Sacred Maternities and Postbiomedical Bodies:  
Religion and Nature in Contemporary Home Birth

I am so grateful I did it at home. So glad. Because my first birth would have ended in cesarean, if I did not believe strongly in nature. I know that the body tells the truth. You ask it a question, it will tell the truth.  
—Olivia Eldrich, home birther

Maternity—the entire complex of pregnancy, childbirth, and child care—has been one of the most vexing and provocative challenges for feminist thought and practice. In much of the feminist literature that criticizes constructions of the maternal, there is an often well-founded undercurrent of suspicion regarding the “ideology of sacred maternity”—an ideology that sacralizes motherhood at the expense of women’s subjectivity. Unfortunately, though the notion of motherhood is intricately analyzed, the meanings of sacred are often not fully explored but instead are left as presumably self-evident notions necessarily hostile to female subjectivity. The conflation of sacrality and maternity, however, is more complex than these perhaps casual references imply—the sacralization of maternity in itself is not necessarily counter to women’s interests, feminist or other.

For example, a wide-ranging discourse about the “sacredness” of childbirth informs the politically and religiously diverse home birth movement in North America. A woman such as Olivia, a “secular Jew” with New Age interests, could claim a belief in “nature” as a guide in birthing, while Janet, a Pentecostal, put her faith in God’s direction of the “natural” process of birth. For both these home-birthing women and for the others I describe in this article, sacredness in birth was not premised on a disembodied,

For their helpful comments on this article, I thank Margaret MacDonald, John Marshall, and the participants of the After the Body Conference at Manchester University in 1998. I also thank the Louisville Institute, the Fulbright Canada-U.S. Scholars Program, and the Social Sciences and Humanities Research Council of Canada for funding my research. This article is part of a larger book forthcoming in the summer of 2001 from Princeton University Press as Blessed Events: Religion and Home Birth in Contemporary America.

1 I have given pseudonyms to all the women I quote here.
3 For feminist treatments of birth that more fully explore the “sacredness” of motherhood and childbirth, see Rabuzzi 1994; and Kahn 1995.

[Signs: Journal of Women in Culture and Society 2001, vol. 26, no. 3]
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transcendent deity but instead was intimately tied to understandings of what is “natural” about the birthing body. For them, “sacredness”—a notion that posits a source of power external to human will or activity—shaped and enhanced their bodily experiences of birth. In this context, a diversity of women worked with and within discourses of nature, body, and religion to form a panoply of “sacred maternities.”

Imparting religious meaning to pregnancy, childbirth, and motherhood is not new, nor is it unique to North American home-birthing women. For example, characterizing the nineteenth-century British debate over the use of anesthesia in childbirth, historian Mary Poovey asked the following: “Does the woman in labor properly belong to the realm of nature, which is governed by God, or to culture, where nature submits to man?” (1987, 139). While twentieth-century scholars no longer consider the dichotomy between nature and culture quite so distinct, and they widely agree that childbirth is a cultural act, this question has more contemporary relevance than might first appear (see Callaway 1993; Jordan 1993). In their everyday talk, home-birthing women in North America seem to fit birth within the first “natural” realm, albeit with varying restraints on God’s control. In the process of home birth, however, they participate in a culture of birth that challenges the control wielded over women’s reproductive lives by a biomedical ocused obstetrical establishment. Without entirely relinquishing the techniques and knowledge base of biomedical obstetrics, they insist on birth as a natural process that can be infused with, and understood through, religious perspectives. As such, they inhabit “postbiomedical” bodies—bodies that do not entirely deny the usefulness of biomedicine but challenge its hegemony via alternative systems of knowledge, such as religion.

Amid diverse religious and political identities and with both forthrightness and subtlety, home-birthing women root their challenge in the “truth” that they find in their bodies. As women such as Olivia and Janet will show, these women maneuver between essentialism and agency in their search for the natural. It is this maneuvering—this refusal to let the maternal body be either entirely independent of any kind of necessity or entirely biologically determined—that recent theories of the body, especially feminist ones, can illuminate. Paying attention to the lived body has helped to bring about nuanced conceptions of the long-standing feminist problem of agency versus “destiny” in terms of women’s reproductive lives (Harcourt 1997; Lock and Kaufert 1998). Attention to the body in both its symbolic and its physical aspects has also provided grounds for critiquing interpreta-

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1 For an early American example of the religious meanings attributed to childbirth, see Lutes 1997.
tions that frame postcolonial reproductive politics solely through the lens of Western women's experience (Boddy 1998).

