

AN ABSTRACT OF THE THESIS OF

Kimberly Ann Coffey for the degree of Master of Arts in Interdisciplinary Studies in Speech Communication, Speech Communication, and Women Studies presented on June 4, 2012.

Title: Pushing for Natural Childbirth: A Rhetorical Analysis of the Alternative Birth Movement

Abstract approved:

Mark P. Moore

The purpose of this study is to examine how rhetoric functions in the Alternative Birth Movement (ABM). In particular, communication published by movement leaders will be examined to discover how rhetoric propels the movement from one stage to the next as well as how rhetoric facilitates the goals of the movement.

When the ABM began in the early 1970s, it faced strong opposition from medical organizations, such as the American College of Obstetricians and Gynecologists. Through the use of powerful rhetoric, however, the movement was able to withstand pressure from the opposition, attract members, and move toward achieving its goals. To understand the functions of rhetoric throughout the alternative birth movement, this study combines Leland Griffin's method of examining movements in phases with Charles Stewart's functional perspective. The study will address the following research questions:

1. How does rhetoric progress the movement from one stage to another?
2. How does rhetoric facilitate the goals of the movement?

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Pushing for Natural Childbirth: A Rhetorical Analysis of the Alternative Birth Movement

by
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A THESIS

submitted to

Oregon State University

in partial fulfillment of
the requirements for the
degree of

Master of Arts in Interdisciplinary Studies

Presented June 4, 2012
Commencement June 2012

Master of Arts in Interdisciplinary Studies thesis of Kimberly Ann Coffey presented on June 4, 2012.

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I understand that my thesis will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my thesis to any reader upon request.

Kimberly Ann Coffey, Author

ACKNOWLEDGEMENTS

First, I would like to thank my committee chairman, Dr. Mark Moore, for his support and guidance throughout this process. I have greatly enjoyed working with you, and I cannot thank you enough for all that you have done for me. Next, I would like to thank Dr. Judith Bowker for her ongoing support and encouragement. I truly appreciate all of your help and kindness throughout this process. I would also like to thank Dr. Susan Shaw and Dr. Vicki Tolar-Burton for dedicating their time to be on my thesis committee.

Last, I would like to thank my family and friends for their love and support. I could not have done this without you! I would like to thank my parents for encouraging me to continue my education and all of the support they have given me. I also owe a big thank you to Nathan Shepherd for being patient, understanding, and supportive. I am lucky to have such great family and friends, and I love you all.

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Pushing for Natural Childbirth: A Rhetorical Analysis of the Alternative Birth Movement

Chapter One

Introduction

In 1975, Suzanne Arms wrote in her book, *Immaculate Deception*, that “an entire system of medical procedures and interferences had been established to treat normal birth as a risky, dangerous, painful, and *abnormal* process in which pregnant women have no choice other than to submit graciously” (xii). However, at the time Arms published this book, it was already becoming clear that pregnant women were no longer willing to submit graciously to the standard medical procedures in childbirth. Instead, women across the country were organizing themselves to fight against the medical establishment. Their fight became a nationwide social movement known as the Alternative Birth Movement (ABM).

The movement sought to end the medicalization of childbirth and utilize the midwifery model of care, which views birth as a natural process. According to Amanda Banks, the movement encompassed “a wide variety of natural, alternative, and noninterventionist practices” (92). It also “placed value on the mother’s role and strove for practices that worked in concert with birth, rather than those that attempted to dictate and manipulate it” (Banks 92). Midwives were some of the most vocal movement members as they sought to provide women alternatives to hospital birth. Furthermore, women who had experienced cruel and inhumane childbirth in hospitals often became advocates for natural childbirth.

The rhetoric produced by both midwives and consumer advocates against the medicalization of childbirth provided impetus for the movement's inception. Mathews and Zadak write, "The movement developed from a realization that medical interests had appropriated a natural process and turned it into a depersonalized medical procedure in which women had no voice" (40). Thus, the ABM developed with the goal of women regaining control of childbirth. Members of the movement argued that birth is a natural process, and they demanded options in childbirth other than giving birth in the hospital. These demands have been echoed throughout the past four decades but little progress has been made to return birth to its natural state. Regardless of the movement's limited progress, movement members have been relentless in their efforts to change hospital procedures and reclaim childbirth.

Purpose Statement

The purpose of this study is to examine how rhetoric functions in the ABM. In particular, communication used by movement leaders will be examined to discover how rhetoric propels the movement from one phase to the next as well as how rhetoric facilitates the goals of the movement.

When the ABM began in the 1960s, it faced strong opposition from medical organizations, such as the American College of Obstetricians and Gynecologists. Through the use of powerful rhetoric, however, the movement was able to withstand pressure from the opposition, attract members, and move towards achieving its goals. To understand the functions of rhetoric throughout the alternative birth movement, this study combines Leland Griffin's method of examining movements in phases with Charles

Stewart's functional perspective. The study will address the following research questions:

1. How does rhetoric progress the movement from one phase to another?
2. How does rhetoric facilitate the goals of the movement?

Limitations of the Study

Two factors limit this study. First, the ABM is still in progress; thus, I cannot predict how rhetoric will function in this movement in the future. I also cannot explain the phase Griffin identifies as consummation because it has not occurred yet. My study is limited to the rhetoric used by the movement thus far and offers no predictions for the future. Second, I also am limited by my method of study. My literature review will illustrate that a clear method or specific model for conducting social movement criticism does not exist. Many scholars have presented various perspectives for studying social movements, but scholars have yet to agree on which perspective is best or develop a dominant model. For these reasons, I have developed my own model which combines aspects from the works of Griffin and Stewart. This model is valuable but also limited because it does not include other perspectives and models on social movement criticism.

Significance of the Study

Although work done by members of the ABM has had significant impact women's options in childbirth, little research has been done on the influence of this movement. In fact, studies examining the rhetoric of the movement are nearly nonexistent. Furthermore, my study is unique because the ABM has not been previously examined using social movement criticism. As previously noted, a single model for

conducting this type of criticism does not exist; therefore, my study expands the body of research done on social movements and may serve as a valuable example for creating effective models in future studies.

Literature Review: The Alternative Birth Movement

Although many people are aware of the large social movements that took place during the 1950s and 1960s, such as the Civil Rights Movement and the Women's Rights Movement, one smaller, lesser-known movement also developed at this time: The Alternative Birth Movement. Because this movement has been overshadowed by much larger movements for most of its history, this section of the literature review describes the movement from its beginnings in the 1940s to where it stands now. I overview scholarly articles, books, and national news stories written about the movement to give the reader a comprehensive understanding of the movement. This overview will familiarize the reader with the ABM, providing important details necessary to understanding the functions of rhetoric in the movement, discussed later in this thesis.

In her book, *Birth Chairs, Midwives, and Medicine*, Amanda Banks explains that increased discourse about the alternative methods in childbirth around the early 1960s led to a debate between natural birth advocates and organized medicine, which includes doctors, other hospital staff, and medical organizations. Banks writes, "It was with this debate that a movement for alternative birth began, a movement that original [sic] questioned the approaches to birth and soon realized the necessity of redefining the prevailing philosophy of birth to reshape the practices of delivery" (91). Furthermore "the designation 'alternative birth movement' represented the many organizations that

advocated and practiced any method of childbirth other than conventional hospital labor and delivery” (Banks 92). Many alternative birth advocates came together across the country in an attempt to “return childbirth to the family and to nature” (Banks 93).

As noted in an article by Joan Mathews and Kathleen Zadak titled “The Alternative Birth Movement in the United States: History and Current Status,” options for women in childbirth significantly changed during the first half of the twentieth century (41). While most women gave birth at home at the beginning of the century, hospital birth became popular around 1920 as the use of new technologies and medicines became available. By 1945, 78.9% of births took place in a hospital (Mathews and Zadak 41). This percentage continued to grow steadily, reaching 99% by 1969 and remaining constant ever since (Curtin and Park).

The change in birth location from home to hospital also led to a change in caregivers. Lay midwives served as primary care providers to women giving birth at home, but these providers were not allowed to assist women in hospital births. Instead, male physicians took over control as primary care providers. Mathews and Zadak write, “Consumer dissatisfaction with the medical management of birth began as early as the 1940s. Having appropriated birthing from lay midwives and the home, the male-dominated medical community turned the process into a completely mechanistic procedure” (42). Dissatisfaction with the medical model continued to increase into the 1960s and 1970s. After realizing “that medical interests had appropriated a natural process and turned it into a depersonalized medical procedure in which women had no voice” (Mathews and Zadak 40), dissatisfied consumers and alternative birth activists,

such as midwives, came together to create the Alternative Birth Movement, which is sometimes referred to as the natural-childbirth movement. At the same time, other movements, such as the Women's Liberation Movement, were also taking place which helped the ABM grow and progress.

The ideology of the ABM focuses on treating birth as a natural phenomenon instead of a medical emergency. Women's choices and options are limited in the male-dominated medical model; thus, the movement fights for "women's right to choose their birth setting and attendants" (Beckett and Hoffman 133). Furthermore, the movement fights against "the inhumane and ineffective nature of many routine hospital procedures and the counterproductive nature of the high-tech approach to childbirth" (Beckett and Hoffman 133). Members of the ABM demand other locations for childbirth besides hospitals. This demand led to the development of in-hospital birth rooms and free-standing birth centers, which provide a home-like setting in or near a hospital (Mathews and Zadak 46-47). According to Mathews and Zadak, "alternative birth settings represent a model of family-centered, personalized obstetrical care where the mother may exercise control over non-medical decisions" (48). However, these new options were not satisfactory for all women, especially those who considered home the ideal location for birth.

Continued dissatisfaction with hospital births and other birth locations led to the rise of the home birth movement in the 1970s, which has been called "the radical flank of the alternative birth movement" (Daviss 78). The home birth movement was started mainly by lay midwives who were not welcome to work in hospitals but wanted to

provide other birth options for women. The early reaction by other members of the ABM, especially nurse-midwives, to the home birth movement is somewhat surprising: Organizations such as the American College of Nurse Midwives (ACNM) did not initially support the home birth movement because they viewed it as too radical and feared it would reduce the credibility of the ABM as a whole (Daviss 79). However, Betty-Anne Daviss argues that the home birth movement is an important faction of the ABM because home birth “constitutes an important ingredient in providing ultimate control and choice for women, a central theme of the ABM ideology” (79). Attitudes regarding home birth have changed as the Alternative Birth Movement has continued to progress. In 1980, the ACNM withdrew its initial statement and produced a new statement that supported a woman’s option to have a home birth (Daviss 80). The uniting of the home birth movement with the ABM appealed to more people, increasing membership and picking up strength to fight against the medical establishment.

Out-of-hospital birth alternatives continued to grow and expand in the 1980s. During this time, licensing and regulations were developed for free-standing birth centers, which increased their popularity while also generating a response from physicians who fought to keep birth in hospitals (Mathews and Zadak 48-49). Birth centers were less expensive than hospitals, provided the comforts of home, and maintained a high level of safety and security. By 1984, over 120 birth centers existed throughout the United States, prompting John Carey and Susan Katz to write in *Newsweek*, “Women, it seems, now have some real choices about where they give birth” (96). Hospitals fought to compete with birth centers by creating elaborate birth suites.

These suites, also known as labor, delivery, recovery rooms, were also developed to replicate a home-like setting, but some provided extra luxuries such as limo rides to the hospital, candlelight dinners, and complimentary champagne (Miller, Howard, Beale, and Rotenberk 49). The creation of birth centers as well as in-hospital birth suites were successes for the ABM because they provided women with more options than traditional hospital birth; however, the percentage of women giving birth in a hospital still remains at 99%, illustrating that the ABM still has work to do (MacDorman, Menacker, and Declercq 8).

Literature Review: Social Movement Criticism

As defined by Carl Burghardt, social movement criticism is “the analysis of rhetoric produced by members of social movements” (365). With this broad definition, a specific method for doing social movement criticism does not exist. Instead, a variety of perspectives have developed over the past sixty years, offering guidelines for the proper way to conduct social movement criticism.

The history of social movement criticism can be traced back to the work of Leland Griffin in “The Rhetoric of Historical Movements” (1952). Griffin suggests that the rhetoric of social movements has been ignored in academia at the time, and he encourages students to conduct further research on this subject (185). To conduct this type of research, Griffin addresses six questions which the student might encounter while doing social movement criticism. Along with the questions, Griffin provides answers which explain the necessary components of social movement criticism. The first question asks, “[W]hat should be the point of focus in the movement study?” (Griffin

184). According to Griffin, the student should focus on isolating “the rhetorical movement within the matrix of the historical movement” (185). Thus, the rhetoric from all parties in the movement must be isolated and examined to develop a full understanding of how the movement began, developed, and eventually terminated.

The second question states, “[*What*] kind of movement should the student select for study, and how much of the movement should he [*sic*] study?” (Griffin 185). Griffin answers the first part of the question by identifying that any movement, whether successful or not, is worthy of study. To answer the second part of the question, Griffin explains that the movement should be a brief moment in history so that one scholar can effectively analyze the entire movement; movements which cover long periods of time are too extensive and laborious for one student to adequately analyze (Griffin 185). Once students have mastered the study of brief movements, then larger movements can be examined; however, at the time this essay was written, the study of social movements was in its infancy, so Griffin recommended the study of brief movements.

Third, Griffin provides a description to answer the question, “[*H*]ow should the student go about the business of isolating and analyzing the rhetorical movement?” (185). Griffin identifies two types of rhetorical movements: pro movements and anti movements. Pro movements occur when rhetoric attempts to persuade the public to create or accept an institution or idea. On the other hand, anti movements occur when the rhetoric attempts to persuade the public to destroy or reject a current institution or idea (Griffin 368). Within these two types of movements, Griffin also identifies two distinguished groups of rhetoricians. The first group is “aggressor orators and journalists

who attempt, in the *pro* movement, to establish, and in the *anti* movement, to destroy” (Griffin 185-186). He describes the second group as “defendant rhetoricians who attempt, in the *pro* movement, to resist reform, and in the *anti* movement, to defend institutions” (186).

After establishing the types of movements and the groups involved, Griffin continues on to identify and explain three phases of development in social movements. The first phase is “*a period of inception*” (186). During this phase, the movement is slowly growing and eventually gains public interest; however, the movement may become quickly established if a shocking or unexpected event occurs and results in immediate public attention and organization of rhetoricians (Griffin 186). After the inception, the rhetorical movement develops into “*a period of rhetorical crisis*” (Griffin 186), during which one group of rhetoricians disrupts the balance that had previously existed between the groups. Finally, “*a period of consummation*” (Griffin 186) occurs; this period marks the end of the rhetorical movement.

