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## PERSPECTIVES ON THE ANTHROPOLOGY OF BIRTH

Cecilia Van Hollen, Syracuse University

*Birth in Four Cultures: A Crosscultural Investigation of Childbirth in Yucatan, Holland, Sweden, and the United States*, Fourth Edition, Brigitte Jordan. Prospect Heights, Illinois: Waveland Press. Inc., 1993.

*Birth As An American Rite of Passage*, Robbie Davis-Floyd. Berkeley: Univ. of California Press. 1992.

*History of Childbirth: Fertility, Pregnancy and Birth in Early Modern Europe*, Jacques Gélis. Boston: Northeastern University Press, 1991.

Since the publication of Brigitte Jordan's 1978 book, *Birth In Four Cultures: A Crosscultural Investigation of Childbirth in Yucatan, Holland, Sweden and the United States*. We have witnessed the burgeoning of the Anthropology of Birth. Recent studies in this field are responding to Jordan's call to attend to the social and cultural, as well as the biological dimensions of childbirth around the world. Yet, they have engaged a more complex view of culture than was evident in Jordan's original work.

Whereas Jordan initially depicted belief and practices of birth as reflections of largely uncontested cultural patterns, contemporary studies have begun to view birth as an arena within which culture is produced, reproduced and resisted, and to situate culture historically within the context of particular political and economic relations. The 1993 Fourth Edition of Jordan's book, as well as Robbie Davis-Floyd's 1992 book. *Birth as an American Rite of Passage*, and Jacques Gélis' 1991 book. *History of Childbirth*, are exemplary of these new trends.

### FROM FUNCTION TO AUTHORITY

The Fourth Edition of Jordan's book provides an excellent vantage point from which to view this transformation in the Anthropology of Birth. The book is divided into two distinct parts. The first section, entitled "Childbirth in Biosocial.Crosscultural Perspective" represents the original 1978 edition along with separate "updates."<sup>1</sup> This section includes Jordan's original theoretical approach to the study of birth (Chapters I, 3, & 5); an ethnographic account of the Mayan system of birth (Chapter 2); a thoughtful, reflexive discussion on the methodology, ethics, and phenomenology of doing research on something as personal and potentially life-threatening as birth (Chapter 4); and recommendations regarding changes in birthing practices in America and throughout the Third World in which she emphasizes the need for "mutual accommodation" between indigenous systems of birth and the biomedical, or "cosmopolitan" system of birth (Chapter 5).

Jordan was not the first to examine birth from a cross-cultural perspective (see Spencer 1977 [1950]; Freedman and Ferguson 1950; Ford 1964; Mead and Newton 1967; Hart, Rajadon and Coughlin J 1965; Newman 1969, 1972), but her study marked the first major attempt to describe birth *systems* from a biosocial perspective.<sup>2</sup> Chapter 3 forms the theoretical heart of Part I since it addresses Jordan's major concern with the

systematicity of particular biosocial constructions of birth within various cultures, specifically within the four regions which she examines: the U.S., the Yucatan, Holland, and Sweden. She argues that a culture's conceptualization of birth provides a systematicity such that all aspects of the birth event are "mutually dependent and internally consistent" (Jordan 1993: 48). This systematicity lead members of a given culture to have a sense of "superiority" and moral requiredness" with regard to their way of viewing birth which is "built into every functional system" (Jordan 1993: 5). She defines the conceptualization of birth in the four cultures she studies as follows: in the U.S. birth is conceptualized as a medical procedure; in Yucatan it is considered a stressful, but normal part of family life; in Holland it is regarded as a natural process; and in Sweden it is considered a highly personal and fulfilling achievement (Jordan 1993: 48).

Although she presents interesting ethnographic insights into divergent ways of birth in Part I of the Fourth Edition, Jordan assumes an overly holistic view of culture. As she writes, "A problem that specifically does not arise *from within stable systems* is a radical critical assessment of practices" (Jordan 1993: 45). In other words, she suggests there is very little variation or contestation in beliefs and practices associated with birth *within* a given culture. Thus, she is led to somewhat romantically depict Mayan, Swedish, and Dutch societies as harmonious, giving little attention to unequal social divisions based on such things as class and gender.