In this article, I engage in this problematizing of both the constraints and the possibilities of birthing bodies through an ethnographic analysis of North American home-birthing women's narratives.5 Joining other scholars who have listened to women's narratives of maternity as sources for wider analyses of gender in North American society (Ginsburg 1989; Martin 1992; Lewin 1993), I inquire into what these women considered natural about their child-bearing bodies and how they employed religion in these considerations. I begin with a brief introduction to home birth in North America and then question the notion of the natural as it is used in this context. I then discuss three ways that women I interviewed considered their birthing bodies to be natural, in which they described birth as an "animal act," an "intuitive" process, and, finally, a process designed by God. I close by considering the possibilities and dangers of this conflation of sacred and natural bodies, asking what these visions of birth may mean for women's bodily autonomy. Throughout, I offer this study as a complication of maternity in which "mothers-as-speaking-subjects" (Zerilli 1992, 120) unsettle both feminist and nonfeminist analyses of birth and motherhood.

Home birth in North America

In using the phrase home birth movement, I refer to a loose coalition of birthing women, midwives (direct-entry or lay midwives6 and some certified nurse-midwives), childbirth instructors, doulas (labor support providers), activists in the women's health movement, and some doctors. Since the 1960s, the home birth movement has worked to legitimize midwife-attended home birth and to establish licensure processes for direct-entry

5 I interviewed forty-five women in two northeastern states during 1995–96. We spoke in their homes for two to four hours, and I interviewed three women twice. I brought my daughter, a baby at the time, to several of the interviews. I tape-recorded all interviews except those with Amish women, and I have given pseudonyms to all the women I quote here. I met the women by visiting midwifery clinics, attending home birth–related events, putting up fliers, and getting referrals from midwives and home-birthing women I had already interviewed. Most of the women asked me either before or during the interview whether I had given birth at home, and telling them that I had done so with certified nurse-midwives seemed to put them at greater ease. Especially when I had my daughter with me, the conversations were quite casual and open-ended.

6 A direct-entry midwife is one who has trained by apprenticeship to another midwife or by attending a midwifery school and who is not necessarily a nurse as well. On the varieties of midwifery, see Rooks 1997.
women's right to give birth at home with appropriate caregivers as well as legal status. So, for some women, choosing to give birth at home with a midwife is a decision to break what they see as an unjust law.  

Though I use the phrase *home-birthing women* throughout this article, within that phrase lie some differences that need spelling out. While most home-birthing women would very likely share a commitment to ensuring women's right to give birth at home with appropriate caregivers as well as a conviction that childbirth is not usually a medical condition, they do not all take the same path to those commitments. Even though the annual number of U.S. women who give birth at home is only around 1 percent of birthing women (in 1994 that meant around forty thousand women), this minority has some significant strands of diversity within it; one of the most pronounced is religious diversity (Rooks 1997, 148, 155). While some women are formally affiliated with churches, synagogues, or mosques, others draw from more eclectic sources. The forty-five women I interviewed included self-described conservative, charismatic Christians, traditional and not-so-traditional Catholics, Orthodox Jews, Old Order Amish, United Methodists, Presbyterians, Unitarians, and varieties of spiritual feminists. However, there is little research into the extent and significance of the religious diversity of home-birthing women (Davis-Floyd and Sargent 1997, 28). My own research focused on women in two north-eastern states, one where home birth was legal for all midwives, both certified nurse-midwives (CNMs) and direct-entry midwives, and one where only CNMs could attend home births, and then with certain restrictions such as not attending births by women who had previously undergone cesareans.

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7 For more on the alternative birth movement, including home birth, in the United States and Canada, see Bogdan 1990; Mathews and Zadak 1991; Rooks 1997; and MacDonald 1999.