The fourth and fifth questions offered by Griffin address the criteria used when evaluating the rhetorical movement and the method used to present the findings of the study. To evaluate the rhetorical movement, the critic must determine the success of the discourse in effecting change. He or she must also evaluate the discourse within the context of current rhetorical theories (Griffin 187). Thus, a critic must be aware of the social context in which the rhetorical movement occurs. An awareness of the social context also helps the critic to synthesize the movement. The rhetorical movement should be examined chronologically and viewed from many angles so that “the writer

will achieve a sense of unity” (Griffin 188). By unifying the discourse of the movement, the critic is able to present the movement as a whole, instead of analyzing its separate pieces, allowing for an understanding of the successes and failures of the movement. Griffin states that “rhetoric has had and does have a vital function as a shaping agent in human affairs” (188). Therefore, the examination of the rhetoric of social movements deepens our understanding of how rhetoric creates social change.

Griffin’s essay will influence the way I conduct social movement criticism because I plan to follow some of the guidelines that he clearly lays out, such as a clear examination of the phases of the ABM. Many other rhetoricians have critiqued and expanded Griffin’s original work, but I have yet to find any other set of guidelines clearer than Griffin’s. It is, of course, important to examine the work of other social movement scholars who came after Griffin, so next I will explain Herbert Simons’ contribution to social movement criticism.

Eighteen years after Leland Griffin developed a method for conducting social movement criticism, Herbert Simons published his ideas on rhetoric in social movements in an essay titled “Requirements, Problems, and Strategies: A Theory of Persuasion for Social Movements.” In this essay, Simons identifies problems with studying social movements which include separating critics from supporters, distinguishing “between rhetorical acts and coercive acts,” determining which acts are successful and why others fail, examining a long time span, managing several audiences and several leaders, and lastly, analyzing several forms of media (Simons 1-2). Due to the complexities of social movements, Simons writes, “[T]he standard tools of rhetorical criticism are ill-suited for

unraveling the complexity of discourse in social movements or for capturing its grand flow” (2). Simons does not believe that the current method of rhetorical criticism analyzes the rhetoric of social movements effectively; therefore, Simons argues that a theory of persuasion must be developed which can be applied to social movements. To construct this theory, Simons takes “leader-centered conception of persuasion in social movements” (2) and identifies three parts of the movement which must be examined and explained: rhetorical requirements, rhetorical problems, and rhetorical strategies.

Simons describes three rhetorical requirements for the leaders of social movements. First, leaders “must attract, maintain, and mold workers into an efficiently organized unit” (Simons 3). Second, leaders must persuade the general public to accept and adopt their ideology, and last, leaders must adjust and react to actions, whether supportive or oppressive, from the general public (Simons 4). Because social movements lack formal structure, leaders of these movements must meet these rhetorical requirements to ensure acceptance of their ideology and commitment from their members.

Due to complex rhetorical requirements, leaders of social movements also encounter a variety of rhetorical problems. Almost all of these problems arise from conflicting demands that social movement leaders face. Simons explains, “[T]he existence of crosspressures enormously complicates the role of the leader, frequently posing difficult choices between ethical and expedient considerations” (5). Following this explanation, Simons describes some more specific examples of rhetorical problems which include making promises the leader cannot deliver, employing extreme tactics,

concealing information, satisfying member needs and wants, playing a variety of roles, and adapting to several audiences (Simons 5-7). The long list of rhetorical problems leads to the development of several rhetorical strategies which leaders may employ.

Simons identifies three rhetorical strategies that a movement leader might utilize: moderate, intermediate, and militant. A moderate leader uses a “pattern of peaceful persuasion rhetoricians know best and characteristically prescribe, the embodiment of reason, civility, and decorum in human interaction” (Simons 7). Thus, a moderate leader constantly listens and adapts to the needs and wants of the members of the movement, and he or she focuses more on uniting people than separating them. Somewhat more aggressive are intermediate leaders who “combine militant and moderate patterns of influence” (Simons 10). Simons explains that this type of leader uses moderate tactics, such as speaking calmly and quietly in private, while also using militant tactics, such as speaking forcefully and powerfully in public (10). On the end of the leadership continuum are militant strategists. Leaders who fall into this category often “threaten, harass, cajole, disrupt, provoke, intimidate, [and/or] coerce” (Simons 8) opponents as a strategy for gaining supporters and spreading their ideology. Overall, Simons acknowledges that each strategy has advantages and disadvantages, but he concludes that contemporary movements will require leaders to be moderate as well as militant (Simons 11). The combination of strategies forces the leader to be flexible while meeting rhetorical requirements and solving rhetorical problems.

In response to Simons’ article, Robert Cathcart wrote an article titled “New Approaches to the Study of Movements: Defining Movements Rhetorically” in 1972.

Cathcart seeks to further develop a theory and method for studying movements by answering the question, “What is a movement?” (82). According to Cathcart, “[P]resent definitions of movements are ill-suited to the formulation of an adequate theory of the rhetoric of movements” (82). Thus, Cathcart attempts to formulate a rhetorical definition of movements by first examining past definitions and then providing his own suggestions for a future definition.

Cathcart begins by discussing the flaws with Griffin’s early work on movements. This discussion illustrates that past movement studies have utilized an historical definition of “movements” rather than a rhetorical definition. Using an historical definition is ineffective for analyzing movements because it does not clearly explain “when a movement is a movement” (Cathcart 84). An historical approach identifies important documents, people, and events in the movement, but it does not provide specific components that constitute a movement. Thus, rhetoricians cannot adequately develop a method and theory for analyzing movements when using the historical approach (Cathcart 84).

Other rhetorical critics, such as Simons, rely on a social psychological definition of movements to conduct their studies. Cathcart explains that a social psychological definition attempts to analyze and evaluate group behaviors, and this definition, like a historical definition, is “so imprecise that we are left to wonder *which* collective behaviors are movements and how we are to recognize them” (85). Cathcart argues that this definition is damaging to the rhetorical study of movements because it focuses on “collective behavior *in contrast to individual behavior* rather than contrasting certain

collective behaviors with larger societal behaviors” (85). The relationship between collective behaviors and societal behaviors is an important area of study for rhetorical critics. Therefore, he argues that the social scientific approach is also inadequate for the rhetorical study of social movements (Cathcart 85).

After explaining why historical and social psychological definitions are insufficient for rhetorical critics, Cathcart attempts to develop a rhetorical definition of movements. He believes that a rhetorical definition is necessary because “movements are essentially rhetorical in nature” (86). To begin, Cathcart draws on Griffin’s new explanation of movements which utilizes Kenneth Burke’s dramatisic approach. A dramatisic approach defines movements as arising from actors who cry out against the established order and are then met with resistance from the establishment. Cathcart writes, “It is this *reciprocity or dialectical enjoiment in the moral arena* which defines movements and distinguishes them from other dramatisic forms” (87). According to Cathcart, this definition is much more useful to rhetorical critics because it relies on rhetorical theory rather than historical or social psychological approaches. Cathcart justifies the use of a rhetorical definition by explaining that movements develop and progress through the use of language, “both verbal and nonverbal, in strategic forms that bring about identification of the individual with the movement” (86). Thus, if rhetoric forms movements, then a rhetorical definition of movements is essential.

Cathcart’s essay does unveil some significant problems in conducting a rhetorical study of social movements; however, I do not find his work particularly useful to my study because he does not provide a clear answer to the problems discussed. After

reading Cathcart's essay, I am not able to identify a clear and specific rhetorical definition of social movements that I could use in my work. Explanations in the essay suggest that a movement develops from actors expressing dissatisfaction with the status quo which is followed by counter-rhetoric from members maintaining the status quo, but these explanations do not constitute a specific and useful rhetorical definition of movements. Cathcart has laid the foundations for establishing a rhetorical definition of movements, but he has not developed a working definition.

Four years after Cathcart's essay, Charles Wilkinson attempts to define movements rhetorically in his essay "A Rhetorical Definition of Movements." Wilkinson builds on the definition that Cathcart began by first summarizing the work of previous rhetorical movement scholars and then adding his own theoretical ideas. He begins by examining the history of the rhetorical study of movements. The first study of movements can be traced back to Cornell University in 1923. A few studies examining social movements in the 1940s eventually led to Griffin's article on historical movements in 1952 (Wilkinson 88-89). Following Griffin's article, Edwin Black wrote *Rhetorical Criticism: A Study in Method*, which identified several ways to study movements including the psychological study, the movement study, and the neo-Aristotelian study (Wilkinson 89).

Black's book resulted in several essays from rhetorical scholars who attempted to examine movements from a rhetorical perspective. In the 1960s, Griffin shifted from examining movements through a historical lens to a rhetorical lens. This shift led to Griffin's article "A Dramatistic Theory of the Rhetoric of Movements" which utilized

Kenneth Burke's method of dramatism to examine social movements (Wilkinson 89-90). Shortly after Griffin's article was published, Herbert Simons proposed "a theory of persuasion for social movements" (Wilkinson 90) which examined movements through a social science perspective. Lastly, Wilkinson summarizes Robert Cathcart's essay and concludes that Cathcart's definition is flawed and incomplete. Thus, Wilkinson picks up where Cathcart left off and attempts to develop a working definition of rhetorical movements.

Wilkinson explains the requirements for a rhetorical definition of movements. "First, the definition must indicate the specific task-area of the rhetorical critic, thus setting him [sic] apart from either or both historian and sociologist"(Wilkinson 91). Second, a dramatisitic definition (as purposed by Cathcart) must include the process and framework of dramatism. Lastly, a rhetorical definition of movements should provide a foundation for the development of methodology to examine the rhetoric of social movements. After explaining these requirements, Wilkinson states his definition of rhetorical movements:

Languaging strategies by which a significantly vocal part of an established society, experiencing together a sustained dialectical tension growing out of moral (ethical) conflict, agitate to induce cooperation in others, either directly or indirectly, thereby affecting the status quo. (91)

Wilkinson then elaborates on each section of the definition to illustrate that the definition meets his previously explained rhetorical requirements.

First, Wilkinson claims that every movement is a "languaging strategy," and he defines this "as a process by which man [sic], the symbol-using (making, mis-using) animal, orders his world and himself according to a world-view and a self-view, whatever

their origins, that are uniquely his own” (91). From this definition, Wilkinson concludes that “all movements are essentially rhetorical *in nature*” (92).

Second, Wilkinson explains his meaning of “a significantly vocal part of society” (92). In this sense, “significant” does not refer to the size of the movement; instead, the purpose, method, and timeliness of the movement determine its significance. The term “vocal” includes all verbal and nonverbal communication from the movement, and “society” refers to people living within an established and acceptable lifestyle (Wilkinson 92). Third, Wilkinson clarifies the meaning of “experiencing together a sustained dialectical tension growing out of moral conflict” (92) by stating that for a movement to develop, a significant number of people must experience dialectical tension over a significant period of time. This section of the definition specifically expands upon Cathcart’s prior definition regarding dialectical tension and moral conflict (Wilkinson 92-93).

Fourth, Wilkinson addresses the meaning of agitation. Wilkinson utilizes a definition of agitation developed by John Bowers and Donovan Ochs which explains agitation occurs “when (1) people outside the normal decision making-establishment (2) advocate significant social change and (3) encounter a degree of resistance within the establishment such as to require more than the normal discursive means of persuasion” (qtd in Wilkinson 93). Agitation, therefore, separates the rhetoric of social movements from other rhetorical events, such as political campaigns and individual orators (Wilkinson 94). The fifth and sixth sections of the definition, “inducement of cooperation in others either directly or indirectly” (Wilkinson 94), refer to the

movement's ability to persuade an audience in a variety of complex ways. This section recognizes that movements have the possibility to persuade active members of the movement, inactive sympathizers, as well those who are indifferent (Wilkinson 94). Last, Wilkinson explains that the "status quo is defined or determined according to the established society within which a movement happens" (94). Furthermore, each movement approaches the status quo differently; some movements seek to maintain the status quo while others aim to alter or eliminate it (Wilkinson 94).

Wilkinson concludes by stating, "It can be safely generalized at this point that the purpose of every movement is the ultimate ordering or re-ordering of a society" (94). As I explain later in this literature review on social movement criticism, scholars have criticized Wilkinson and called for a new definition; however, I believe Wilkinson's definition is still valuable because it provides a clear, working definition of a rhetorical movement.

In 1980, a symposium was held on movement rhetoric. Many scholars presented articles on this topic, several of which were published in *The Central States Speech Journal*. In an article titled "Coming to Terms with Movement Studies," Stephen Lucas examines and critiques previous studies regarding social movement criticism. Lucas notes that over the past several years, many scholars have published materials regarding the rhetoric of social movements; however, they "have yet to develop much systematic research of theory-building about how rhetoric functions in the inception, progress, and culmination of social movements" (255). A review of previous work published regarding the rhetoric of social movements and suggestions for further research follow this

explanation. Lucas begins his review by offering a critique of Michael C. McGee's essay, "In Search of 'The People': A Rhetorical Alternative." The review identifies three critical flaws in McGee's work: First, Lucas claims that the essay is "based largely on a series of straw men" (256). Second, McGee's essay fails to address a theory which is specific to social movements. Lastly, the term "movement" is never defined clearly or used consistently by McGee (Lucas 258).

After examining McGee, Lucas then moves on to discuss the work of scholars such as Robert Cathcart, Charles Wilkinson, Karlyn Kohrs Campbell, and David Zarefsky. Lucas recognizes the struggle that Cathcart and Wilkinson have faced in trying to formulate the concept of "rhetorical movement" and in trying to define 'movement' rhetorically (259). This struggle continues, as illustrated by Campbell and Zarefsky who fail to clearly define "rhetorical movement" in their essays. Because of this lack of a clear definition, Lucas writes, "Obviously, if the concept of 'rhetorical movement' is to acquire utility for either theory or research, it must receive more thorough and systematic explication" (260). Lucas continues on to write that utilizing the phrase 'rhetorical movement' seems to offer no advantage over the phrase 'social movement.' Furthermore, Lucas argues that there is little evidence to prove that "movements are essentially rhetorical in nature" (260). Thus, examining movements from a strictly rhetorical perspective is ineffective. Instead, movements should be viewed from a number of perspectives, including rhetorical and sociological perspectives. Lucas states, "Sociological and rhetorical perspectives are best seen as complimentary," (262) and therefore, both of these perspectives should be used when examining social movements.

After this explanation, Lucas continues on to offer suggestions for further study on the rhetoric of social movements.