This holistic notion of culture has come under criticism from many contemporary anthropologists who emphasize that culture is constantly constructed through social practice within the context of power relations, and that culture consists of a multiplicity of contesting viewpoint but that some perspectives can become hegemonic.<sup>3</sup> In fact, Part II of Jordan's Fourth Edition reflects such changes in the theoretical understanding of culture. This section consists of three new essays which address the issue of "authoritative knowledge" within the context of birth. As Jordan writes:

And so, in the course of the years, I began to realize that in any particular social situation a multitude of ways of knowing exist, but some carry more weight than others. Some kinds of knowledge become discredited and devalued while others become socially sanctioned, consequential, even 'official,' and are accepted as grounds for legitimate inference and action (Jordan 1993: 150).

In Part 11 Jordan demonstrates how the kind of knowledge which is produced and valued by the institution of biomedicine with its emphasis on professionalism, bureaucratic hierarchies, and specialized technology, is constructed as "authoritative." She examines this within the context of both hospital births in the U.S. where the knowledge of the physician and the machinery is valued above the embodied knowledge of a woman in labor (Chapter 6), and of training courses for midwives in the Yucatan and throughout the Third World where the formal, didactic process of knowledge acquisition is valued above the experiential, embodied process of knowledge acquisition through apprenticeship (Chapter 7). And she suggests that the highly specialized technologies which are the exclusive property of medical specialists in biomedical births often do not serve any specific medical function, but rather serve only to reproduce social inequalities in ways which are not possible when the technologies employed are part of everyday life (Chapter 8).

In her conclusion to Part II, Jordan describes the biomedical approach to birth as "cosmopolitical obstetrics, that is, a system that enforces a particular distribution of power across cultural and social divisions" (Jordan 1993: 196). She views the current trend in the ways in which biomedicine is being deployed in the Third World as a form of "imperialism" (Jordan 1993: 186) and "biomedical colonization" (Jordan 1993: 215). This is not to say that she considers the content and methodology of all of biomedical knowledge to be imperialist. What she objects to is the total lack of acceptance of the value of other systems of knowing which accompanies the spread of biomedical practices today (see also Laderman 1983; O'Neil and Kaufert 1990; Nandy and Visvanathan 1990).

Thus, what was depicted simply as cultural systematicity in Part I comes in Part II to be situated within a broader arena of global politics and the systematicity itself comes to be seen as serving particular political

agendas, as legitimizing certain types of knowledge and practice at the expense of others. A problem that remains, however, is that while Jordan demonstrates the political nature of the biomedical approach to birth, she does not probe into the ways in which beliefs and practices relating to birth in other cultures might also serve to reinforce unequal social relations.

### **CULTURE AS PROCESS: INTERNALIZATION AND RESISTANCE**

Although Jordan points out that beliefs and practices associated with bio medical birth serve to reproduce unequal relations of power, she does not give a detailed analysis of the *process* by which this happens. In other words, she does not examine closely the ways in which the hegemonic system of biomedical birth is either internalized and accepted or resisted by physicians, midwives, and especially by women in the course of their pregnancy, during parturition, and in the post-partum period. This is the focus of Robbie Davis-Floyd's (1992) book, *Birth as an American Rite of Passage*.

Unlike Jordan, who studied both ideologies and practices, Davis-Floyd's work is primarily concerned with ideology and the process by which ideologies relating to birth are constructed. Like Jordan, Davis-Floyd is interested in discovering the style of birth which is dominant in American society. She argues that in America the dominant beliefs and practices surrounding birth are based on the "technocratic model" of reality, a model which she says American culture has inherited from the Scientific Revolution, when "machine replaced the organism as the underlying metaphor for the organization of man's universe," and a model which has served the needs of industrial capitalism (Davis-Floyd 1992: 44). She argues that this technocratic model, which is based on the primacy and domination of culture over nature, reproduces patriarchy by constructing women's bodies as weak and requiring male-controlled technologies (Davis-Floyd 1992: 152). (See also Martin [1987] on the relationship between industrial capitalism, the machine model of the body, and women's reproductive experiences).