8 Two of the forty-five women were African American, and one was Hispanic. Several women held advanced degrees, and most had at least some college education. All but one of the women had planned to give birth at home. Of the eighty planned home births among the forty-five women, the birth attendants were divided evenly between direct-entry midwives and certified nurse-midwives, with another two births being attended by doctors and three women giving birth unassisted by any professional caregiver. The women and their husbands spanned a range of occupations and incomes, but for the most part they were middle class. More than three-quarters of the women cared for their children at home, and about a third of these women also worked part-time at jobs that ranged from assisting in a husband's chiropractic office to being a veterinarian. Six women had full-time employment, all in professional occupations such as teaching, nursing, ministry, or chiropractic.
More generally, any attempt to draw a demographic portrait of U.S. home-birthing women is made difficult by at least three factors: first, the failure of birth certificates to distinguish (until recently) between planned and unplanned home birth; second, the unwillingness of some home-birthing parents to disclose on a birth certificate who attended their child's birth for fear of legal action against a direct-entry midwife; finally, the small number of home-birthing parents who refuse altogether to secure birth certificates for their children immediately after birth. However, some patterns can be sketched in comparing a woman who gives birth at home with the average U.S. child-bearing woman. According to a 1995 study, a home-birthing woman is more likely to be older, to be having a second or subsequent child, and to have less formal education. She is somewhat more likely to be married and white and less likely to smoke or to drink alcohol while pregnant. She is more likely to begin her prenatal care later and is less likely to receive certain prenatal tests such as an ultrasound or amniocentesis. She is also less likely to be diagnosed with a prenatal medical risk condition or obstetric complication. She is more likely to be attended during childbirth by someone other than a physician or nurse-midwife—for example, by a direct-entry midwife or her husband or friend. Finally, the health of her baby at birth is likely to be better than that of the average baby born in the United States (Declercq, Paine, and Winter 1995, 480).

In addition to this larger comparison with all child-bearing women, a more focused comparison shows that women having home births cluster in two groups. The first group is "older or more formally educated mothers who are likely to prepare themselves prenatally for a home birth." The second is made up of "those who are younger or have less formal education for whom home birth may be a result of lack of planning or other manifestation of problems with health care access" (Declercq, Paine, and Winter 1995, 480). When race is added to these distinctions, the effects of poverty and racism in limiting access to health care in the United States are more clearly evident. Euro-American home birthers have more formal education and better birth outcomes than Euro-American women generally, and African-American home birthers tend to have less formal education and poorer birth outcomes than African-American women in general (Declercq, Paine, and Winter 1995, 480).

These differences between Euro-American and African-American women's home birth experiences show that though the home birth movement

* Judith Pence Rooks suggests that, given these factors, the "maximal estimate" of births attended by direct-entry midwives in 1994 is 17,678 instead of the 11,846 documented by birth certificate data (1997, 148).
often considers itself progressive or even “revolutionary,” as one woman asserted to me, it has been so for a particular minority of women. The statistics on home birth, along with the statistics on infant and maternal morbidity and mortality in general, demonstrate that African-American women must still struggle harder for accessible and quality health care than most of their Euro-American counterparts. Struggling for basic access puts some African-American women in a position very different from those who are struggling to avoid medical models of care. In these circumstances, according to anthropologist Gertrude Fraser, African-American women cannot “untangle the web of domination in order to take back what is good and whole and useful in their own medical [midwifery] traditions. Instead they turn to progress with the blessing of their elders, while affluent members of the dominant culture turn with nostalgia to the vestiges of a world view taken completely out of its cultural context” (1988, 448).10 Ironically, Fraser found that traditional African-American midwives, if they still attend any births, usually do so for middle-class Euro-American women “who are able to choose freely, confident that they and their offspring will be afforded the best that midwifery and science ha[ve] to offer” (1988, 447).

