New York: Pantheon Books. 1984. Stewart, David and Stewart, Lee, eds. Safe Alternatives in Childbirth. NAPSAC (National Association of Parents and Professionals for Safe Alternatives in Childbirth), P.O. 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(Reprinted in paperback under the title Giving birth: Alternatives in childbirth, New York: Penguin Books, 1985.) 6. An extended version of this analysis appears in Robbie Davis-Floyd, Birth as an American Rite of Passage, Ph.D. dissertation, Dept. of Anthropology/Folklore, U. of Texas at Austin. University Microfilms Publication No. 86-18448 (1-800-521-0600), October 1986. 7. Although younger obstetricians are now dropping preps and enemas from their standing orders, they remain in routine use in many hospitals across the U.S., and where they are not performed, their absence is noted with pride ("we don't do preps and enemas any more"), indicating that these procedures are still perceived as carrying considerable symbolic force. In spite of these and other innovations in hospital birth, such as allowing women to walk during labor, utilize birthing suites, and the like, the number and type of technological interventions in the birth process is steadily increasing. 8. Turner, op. cit. 9. Inch, Sally (1984). Birth-rights, New York: Pantheon Books. 10. For a consideration of the psychological effects of hospital birth rituals on individual women, and for a comparison of the "technological" and the "wholistic" models of birth, see Davis-Floyd, Birth as an American Rite of Passage, op. cit. pp. 210-347. 11. Kitzinger, Sheila (1985). The sexuality of birth. In Women's experience of sex, New York: Penguin Books, pp. 209-218. 12. For this and other such suggestions

for redefinition of the birthspace, see Cohen, Nancy and Estner, Louis (1983). Silent knife, South Hadley, MA.: Bergin and Garvey Publishers. 13. For excellent discussions of more techniques and strategies for achieving self-empowering childbirths, see McKay, Susan (1983). Assertive childbirth, Englewood Cliffs, NJ: Prentice-Hall; Elkins, Valmai Howe (1980). The rights of the pregnant parent, New York: Schocken Books; Balaskas, Janet &Arthur (1983). Active birth, New York: McGraw-Hill. 14. Ferguson, Marilyn The aquarian conspiracy: Personal and social transformation in the 1980s, Los Angeles: J.P. Tarcher Inc. 15. For an illustration of the significance to an individual of this "wholistic model of birth," see Star, Rima Beth The healing power of birth, Star Publishing, P.O. Box 161113, Austin, TX 78716. 16. Merchant, op.cit. AuthorAffiliation Robbie Davis-Floyd, Ph.D.

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