First, Lucas adds to Griffin's phases of movements (inception, crisis, consummation), by emphasizing the importance of examining how rhetoric drives the movement from one stage to the next (263). Other forces that drive the movement are also identified; these include "objective material conditions, rhetorical discourse, and the perceptions, attitudes, and values – the 'consciousness' – held by the members" (Lucas 263). To develop a complete understanding of how rhetoric functions in the movement, scholars must examine all three of these forces and the connections among them. Lucas writes that the role of rhetoric in social movements can only be explained by "careful investigation of the interplay between discourse and the other factors that condition the process of social movements" (263). The investigation can be done in one of two ways: The first way is to conduct studies which will enhance a theory of the rhetoric of social movements, and the second way is to conduct case studies which closely examine the rhetoric of individual movements (Lucas 263). Of these two methods, Lucas suggests that conducting case studies to discover how rhetoric functions in particular movements is most important because it provides a strong foundation for theory development (263-264).

Second, Lucas argues that future studies on the rhetoric of social movements should expand to include a much larger time and space than previous studies. Existing movement studies focus largely on social movements in the United States during the 1960s and 1970s. Lucas claims that this limited time period and location is insufficient

for developing a complete understanding of how rhetoric functions in social movements; therefore, future studies should examine other time periods, such as the early nineteenth century, and other locations, such as Europe, Asia, and Africa (Lucas 264). Conducting these studies may be a daunting task for rhetorical scholars, but Lucas states that until these studies are done “our understanding of the rhetoric of social movements will remain partial and parochial” (265).

Lastly, Lucas stresses the importance of examining the counter-movements which arise alongside social movements. The activities of the counter-movement have significant influence on the development and progression of the social movements, so the counter-movement cannot be ignored. Understanding how rhetoric functions in the counter-movement is just as important as understanding how it functions in the social movement because counter-movements act as a form of social control (Lucas 265). An examination of the function of rhetoric in social movements and counter-movements provides a well-rounded view for future studies.

Lucas concludes by expressing his hopes for the future. He states, “We should now be ready to put at rest disputes over definition, focus, and terminology and to get on with the task of building a more substantial, sophisticated body of research in all areas of movement studies” (Lucas 266). Lucas calls on future scholars to pick up where he has left off by conducting studies which will further enhance our understanding of the rhetoric of social movements.

While Lucas’ summary and suggestions are noteworthy, only specific parts of his work are applicable to my study. For example, in my study, I will examine how rhetoric

propels the ABM from one phase to the next, but my study does not provide insights into the function of rhetoric in nineteenth century social movements or movements which occur overseas. In this sense, I am not following all of the guidelines that Lucas has laid out, but a thorough examination of the rhetoric of the ABM will be a valuable contribution to our understanding of the function of rhetoric in social movements nonetheless.

The same 1980 issue of *Central States Speech Journal* published Charles J. Stewart's article, "A Functional Approach to the Rhetoric of Social Movements." In the article, Stewart claims that "little progress has been made toward the goals of understanding the nature of social movement rhetoric" (298). Stewart explains that a functional perspective on social movements views rhetoric, not as just an art form, but as a means to effect change (299). A functional approach assumes rhetoric "as the primary *agency* through which social movements perform necessary *functions*" (299). Functions are defined as "indispensable processes that contribute to the furtherance or maintenance of social movements" (299). The main goal of the rhetorical critic who uses this approach is to discover the function of rhetoric in social movements.

Stewart utilizes Simons' previous work to develop his own explanation "of general and specific functions that rhetorical analysis may employ in systematic studies of social movement rhetoric" (300). The five functions are listed: 1.) Transforming Perceptions of History; 2) Transforming Perceptions of Society; 3) Prescribing Courses of Action; 4) Mobilizing for Action; 5) Sustaining the Movement (Stewart 300). Stewart then describes each function in detail beginning with transforming perceptions of history.

He explains that social movements must create an unbearable situation and a sense of urgency by changing how audiences view the past, present, and future (302). The perceptions of the past, present, and future will vary depending upon the type of movement. For example, a revivalist movement may depict a perfect, happy past, miserable present, and the future as perfect as the past if change is accomplished (Stewart 302). Second, perceptions of society must also transform. Specifically, social movements must change how audiences perceive the opposition. Stewart states that “the rhetorical task is to strip such opponents of their legitimacy” (302). The strategy used to portray opponents as illegitimate will again depend upon the type of movement; some movements will depict the opposition as weak and pathetic while others will depict them as overpowering and cruel (Stewart 302). Changing the perception of the opposition also helps supporters establish a sense of self-worth and realize their agency to effect positive change. Movements can create unified and motivated supporters by depicting the movement as good and the opposition as bad.

The third function is prescribing courses of action. Stewart states, “Social movements must explain *what* should be done” (303). The explanation also must include their plan for creating change. Various organizations in the movement may have differing needs and solutions; therefore, explanations of what should be done will vary depending upon the target audience (Stewart 303). Along with explaining what should be done, social movements must also explain *who* should do the job. Decisions about who should do the job depend on the type of movement. Stewart explains, “Social movement rhetoric may espouse specific types of organization and leadership or specific

organizations and leaders best suited to solving urgent problems” (303). Next, social movements must establish *how* the job should be done, including “strategies, tactics, and communication channels are most appropriate and potentially most effective” (Stewart 304). Movements utilize different strategies, tactics, and communication channels depending on their audiences and goals. Stewart also emphasizes that “no movement can rely on the same means for long” (304) because media attention will decrease and the opposition will quickly understand and respond to the movement’s strategies and tactics. Social movements must carefully plan, explain, and defend their actions to members as well as non-members (Stewart 304).

Fourth, rhetoric functions to mobilize action. Social movements must “mobilize target audiences into performing appropriate actions” (Stewart 304). Actions may involve things such as changing the individual, establishing control of agencies, gaining support and recognition, and/or applying pressure to the opposition. All of these actions require the unification of large numbers of movement members, and they must be motivated by the idea of victory if actions are done correctly (Stewart 304). Motivating members also relates to the fifth function of sustaining the movement. Hope for victory and unified members must exist to sustain the movement. Furthermore, movements “may have to explain and justify apparent setback, why they appear to be making few meaningful gains, why agreements with established orders have not been implemented or have been ineffective, and why they have not reached a goal by a target date” (Stewart 304). Movements must also stay visible to stay alive. To do this, movements must appeal to the media and to target audiences. However, most movements have a lack of

leadership, membership, money, and energy to stay visible for long periods of time. As a result, “social movements often resort to rhetorical events such as ceremonies, annual meetings, and anniversary celebrations to remain visible to both members and non-members” (Stewart 305).

Stewart concludes by stating, “A functional approach appears to be the best vehicle by which scholars may approach Leland Griffin’s vision of discovering ‘rhetorical patterns’ or a ‘consistent set of forms’ in the rhetoric of social movements” (305). He acknowledges that the functional approach will continue to change as our knowledge and experiences change, and he presents several questions as suggestion for further study (305). Stewart’s essay establishes a clear method for discovering how rhetoric functions in social movements. Since my study examines how rhetoric functions to progress the movement from one phase to another as well as facilitates the goals of the movement, Stewart’s functional approach will certainly be useful to me.

The literature discussed in this section illustrates that the development and study of social movement criticism has been predominately done by men. I do not intend to take specifically a feminist perspective when conducting my study, so I do not find this abundance of research done by male scholars problematic. Their research will serve as a solid foundation for my own study; however, I do think it is important to include literature in this review which takes a critical look at the traditional theory and method used in social movement criticism and provides another perspective as to how this type of study could or should be done. For that reason, I review Belle Edson’s article “Bias in Social Movement Theory: A View From a Female-Systems Perspective.”

The purpose of Edson's article is to "raise the issue of sex bias in our theories about movements, to propose a female-systems perspective on them, and to begin to speculate on the possible consequences of such bias" (34). She begins by explaining the female perspective which developed through women's use of language to construct reality. Because the English language has been largely constructed by men, women's experiences, perspectives, and realities have been ignored. Edson explains Edwin Ardener's muted-group theory and Anne Wilson Schaefer's ideas of the "white male system" and "female system" to further explain and defend differences in the use of language, and thus, the construction of reality between men and women (35-36). An understanding of language differences between the sexes is relevant to understanding how sex-bias may exist in the study of social movements.

Edson shifts from explaining the female perspective into identifying and describing four male assumptions in the study and theory of social movement studies. Assumption one is leadership. Traditional movements studies assume that movements have a leader, that the "leader's communication, motivations, and world view are more important than those of the members" (Edson 38), and that the "movement's outcome is dependent on the rhetorical skill of the leader" (Edson 38). Prior social movement studies have suggested hierarchy within the movement; all movements have a leader and the leader has the power to decide what tactics and strategies will be used. Furthermore, Edson cites Griffin's early article, in which he describes the responsibility leaders have in the development and success of the movement (38). Edson illustrates this assumption further by describing Simon's idea of a leader as someone who fulfills "the requirements

of his movement by resolving or reducing rhetorical problems” (qtd in Edson 38). These two examples from previous studies prove an assumption about the importance and requirements of leadership in social movement criticism.

The next assumption is group membership. Edson argues that four general assumptions have been made about group membership:

- 1) Members of a movement organize around a strong leader;
- 2) Members are ordered in some hierarchical fashion;
- 3) Members of a movement have a world vision that is different from that of the status quo;
- and 4) Members of a movement constitute a subordinate group in a culture – from their view of society’s view, they appear to be deficient in some way. (39)

Traditional studies have placed a strong focus on the organization of members around a powerful leader and the ways members form a hierarchy to accomplish tasks. Scholars, such as Simons, have depicted movements as having top-down organization, in which movement members take orders from the leader and perform various tasks (Edson 39).

The third and fourth assumptions suggest that all members of the movement share the same worldview, and their worldview is different than that of the rest of society, making them inferior. Because of these assumptions, Edson writes, “Members of social movements, then, are perceived within traditional studies as somehow different from nonmembers, powerless, and ordered in a hierarchical fashion” (39).

Edson identifies the third assumption as the progression of movements. She argues, “The assumption that social movements are ordered and follow stages of development can be seen even in the earliest articles describing social movements” (39). This assumption presumes that movements move along a linear course of action, and that any reaction from the establishment or formation of counter-movement must also

progress in a linear form as well. Edson highlights Griffin's article which suggests that movements have a three complete stages: inception, crisis, and consummation (39).

Linear progression, describing movements in stages, phases, steps or sections, has been the standard perspective from which to view movements (Edson 40).

Lastly, Edson identifies the fourth assumption as the content or ideology of the movement. Edson argues that three assumptions can be made about the content or ideology: First, "A well-defined central issue characterized a movement's ideology" (40). Second, all members of the movement "see ideology as the central issue and join the movement because of it" (40). Third, values and beliefs held by movement members and expressed in its ideology are drastically different than those held by the establishment. Traditional models of social movement criticism have suggested that members of the movement rally around a single issue, which they all agree upon. Focusing on a single goal allows for a simple way to examine the movement (Edson 40). Furthermore, Edson provides examples from Simons and Cathcart to illustrate the traditional idea that the beliefs and values of the movement conflict with those of the established order (40).

After detailing the four male assumptions in social movement criticism, Edson moves on to explaining a "proposed female perspective on movements," (41) which examines the previous assumptions from a feminist perspective. Her explanations propose questions to help develop a "female-based methodology" (Edson 41). A female assumption of leadership would question the necessity and value of one leader as opposed to many decision makers. Edson argues, "The female perspective suggests that the consensual relationship between all people involved is of primary importance" (41).

This perspective also reflects that “sharing is inherent in the female systems view of power” (Edson 41). Some questions that Edson identifies as important to the female perspective include “Who participates in decision making?” (41) and “How are decisions in the movement made?” (41).

Next, Edson addresses group membership. She identifies two concepts relevant to this assumption: power and thought. Since the female perspective values sharing power, then the notion that group members form a hierarchy is incorrect. The traditional concept of power in social movements may be questioned by asking: “How does the organizational structure function to distribute the use and maintenance of power?” (Edson 41). Regarding thought, Edson explains that from the female perspective thought patterns are nonlinear, which questions the assumption of hierarchy and formal structure. Furthermore, nonlinear thought patterns view similarities among groups and question differences, so appropriate questions to ask from a female perspective include “How do members of a movement relate to the larger society? What goals do they share with the larger society?” (42). These questions can create a greater understanding of group membership from a female perspective.

Third, the assumption of progression of movements is considered by explaining a female perspective on thought and time. According to Edson, “thought is viewed as a synthesizing process that creates a whole, not a process of analysis that allows for a linear progression of time” (42). She explains time in a similar way: It is not a linear process, but instead is “the process of events that have occurred and the quality of the time spent in those moments” (42). Understanding these two concepts from a female perspective

allows the movement to examine the movement as whole rather than in fragmented pieces or stages. Some relevant questions might be “Is there a pattern of development definable within the social movement? If so, on what is it based?” (Edson 42). In regards to time, Edson asks, “What happens to an issue as it develops in a movement? How is the growth of or change in an issue reflected in this disclosure of the movement?” (42).

Lastly, Edson argues that differences between the ways in which men and women think and make decisions affect assumptions about content or ideology of a movement (43). Linear male thought processes “generally look for one ‘truth’ that is explained with the cause/effect pattern” (Edson 43). On the other hand, a female thought process asks “What are the themes that combine to create the ideology of the movement? Are sources outside of the movement defining the movement’s central themes or ideology?” (Edson 43). This thinking also questions the assumption that members join the movement specifically because of its ideology. Edson suggests that critics ask, “Why do people join the movement?...Are issues other than ideology more important as motivating elements – such as personal relationships?” (43). Furthermore, she suggests that a female perspective examines similarities in beliefs and values between the movement and establishment, instead of assuming differences.

Edson concludes by encouraging the continued study of the rhetoric of social movements from different perspectives, such as the female. She writes, “New perspectives such as the one I have proposed to study social movements, may suggest alternative ways of seeing that broaden our perspective on the data under study” (44). I agree with Edson that new perspectives on the rhetoric of social movements will provide

valuable information to this area of study. Edson does not present a clear model for how to conduct social movement criticism from a female perspective, but she does provide some valuable insights that are worth considering in my study; I have chosen to examine the rhetoric of the ABM using a method that was developed by men, but acknowledging that other perspectives exist makes my study more complete.

Eleven years after the original symposium on movement rhetoric, another conference, focusing on the rhetoric of social movements, was held. Several papers from this conference were published in the 1991 edition of *Communication Studies*, including an article written by David Henry and Richard J. Jensen. In this article, Henry and Jensen re-examine the progress and current status of public address studies and social movement criticism. Henry and Jensen begin the article by refuting Lucas' claim that "the rhetoric of social movements is 'moribund' or in need of 'new direction and impetus'" (84) and explain the continued utility of social movement criticism. The authors cite articles by Karlyn Kohrs Campbell and Celeste Michelle Condit to illustrate that although movement studies have evolved over the past forty years, they have not ceased to exist as valuable types of study (Henry and Jensen 85-86). Furthermore, Henry and Jensen claim that articles regarding social movement criticism published in the 1980s "provide reason to believe that even more cases in social movement advocacy could continue to enhance our understanding of complexities of movements' rhetorical dynamics" (87). To prove this claim, Henry and Jensen use the majority of their essay to explain and analyze articles written by Charles Stewart, Elizabeth Nelson, James Darsey, Celeste Michelle Condit, and John Louis Lucaites, all of whom use social movement criticism to evaluate

past movements.