Fraser may overstate the confidence of Euro-American women in medical care,11 but she does isolate an important inequity in the birth experience of Euro- and African-American women. Women giving birth at home who end up being transported to the hospital often experience chastisement by or disrespect from medical authorities as a result of their eschewing of a medicalized birth. But Euro-American women are much more likely to know that they have adequate insurance that will both pay for their hospital stay and grant them the access to the health care that they need, and

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10 Fraser’s study focused on women in the South. In other regions, such as the San Francisco Bay area and urban centers in the northeast, African-American women are often more critical of medical models of health care and more supportive of home birth. Class also significantly shapes these views, for both African- and Euro-American women (Donna Daniels, personal communication, Princeton, N.J., June 6, 1998). As well, African-American traditions of midwifery are continued in some form by such groups as the American College of Nurse-Midwives’s Midwives of African Descent and (generally middle-class) African-American women who are consciously trying to restore their heritage of midwifery, albeit in a transformed way (Fraser 1995; Jackson and Bailes 1995; Rooks 1997).

11 For example, Ellen Lazarus found that middle-class women in the hospital had “more access to information than poor women, but it was never enough. No matter what they knew, it could not empower them within the medical system. Knowledge itself could not give them authority, nor could they know all the contingencies of the birth process or of institutional care” (1994, 37–38).
they are much less likely to suffer from racism in the hospital environment. Choice is often rooted in privilege, and feeling free to choose where, how, and with whom to birth is no different.

**Natural bodies**

Home birth does not come naturally in North American society. Struggling to find ways to birth their babies in accordance with their views of the natural, home birthers act counter to, in Pierre Bourdieu’s terms, the dominant biomedical habitus of their culture. For Bourdieu, habitus is “society written into the body, into the biological individual” and works to structure actions and beliefs while making them appear natural (1990, 63). While the hospital has come to seem like the “natural” place to give birth in North America (with hospitals even effectively adopting the phrase “natural childbirth”), home-birthing women argue that it is not. Their rejection of the hospital as the natural place to give birth is itself, however, premised on contrary assertions about what is natural about women and birth. For example, Olivia characterized home birth as a path to empowerment and improved self-esteem, while Janet emphasized how home birth allowed her to follow God’s plan for the hierarchical order of husband, wife, and then baby.

The interpretations of the natural that home-birthing women achieve are not simple victories of women against misogynist structures of oppression, by which they reach a “true” version of nature. Instead, they are multiple reinterpretations of nature that draw on and are structured by women’s experiences in a diversity of what Bourdieu terms *fields*: arenas of activity “with their specific institutions and their own laws of functioning” in which people hold “specific stakes and interests” (1990, 87). Such fields include science, religion, economics, education, and specific professions. Women draw from their experience in a range of fields, including in some cases medicine, to assert the naturalness of birth. For example, notions of gender—notions of what it means to be a woman, man, or in this case mother—profoundly influence what is construed as natural in home birth. But this gendering of birth is also embedded in the particular combinations of religion, class, race, sexuality, and political conviction that each woman brings to the practices and interpretations of birth. For example, one woman in my study, Liza Rossiter, an African-American woman

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12 For a helpful critique and expansion of Bourdieu’s notion of the field in terms of gender, see Moi 1991.
married to a Euro-American man, felt that her earlier flouting of convention in marrying “interracially” set her on the path to challenge conventions of childbirth as well. For Liza, resisting racist presumptions of what was “natural” in love helped her find a countercultural version of the natural in birth.

Liza’s example furthers the question “How are the natural bodies of home-birthing women gendered?” to ask what combinations of religion, politics, race, sexuality, and class lie within the gendered habitus of a home-birthing woman. Judith Butler’s notion of the “performing” of gender may provide some clues. The difficult question that Butler tries to address and that is of key importance to any analysis of birth is how the material reality of the body — of flesh and blood — and the social and cultural constructions of the body interrelate. She reflects, “Surely bodies live and die; eat and sleep; feel pain, pleasure, endure illness and violence; and these ‘facts,’ one might skeptically proclaim, cannot be dismissed as mere construction. Surely there must be some kind of necessity that accompanies these primary and irrefutable experiences” (1993, xi). Butler’s answer is that yes, there is something “unconstructed” about our bodies, but, in understanding and expressing such forms of material being, we necessarily make use of cultured discourse (1993, 10). When women say — as they did to me again and again — that their bodies speak to them or “tell the truth,” their bodies’ voices are not somehow pure or before culture. The language spoken by the body, whether in pain, pleasure, or merely discomfort, is always a translation through a woman’s layers of personal and psychic history and cultural values. This translation or construction is not necessarily fake or dispensable; as Butler asks, “What are we to make of constructions without which we would not be able to think, to live, to make sense at all, those which have acquired for us a kind of necessity?” (1993, xi). That some women give birth is, at least so far, a necessity for human procreation — where and how birth takes place and what it means in a woman’s life is less of a given but is undoubtedly related to the material process of birth.\(^\text{13}\)