Davis-Floyd demonstrates that many of the obstetric practices which are routinized in hospital-based births in America are not "scientifically" grounded but rather are highly symbolic rituals which serve to reaffirm the dominant technocratic model and to instill this model within the psyches and bodies of members of society. For example, in Chapter 3 she argues that such "standard procedures for normal birth" as the use of wheelchairs; the "prep" (involving shaves, IVs, and enemas); the hospital gown and bed; the electronic fetal monitor; various medications; and episiotomies, among others, are not medically necessary, but rather are routinely used as symbols to transfer core American values. Although it is true that these procedures may carry symbolic meaning, it is overly simplistic and functionalist to say that the procedures are constructed for the express purpose of reproducing dominant cultural values.

In Chapter 4 Davis-Floyd focuses on the ways in which this technocratic model is accepted, negotiated, or rejected by individual members of society.

This chapter is ethnographically the most interesting as it contains the personal narratives of women whom Davis-Floyd interviewed. She argues that there are essentially only two mutually exclusive models available to American women -the holistic model and the technocratic model -and that a woman's response to a technocratic birth will depend on the degree of cognitive fit between her view of birth and that promulgated by the technocratic model.

The largest percentage of the women interviewed (42%) fell into the category of women who experienced "conceptual fusion with the technocratic model: with cognitive ease." These were primarily women who hoped for a "natural birth" but who in fact had highly technocratic births (whether through use of medication or C-sections, or both) and yet who came away from their experience believing that such medical interventions were necessary (Davis-Floyd 1992: 219). In addition, Davis-Floyd reports seven other categories of responses, ranging

from full acceptance of the technocratic model of birth to effective resistance of it. Her study shows there is a great deal of variety in the conceptualization and experiences of birth within a given culture even if the technocratic model is dominant.

Although Davis-Floyd is personally disturbed by the fact that the majority of women accept the technocratic model of birth, she maintains that the majority of women accept it because it is what they "want"; they choose to accept this model (Davis-Floyd 1992: 282). In fact she says that for some women, accepting a technocratic birth is empowering because by doing so they are upholding and participating in the values of American culture and are thus not left outside of culture and assigned to the less valued realm of nature, as was more often the case in the 19th century (Davis-Floyd 1992: 282).

This is an unsettling conclusion. For, on the one hand she argues that the technocratic model of birth serves to devalue women, yet simultaneously she suggests that the acceptance of such cultural norms itself empowers women. Davis-Floyd needs to look more critically at the extent to which women are really exercising *choice* in the process of accepting the technocratic model, and the extent to which agency is in and of itself empowering. In fact in her later discussion on the future of reproductive technologies, such as in-vitro fertilization, surrogate parents, etc. (Chapter 8), she reaffirms her conviction that the technocratic model is disempowering. As she writes:

Based as it is on this assumption of her inherent physiological inferiority to men, and for as long as it holds conceptual hegemony over this nation, that model will guarantee her continued psychological disempowerment by the everyday constructs of the culture at large, and her alienation both from political power *and* from the physiological attributes of womanhood (Davis-Floyd 1992: 291).

Thus, we are left with a sense of ambiguity as to where Davis-Floyd stands on the question of choice versus mystification.

One of the drawbacks of Davis-Floyd's study is that she does not explore class and ethnic factor which might lead women to hold the models they do and which might enable certain women to hold onto these models in the face of opposition in the hospital. In fact her study is focused exclusively on a particular segment of American society: middle class white women. She argues that such a narrow selection serves to reinforce her thesis that the rite of passage which takes place in the context of technocratic birth is highly successful, for if the majority of women in this more privileged and powerful segment of society are unable to resist the technocratic model, then surely lower class minority women will not be able to successfully resist or change it either (Davis-Floyd 1992: 4). In fact this may not be the case, as other recent anthropological studies on birth such as Martin's (1987: 181-193) and Rapp's (1991) suggest.

Furthermore, a more sociologically complex study might throw into question Davis-Floyd's generalizations about gender categories, such as her suggestion that the technocratic model views "women's" bodies as inferior while the holistic model celebrates "women's" bodies, and her suggestion that the technocratic model is based on a "male perspective" while the holistic model is based on a "female perspective" (Davis-Floyd 1992: 160).

