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Does Labour Mean Work? A Look at the Meaning of Birth in Amish and Non-Amish Society

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NATALIE JOLLY

Does Labour Mean Work?

A Look at the Meaning of Birth in Amish and Non-Amish Society

The bodies of ... women in this way offer themselves as an aggressively graphic text for the interpreter—a text that insists, actually demands, that it be read as a cultural statement, a statement about gender.

—Susan Bordo (169)

IN THIS CHAPTER, I EXAMINE the social landscape of femininity to contextualize women's fear of pain in childbirth. For many women, vaginal delivery has become something to avoid. Trends in medicalization and surgical intervention (including increased rates of elective cesarean section) suggest that childbirth need not involve labour (both generally, in terms of effortful work, and specifically, in terms of the three stages of the birth process). In this chapter, I consider what has motivated this trend towards increased medicalization of birth, with an eye towards the cultural features of our social world. In particular, I suggest that the components of normative femininity devalue a woman's ability to endure pain, to work hard, and to prevail in the face of adversity. Instead, normative gender expectations celebrate a woman's rescue from difficult situations and I suggest that this has material consequences for her conceptualization of pain, her understanding of labour, and her bodily experience of birth. That women might see pain, work, and the indignities of vaginal birth as distasteful and unfeminine should be of little surprise in a culture of femininity that inoculates women against a sense of body- and self-confidence. As a counterpoint, I present data from

an ethnography of Amish birth. In a society where both women's bodies and their minds were cast as capable, the strength and the pain tolerance necessitated by unmedicated homebirth did not exist in opposition to an Amish conception of femininity but instead became emblematic of it. The aim here is not to champion pain as a necessary vehicle for women's empowerment during birth but to instead surface the underlying social and cultural features that create an environment where medicated (and increasingly surgical) birth has such wide appeal, and to explore what an alternative conception of femininity might engender.

BORN IN THE USA

When Britney Spears famously confessed in a 2005 *Elle* magazine interview that she “[didn’t] want to go through the pain” (Millea) of vaginal childbirth, her words served to illuminate a cultural shift in the meaning of birth in the United States. Spears gave voice to a growing sentiment: the pain associated with labour and vaginal delivery was frightening, hence her decision to electively schedule a cesarean section to surgically deliver her son. Spears is certainly not the first, nor the only, pop star opting for a *celebrity cesarean* delivery (Jolly “Cesarean”). This trend has moved off the red carpet, and now one in three babies in America is being surgically delivered (Quinlan). And while not all cesarean sections are patient choice, new research is suggesting that “fear of giving birth vaginally [has] emerged as the primary reason to request a caesarean section” (Fenwick et al. 395). From where does this fear of birth originate, and what consequences does it have for women's experience of birth? “During the last ten years the wish to avoid a vaginal delivery has resulted in an increased group of women approaching midwives and obstetricians to ask for an elective CS” (Wiklund, Edman and Andolf 451). Many have offered opinions on what has motivated this surgical trend (cesarean section deliveries have risen sixty percent in the last fifteen years)¹ but there has been less interest in inquiring into the source of women's fear of pain in relation to labour and vaginal delivery.

Approximately eight percent of low-risk pregnant women experience fear of childbirth, with about twenty percent of those expe-

riencing “clinical fear of childbirth” severe enough to complicate their pregnancy and/or delivery (Saisto and Halmesmäki 202). Termed “tokophobia” by Western medical practitioners, this growing anxiety “has been associated with pregnancy complications, emergency caesarean section in labour, postnatal depression, and impaired bonding” (Bewley and Cockburn 2128). Increasingly, this has been seen as a psychological disorder attributed to “the general anxiety of the woman” (Saisto and Halmesmäki 204), much like conditions ranging from hysteria to depression. My claim is that tokophobia may in fact be an emblem of a society that subtly undermines women’s body confidence. I suggest that conventional psychological analyses may benefit from a sociological examination of femininity to provide context for women’s fear of pain in labour. Doing so allows the conversation to wander away from the conventional psychological frame that individualizes women’s experience and instead encourages us to consider women’s fear of labour pain as illustrative of the problematic nature of normative femininity. Operating within the dictates of gender norms, women are expected (and expect themselves) to *give birth like a girl* (K. Martin) and “bring their socially interpellated selves” (70) to the experience of birth. Meanings of childbirth, then, cannot be fully appreciated without also considering the ways in which gender norms bear on women’s understandings of labour and their experiences of pain.