Henry and Jensen illustrate the importance of these articles by highlighting their contributions to current understanding of social movement criticism and critical suggestions for future movement studies. First, Henry and Jensen explain that each article reveals “the evolution of rhetoric by or about a group over a long period of time” (88). Understanding how a group adapts and changes its rhetoric throughout a movement is crucial in developing a complete understanding of the movement. Second, each article argues for the elimination of bias in future movement studies by developing new definitions of “agitation” (Henry and Jensen 87). Past movement studies have assumed a bottom-up construction of movements; however, articles written by Stewart, Nelson, Darsey, and Condit and Lucaites suggest that not all movements utilize the same construction. Last, the articles are important to the future of social movement criticism because each author “calls for broader studies of movements and proposes methods or critical approaches useful for the study of complex movements” (Henry and Jensen 87). Thus, each article illustrates the utility of social movement criticism and perpetuates further growth in this area of study.

Henry and Jensen conclude by reiterating their point that the public address and social movement criticism are still valuable areas of rhetorical study; arguments from other scholars, claiming that these areas of study have been eliminated or ignored, are false (91). By proving this point, Henry and Jensen’s article justifies my study. Henry and Jensen provide strong evidence and reasoning for the continuation of social movement criticism, which supports my use of this method to examine the ABM.

Fifteen years after Henry and Jensen's work was published in *Communication Studies*, Jensen wrote another article which reflected on the history, discussed the current status, and made suggestions for the future of social movement rhetoric. Jensen began by summarizing the history of social movement rhetoric. As previously mentioned, social movement studies began in the 1940s, were further developed by Griffin in the 1950s, and flourished in the 1960s due to a variety of social movements occurring in the United States. The development of many social movements required the development of new rhetorical tools to analyze these movements. Jensen explains, "Scholars were forced to change the way they studied rhetoric and learn new tools of analysis. They began by attempting to define basic terms such as 'radical,' 'agitator,' and 'activist' before they could analyze the rhetoric used by those individuals" (373). After these terms were understood, scholars then applied them to social movements. Scholars such as John Waite Bowers and Herbert Simons analyzed movements to discover how agitators as well as members of the establishment used rhetoric to further their goals (Jensen 373). These first studies on movements theorized that movements were created at the grassroots level by individuals outside of the establishment; however, the idea of 'bottom-up' construction of movements was argued against by many rhetorical scholars, and further studies proved that a movement could develop from within the establishment as well (Jensen 374).

According to Jensen, the study of social movements declined in the 1980s and 1990s, but recent books and workshops on the rhetoric of social movements indicates resurgence in this area of study. Jensen is hopeful about the renewed interest in social

movement studies, but he acknowledges that future scholars will have many challenges to face when analyzing the rhetoric of social movements (374). Scholars choosing to examine social movements in the future will have to integrate past rhetorical theories with new theories to explain how rhetoric functions in social movements. They will also have to examine the role of technology in social movements, and lastly, scholars must focus on recent social movements to advance this area of study (Jensen 374). Jensen concludes by calling for the combination of past theories and new ideas to create valuable social movement studies in the future (375).

Even though Jensen provides a complete overview of social movement rhetoric, his essay does not provide much useful information for my work. I am already familiar with the history of social movement rhetoric, so Jensen's explanation does not provide any new insights. The only valuable piece of Jensen's essay is the reference to other significant articles regarding the rhetoric of social movements. Reading these referenced articles will likely provide me with more useful, in-depth information about social movements.

A recent study conducted by Robert Cox and Christina Foust reviews past social movement studies and explains new perspectives for the continued study of social movement rhetoric. Cox and Faust state, "Throughout its growth, the study of movements has broadened rhetorical theory and criticism by bringing uninstitutionalized, nonnormative, and incongruous voices into conversation with public discourse scholarship" (605). The growth of social movement rhetoric is closely analyzed and explained by Cox and Foust in the following five sections.

First, early studies of Social Movement Rhetoric (SMR) are explained to provide background information on this area of study. Cox and Faust summarize the work of Griffin and other influential social movement scholars from the 1950s through the 1970s. Furthermore, the authors explain the functionalist and dramatic perspectives for analyzing social movements which were developed by Herbert Simons and Leland Griffin. Second, Cox and Foust describe New Social Movement theory which was developed by sociologists in an attempt “to understand movements that foregrounded issues of identity” (611). This new theory did not help scholars explain the rhetoric of social movements, but it was applicable to other areas of rhetorical study, such as the discourse of publics and counterpublics. The term ‘counterpublic’ has recently developed in social movement studies to describe discourse used by marginalized groups to form a public space. Instead of using discourse to address external audiences, Cox and Foust explain that counterpublic “is seen as an analytic category that invites attention to the particular achievements of self-reflexive discourse as it aids in binding identifications and inventing the vocabularies of an opposition (613). Since counterpublic is a fairly new concept in social movements, further studies must be done to discover the counterpublic rhetoric.

In the third section of their essay, Cox and Faust explain two other new concepts used in social movement studies. These concepts include the use of bodies to perform resistance and visual rhetoric. Both of these concepts derive from a postmodern perspective on social movement rhetoric and argue that bodies and images can be used to perform meaningful rhetorical acts. The idea of using the body and visual images as a

means of persuasion requires the expansion social movement studies to include nonverbal acts and images instead of only examining verbal and/or written forms of communication (Cox and Foust 615). Fourth, Cox and Faust examine “democracy, representation, and new modalities of dissent” (617). This section highlights the increased use of technology to unify people across the globe, creating worldwide movements. The use of technology is a new mode of dissent which allows people from all areas of the world to come together to coordinate action against the establishment (Cox and Faust 620). Using technology to develop and progress social movements may help social movement scholars overcome two challenges that Cox and Faust identify in the fifth section of their essay.

Cox and Faust overview two problems that social movement scholars may encounter. First, past rhetorical critics failed to examine social movements outside of Western culture. Future rhetorical studies of social movements must include non-Western case studies and perspectives (Cox and Faust 621). Second, critics must address the effectiveness of rhetoric in social movements. Current social movement rhetoric lacks theorizing about efficacy which is needed to further understand the complexities of social movement rhetoric. In the addition, Cox and Faust shed light on some interesting new areas of study in social movement criticism. Their work suggests the use of new perspectives and objects of study which are markedly different than those used in past social movement studies. I do think that the application of some of their concepts to my study would be interesting. However, for my study, I plan to focus on the functions of rhetoric and strategies employed by agitators because these aspects play a significant role

in the movement, and they have been most thoroughly developed by rhetorical scholars for several decades.

Statement of Method

In this study, I examine the rhetoric of the ABM using social movement criticism. I will utilize the work of social movement scholars, including Leland Griffin and Charles Stewart, to analyze systematically the ABM since a clear and concrete method for doing social movement criticism does not exist.

Chapter Two will examine news and journal articles as well as books to reveal the historical context that led to the start of the Alternative Birth Movement. Political attitudes and cultural events will be identified and examined to understand their influence on the beginnings of the movement.

Chapter Three will examine significant texts from the ABM to provide a representative view of the rhetoric in the movement. I will utilize Griffin's framework for analyzing social movements by identifying and describing three phases of the movement: inception, rhetorical crisis, and consummation. Along with describing the phases of the movement, I will also identify functions of rhetoric at each phase according to Stewart's framework. These functions include transforming perceptions of history, transforming perceptions of society, prescribing courses of action, mobilizing for action, and sustaining the movement (Stewart 300). An analysis of the phases of the movement and functions of rhetoric in each of these three phases will provide answers to my research questions:

1. How does rhetoric progress the movement from one phase to another?

2. How does rhetoric facilitate the goals of the movement?

In Chapter Four, I will conclude with a summary of my findings, an explanation of the movement's current status, a discussion of the contributions my research provides to the study of the rhetoric of social movements, and suggestions for future research.

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Chapter Two

Context of the Alternative Birth Movement

The Alternative Birth Movement began in the United States amidst other larger social movements and political turmoil during the 1960s and 1970s. However, decades before the movement began, social factors led to changes in birth procedures such as location, use of medication, and birth attendants, which ultimately led to the formation of a unified movement. This chapter describes the historical context in which the ABM developed by examining relevant social, political, and economic events from the turn of the twentieth century to the 1960s.

By the turn of the twentieth century, the Industrial Age in the United States was in full swing. During this time, advances in technology that began in the Industrial Revolution continued to expand. These technological advancements along with changing attitudes in society led to dramatic changes in obstetrics. In 1900, fewer than five percent of women gave birth in hospitals; however, this percentage increased dramatically over the next several decades (Wertz and Wertz 133). Advances in technology led to the development of more hospitals, some even containing prenatal clinics (Feldhusen). Judith Leavitt identifies five main reasons why birth moved from homes to hospitals in the early twentieth century: First, women feared the dangers of childbirth, which included the possibility of death. Second, trust in medicine and science grew with the development of bacteriology, whereby hospitals were depicted as clean and bacteria free. Third, as mobility increased through the use of automobiles, women's social networks broke down, leaving them without the assistance of other women during birth. Fourth,

the use of technology increased. New drugs and technologies were available in hospitals, which depicted hospitals as safer than homes. Last, hospitals became more attractive because they offered every device needed for safe and convenient childbirth. Women no longer saw it necessary to prepare their homes for birth when they could go relax in a hospital (*Make Room for Daddy* 27-31). Hospitals became the ideal location to give birth because they were considered cleaner, safer, and more comfortable than homes. Overall, medical practitioners and child-bearing women developed a belief and attitude that childbirth was more efficient and safe at a hospital than at home (Leavitt *Brought to Bed* 171).

Even though hospitals became idealized locations to give birth, statistics on maternal mortality illustrated problems with hospital procedures. Maternal mortality rates in the United States reached a high between 1900 and 1930, peaked at 916 deaths per 100,000 live births in 1918 and then slowly declined to 673 deaths in 1930 (Hoyert 9). High maternal mortality rates were attributed mainly to two factors: 1.) Poor quality obstetric education and delivery procedures; and 2.) Excessive and unnecessary obstetric and surgical interventions (Centers for Disease Control and Prevention). The high rates of maternal mortality, however, did not discourage women from giving birth in hospitals nor did they discourage doctors from continuing dangerous birth procedures. Medical practitioners were motivated by convenience, advancement of their profession, and exciting scientific advances to deliver babies in hospitals (Wertz and Wertz 148).

One advancement was the introduction of obstetric anesthesia, also known as Twilight Sleep, in 1914 (Feldhusen). Twilight Sleep eliminated pain in childbirth

because the woman was unconscious. At first, only upper-class women could afford this procedure, but it then became fashionable, and eventually women of all classes desired Twilight Sleep during childbirth. Medical practitioners viewed this procedure as significant medical progress because it eliminated pain and made women more manageable during childbirth. Thus campaigns were constructed by women as well as obstetricians to encourage the use of this procedure during labor and delivery (Wertz and Wertz 152). More women were drawn to hospitals to give birth specifically so they could give birth during Twilight Sleep, and as a result, the belief that the hospital was the best location to give birth grew stronger.

Another advancement was the use of forceps in labor. In 1920, Dr. Joseph DeLee, well-known obstetrician-gynecologist and chair of Obstetrics and Gynecology at the University of Chicago, argued for the routine use of forceps in an article written in the *American Journal of Obstetrics and Gynecology*. His article, titled, “The Prophylactic Forceps Operation,” recommended the use of forceps and episiotomies in every delivery as a way to save mothers from injury and death (DeLee 43). Furthermore, DeLee justified this method of delivery by stating, “As for the forceps operation, in skillful hands the danger is *nil*” (44). According to Leavitt, many physicians who lacked proper medical training in obstetrics adopted this revolutionary method, which resulted in unnecessary and overuse of forceps (*Brought to Bed* 45). Forceps also became a convenient tool for many “physicians who were too impatient to allow nature to take its course over the long hours of labour [sic] and used forceps high up the birthing canal to hurry things along” (Warsh 124). The conjunction of Twilight Sleep and forceps during

labor and delivery alleviated almost all of the pain and fear women experienced during birth. Both of these advancements further strengthened the belief that hospitals were the safest place to give birth.

Changing beliefs about hospitals also led to changing beliefs about birth. In earlier centuries, men and women considered birth a natural process that was managed by women, but the development of hospitals and technology revolutionized the birth process and changed attitudes about birth (Mathews and Zadak 41). Instead of viewing birth as a natural process, medical practitioners in the early twentieth century began to view birth as a pathologic process. Besides recommending the routine use of forceps in labor, DeLee's article also argued that birth is abnormal. He wrote, "[L]abor is pathogenic, disease producing, and anything pathogenic is pathologic or abnormal" (DeLee 40). This description of birth was widely accepted at the time because "DeLee was one of the most influential American obstetrician-gynecologists" (Gabbe 255). DeLee's paper redefined birth, thus changing society's previously held beliefs and attitudes about birth. The view of birth "represented the new move in the 1920s and 1930s to make obstetrics scientific, systematic, and predictable by putting it under the control of the specialist" (Leavitt *Brought to Bed* 180).

The changing social beliefs were also supported by political changes in the 1920s and 1930s. One major change was the ratification of the 19th amendment in 1920, which allowed women to vote. Women soon exercised their new right by persuading Congress to pass the Sheppard-Towner Act 1921, "which provided matching funds to the states for prenatal and child health centers" (Starr 260). Wertz and Wertz argue that this act was

meant to help poor, lower-class women. However, increased funding made it easier for middle-class women to access and afford hospital birth; thus, the number of hospital births continued to increase (155). The Sheppard-Towner Act expired in 1929 because of lobbying from the American Medical Association (Starr 261). Even though this funding for health centers was eliminated, women continued to give birth in hospitals.

The same year that The Sheppard-Towner Act ended the Great Depression began. However, the economic down turn had little effect on the field of obstetrics. The American Board of Obstetrics and Gynecology was established in 1930, “to provide hospitals with criteria by which to judge the capabilities of staff members and of general practitioners” (Wertz and Wertz 160). The establishment of this organization led to an increase in medical specialists and a decline in non-physician specialists, such as midwives (Feldhusen). During this time, “poor women were urged by doctors, and elite women community health workers, literally to contribute their bodies to obstetric advancement” (Shearer 114). Thus the percentage of women giving birth in the hospital jumped from approximately 30% in 1930 to 50% in 1939 (Wertz and Wertz 133). An increase in obstetric specialists, changing social attitudes, and changing cultural norms all fueled this increase.