## **HISTORY: MODES OF PRODUCTION**

In stark contrast to the "technocratic model" of birth and the "cosmopolitical obstetrics" described respectively by Davis-Floyd and Jordan, Jacques Gélis' *History of Childbirth: Fertility, Pregnancy and Birth in Early Modern Europe*, describes a way of birth closely associated with natural seasons and landscapes and with supernatural forces. Originally published in French in 1984 under the title *L'Arbre et le Fruit*, this book was translated and published in English in 1991. It also diverges stylistically from the two books discussed above: it is scarce on theory and abounding in poetic descriptions of fascinating historical facts about birth during the early modern

period (17th to late 19th century) in France and in Western Europe more generally. Gélis includes discussions on such things as the use of trees, sliding stones, herbs, and amulets to ensure fertility; the effects of emotions, hygiene, diet, and climate on the outcome of the birth; divining the sex of a child; the role and procedures of the midwife and other members of the community during birth; and responses to infant mortality, among other topics.

Like the works of Jordan and Davis-Floyd, Gélis is primarily interested in the systematicity of birth beliefs and practices during this historical period. He is interested in reconstructing the world view of the period and understanding the way beliefs and practices of birth are informed by that world view. In Part I, "The Rhythms of the Earth," he describes this world view as being based on an understanding of nature as cyclical and says that human birth was understood as part of this process. Just as the farmer planted new seeds to ensure the next year's harvest, it was natural and necessary for humans to procreate to ensure their own renewal. And just as plants were subject to the vagaries of Mother Nature, so too were human beings. The whole process of birth was understood to be infused by forces of the sacred that had to be tamed through natural and super natural practices.

Gélis explains that pre-modern European thinking with regard to human reproduction was largely based on the 'doctrine of signatures', which he defines as "a theory of knowledge based on analogy." It was a way of thinking about the world which relied on symbolism and "magical thinking" (see also Turner 1967 on "sympathetic" and "contagious" magic among the Ndembu). He explains how this theory was applied to human reproductive medicine:

Plants without stems, flowers or fruits advertise the fact that they are of no use in inducing conception; those with an abundance of seeds are helpful to those who wish for a similar abundance in their own progeny. The sex of the plant to be used is of great importance: only 'female' plants can be given to a woman, plants such as the strong-smelling *chenopodium vulvaria*, said to be beneficial in controlling hysteria. For an impotent man there is nothing better than a good dose of boiled orchid roots, which look exactly like testicles: they render him instantly capable of paying his debt to Venus ...(Gélis 1990: 7).

Gélis is interested in understanding how ways of birth are shaped by modes of production. In particular, he argues that the pre-modern European way of birth was intricately tied to an agrarian political-economy and that the development of the biomedical way of birth was a result of the shift to an industrial economy and to the emergence of the nation-state. For example, he writes that in the pre-modern period, sexual intercourse during pregnancy was generally tolerated for it was believed that this ensured that the husband would continually "fashion" and fertilize the child in the womb. Gélis then describes the attitudinal changes which arose within the context of the nation-state.

The change of tone which appears in medical discourse during the second half of the eighteenth century can be explained by 'populationist' ideas. On behalf of the future of the kingdom, doctors went into battle against anything which seemed likely to slow the increase in population. They fulminated against sexual relations in pregnancy as a threat to the survival of the foetus. And during the French Revolution, when the production of a 'healthy and vigorous generation' was urged as a condition for the regeneration of the State, the}' appealed to the father's conscience ...(Gélis 1990: 85).

Thus reproductive health care became increasingly bureaucratized and standardized in the interest of the nation-state and it was at this time that obstetrics and gynecology became professionalized. In this transition a new concept of time was imposed on the process of birth. In the pre-modern period the length of pregnancy and the length of labor were seen as being largely in the hands of Mother Nature and to vary from woman to woman. With increasing standardization and mechanization, however, new parameters were set on the acceptable length of time for both pregnancy and labor and it was the prerogative and responsibility of the medical profession to ensure

that everything happened like clockwork (Gélis 1990: 63). (See also Martin [1987], and Oakley [1984] on the biomedical imposition of a modern framework of time on the birth process.)

Gélis also points out that within the context of this transformation, midwives were attacked on two fronts. On the one hand they were labeled "dangerous" by the new breed of medical professionals who were encroaching on their work. On the other hand they were continuously attacked by the Church as being witches who promote "superstitious" and sexually explicit pagan beliefs and rituals (Gélis 1990: 68; II 0-111; 146. See also Forbes [1966], O'Neil and Kaufert [1990] and Laderman [1983] on attempts by religious and medical establishment to de-legitimize the work of midwives).