NORMATIVE FEMININITY AND THE MEANING OF LABOUR

Much ink has been spilled in an effort to explore the consequences of gender socialization. From a young age, girls learn the importance of conforming to the edicts of femininity, particularly those surrounding appearance, demeanor, and values (Bordo). Normative femininity, then, is reinforced through a variety of media and gender socialization begins at a young age. Fairy tales celebrate female passivity while championing male heroism (Haase), and cultural products ranging from children’s toys (Klugman) to their Halloween costumes (Nelson) instruct girls to be pretty and to be good. Termed the *tyranny of nice and kind* (Gilligan), these gender norms reinforce and reward docility and weakness in girls

and women, and leave strength and hard work to boys and men. Goffman reminds us that “boys have to push their way into manhood, and problematic effort is involved, while girls merely have to unfold” ([add page number]). Interleaved is a romanticization of girls and women being rescued, further informing a passivity that celebrates a damsel in distress while chivalrously rewarding men’s action, effort, and strength. Martin terms these gendered ways of being our *internalized technologies of gender* and argues that “they discipline and control from the inside, [and] compel us to act in gendered ways from within” (K. Martin 57). Normative gender expectations not only shape others’ perceptions of and expectations for our behaviour, but we, too, align ourselves with the dictates of gender. The consequences of this are far-reaching, but the way that the idea of *work* becomes gendered as masculine is of particular interest with regards to women’s relationship to the concept of *labour*.²

Because femininity is constructed in opposition to physical exertion, the strength and endurance to engage in bodily work is coded as a masculine attribute. And because “women tend to want what the society values” (Klein 249), women then face a paradox when confronting the physicality of vaginal birth: do they embark on the messy, intense, possibly painful, and decidedly physically exertive experience of labour and vaginal delivery, or do they adhere more closely to the politics of passivity prescribed by normative femininity? This notion of *choice* may mischaracterize the situation within which women find themselves, as the voluntary nature of the decision masks the social retribution that often attends gender noncompliance—for many women, the sole *choice* is gender conformity (Bordo). Understanding this may help clarify why so many women “described being ‘mortified’ at the thought of natural [i.e. vaginal] birth, which left them with a sense of ‘sheer terror’” (Fenwick et al. 396). It may also shed light on why “most women expressed a sense of trust and faith in their doctor.... ‘I trusted them. I handed control of myself over to them. I was completely in their hands’” (Fenwick et al. 398). That normative femininity devalues a woman’s ability to endure pain, to work hard, and to prevail in the face of adversity and instead celebrates a woman’s rescue from difficult situations [and]

has material consequences for her bodily experience of birth.

So, too, does her immersion into a culture that promotes skepticism about and distrust of female bodies. Beginning with menarche and continuing through menopause, the biological processes of the female body are seen as shameful and disgusting: "Shame, as what we might call a primary structure of a woman's lived experience, extends far beyond her relationship to menstruation, and it becomes integral to a generalized sense of inferiority of the feminine body-subject" (Kruks 64-65). Technologies of gender necessarily incorporate the fraught relationship women have with their bodies, and issues ranging from disordered body image (Bessenoff and Snow) to reductions in academic competencies (Fredrickson et al.) to concern over establishing a significant relationship (Sanchez et al.) to a hindered ability to achieve sexual satisfaction (Schooler et al.) are mediated by a sense of body shame that pervades women's lives. Body shame unsurprisingly colours women's experience of and behaviours during birth, with numerous consequences. To quote Fenwick et al. in their analysis of women's birth fear:

Enmeshed within the women's narratives of birth fear is a sense of ambivalence, if not distaste, for the value of vaginal birth as a natural, important and significant life process. This is combined with what appears to be a distrust of the body's ability to undertake labour and safely birth a baby. Constructing the pregnant body as a vessel and birth as "getting" a baby, that holds no intrinsic value and necessitates no active participation, reflects a disconnection between the self and the body, and places control outside the self. (398)

For many women, body shame manifests as ambivalence about and distrust of the birthing body. "Bodies of women ... are inevitably entangled in the operations of power" (E. Martin xxviii) and, as such, the body becomes "a medium of culture" (Bordo 165) even during events such as birth, which we may think of as being purely physiological or pre-social. The meanings that a woman attaches to events such as childbirth percolate in the pervasive body shame circulating in society and the choices she makes about her birth

practices cannot be separated from this social context.