The materiality of birth, then, is absorbed and refracted through constructions — for instance, those of gender, race, religion, class, and sexuality. For a counterexample to Liza’s story, consider how race is sometimes used as a proof of the naturalness of nonmedicalized birth. A common trope among both some women I interviewed and some home birth literature is the assertion of the naturalness of birth via examples of the “tribal” woman who gives birth easily without intervention and recovers in hours.

\(^{13}\) For important early works that analyze the intersection of the material and cultural in childbirth, see Romalis 1981; and Jordan (1978) 1993.
In relying on this trope, North American women do not find an Ur-birther—or a “pure-birther”—even if they are seeking one (see Cohen 1991, 290–91). They are constructing a vision of birth (which they hold as positive) that is sedimented by layers of religious, political, and economic imperialism and by racist myths of and desires for the simplicity of the “primitive” (see Cossett 1994). For example, as one Euro-American woman phrased it: “When you read about all the women in other countries, the ‘non-Western, nonindustrialized countries,’ they all give birth, go out, and do their job the next day, or the same day, and it’s not a big deal. And none of them tear. None of them have to get stitches, so I knew there had to be a way that that would be possible. And to me, I feel God would not create something—and put it inside a body—that’s not capable of coming out without any problems. That’s why I didn’t want an episiotomy.” This woman’s perspective on childbirth in non-Western countries, encouraged by classic childbirth books such as Suzanne Arms’s *Immaculate Deception* (1975), comes out of a sense of solidarity with all women—but a solidarity that is perhaps more often imaginary than real. While the non-Western woman may act as a source of inspiration in a North American context, in her own life, childbirth is not so easy—the lifetime risk that an African woman will die due to pregnancy- or birth-related causes is one in fifteen (MacCormack 1996, 328, 330).

Maternal mortality in the third world has a number of causes, most notably lack of food and debilitating disease. Certainly, introducing hospital birth in poor countries is not necessarily the best route for solving the problem of maternal or infant mortality (MacCormack 1996, 331; Stackhouse 1996). But when home-birthing women claim the “simplicity” of non-Western women as an inspiration, they not only romanticize the difficult realities of many women’s lives but also perpetuate a mystifying form of racism for the empowerment of the “civilized.” Home-birthing women in the United States, then, are variously implicated in a range of oppositional discourses, some of which place them in the position of the dominated seeking justice and others of which find them lodged with the

14 While I hesitate to cast these women’s words in an unflattering light when they cannot respond, I do not want to avoid their less palatable comments in my selection of their quotations. However, I do emphasize the provisional nature of conversations and that by setting these women’s words in wider contexts I do not mean to disrespect them. The women who made recourse to such romantic portrayals spanned a range of religious and class identities, from a New Order Amish woman who had been a missionary in Haiti to a “born-again Lutheran” who had emigrated from Denmark. For less romantic portrayals of the experience of childbirth in the “third world,” see Scheper-Hughes 1992; March 1994; and Alexander 1996.
dominating, reworking racialized stereotypes for their own ends. This paradox takes its place with many others in a movement where women who are staunchly against the use of birth technology live with computers, cell phones, and microwave ovens and base their struggle to birth at home on the grounds of what is natural.

Remembering that these women told me their particular stories of childbirth knowing that I too was a home-birthing woman and a mother and trusting that I would be a sympathetic listener, I now turn to their accounts of birth. Their stories are a “performance” of gender and religious identity told for my benefit at a particular time, and in retelling these partial accounts I have tried to be mindful of the responsibility of representing their words within the frame of my own.