Although Gélis locates the pre-modern way of birth and the transition to a biomedical way of birth within the particular political-economic contexts of Europe, he does not consider how these beliefs and practices related to trends outside of Europe. Given that the first sentence of his introduction reads: "This book is the fruit of some ten years of research into the anthropology of childbirth," this gap is glaring. Throughout the book there are many descriptions of beliefs and practices relating to childbirth which other anthropologists have also noted in diverse societies around the world. For example, Gélis mentions that there are certain dietary restrictions for pregnant and post-partum women which are based on humoral notions of "hot" and "cold" foods (Gélis 1990: 82), and yet he does not mention that a similar belief system has been found in many far-flung regions of the world, including Latin America and South and Southeast Asia. Similarly, he mentions rituals used to ward off the evil-eye (Gélis 1990: 97), without mentioning the fact that fear of the evil-eye is common to many cultures throughout the world.

I am not suggesting that every ethnographic account of childbirth must refer to all the other accounts by anthropologists. However, given the fact that Gélis attributes the pre-modern European way of birth to an agrarian economy, it is important to consider the extent to which similarities in the practice of birth in different parts of the world and different periods of history may or may not be related to similarities in modes of production. And, conversely, it is important to question the extent to which the beliefs and practices which he describes as being products of the mode of production in Europe may in fact have originated in very different social, political, and economic context but have spread to Europe through various forms of contact. The point is not that he should locate these practices exclusively in the realm of political-economy or of culture but rather that he needs to show this relationship is a bit more complex.

One key area which calls for such explanation is Gélis' discussion of gender. Throughout the book he makes reference to the ways in which cultural ideas about male superiority shape the birth event. For example, in a section on divination of the sex of the fetus he writes:

The essential criterion had to do with the two sides of the [pregnant woman's] body. The right was always considered to be the noble, strong, positive side: it symbolized the masculine element; the left or 'sinister' side was weak, negative, which is as much as to say feminine. If the woman was carrying to the right, she would have a boy; if to the left, a girl (Gélis 1990: 88).

Gélis goes on to say that these theories reflect the desire for a son, "an heir to carry on the family name and lineage" (Gélis 1990: 90). Yet, he does not pursue this issue further to see how the political-economy and the cultural constructions of gender in pre-modern Europe were articulated.

In short, while Gélis makes the important point that a society's perception of birth is tied to its political-economy and thus will change historically as political-economies change, he does not delve deeply enough into these connections. Handwerker's (1990) edited volume claims to set out to explore these connections and indeed some of the contributors in the volume do a good job at this (see essays by O'Neil and Kaufert, and by Bledsoe). But where Gélis' account dwells more on descriptions of cultural practices and less on a fine-grained description of the political-economy, Handwerker's introduction to his edited volume reveals a demographer's tendency to view the relationship between power and culture in terms of abstract formulas for prediction and thus to belittle the force of culture.

## CONCLUSION

Despite the particular gaps and problematics in the three books discussed above, as a group they represent the beginnings of a movement to study birth with a more dynamic concept of culture than was the case in 1978 when the Anthropology of Birth was taking its first steps with the publication of Jordan's *Birth In Four Cultures*. Jordan's Fourth Edition of the book introduces the important relationship between culture and power, and the notion of culture as "authoritative knowledge" within the arena of birth. And she shows how this knowledge is produced and deployed in the context of international politics, and specifically in the context of international health development programs. Davis-Floyd provides us with a view of the ways in which cultural values are constructed, internalized, and/or resisted within the context of childbirth and shows us that there is variability within cultural systems. And Gélis situates cultural beliefs and practices relating to childbirth within specific historical contexts and points to a relationship between particular political-economies and particular cultural constructions of birth.

All three authors are interested in the systematicity of cultural constructions of birth but this systematicity is no longer thought to be inherent in a culture. Rather, each author examines the ways in which the systematicity itself is fashioned and contested in the context of social, political, and economic interactions.

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## NOTES

1. This Fourth Edition of Jordan's book was revised and expanded by Robbie Davis-Floyd.
2. By "biosocial" Jordan means, "the mutual feedback between what is biological and what is social and cultural in the process of childbirth" (Jordan 1993: xv).
3. These theoretical reformulations have been largely influenced by the works of Bourdieu (1989) and Gramsci (1992), among others.