Femininity shapes women, body and mind. The contradictory nature of female embodiment creates a moment of paradox during childbirth—how do women negotiate and reconcile the social expectations surrounding femininity with the effortful work of labour and the bodily experience of vaginal birth? There is no doubt that the pernicious elements of the culture of femininity position women as apt patients and construct medicated birth and/or surgical delivery as an appealing option for a growing number of women. This is not to “valorize the experience of natural (i.e. painful) childbirth” (Beckett 260) or to create an environment where women feel constrained against and/or guilty about requesting pain relief (Brubaker and Dillaway) or to equate pain, labour, and vaginal birth with “Amazonian empowerment” (Crossley 559). Feminist scholars have been wary of claims that celebrate an outdated understanding of an authentic natural female self in order to impose a tyrannical model of unmedicated birth (Beckett). The aim here is not to champion pain as a necessary vehicle for women’s empowerment during birth, but to instead surface the underlying social and cultural features that create an environment where medicated (and increasingly surgical) birth has such wide appeal [already stated on page 2]. That women might see pain, work, and the indignities of vaginal birth as distasteful, unfeminine and horrifying (Chadwick and Foster) should be of little surprise in a culture of femininity that inoculates women against a sense of body- and self-confidence [stated on page 1].

AMISH FEMININITY AND THE POLITICS OF LABOUR

It appears, then, that women maintain their commitment to normative femininity, even during childbirth. It’s worth considering: what might shift if the norms governing appropriate feminine behaviour were conceived in such a way as to encourage women’s body- and self-confidence? Here it is useful to introduce the experience of Amish women, for whom normative femininity is cast in radically different terms.

Below, I draw on material culled from an ethnographic study of birth in Amish society. Spending two-and-a-half years as an

apprentice midwife and volunteer healthcare worker in several Old Order Amish communities afforded me a unique vantage point from which to consider the practice of birth within Amish society. Together with a senior midwife in the community (who was not herself Amish),³ we attended forty Amish homebirths and conducted several hundred prenatal and postpartum visits. For thirty months, I provided prenatal and postpartum care as well as labour support to birthing women and their families. My goal was to draw on local phenomena to understand broader social processes (Eisenhardt), particularly those that involved how Amish women's experience of birth was shaped by their social world.

For Amish women, the dictates of femininity are structured not by *the tyranny of nice and kind*, but are instead shaped by a politics of labour (read: work). Amish femininity was undergirded by an ethic of work, and an Amish woman's identity was realized through her ongoing engagement with and mastery of physical tasks. Within the context of Amish society, femininity was equated with physicality and stoicism, both specifically during childbirth and more widely in daily life. An Amish woman's mettle was measured by a variety of physically demanding and labour-intensive domestic tasks. Labour (both general work and the specific work of childbirth) was the central organizing principle for Amish women's lives.

When I met Lydia, she was a young woman of twenty, newly married and about to become a mother. Her labour, like that of many first-time mothers, was particularly grueling, and her husband, her midwife, and I worked through the day and into the early morning of the next day to help her deliver her son. She walked up and down the stairs to intensify her contractions, and she moved from the bathtub to the birth stool⁴ to a hands and knees position on the floor and worked for hours, unmedicated, through a visibly difficult delivery. "You can do this," repeated the midwife until Lydia finally delivered her baby on her back in the middle of a vast living room intended for the much bigger family to come. After the midwife situated Lydia and her new baby in bed together and congratulated her on the work she did, Lydia—while beaming with a new baby in her arms—asked if we've ever seen a labour so difficult. The midwife responded that we had never seen one borne so stoically, as Lydia had hardly uttered a sound through

the ordeal. As the midwife prepared to fetch Lydia's mother from her house down the lane, Lydia said, "Tell my mother how strong I was. And how quiet. Tell her how good I did."