As previously mentioned, the belief that the hospital was the safest place to give birth began around the turn of the century. However, this belief grew and was reinforced by several factors through the 1930s. Advertising in popular culture during the 1920s and 1930s warned women of the “household germ,” and encouraged them to buy cleaning products to eliminate the germs (Wertz and Wertz 155). This form of

advertising depicted homes as unclean and unsanitary, so they were not a safe location to give birth. On the other hand, hospitals were depicted as safe, clean, and comfortable. Hospitals provided trained personnel and technology such as forceps and anesthesia, which were unavailable in the home (Leavitt *Make Room for Daddy* 30). These safety measures were advertised as benefitting the pregnant woman, but more importantly, they ensured the safety of her newborn baby. A woman could also find comfort in the hospital environment. Being away from home meant other people cared for women, such as nurses and maids, while being free from domestic duties (Warsh 93). A sanitary environment, painless delivery, and exceptional care made giving birth in a hospital seem much more luxurious than giving birth at home.

The luxuries of hospital birth failed to eliminate high maternal and infant mortality rates, however. A study conducted in 1933 by The New York Academy of Medicine found that out of 2,041 maternal deaths occurring between 1930 and 1932, “two-thirds could have been prevented had the best medical knowledge been applied. Of the avoidable deaths, the investigators charged 60 percent to some incapacity in the attendant: lack of judgment, lack of skill, or carelessness” (Wertz and Wertz 161). This study indicated that hospital workers, including obstetricians, surgeons, and general practitioners, lacked education, training, and compassion. The percentage of midwife-attended births declined from 40% in 1915 to 10.7% in 1935, which left the aforementioned hospital workers in charge of providing a safe delivery for mother and child (Shearer 115). Furthermore, a report from the White House Conference on Child Health and Protection, published in 1933, discussed causes of newborn and maternal

death, and stated that maternal and infant deaths had not decreased over the past fifteen years despite an increase in obstetric patients receiving hospital care during childbirth (215). From these findings, the report concluded “that prenatal supervision, improved aseptic technique, and hospitalization for delivery are either ineffective in conserving the life and health of mother and child, or that other factors are obscuring good results that might otherwise have been evident” (White House 216-217). The report offered skepticism and criticism of hospital procedures and illustrated a desperate need for less unnecessary interventions during labor and delivery, further training for obstetricians, and stricter hospital regulations.

In another report published in 1933, the United States Department of Labor Children’s Bureau explained the results of a study conducted in fifteen states regarding causes of maternal mortality. The study examined the deaths of 7,537 of women in hospitals and clinics, and attributed their deaths to causes such as cesarean sections, abortions, hemorrhages, surgical operations, and infections (U.S. Department of Labor 1-4). After presenting the results, the bureau proposed several recommendations for medical professionals to reduce the maternal mortality rate. The first recommendation states, “Physicians must assume leadership in the field of maternal care by: 1. Informing the public that the high mortality during pregnancy, delivery, and the postpartum period is due largely to controllable causes” (58). To control maternal deaths, the bureau recommended “larger and better training facilities for clinical training in obstetrics” (59) as well as physicians’ consideration to “the dangers of multiple, forcible, and radical procedures in obstetrics” (59). This report further supported the idea that obstetric care

must be improved to save the lives of women.

The results of the reports led to gradual changes in obstetrics. Starting in 1936, the maternal and infant mortality rates began to decline due to more qualified doctors assisting in deliveries and other medical advances. Some advances included the development of hospital blood banks, oxytocic drugs, and fetal-heart-monitoring machines (Wertz and Wertz 164-165). Birth procedures were now more standardized, and doctors took every precaution to ensure the safety of mothers and babies, which often included the use of medical interventions such as Caesarean sections and forceps. Standardized birth procedures and the popularity of hospital births also led to the construction of larger hospitals which could accommodate more women than the smaller hospitals and clinics of the 1920s. By 1938, half of births in the United States occurred in a hospital (Leavitt *Make Room for Daddy* 32). During the latter half of the 1930s, changes made to the field of obstetrics led to reduce maternal and infant mortality; however, criticism of hospital procedures continued in the years to come.

The 1940s were a time of dramatic social and economic change in all areas of life, including childbirth. The United States entrance into World War II in 1941 affected childbirth because changes were made to the health care system. "In 1941, only 9% of the population had third-party coverage for hospitalization" (Dawley 89). This low percentage became problematic because many military families did not have enough money to pay for adequate maternity care. However, in 1943, the federal government solved this problem by instituting the Emergency Maternity and Infant Care Program. The program "paid for prenatal and postpartum care, hospital delivery, and infant care

through the first year of life for servicemen's wives and newborns" (Dawley 89). Health care expansion continued after 1943, and by 1945, 24% of Americans had insurance that covered hospitalization (Dawley 89). With expanded insurance coverage, more women could give birth at a hospital. By 1945, approximately 84% of women gave birth in a hospital, indicating a 34% increase over the past seven years (National Center for Health Statistics).

Even though hospital birth increased drastically in popularity during the 1940s, other events indicated that attitudes regarding hospital birth were changing. In 1944, English obstetrician Grantly Dick-Read published his book, *Childbirth Without Fear: The Principles and Practices of Natural Childbirth*, in the United States. The book was a result of Dick-Read's experiences with women giving birth without medical assistance. He argued that most pain from childbirth was a result of fear (Rooks 35). The release of Dick-Read's book "stimulated the beginning of a small 'natural childbirth movement' and childbirth education classes for pregnant women" (Rooks 35). Three years after Dick-Read's book was published, the Maternity Center Association invited him to speak at their annual meeting and to give lectures on a nationwide tour. Dick-Read's method spread across the country, and soon women were demanding natural childbirth in hospitals (Dawley 91). Hospital staffs were unfamiliar with natural childbirth. Therefore, in 1947, Yale University began a pilot project in natural childbirth to educate nurses and physicians (Shearer 116). This pilot program "provided the first opportunity for nurse-midwives to work under their professional title in a major university hospital" (Dawley 91). Not only did this program educate physicians and nurses, but millions of

women across the country were also able to access information about natural childbirth through articles in popular magazines (Dawley 92). The phenomenon of giving birth naturally, which had been regarded as dangerous and nearly impossible for the past forty years, was slowly beginning to look much more appealing than standard hospital procedures.

Regardless of the number of women who learned about Dick-Read's method and desired a natural childbirth, the majority of hospitals did not implement this method. Instead, hospital childbirth procedures actually worsened in the 1950s. As Madeline Shearer describes, "Neither the support of midwife and doctor during labour [sic], nor the woman-controlled environment of a home birth was possible in American hospitals" (116). Large hospitals encouraged women to be passive and complacent during prenatal examinations, so that doctors could see many patients in a short amount of time (Wertz and Wertz 168). Furthermore, women were required to cooperate with hospital procedures and not ask too many questions. Many times women were isolated from others during labor and delivery so that they were entirely dependent on medical staff for advice and care. Women were often ignored by staff or threatened if they did not cooperate. Some women even experienced having their legs tied together to prevent delivery if the hospital staff was not ready to assist them (Wertz and Wertz 169). During labor and delivery, women were physically restrained, heavily draped, and often left alone for many hours (Mathews and Zadak 42). Once the child was born, it was quickly taken from its mother for observation in the nursery, lasting for 12 to 24 hours (Shearer 116). The birth procedures in the hospital were soon regarded as inhumane and cruel. In

her book, *Brought to Bed*, Judith Walzer Leavitt writes:

These women realized, perhaps too late, that the physical removal of childbirth from the woman's home to the physician's institution shifted the balance of power. Birth was no longer part of the woman's domain, as it had been during all the years it remained in the home. It had become instead a medical affair run by medical professionals. Women were no longer the main actors; instead, physicians acted upon women's bodies. (190)

Women began to question the necessity of these hospital procedures, and thus sought to improve their childbirth experience. Their desire to improve the experience had been initiated by Dick-Read's method, but was fueled by other cultural conditions in the 1950s and 1960s.

The method proposed by Dick-Read grew in popularity in correspondence with increased church attendance and interest in theology in the 1950s. Dick-Read's book incorporated Bible verses along with a philosophy of safety for mother and child, describing childbirth as a great accomplishment which resulted in "an endowment of spiritual force enhancing the receptivity of divine guidance in motherhood" (Dick-Read 25). Wertz and Wertz argue that Dick-Read's book along with heightened religious participation constructed the belief that natural birth was "a 'heroic' Christian act" (187). Furthermore, social action was not yet viewed as a possibility for Christians; thus, "having a natural childbirth was perhaps the only ethical action, Christian or otherwise, that many women could take" (187). Dick-Read explained that many women described "their experiences of childbirth as being associated a spiritual uplifting, the power of which they have never previously been aware" (25). He further related religion with natural childbirth by stating, "Can it be that the Creator intended to draw mothers nearest to Himself at the moment of love's fulfillment?" (25). As a result of these descriptions,

interest in natural birth continued to grow due to women's religious beliefs and desires for a safe, pain-free birth.

Another cultural factor influencing women to give birth naturally was the emergence of popular books on psychoanalysis (Wertz and Wertz 187). These books reiterated the idea that motherhood was a woman's purpose in life, and therefore, they should do everything in their power to ensure a positive pregnancy and the delivery of healthy children. To ensure these things, some psychoanalysts encouraged women to be narcissistic during pregnancy and child birth. Psychoanalyst Therese Benedek wrote,

The pregnant woman thrives on the sympathy and solicitude of her environment. If, however, her passive receptive needs are unfulfilled...the sense of frustration may set in action a regressive process which may increase her receptive needs to an exaggerated degree. (342)

Frustration may then lead to anger that could "interfere with the development of motherliness" (Benedek 342).

Although some psychoanalytic literature encouraged passivity, it also encouraged that the woman be awake to "feel the birth, in order to ensure proper love for her child" (Wertz and Wertz 189). Feeling the birth meant having a natural birth without the use of anesthesia or other medical interventions. Psychiatrist Helen Deutsch described her view on medical interventions in childbirth by stating, "Science endeavors to conquer nature and its imperfections, and to correct whatever damage civilization has done to nature. Even in normal cases, the duration of delivery now depends upon the obstetric technic used..." (247). Deutsch believed that feeling the birth created closeness between mother and child that could not occur if the mother was under anesthesia. She explained that many women who were unconsciousness during childbirth felt detached from their child

and did not feel as though they had given life to a child but instead had undergone an operation to remove something harmful (Deutsch 251). This psychoanalytic literature supported Dick-Read's belief that natural childbirth was safer than the interventions frequently occurring in hospitals. Women were told that they could conquer their fears about childbirth and feel a sense of closeness with their babies if they gave birth without medical interventions.

Not only was feeling the birth important for the creation of a mother-child bond, but some psychoanalysts also argued that natural birth could result in sexual pleasure (Wertz and Wertz 189-190). According to Deutsch, "Childbirth is even more closely analogous to coitus than to the other bodily functions" (242). Furthermore a moderate amount of sexual pleasure was described as normal and helped women deal with the pain of childbirth (Deutsch 245). These descriptions gave some women a more positive attitude toward birth as they saw the possibility of experiencing sexual satisfaction, particularly orgasm, instead of fear and pain during delivery. Thus the positive aspects of childbirth emphasized in psychoanalytic literature, as in the way it created a bond between mother and infant as well as achieving orgasm during birth, made natural childbirth a more appealing alternative to routine hospital procedures.

Due to changing beliefs about effective methods of childbirth, a number of organizations formed to explore and support alternative forms of childbirth. One organization that played a powerful role in changing views on childbirth was the American College of Nurse-Midwifery (ACNM), which was founded in 1955. The goals of this organization included the study and development of nurse-midwifery education,

the development of nurse-midwifery services, and increased midwifery research (Rooks 42). The ACNM led to growth in the field of midwifery and encouraged “family-centered care and the education of parents so they could participate fully in labor” (Dawley 92). A family-centered approach called for husbands to be with their wives during labor and delivery, which was dramatically different from the current hospital procedures.

This approach continued to gain popularity after a letter to the editor published in the November 1957 issue of the *Ladies' Home Journal* described cruel, inhumane treatment of women during childbirth. The letter was written by an anonymous nurse, titled, “Sadism in Delivery Rooms?” In the letter, the nurse asked the editor to “investigate the tortures that go on in modern delivery rooms” (4). She described her experiences working in a hospital with obstetricians, detailing the horrible things she had witnessed from women being strapped in the lithotomy position for eight hours to a doctor instructing a nurse to tie a woman’s feet together to slow down the delivery process (“Sadism” 4). A note from the editor at the end of the letter encouraged other women to write to the journal about their own experiences in childbirth.

Several hundred women wrote letters to the editor in response to the nurse’s article, telling their own horror stories about labor and delivery in a hospital (Shultz 44-45). One woman confirmed the nurse’s horror stories by describing her experience with childbirth in a hospital: “My obstetrician wanted to get home to dinner. When I was taken to the delivery room my legs were tied way up in the air and spread as far apart as they would go. The tight band put across my chest and shoulders made me feel as though

each breath would be my last” (Shultz 152). Another woman recalled her experience by stating,

When my baby was ready the delivery room wasn't. I was strapped to a table, my legs tied together, so I would 'wait' until a more convenient and 'safer' time to deliver. In the meantime my baby's heartbeat started faltering. At this point I was incapable of rational thought and cannot report fairly the following hour. When I regained consciousness I was told my baby probably would not live. (Shultz 153)

Other women told of assembly-line like procedures in hospitals in which doctors and nurses viewed women as machines; medical staff frequently ignored women's complaints of discomfort during labor and delivery and often did not provide any emotional support. In regard to these practices, one woman wrote: “Many normal deliveries are turned into nightmares for the mothers by 'routine' obstetrical practices” (qtd in Shultz 154). Many letters also told of women feeling a loss of respect and dignity because their bodies were exposed to many strangers while they were strapped to exam tables. Strangers often included many interns and other hospital staff besides nurses and doctors. One woman even stated that she would not have “been surprised if the man who was washing the windows had suddenly laid down his sponge and come over to 'take a peek'” (qtd. in Shultz154). These letters illustrated numerous cruelties occurring in hospitals, and the editors of the *Ladies' Home Journal* pleaded for hospitals to change their rules, particularly the rule banning husbands from labor and delivery rooms (Shultz 155). Hospital personnel and medical organizations could not ignore the hundreds of letters from women across the country who had experienced horrific things during childbirth; thus, these letters became an impetus for change.

The International Childbirth Education Association and the American Society for

Psychoprophylaxis in Obstetrics are two other organizations, both formed in 1960, that popularized natural childbirth even further. The formation of these two organizations led to a rise in childbirth educators, and these organizations soon became known as ‘prepared childbirth’ and the ‘Lamaze Method’ (Shearer 116-117). Despite the growth in midwifery and natural childbirth education, the majority of women continued to give birth in hospitals. By 1960, 96% of births occurred in a hospital, and this percentage continued to grow to 99% by 1969, a percentage that has remained constant ever since (National Center for Health Statistics).