Body language

The language women use to talk about their births not only describes the process of birthing but also ties birth into wider webs of signification that shape notions of what it is to be a woman. Numerous scholars have demonstrated that the dominant metaphors describing birth in the late twentieth century are characterized by mechanical images in which a woman’s body is fragmented into working parts over which she has little control. As Emily Martin phrases it, “medically, birth is seen as the control of laborers (women) and their machines (their uteruses) by managers (doctors), often using other machines to help” (1992, 146). The canonical obstetrics textbook, Williams Obstetrics (Cunningham, MacDonald, and Gant 1989), perhaps best encapsulates the mechanicity of the dominant medical view; it defines birth as “the complete expulsion or extraction from the mother of a fetus” (quoted in Davis-Floyd 1992, 52). However, contrary metaphors in circulation among birthing women themselves describe birth as more than a mechanical process in which the woman is alienated from her labor. Discussing these alternative birth activists who have searched for new imagery, Martin argues that “there is a compelling need for new key metaphors, core symbols of birth that capture what we do not want to lose about birth” (1992, 157). She goes on to note, however, that any attempt to conceive new languages for birth will be fraught with the contradictions arising from living within an androcentric society shaped by mechanical images of birth and bodies.

Home-birthing women in particular are working toward creating new visions of birth that center women and babies as the prime actors in the picture. As Martin predicts, however, their visions are not seamless utopias. Unpacking what women mean by the word natural when they speak
of bodies is a powerful way to see the tensions within women's imagery of birth. These tensions include, for example, how home birth is sometimes posited both as a conduit for women's power and as a confirmation of women's "necessary" tie to domesticity, which for some means subordination to men's authority. To explore these tensions, I now turn to the range of metaphors women in my study used in speaking of their bodies, which included casting the body as animal, celebrating intuition and instinct, and viewing the body as designed by God. Throughout, I ask how these languages of the body take for granted what it is to be a woman and how they contest taken-for-granted qualities of "womanhood" as well as how religion factors into these negotiations.

**Birth as an animal act**

The equation of childbirth with animality is a potentially dangerous alliance—one that can denigrate women as much as celebrate them. Seeing birth as an animal act can place the process of birth wholly within the sphere of biological necessity and outside of the realms of the social and cultural. In such a view, the treacherous possibilities of tying women to nature as child bearers become clear: women, because of their "natural" roles, are less fully human (or cultured) than men are (O'Brien 1981, 9; see also Young 1990, 236; Michie and Cahn 1996, 46). Within the alternative birth movement, however, the language of animality has been given a positive cast, acting as proof of the "naturalness" of birth in the face of increasingly high-tech manipulation. Likening birthing women to cats and sheep, "husband-coached" childbirth doctor Robert Bradley praised the woman capable of reaching a state of animality in which she let go of her inhibitions and fears of birth (1974, 12). Home birth—friendly obstetrician Michel Odent echoed or perhaps intensified Bradley's praise for animality in developing the *salle sauvage*, the birthing room in the French hospital where he worked (1984, 46). For these writers, animality in birthing, while "instinctual," is still an *achievement* demanding training and the proper surroundings. Not surprisingly, two veterinarians in my study made the most recourse to such metaphors of animality. In what follows, I juxtapose and interpret the stories of these two home-birthing veterinarians, paying particular attention to how they speak of animality and how their professional and religious identities shape their attitudes toward the body.

Marianne Connor, age thirty-eight and Euro-American, is a veterinarian

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15 For feminist critiques of both turn-of-the-century understandings of women as more closely related to animals than are men and animal metaphors used by contemporary "natural" childbirth doctors such as Odent, see Rosenberg 1982, 9; Martin 1992, 164.
and a mother of three who lives on a quiet suburban street. She is a self-described traditional Roman Catholic who attends a church that has returned to the pre-Vatican II Latin mass.\(^\text{16}\) Her husband, Tom, is a police officer, and he shares Marianne’s commitment to traditional Catholicism. Since her children were born Marianne has scaled back her work to part-time, and together with Tom she homeschools their children. Marianne’s first birth was planned as a home birth but became a hospital cesarean because of placenta previa.\(^\text{17}\) Her subsequent two births took place at home with the help of direct-entry midwives. Ironically, she was first drawn to home birth by a commencement address extolling its benefits given by a nurse-midwife at a joint graduation for doctors and CNMs where Marianne’s sister was graduating as a doctor. Remembering that her veterinary training also advised that pets should birth at home, Marianne and her husband chose a home birth.