Because the details of pregnancy, labour, and delivery are rarely discussed in Amish society,⁵ Lydia's desire to have the midwife share this with her mother was profound. And after her mother arrived, Lydia returned to the topic and reminded the midwife to vouch for Lydia's ability to endure the hard work of labour. For Lydia, and for the many other Amish women I attended, mitigating the pain or masking the work inherent in labour undermined the very nature of what it meant to be an Amish woman. Lydia relished the midwife's confirmation of her fortitude. Birth was often recounted through stories of endurance, and these were commonly shared with other women when a mother returned to her church to introduce the new baby into her community.⁶ The public nature of these retellings not only awarded a sort of prestige to the new mother, they also calcified Amish femininity in terms of strength. This is not to suggest that Amish women possessed a bald enthusiasm for pain, exhaustion, and bodily discomfort but is intended to remind us that "the construction of femininity is written in disturbingly concrete, hyperbolic terms: exaggerated, extremely literal, at times virtually caricatured presentations of the ruling feminine mystique" (Bordo 169). For Amish women, narratives of hard work in the face of intense physicality supplanted mainstream conceptions of femininity as weakness or passivity.

Configured as such, Amish femininity necessitated a strong body. Slim bodies held little cultural currency in a society where bodies did not serve as ornament. And because labour (read: work) was so intricately threaded through an Amish conception of femininity, Amish women had little doubt of their success in labour (read: birth). As a result, the physicality associated with unmedicated home delivery aligned with the dictates governing Amish femininity. Homebirth provided yet another moment to authenticate her Amish identity; labour (read: childbirth) provided her with an opportunity to labour (read: work). In this context, the pain associated with delivery was not something to fear or avoid, nor was the effort something from which Amish women wished to be rescued. A woman took satisfaction in her ability

to accomplish this very physically demanding task, unmedicated and in her own home.

In this particular regard, the patriarchal contours of Amish society nonetheless allowed Amish women a conception of self predicated on strength, tenacity, and bravery: “Amish women approached childbirth without fear of pain and instead equated the noun *labor* with the verb *labor*; they likened it to hard work rather than to agony and suffering” (Jolly, “Amish Femininity” 83). As a result, Amish women saw homebirth as neither a fearful nor risky endeavour; bearing the pain associated with an unmedicated delivery was a source of fulfillment rather than dread. In conceiving of womanhood through a lens of competency, Amish femininity provided Amish women the opportunity to be physically dexterous and intrepid. The result was a strikingly different experience of birth, one where a woman could revel in the strength of her body and in her ability to labour as a seamless part of her femininity. Amish society cast women’s bodies as capable, and as a result the strength and the pain tolerance that unmedicated birth necessitated did not exist in opposition to femininity but instead became emblematic of it.

NEW LESSONS FROM THE OLD ORDER

For both Amish and mainstream society, birth is a “socially embedded experience” (Behruzi et al. 206) and one that is partially constituted by the prevailing norms of femininity: “The choices women make in relation to birth and the ways in which they experience (and narrate) childbirth are intertwined with gendered technologies of power” (Chadwick and Foster 325). Such recognition of the role that technologies of femininity play in shaping the meaning of birth has particular relevance to current birth research, as it offers a much needed sociological response to the often individualized and therapeutic approach currently deployed. The creation of “fear of childbirth medical teams”⁷ and other such practices that focus attention on the personality vulnerabilities of pregnant woman (Ryding et al.) or on specific caregiving practices to support a birthing woman’s self-esteem and personal development (Lyberg and Severinsson) miss an opportunity to consider

the zeitgeist shaping a woman's understanding of pain, labour, and childbirth and how those understandings are situated within the social construction of gender.

A sociological reckoning of birth must also consider that femininity is not monolithic but is instead culturally specific and contextual. For Amish women, conforming to the normative parameters of femininity meant that labour and vaginal delivery became an opportunity to showcase the physicality of their bodies. For non-Amish women, femininity makes a pageant of the fragility and weakness of the body, and fear stubbornly speckles women's bodily experiences of birth. This fear of labour and vaginal delivery has very real consequences for women, since "it has been sufficiently established that childbirth-related fear not only poses emotional distress to the birthing woman, but it also has been associated with a longer labor, increased pain and anxiety during labor, and puts a woman at an increased risk for emergency cesarean section" (Eriksson, Jansson and Hamberg 241). As the international healthcare community continues to express concern over medicalized birth and the rising rate of cesarean section (WHO), it is worth investigating whether the growing appeal of these practices relates in part to mainstream American gender norms.