Even though hospitals were still the first choice for location of birth, women began to demand more control over the births and changes in hospital procedures. The Lamaze Method of childbirth emphasized women being active participants in labor and working with their doctors as part of a team (Wertz and Wertz 194). Control in labor and delivery gave women a sense of autonomy and agency. Attitudes about birth as a dangerous process and women as passive participants in the process, which had been created and reinforced throughout the first half of the twentieth century, were now beginning to drastically change. Helen Burst argues that one factor in the change of attitudes that eventually led to a social movement is “the natural alliance between women wanting participation and responsibility in their childbearing experience and the family-centered philosophy of the nurse-midwife who also promotes natural, normal processes and parental self-determination” (46). Women’s questioning and criticism of hospital birth procedures began in the mid-1940s and continued to grow for the next twenty years as alternatives to traditional procedures emerged. By 1960, women felt that there must be

a better way to give birth. Thus, fueled by Civil Rights Movement and Women's Liberation Movement in the early 1960s, the Alternative Birth Movement was born.

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Chapter Three

An Analysis of the Rhetoric in the Alternative Birth Movement

Even though women expressed a desire for alternatives to hospital labor and delivery as early as the 1940s, an organized alternative birth movement did not form until the late 1960s and early 1970s. According to Mathews and Zadak, the ABM “gained momentum when it converged the feminist and consumer movements of the late 1960s and 1970s” (43). An organized movement developed as women across the United States searched for alternatives to the medical model of childbirth. Soon the movement gained national attention as birth activists spoke out about their experiences in hospitals and wrote books and articles that encouraged other options for childbirth. Although many positive changes have occurred in obstetrics over the past 40 years as a result of the movement, many of the movement’s goals have not been achieved. Thus, the movement continues on today.

In the following analysis, I examine five texts which were published by leaders of the ABM to provide a comprehensive view of the rhetoric utilized throughout each phase of the movement. Using a combination of Griffin’s and Stewart’s frameworks, I will identify and describe each phase of the movement as well as the functions of rhetoric in each phase. My analysis will conclude in Chapter Four where I will discuss the current status of the movement as well as describe implications for future research.

Phase One: Inception

Griffin identifies inception as the first phase in social movements. According to Griffin, inception is “a time when the roots of a pre-existing sentiment, nourished by

interested rhetoricians, begin to flower into public notice, or when some striking event occurs which immediately creates a host of aggressor rhetoricians” (186). Although interest in alternative birth methods developed in the 1940s, this interest did not result in the start of the ABM until many years later, when women, particularly midwives, made the issue public.

The ABM originates from birthing communities which formed across the United States in the early 1970s. These communities developed as a result of women’s desires for alternatives to the medical model of childbirth. Many of the communities developed around the same time; however, they were mostly unaware of each other’s existence. Alternative birth communities formed in places such as Tennessee, California, and Washington, which promoted natural birth, particularly home birth (Beckett & Hoffman 132). The communities were often created and run by midwives who became some of the most influential activists in the ABM. Their activism for natural birth methods gained public attention through published books and articles, which I focus on in this analysis.

Many texts about alternative birth methods were published in the early to mid-1970s, but one of the first and most influential books on this subject was Raven Lang’s *Birth Book*. Published in 1972, *Birth Book* describes the Santa Cruz Birth Collective which was founded by midwife Raven Lang. The Birth Collective formed due to the lack of birth alternatives available to women in California during the early 1970s. Lang writes, “The doctors in our county had a meeting in January of 1971. The result was that no O.B. in town would give pre-natal care to women who planned to deliver at home”

(“Just What Are We Doing Here, Anyway?” 1972). Even though obstetricians refused to provide pre-natal care to women who wanted to deliver at home, many women still pursued this option and searched for other providers who could assist them with home birth. Lang and six other women realized the need to provide pre-natal care for women who did not want to give birth in a hospital, and thus, the Birth Center was opened in a private house in the spring of 1971 (Lang “Just What Are We Doing Here, Anyway?” 1972).

Birth Book describes the Birth Collective as well as the experiences of women who had home births and the midwives who assisted them. Lang initially had trouble finding a publisher for the book due to its graphic nature, and the book lacks pagination. Lang explains the book as “a collection of intimacies. Each experience is but a moment in time that the writers are sharing with the reader. It is not a manual for doing home birth yourself, instead it is a book proselytizing for family-centered birth and self directed birth” (“Introduction” 1972). The book includes a collection of stories written by mothers and fathers who describe the details of their experiences with birth. The book also includes articles written by Lang and other midwives who provide some instruction for pregnant women including information on a healthy diet, exercise, how to overcome fears, and what to expect. However, the main theme of the book is empowerment. The stories and information in the book are meant to empower women to take control and make their own decisions in childbirth. Lang encourages the use of alternative birth methods and empowers pregnant women and their partners by stating, “POWER TO THE PEOPLE, AND YOU CAN DO IT IF YOU WANT [sic]” (“Just What Are We

Doing Here, Anyway?" 1972).

Lang's book provides some of the earliest rhetoric to come from the ABM. The book provides evidence of the movement's inception because it describes how women interested in natural childbirth came together to provide a service that hospitals would not and to teach women and men about alternative birth methods. Their practices and teachings were not secret, but instead, the people involved with Birth Center sought to make this knowledge available to the public and to speak out against the oppression caused by medical organizations. The people involved with the Birth Center became "very social" around the time that *Birth Book* was published. They "challenged the hospitals methods of handling the family as a unit...challenged the denial of the rights of individuals...dealt with the community and educated people so that the awareness of birth reache[d] many..." (Lang "Just What Are We Doing Here, Anyway?" 1972).

Applying Stewart's method to *Birth Book* illustrates that the rhetoric provides many functions. First, a short history of birth is described by Jodi Frediani which functions to transform perceptions of history. Stewart states that "Social movements must alter the ways audiences perceive the past, the present, and the future to convince them that an intolerable situation exists and that it warrants urgent action" (302). *Birth Book* constructs the past as ideal; a time when the pregnant woman relied on her own instincts and "did not need doctors to set due dates for the birth of her child for she was close enough to her own body to instinctively know when her labor was near at hand" (Frediani "A Short History of Birth" 1972). Because of this knowledge of her own body, a primitive woman's "labor usually progressed easily and naturally and her baby was

delivered with little or no aid” (Frediani “A Short History of Birth” 1972). Birth during these times is described as a common, easy, and routine experience which the pregnant woman experienced little pain or fear. By describing birth in these terms, the past becomes idealized, and it becomes clear that Raven Lang and other contributors to *Birth Book* sought to return to the past and restore birth to its natural condition.

According to Frediani, “Since the medieval era, the civilized woman has been put to shame for the ‘original sin’ and forced to occupy a lowly position in society” (“A Short History of Birth” 1972). This description constructs the present as undesirable because women have been forced to submit to the hands of male doctors, leaving them with little to no power or control. Frediani describes all of the medical advances that have occurred over the past several centuries, and then asks “But where has all this innovation of modern medicine brought us today?” (“A Short History of Birth” 1972). She argues that medical innovation has not improved childbirth. Instead, women “are still forced to endure some of the most outrageous insults possible. [Women] are still expected to labor and bear [their] children in hospitals which are centers for disease and infection” (Frediani “A Short History of Birth” 1972). Frediani describes some of the common hospital procedures, which have been described in my context chapter, to further construct the present as problematic. Her rhetoric stresses an urgent problem with the present that requires drastic action.

Although *Birth Book* does function to transform perceptions of history, I argue that its main rhetorical function is to transform perceptions of society. *Birth Book* attempts to construct the opposition, which includes doctors and medical organizations,

as cruel and oppressive by blaming these groups for high maternal mortality rates and for the horrific procedures that women experience in the hospital. Lang describes the opposition by stating:

The ruling class and the AMA are going to have to open their eyes. These are some of the people perpetuating the standards of oppression. They are the ones benefiting from our ignorances, and ironically enough they are the people to whom women continually go for matters concerning their bodies, needs, and their future. (“Introduction” 1972)

By depicting the ruling class and the American Medical Association as oppressive, Lang attempts to alter perceptions of doctors being good people and hospitals being safe places to give birth. Instead Lang persuades her target audience, which includes childbearing women, their partners, and anyone else interested in birth, to believe that doctors and medical organizations are illegitimate.

Along with transforming perceptions of the opposition, *Birth Book* also functions to “alter the self-perceptions of target audiences so that supporters and potential supporters come to believe in their self-worth and ability to bring about urgent change” (Stewart 303). The rhetoric in *Birth Book* is capable of transforming self-perceptions because it focuses heavily on women’s empowerment, including women’s ability to reclaim their bodies and give birth without relying on doctors or medical technology.

Frediani writes:

[W]e women are now taking the responsibility of childbirth out of the hospital, into our own hands. . . . Women are learning how to listen once more to their long buried instinctive selves. Our children are once again being born at home in an atmosphere of love and beauty. . . . Childbirth is a natural process, we need only relearn to work in harmony with nature. (“A Short History of Childbirth” 1972).

For over seventy years women have been oppressed by the dominant medical model.

They have been forced to submit to nurses and doctors as well as undergo cruel hospital procedures. *Birth Book* encourages women to escape the oppression of hospital birth and to discover their agency in the birth process by having a home birth. By giving birth at home and being active in the birth process, women are able to find a sense of self-worth that is not possible in a hospital. One woman describes her participation in the birth process by stating, “I gave birth. I wasn’t delivered; the difference between doing and being done to” (Clark “The Birth of Kyle” 1972). Previous perceptions of women as weak and helpless are erased, and instead, women are depicted as strong and capable of delivering children on their own.

Frediani’s description also transforms perceptions about childbirth. Since DeLee’s description of childbirth as disease producing in 1920, birth has been constructed as an abnormal process that must be treated in a hospital. By describing birth as a natural, instinctive process, *Birth Book* alters perceptions held by the target audience about birth. Frediani emphasizes that birth is normal, not pathological, and the stories told by women throughout this book support her argument. One mother, Linda Sibley, describes her feelings after giving birth to her soon at home:

It was a miracle! We had borne our child. . . . I do not think that I will ever in my life experience any one thing more exalting than the birth of our son. For me, being able to give birth o my child in our home, and being able to share it with so many kind friends, is a very precious treasure. (“The Birth of Kevin” 1972)

Many other women tell stories similar to Sibley’s throughout the book. These stories not only suggest that natural birth is not dangerous and does not have to occur in a hospital, but they also illustrate that natural childbirth can be a fulfilling, happy experience, rather than an experience filled with fear and pain.

Another midwife and activist who became a leader of the movement is Ina May Gaskin. Gaskin, her husband Stephen, and his followers established the Farm, a counter-culture community, in 1971 (Rooks 61). The Farm is a self-sufficient commune with 250 original members, many of whom had taken classes from Stephen Gaskin in Zen and mysticism while at San Francisco State College (Mitford 198). The Farm soon became “one of the first and best-known alternative birthing communities” (Beckett and Hoffman 131). Established at about the same time as the Santa Cruz Birth Collective, the Farm contained several midwives, including Gaskin, who “created an elaborate system of maternal-child health services and came to be a leading representative of counterculturally inclined alternative birthing communities” (Beckett and Hoffman 131). Gaskin became a recognized leader in the ABM after the publication of her book, *Spiritual Midwifery*, in 1975.

Gaskin’s book follows a similar format to Lang’s: It begins with an introduction which states the purpose of the book; then provides more than 60 birth stories, describes what women can expect before, during, and after pregnancy; and lastly, provides some instructions for midwives. Because of its time of publication and similar format to *Birth Book*, I argue that *Spiritual Midwifery* contributes to the inception phase of the ABM. The book sold over half a million copies during the first twenty years after its publication (Mitford 61), which brought national attention to the women and men who worked and lived on the Farm. This attention aided the growth and inception of the movement.

In the introduction, Gaskin explains the purpose for her book. She states:

This is a spiritual book, and at the same time, it’s a revolutionary book. It is spiritual because it is concerned with the sacrament of birth - the passage of a new

soul into this plane of existence. The knowledge that each and every childbirth is a spiritual experience has been forgotten by many people of this culture. This book is revolutionary because it is our basic believe that the sacrament of birth belongs to the people and that it should not be usurped by a profit-oriented hospital system. (*Spiritual Midwifery* 6)

Gaskin further explains the worldview held by her and other midwives on the Farm by stating, “The midwives who have authored this book feel that returning the responsibility for childbirth to midwives rather than a predominantly male medical establishment is a major advance in self-determination for women” (*Spiritual Midwifery* 7). Because of these descriptions and the numerous stories of women giving birth naturally in the book, I argue that *Spiritual Midwifery’s* primary rhetorical function is transforming self-perceptions of target audiences.

The birth stories told in *Spiritual Midwifery* illustrate that women are fully capable of delivering naturally, and that this type of delivery can occur safely outside of a hospital. Furthermore, the stories describe birth as a spiritual experience that can expand the mind and soul (Gaskin, *Spiritual Midwifery* 10). Cara, a mother whose baby was delivered in a school bus on the way to Tennessee, writes, “The birthing was surprisingly easy, though. It felt ecstatic. Everything that happened in my body felt really natural” (12). These descriptions of birth reinforce that birth is a natural process, instead of a disease. Furthermore, the descriptions suggest that women who experience natural deliveries often feel a sense of power and pride that would not occur if the women had delivered in a hospital. After experiencing her first natural delivery, Marilyn writes, “It was really beautiful. It surprised me and I felt like I had a new respect for my body” (30). Beatrice, a mother of five, describes her experience with natural childbirth: “Having

a baby is the heaviest thing that has happened to me. I wouldn't miss getting to do it myself for anything" (66). Describing these experiences was important for the inception of the movement because it altered perceptions that women must be weak and submissive during childbirth while letting doctors have full control. Instead, women who gave birth on the Farm discovered that they were perfectly capable of giving birth without the help of organized medicine. The stories describe women's self-discovery, which functions rhetorically as "a basis of group identification through a sense of shared fate" (C. Stewart 303). Women who gave birth on the Farm were able to transform their self-perceptions as well as relate to each other through their experiences with natural birth.