Describing her second labor at home, Marianne, a petite and energetic woman, found the image of dogs and cats most helpful. “I didn’t want [Tom] to touch me or anything. I didn’t want anybody to touch me. It was like I felt like an animal, like the dogs and cats. I just wanted to be left alone and work through it myself.” Marianne wanted the comfort of knowing the midwives were there, but she wanted very little intervention: “I wanted the midwives there just in case I needed them for something that went wrong, and just to help me to know that it was progressing the way it was supposed to. Because I still didn’t feel like I knew exactly, you know, it was only my second time. I didn’t want anybody’s help really.” Marianne’s desire for solitude extended even beyond touch; she became annoyed when her husband tried to vocalize with her as she moaned through her pains.

Marianne’s decision to have a home birth after having had a cesarean was difficult to enact, especially since it was illegal in her state for CNMs to attend vaginal births at home after the mother had undergone a cesarean. As a result, her only choice was a team of direct-entry midwives (whom she heartily recommended). Despite her medical training as a veterinarian—or perhaps because of it—Marianne chose not to heed medical warnings about home births after cesareans. Instead, she trusted her body’s ability to birth and the abilities of the midwives to help her birth at home. Marianne drew on her medical knowledge and clinical experience with animals to support her trust in what she considered to be her body’s natural processes. When seeing a doctor for prenatal checkups Marianne reminded

\(^{16}\) For a brief history of Roman Catholic traditionalism as a twentieth-century movement, see Dinges 1995, 241–69.

\(^{17}\) Placenta previa is a condition where the placenta grows too low in the uterus, blocking the way for the baby’s birth. It shows itself through heavy bleeding generally prior to the onset of labor and demands an emergency cesarean.
the doctor of her medical background as a way of supporting her refusal of prenatal testing. Citing insufficient study of the safety and long-term effects of Dopplers (which read the fetal heartbeat through sound waves) and ultrasounds, Marianne also used her medical training to avoid certain technological interventions. She went to this doctor for prenatal care in order to have medical backup in case she had to go to the hospital, but did not tell her that she was planning a home birth. While this duplicity was a vexing ethical problem for Marianne, she felt the benefits of home birth for her and her baby superseded medical protocol. Marianne both used and feared medical authority as she sought a more natural, animal-like birth. She turned to her own scientific knowledge to buttress her nonbiomedical approach while worrying about how not to close off hospital technology should she need it—she made her decisions within a postbiomedical body.

Christina Upton, another veterinarian, effected a similar blend of borrowing from and critiquing medical approaches to birth. Christina lives in a large restored farmhouse in the country, with paddocks for horses in the back. Like Marianne, she has chosen to work part-time since becoming a mother of three. Her first birth took place in a hospital with a CNM, and her last two occurred at home with a different CNM. Christina, forty-one years old when she gave birth to her last baby, comes from a Lutheran background, and her husband, also a veterinarian, was raised in an Orthodox Jewish family. Together, they now go to a Reconstructionist synagogue.

Christina, a tall and inquisitive woman, met many of my questions with her own. Like Marianne, she looked to her veterinary experience for models of birthing. As we sat on her living room floor while our two daughters played, she commented, “I have witnessed many animal births. We just had a baby foal born last week. She had it out in the field and fortunately everything went well. We had intended to be there as her ‘midwife,’ and she said, ‘NO!’ And she did it on her own! She had a field birth in the lovely, soft earth, which is the way Mother Nature intended it.” Christina felt that watching animals give birth, combined with her scientific learning as a veterinarian, has shaped her own feelings and decisions about birth. She also feels that her scientific knowledge has not alienated her from her body: “I have a degree in biology, and I feel very close to my body and just all the biological processes. And also . . . well, being a veterinarian and watching animals across the species birth, they do it with such finesse and ease. And I said to myself, ‘Well, isn't that the way humans were supposed to birth too?’” While Christina’s speaking of being close to her body as if it were an intimate and trusted friend may sound like one degree of alienation, it may be more a sign of the difficulty of speaking of one’s body in English in any way other than as removed from the self.
Unlike Marianne, whose veterinary education provided some of the rationale for her refusal to obey medically sanctioned laws, Christina’s education as a veterinarian has led her to see birth as a natural process in need of little medical intervention but one that should accord with laws requiring state-sanctioned medical supervision. For Christina, it was very important that she birth with a CNM, although she was quick to say she thought some direct-entry midwives could be very competent.\textsuperscript{18} Christina considered her midwife to have medical knowledge on a par with that of a doctor and thought her own medical training was an asset to having a home birth, since she had a “knowledge of the basic physiology of the body.” Christina was critical of the “meddling” of the medical system in the ways of birth, in that doctors made decisions for a woman “rather than allowing a woman’s body to tell her what needs to be done.” While Christina demanded nonmedicalized space in which to listen to her body, she was also grateful to have a basement full of medical supplies from her husband’s veterinary practice.