"Meaning plays a causal role in the experience of pain" (Arntz and Claassens 24). I argue that the meaning of childbirth pain is bound up in culturally-specific notions of femininity. Thirty years of research have demonstrated that birth meanings differ across cultures (Jordan and Davis-Floyd) and further research is needed to establish whether such variance stems in part from variations in gender norms and social constructions of gender. In neglecting the relationship between a woman's gender socialization and her experience of birth, we risk seeing childbirth as pre-social and innate. Doing so threatens to fix a social reality into a natural phenomenon. Women's experiences of pain, of labour, and of childbirth are deeply informed by their gendered selves: "As such, it is necessary to constantly interrogate and problematise the milieu in which birthing decisions are made so to avoid slipping into a sensibility that birth is socially decontextualized and that all caesareans [or medical interventions into birth] are freely chosen" (Bryant et al. 1200). Birth does not exist beyond the bounds of normative fem-

inity but is instead enmeshed within it. What might mainstream birth look like if “doing normative femininity” (Chadwick and Foster) allowed for a positive relationship to the physicality and work of labour, rather than a pernicious one?

¹See, for example, ACOG.

²Labour here is meant to refer to both work, generally, and the specific work of childbirth.

³Amish women often seek out non-Amish midwives. See Jolly (“In This World”) for more on the details that motivate that decision.

⁴The midwife used a three-legged stool in the shape of a horseshoe to position birthing women in a supported squat. The birthing woman would sit on the stool (about fifteen inches off the ground) and her husband would sit behind her (in a chair or on the sofa) to offer her support and help her stay balanced. The midwife would often deliver the baby in this position, as the squatting position often allowed the baby to descend more effectively.

⁵See Jolly (“Amish Fertility”) for more on what motivates Amish secrecy surrounding pregnancy and childbirth.

⁶Because church services are held in someone’s residence rather than in a dedicated church building, the upstairs bedrooms often serve as gathering spaces for women nursing babies and for mothers with small children, and birth stories were often discussed in this space.

⁷These consist of specially trained midwives, obstetricians, and psychologists.

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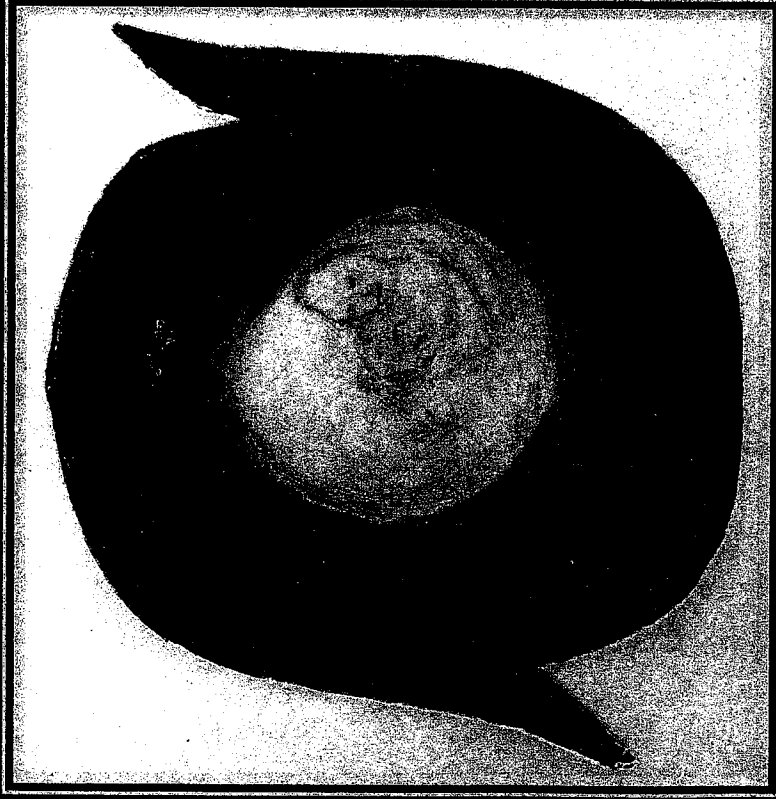
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Natal Signs

Cultural Representations of
Pregnancy, Birth and Parenting



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