Issues of safety, pain, and fear in childbirth also are discussed in *Spiritual Midwifery*, which helps target audience members to overcome these concerns. These concerns motivated women to give birth in hospitals; therefore, for the movement to be successful, it must prove that these concerns are illegitimate. The stories in the book illustrate the training that each midwife on the Farm receives to ensure the safety of the mother and baby. Gaskin assisted many of the births on the Farm, but also taught other women midwifery skills. Pamela, a midwife trained by Gaskin, explains the things she learned:

The first baby I delivered had the cord wrapped around its neck twice and very tight. I clamped it and cut it and was very glad I'd seen Ina May and Margaret deliver a baby like that...One time a lady's uterus popped out when she delivered the placenta and I had just read about inverted uterus the week before and everything went back into place all right. There was another birthing where I got there just in time to discover the baby was butting instead of crowning and there was no time to call our doctor. A couple of days before that I had read about how to deliver a breech baby, so I knew what to do. (28-29)

Pamela's stories illustrate that midwives can provide safe treatment for a mother and

baby if an emergency situation does arise, often saving women from a trip to the hospital. Furthermore, statistics provided about births on the Farm illustrate a lower rate of interventions and deaths when compared to national averages. Out of the 372 births that had occurred on the Farm by the publication of *Spiritual Midwifery*, only .5% were cesarean deliveries compared to a 4.2-5.7% national average. The neonatal death rate on the Farm was 1.08% while the national average was 1.80%, and the percentage of forceps deliveries on the Farm was 0 compared to 32.8% average at national hospitals (Gaskin, *Spiritual Midwifery* 376). The combination of successful birth stories along with low rates of death and interventions demonstrates that home birth is a safe alternative to hospital birth.

Furthermore, the women describe their experiences with fear during childbirth. Laurene explains that her first pregnancy did not go well because of her fear: “My first birthing I didn’t do very well. I was scared and reluctant to love anyone. I was afraid to tell anybody how I felt...It’s not hard to give birth. I was just very selfish, that’s all” (72). From this first experience Laurene learned that her fears were unnecessary and did more harm than good. She describes her second pregnancy in much better terms: “I realized that you could just be yourself and have a good time...I know now you can push through anything...” (73). These descriptions illustrate that fear can be overcome in childbirth and that the experience can actually be enjoyable. Laurene’s story illustrates how her self-perception was altered after her first pregnancy once she realized that she did not need to be afraid. Her story provides an example that is capable of changing the target audience’s perceptions about fear in childbirth.

The stories in *Spiritual Midwifery* also reconstruct ideas about pain in childbirth because many women describe feeling intense energy or rushes instead of feeling pain. Barbara, a mother of three babies born on the Farm, writes, “Contractions don’t hurt. They are energy rushes that enable you to open up your thing so the baby can come out” (19). Another mother explains that she “always thought painless childbirth was just something folks said so you wouldn’t be afraid, but it’s really true” (Beatrice 65). Beatrice’s birth was pain-free and enjoyable. These examples indicate to readers that birth does not have to be a painful experience, especially when the mother is in a comfortable, relaxing environment surrounded by people who love and care about her.

Overall, *Spiritual Midwifery* functions to alter perceptions that natural childbirth is unsafe, painful, and scary. The stories told by women in the book who have experienced natural childbirth eliminate previously held perceptions that birth “is a cataclysmic upheaval of nature; there is nothing serene or matter-of-fact about it” (Gittelson 178). Instead, birth is reconstructed as a positive, natural experience, and target audience members are persuaded of women’s abilities to give birth naturally.

One other influential activist whose rhetoric played an important role in the inception of the movement is Suzanne Arms. Arms identifies herself as “an advocate for holistic, sustainable health policies and practices and conscious parenting” (“About”). Her book *Immaculate Deception*, published in 1975 was named a Best Book of the Year by the *New York Times*, and it inspired many women, midwives, nurses and physicians to utilize alternative birth methods and demand changes to standard hospital birth procedures (“About”). In the book, Arms describes her experience with giving birth in a

hospital. After planning for a prepared and natural childbirth in the hospital, Arms experienced treatment and procedures which were anything but natural. She experienced the use of sedatives, Pitocin, and forceps all without her consent (xi). This experience traumatized Arms and led her to realize that the current medical model of childbirth did not allow women freedom, control, or choice in their birth experiences. According to Arms, her book attempts to “show what has happened to birth in American hospitals, what we have lost in our national push for progress, and what alternatives to current practice still exist” (xiii).

Unlike Lang and Gaskin, Arms is not a midwife. Instead, she is a consumer advocate. Her book is included in this analysis because she became a leader and a voice for many consumers who were dissatisfied with hospital birth. Arms’ book provides a consumer perspective on hospital birth, and her rhetoric serves many functions in the inception of the ABM.

First, Arms’ rhetoric serves the function of transforming perceptions of history. Arms begins by altering perceptions of the past. She states, “Today many women have the notion childbirth was somehow easier for the primitive woman, and in some respects it was” (7). She continues on to say that primitive women were used to demanding, physical labor, were not weakened by diets of processed foods, and were not susceptible to the diseases of today. However, primitive women did have other diseases and ailments to deal with. Thus, “the physical process of childbirth is and always has been the same” (Arms 8). In this description, Arms explains that primitive women and modern women experience much of the same things in childbirth. Primitive women experienced stress

and physical strain, possibly even pain, during childbirth just like women today. Arms does differentiate between primitive and modern women's experiences by describing differences in attitude:

Primitive woman was accustomed to seeing all of life's processes – birth, death, reproduction – take place immediately around her. Childbirth was part of the natural order of things, a commonplace occurrence, and she dealt with it matter-of-factly, instinctively, and without fear. She did not expect what we call 'pain in childbirth.' (8).

By describing primitive women this way, Arms eliminates the perception that birth was physically easier in the past. Instead, she illustrates how attitudes about birth have changed over time even though the physiological process has not changed. Changing attitudes has resulted in the belief that birth is physically more difficult for modern women. By stating this, Arms is able to reconstruct present ideas about birth and argue against medical procedures.

For the movement to progress and succeed, Arms and other activists must transform perceptions of the present. Arms describes present perceptions about childbirth: “[M]ost Americans believe today, that normal childbirth is *inherently* dangerous, risky, painful, and terrifying” (11). To change this perception, Arms continually reminds readers of her book that birth continues to be a safe and natural process. She provides a brief history of childbirth through the past several centuries, and then states, “Throughout it all, civilization changed, the role of doctor and midwife changed, and woman herself changed; but the process of normal birth remained as uncomplicated and inherently safe as it had been since the beginning of humankind” (Arms 23). Arms constructs present perceptions about childbirth as irrational and untrue,

and she argues that “If we turn to the doctor and the hospital as the only authorities on childbirth available, it is because we have turned away from the built-in authority of our own bodies” (23). This rhetoric attempts to empower women by changing previously held beliefs about birth. If women can be persuaded that birth is as safe and natural as it was for primitive women, then women are more likely to seek out and utilize alternative birth methods.

Furthermore, when *Immaculate Deception* was published in 1975, most women perceived hospitals as the safest place to give birth. Thus, Arms must further transform perceptions of the present by proving that hospitals are not ideal locations to give birth. Arms explains that organized medicine tricked women into believing that hospitals are the safest place for delivery by ensuring them that doctors have their best interests in mind. She writes, “The American medical community has invested a great deal of time and money in hard selling American women on the value of hospital births, and for some generations we have bought it whole” (Arms 51). Arms believes that doctors and organized medicine do not have women’s best interests in mind. She argues that organized medicine uses deception to convince women that birth is a “disease,” unnecessary interventions are “medical improvement,” and doctors are “the experts” in childbirth (52). All of this deception reinforces beliefs that women should submit to the doctors during childbirth and allows doctors to justify unnecessary interventions.

Arms transforms perceptions of safety in present hospitals by describing how common interventions, which are called “improvements” by obstetricians, are actually more dangerous to women than having a natural birth. “Improvements” include things

such as induced labor, fetal heart monitors, drugs, forceps, vacuum extractors, episiotomies, and the supine position. Arms explains all of these interventions in-depth to illustrate their risks and to prove that high rates of these interventions, which are common in most hospitals, actually put the woman and infant in more danger than childbirth outside of a hospital (54-85). Her descriptions construct the present situation as problematic and in need of urgent change. Arms concludes the description of improvements by stating: “So this is childbirth in the American hospital today. Quick and easy? No, slow and agonizing, full of risk, expensive, lonely, demoralizing if not demeaning, and heading in a direction that may someday eradicate the need for a woman’s body (except her uterus) altogether” (85). Clearly, an intolerable problem exists with current hospital birth procedures which requires immediate attention.

Arms’ book also functions rhetorically to alleviate the current situation by prescribing courses of action. Stewart explains that “social movements must explain what should be done...Each movement must explain, defend, and sell its program for change” (C. Stewart 303). Arms encourages women to question organized medicine’s philosophy of birth and standard hospital procedures by stating:

It is time, then, for American women to examine the theory and practice of hospital birth long before labor begins. We must question the medical community’s insistence that laboring women give birth in the doctor’s institution, the American hospital; and we must ask why healthy women are treated as sick ‘patients’ simply because they have *entered* the hospital. (52)

Furthermore, Arms identifies three things that must happen “if normal childbirth is to be reclaimed by American women as a natural process for which they bear full responsibility” (150). The requirements include:

Doctors must learn to respond to the special needs and circumstances of the birthing population; women must address themselves to what they really want in the birthing process and assert their rights to the medical community; and the midwife must be granted her rightful place in the American way of birth. (150)

This rhetoric helps to facilitate the goals of the movement because it describes what must occur for women to reclaim natural birth. Arms' description does not define specific steps or strategies that must be taken by each of the groups (doctors, women, and midwives) to achieve the movement's goal, but her rhetoric is an important part of the inception of the movement because it identifies that a problem exists as well as who can fix it.

An analysis of the movement's early rhetoric, including books by Lang, Gaskin, and Arms, illustrates that interest in alternative birth was growing across the country. The rhetoric of these three women was crucial to the inception of the movement because it proved that an urgent problem existed. Furthermore, their rhetoric served specific functions, such as transforming perceptions of history, transforming perceptions of society, and prescribing courses of action, which facilitated the movement's goals as well as helped the movement progress into its second phase: rhetorical crisis.

Phase Two: Rhetorical Crisis

By the time Arms published *Immaculate Deception*, alternative childbirth methods had become a popular topic in mainstream media (Banks 100). The increased popularity and demand for alternative birth options fueled the ABM and led to increased publication of artifacts by movement members as well as their opposition.

Griffin writes that a movement enters phase two, rhetorical crisis, "when one of the opposing groups of rhetoricians succeeds in irrevocably disturbing that balance

between the groups which had existed in the mind of the collective audience” (186). One of the most vocal groups to oppose the ABM is the American College of Obstetricians and Gynecologists (ACOG). While my analysis does not examine the ACOG’s rhetoric in depth, I do think it is important to recognize some of the statements published by the ACOG because they influenced the rhetoric used by the Alternative Birth Movement. Statements by the ACOG almost always opposed alternative birth locations, such as home birth or free-standing birth centers, and endorsed hospitals as the only safe location for birth.

A statement published by the ACOG in May 1975 specifically addressed home birth. In the statement, the ACOG writes, “Labor and delivery, while a physiologic process, clearly presents potential hazards to both mother and fetus before and after birth. These hazards require standards of safety which are provided in the hospital setting and cannot be matched in the home situation” (1071). This statement clearly opposed the philosophy of birth held by ABM members and discredited midwives such as Raven Lang and Ina May Gaskin. The ACOG argued that home births were not safe, regardless of the numerous safe home deliveries occurring across the country. Thus, a clear disruption of balance had now occurred between the ABM and the opposition.

In an attempt to discover and encourage alternatives to childbirth in the hospital, The National Association of Parents and Professionals for Safe Alternatives in Childbirth began holding national conferences in 1976. Over 500 people attended the first conference, including doctors, nurses, midwives, lawyers, news writers, childbirth educators, public health officials, psychologists, mothers, and fathers (Stewart and

Stewart ii). Soon after the conference, Stewart and Stewart published *Safe Alternatives to Childbirth*, which provides transcripts from presentations at the conference as well as written materials submitted to the conference (ii). The book is not a comprehensive guide to all forms of alternative childbirth but “does offer a new breadth of viewpoints on certain childbirth options that is presently not available in print” (Stewart and Stewart iii).

This national conference strengthened the ABM because it brought groups of natural birth advocates together who had been previously unaware of each other’s existence. The conference and subsequent book provide evidence of a unified movement against the medicalization of childbirth. Attendees of the conference were able to express their ideas with one another in an attempt to achieve the movement’s goals. Therefore, I argue that *Safe Alternatives to Childbirth* has two primary rhetorical functions: prescribing courses of action and mobilizing for action.

As noted by Charles Stewart, the rhetoric of social movements must prescribe courses of action by prescribing what should be done, who should do the job, and how the job should be done (303). First, *Safe Alternatives to Childbirth* prescribes what should be done. In the book, David Stewart describes what should be done to create alternatives in childbirth. According to Stewart, the best maternity program would offer parents two choices:

1. Good hospitals, for those few who truly need or desire them, with true family centered policies (not just token programs as many now have) and 2. Childbearing centers and good, well-thought-out homebirth programs for the majority. (“Homebirths” 1)

Stewart also describes problems with current attitudes regarding childbirth and proposes that the public as well as the medical community “should adopt the attitude that what

mothers' feelings have been telling us for centuries should be assumed to be correct until proven otherwise" ("Homebirths" 2). Changing the attitudes of the public and organized medicine will give power back to women, which allows them to reclaim natural childbirth.

Second, the book prescribes who should do the job of creating alternatives to standard hospital procedures. No single group is identified as responsible for creating change. Instead, the rhetoric calls for many groups to take action such as parents, medical organizations, government officials, obstetricians, and midwives.

Contributors to the book not only prescribe who should take action, but they also describe how action should be taken. Doris Haire, founder of the International Childbirth Education Association, recognizes that parents play a vital role in creating change. She states, "Parents must begin to demand from obstetricians to prove that what they are doing is safe. If they challenge you about births at home or other alternatives, you must demand that they prove to you that their method is better" (Haire 17). Haire also calls "upon the medical establishment and the government to show some imagination and to spend less money on bureaucratic empires and more on funding Safe Alternatives in Childbirth" (22).

Safe Alternatives in Childbirth also demands that obstetricians make changes to facilitate safe alternatives to hospital birth. This is an interesting aspect of the movement because it illustrates that the ABM does not want to eliminate obstetricians, hospitals, or organized medicine in general. Instead, it suggests that the ABM would like to work with organized medicine to create safe alternatives while also utilizing hospital

procedures and technology in circumstances when a safe alternative to hospital birth may not be possible. Haire acknowledges the importance of obstetricians and hospitals by stating,

[T]he hospital is clearly the safest place for childbirth for those childbearing women who are at risk, women with identified diseases such as heart disease, diabetes, toxemia, and other adverse conditions...In these instances of high risk, survival of a vulnerable mother and baby is far more likely to be in a hospital equipped with an intensive care unit for both. (17)

Lee Stewart reiterates NAPSAC's attitudes towards hospitals: "We in NAPSAC are not trying to do away with hospitals. There are no safe homebirths without good hospitals nearby, but we feel that everyone should not have to conform to birth in the hospital" (9). These descriptions construct hospitals as necessary and valuable in some situations; however, the rhetoric throughout this book explains obstetricians must give women control in childbirth and stop intervening in normal, low-risk deliveries.

A systematic training program is suggested for all midwives so they may obtain legal status in all states, and thus, provide safe alternatives to obstetricians in childbirth. Haire has studied childbirth in many other countries and found that the use of professional midwives often reduces infant death rates. Because of this finding, Haire states, "I would like to see us develop a program in this country for professional midwives" (16). One lay midwife describes the training program she would like to see put in place to provide licensing for midwives and to ensure that all midwives are properly educated before assisting in deliveries:

I would suggest that a two year program, similar to a 2 year RN degree program is what we need for a midwife. In nurse training programs, there are always prerequisites. Prerequisites for the midwife program could be like one year of liberal arts background, including the sciences that you need, followed by the two

years of actual midwifery training...Maybe following the training, perhaps the last year, there would be on-the-job training...(Mills 135)

The writers do not explain who would create or provide this training program, nevertheless, midwives are recognized as playing important roles in women reclaiming natural birth. Each of the groups indentified has a clear job that must be done for the ABM to reach its goals.

Last, the NAPSAC conference and *Safe Alternatives in Childbirth* serve the rhetorical function of mobilizing for action. The conference brought many movement members together, which helped unify the movement as well as prescribe courses of action and mobilize movement members to create change. NAPSAC held nine more conferences within the next fifteen years after the original conference (Stewart, *Five Standards for Safe Childbearing* 471). Charles Stewart identifies that movements may take action to apply pressure to opponents or to gain recognition (304). By continuing the conferences, the ABM was able to apply pressure to organized medicine as well as gain recognition from the general public. Furthermore, to be successful, “social movements need years of untiring efforts by large numbers of people to gain or prevent change” (C. Stewart 304). The continuation of the conferences over the next fifteen years helped to maintain the ABM and further facilitate the movement’s goals.

Since the publication of the ACOG’s statement against home deliveries in 1975, the ABM has remained in phase two of development. The ACOG published several more statements over the next forty years which claim that home births are dangerous, discredit lay midwives, and endorse hospitals as the safest place to give birth (see ACOG 1977, 1983, 2006, and 2007). These statements illustrate the ACOG’s continued

opposition to the ABM. Therefore, the ABM has not yet achieved its goals and moved into the third phase: consummation. Instead, leaders of the ABM continue to publish rhetoric which helps to sustain the movement.

Over the past forty years, ABM leaders such as Gaskin and Arms have continued to publish articles and books arguing for alternative birth methods. Gaskin's most recent book, *Birth Matters: A Midwife's Manifesta*, published in 2011, illustrates that the ABM is still active. This book serves two rhetorical functions: prescribing courses of action and sustaining the movement. Charles Stewart writes, "Social movements are unlikely to perform any function once and then proceed to another task. Some functions may dominate the rhetoric of a movement at a given time, yet most demand attention on a continual basis" (301). Even though courses of action have been prescribed in previous movement rhetoric, these courses must be altered as the movement progresses and changes. *Birth Matters* functions to prescribe new courses of action and sustain the movement by keeping it visible.

In the book, Gaskin reiterates the same philosophy of birth that she did in *Spiritual Midwifery*: Birth is a natural process, and "[g]iving birth can be the most empowering experience of a lifetime" (Gaskin, *Birth Matters* 2). She states that her intention in the "book is to call for greater involvement of women in the formulation of maternity care policy and in the education of young women and men about birth" (*Birth Matters* 6). Her statement of intention is followed by a prescription of who should do the work in forming maternity care policy:

Women who are fully informed about the capacities of women's bodies should lead the way, and all women who care about social justice and human rights

should be involved...Of course, fathers, husbands, brothers, and all other men who care about the women in their lives need to be involved as well. (Gaskin, *Birth Matters* 6)

By defining birth as a human rights issue, Gaskin is able to appeal to a target audience of men and women on the basis of sex. Thus, she makes birth an important issue for everyone, not just pregnant women.

Gaskin also sustains the movement by presenting an urgent problem, a problem that has actually grown worse since the 1970s. She writes, “U.S. women today face at least double the chance of dying from pregnancy or birth-related causes than their mothers did” (*Birth Matters* 126). This statistic indicates that increased medical interventions in childbirth have not decreased rates of maternal death. In the chapter titled “My Vision for the Future,” Gaskin presents changes she believes will reduce maternal death rates and achieve the ABM’s goals by creating a successful, positive maternity care policy. The changes include 1) Revising medical education; 2) Establishing maternity care standards; 3) Paying physicians a salaried amount instead of paying them by the number of births; 4) Counting and reviewing every maternal death 5.) Recognizing postpartum home visits as a necessity; and 6) Giving more consideration to the category of mothers who need it (Gaskin, *Birth Matters* 194-206). Gaskin believes that all women can agree on at least one of her proposed changes, which will result in positive change to maternity care. She encourages women and men to use new communication channels, such as the Internet and social media sites to create change (*Birth Matters* 206-207). Gaskin’s latest book illustrates that there is still a lot of work to be done for the ABM to achieve its goals, but she is confident that the necessary changes

can be accomplished if everyone works together. Her rhetoric functions to prescribe new courses of action which are relevant to today's society, and the rhetoric also sustains the ABM by appealing to a large target audience and illustrating that an urgent problem still exists.

At this time, predicting whether or not the ABM will ever move into the consummation phase is impossible. A comprehensive analysis of the movement's rhetoric illustrates how ABM leaders have transformed perceptions of history, transformed perceptions of society, prescribed courses of action, mobilized for action, and continue to sustain the movement. However, the goals of the movement have yet to be met; thus, movement leaders will have to continue to publish new rhetoric which will serve new functions in the movement. Until ABM members and the medical establishment can work together to create a maternity care policy that satisfies both groups, the ABM is likely to continue.

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Chapter Four

Conclusions

The application of both Griffin and Stewart's frameworks for conducting social movement criticism to the rhetoric of the ABM reveals that the rhetoric has helped the movement progress as it has served many different functions to facilitate the goals of the movement. An analysis of the rhetoric also reveals that the ABM has not yet reached its goals and has not moved into the consummation phase. Therefore, the purpose of this chapter is to provide a summary of my findings, discuss the current status of the movement, and explain implications for future research regarding social movement criticism.

Summary of Findings

My comprehensive analysis of the rhetoric used by ABM leaders finds that the rhetoric serves several functions in the inception and rhetorical crisis phases of the movement. In the inception phase, leaders such as Lang, Gaskin, and Arms published books which gained national attention and provided an impetus for the inception of the ABM. Their rhetoric functioned to transform perceptions of history, transform perceptions of society, and prescribe courses of action. These rhetorical functions have been utilized in the rhetorical crisis phase as well. However, the rhetoric during the second phase provides further necessary functions such as mobilizing for action and sustaining the movement.

My findings cannot predict whether or not the movement will ever progress into its third potential phase, consummation. The medical establishment continues to publish

rhetoric which opposes the use of alternative birth methods, and this opposition is continually met with rhetoric from the ABM, which argues that alternative birth methods often are safer than giving birth in the hospital. As long as the medical establishment and the ABM continue to argue back and forth on the best method for childbirth, then a period of rhetorical crisis will remain.

Current Status of the Alternative Birth Movement

My analysis of Gaskin's *Birth Matters: A Midwife's Manifesta* illustrates that the goals of the ABM have not been achieved, but the movement is still active today.

Gaskin describes the current situation of birth in the United States by stating:

The latest figures indicate that all is not well with motherhood in the US – the maternal mortality rate has risen sharply in some states at the same time as maternity care costs per capita have escalated to levels two to three times as high as those in nations of comparable wealth...Some of our cities have maternal death rates that are worse than those in countries with far fewer resources. (7)

Furthermore, the latest statistics on childbirth reveal that birth is still treated as a medical procedure rather than a natural phenomenon. In 2008, 99% of births in the United States occurred in a hospital, and 32.3% of those births were delivered via cesarean section (Martin et al. 9-10). Statistics on home birth show slow progress as the rates have increased from .56% of births in 2004 to .72% in 2009 (MacDorman et al. 1). However, these statistics also indicate that the ABM has a lot of progress to make before its goals are achieved.

Currently, the ABM seems to be stuck in phase two: rhetorical crisis. The ACOG continues to reaffirm its original statement that out of hospital births are dangerous and the safest place to give birth is in the hospital. Members of the ABM continue to

challenge this statement and provide evidence that out of hospital births are safer for women and their children. Of the 2,694 births completed at home attended by the Farm midwives, only 1.7% were delivered via cesarean section and 0 maternal deaths have occurred (Gaskin 235). Data from the Farm Midwifery Center indicate that out-of-hospital-births do provide safe alternatives for women. Phyllis Brodsky, author of *The Control of Childbirth*, further supports the safety of home births by stating, “Home births have also been shown to be safe for low-risk women... There are safe options for today’s childbearing women who elect to choose” (178). Regardless of evidence to support the safety of out of hospital births, the rhetoric of the medical establishment has not changed. Therefore, the ABM cannot move on from rhetorical crisis. Instead, new rhetoric has been published which reiterates the goals of the ABM and suggests new ways to achieve these goals.

The ABM has seen some successes over the past forty years such as the development of free-standing birth centers in 1975 and hospital-based alternative birthing centers in 1979 (Mathews and Zadak 46). Another more recent success occurred in 2001 when the American Public Health Association (APHA) adopted a resolution which supports out-of-hospital birth options for healthy women. The resolution, titled “Increasing Access to Out-of-Hospital Maternity Care Services Through State-Regulated and Nationally Certified Direct-Entry Midwives,” states:

The American Public Health Association...[r]ecognizing the evidence that births to healthy mothers, who are not considered at medical risk after comprehensive screening by trained professionals, can occur safely in various settings, including out-of-hospital birth centers and homes... [s]upports efforts to increase access to out-of-hospital maternity care services and increase the range of quality maternity care choices available to consumers. (APHA)

These successes provided women with options other than giving birth in the hospital, but they still did not diminish the number of births that occurred in a hospital. Because these developments did not reduce the number of hospital births or eliminate beliefs that childbirth should be treated as a medical procedure, other strategies must be implemented. Brodsky writes, “Today, women need more than a choice of alternatives. They need more accurate and complete information, including the indications and potential risks of all medical interventions, in order to make more informed choices” (178). Educating women about the risks of hospital birth presents a new challenge to the ABM. However, Gaskin illustrates how the movement is already responding to this challenge. Her book describes the Coalition for Improving Maternity Services (CIMS), which was established in 1997 as “a coalition of individual and national organizations with concern for the care and well-being of mothers, babies, and families” (221). This coalition holds the philosophy that birth is a natural process and seeks to educate women about the birth process, including alternative birth options and potential risks of all birth procedures (Gaskin 222-224). Gaskin’s book and the establishment of the CIMS illustrate that the ABM is still active, and its rhetoric continues to fulfill various functions as strategies of the movement change.

For example, Ricki Lake and Abby Epstein have recently become leaders of the ABM after the release of their film, *The Business of Being Born* in 2008 and the publication of their book, *Your Best Birth: Know All Your Options, Discover the Natural Choice, and Take Back the Birth Experience*, in 2009. Their rhetoric reiterates the philosophy of the ABM and provides further evidence of the Alternative Birth

Movement's continued efforts. In their book, Lake and Epstein state, "This book will serve as a reminder that giving birth is something that women instinctually know how to do, and that you can tap into your own innate sense of power to take back the birth experience" (xxiii). In this example, the rhetoric of Lake and Epstein functions to alter perceptions of the target audience by reminding women that they are capable of giving birth naturally. Furthermore, it prescribes courses of action by empowering women and encouraging them to reclaim childbirth. The work of Lake and Epstein serves as just one example of the ways in which the ABM continues on today.

For the ABM to reach the last phase identified by Griffin, consummation, the goals of the movement would have to be achieved or leaders of the ABM would have to abandon their efforts. It does not appear that ABM leaders are going to quit their efforts to improve maternity care and change beliefs about birth anytime soon. Instead, current rhetoric of the ABM suggests that the movement will continue its efforts. As described in my analysis chapter, Gaskin encourages women to come together to make positive changes in childbirth. If these changes are made, then it is likely that the ABM can achieve its goals and move into its final phase. However, if the medical establishment remains unwilling to change some of its procedures and recognize birth as a natural process that should be controlled by mothers instead of doctors, then the ABM will continue to remain in a period of rhetorical crisis.

Implications for Future Research

My study provides a unique contribution to social movement criticism, particularly the study of rhetorical movements, because of the method utilized in my

analysis. As discussed in my introduction, a specific method for conducting social movement criticism does not exist. Therefore, I have combined aspects of the historical approach developed by Griffin, and the functional approach developed by Stewart. This hybrid approach allows me to understand phases of the movement as well as the functions of rhetoric in each phase. My analysis follows Griffin's guideline which states,

[W]e should strive for movement studies which will preserve the idiom in which the movement was actually expressed. The movement, then, will not be completely atomized; rather it will be so presented as to convey the quality of dynamism, the sense of action, chronologically. (188)

By identifying and describing the movement in phases, I have provided a comprehensive view of the movement's rhetoric in an organized fashion. However, I have taken Griffin's framework a step further by including Stewart's framework for analyzing the functions of rhetoric.

Stewart's framework seems to naturally build on Griffin's method. Stewart states,

An approach that seems most promising for making significant strides toward Griffin's vision is one viewing rhetoric as the primary *agency* through which social movements perform necessary *functions* that enable them to come into existence, to meet opposition, and, perhaps, to succeed in bringing about (or resisting) change. (299)

My study offers an approach which organizes the movement according to clear phases and analyzes the functions of the rhetoric to understand how the rhetoric progresses the movement from one phase to the next as well as facilitates the goals of the movement. Utilizing both of these frameworks was essential to answer my research questions and provide valuable insights which could not have been obtained using only one of the

frameworks.

The results of my research imply that multiple frameworks may be utilized when conducting a study of the rhetoric of social movements. Future scholars should review all available frameworks and decide which is most useful for their study. Using two frameworks can certainly create more complications than using one; however, the increased understanding of social movements that comes from utilizing multiple frameworks is undoubtedly worth the challenge.

Since this movement is still active and in a period of rhetorical crisis, future research could be conducted to analyze and explain further developments and achievements of the ABM. The movement will undoubtedly experience changes in leadership as it continues, and these new leaders will have to produce more rhetoric to sustain the movement. I recommend that future researchers continue to analyze the rhetoric of the ABM to discover how rhetoric functions to either sustain the movement in rhetorical crisis or progress it into consummation.

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