Though they share a view of birth that considers animals’ ways of birthing to be models for humans, Christina and Marianne have fundamentally different perspectives on women’s bodily autonomy. In general, home-birthing women who ground their birthing decisions in “nature” situate themselves in a variety of positions regarding the social significance of the biological processes of birth. Some women see themselves working in tandem with natural forces in a way that grants them freedom to intervene in their bodies’ biological state. Other women consider that their biological status as women is something with which they cannot toy, since nature, guided by God, has made them a particular way for a particular purpose. Abortion is the most obvious of the issues that bring these different approaches to bodily autonomy to light. While Christina and Marianne might be placed near one another on a continuum of attitudes toward the medicalization of birth, they would be further apart in their attitudes toward abortion. While the similarity of their approaches to the naturalness of birth as an animal act is partly explained by their common education as veterinarians, the disjuncture of their opinions on the subject of abortion stems from differing religious identities and differing physical experiences.

Christina bases her views of the significance of procreation for a woman’s life on a philosophy that is a melding of God’s will with evolutionary imperatives:

It’s the cycle of life that’s meant to be, and it’s completed [in birth]. . . . This is what God meant; this is one of our intended fo-

\textsuperscript{18} Christina, unlike Marianne, had never undergone a cesarean, so she could choose between a state-sanctioned CNM and a lay midwife.
cuses on this earth, to recreate our species. It's a completion of life—fulfilling that biological, the biological species preservation. It just feels so good, I mean just having the baby and loving that baby and nurturing and being able to breast-feed. That's so important to me, too, the completion of your maternal life cycle. It feels so good to be able to provide my babies with their total sustenance for those first months. It makes me feel so good about myself.

Christina fits together her view of God and her scientific training with very little difficulty. For her, God is responsible for the "miraculous nature of birth itself," and this view is perfectly compatible with the biological process of reproduction.

Participating in the "cycle of life" has given a great deal of joy and self-esteem to Christina, but it has also brought its sorrows. Christina and her husband chose to terminate their third pregnancy because prenatal tests revealed that the baby had serious genetic abnormalities. "I had lost a baby in between Jake and Susie. I was five months pregnant, and the baby—I'll be very honest with you, because I don't tell many people, but—I was twenty-three weeks, and we elected to terminate the pregnancy because the baby had trisomy 18, which is a severe genetic anomaly. He had multiple anomalies, cardiac, genitals. Developmentally, we were told—and we did a lot of research—that this baby probably would not live very long if he was born." Deciding to abort her baby was difficult and painful for Christina, but it was a decision that she could accommodate within her physiological and religious views of the natural cycle of life.¹⁹

Christina's decision fit within what Sandelowski and Jones call a story of "nature's choice" in their study of parents grappling with detected fetal anomalies. These authors found that women who terminated pregnancies in which the baby would have died either in the womb or shortly after birth felt that "nature had already determined the outcome and, by terminating pregnancy, they were simply acting in line with what nature intended" (1996, 357). Christina's perspective on the animal world, her medical training, and her belief in God all shaped her sense of what was natural for her body. Within her perspective of God's intentions for nature, she retained a notion of personal autonomy that allowed her to intervene in the cycle of life when she deemed it necessary or when nature seemed to call for it.

Marianne, on the other hand, is strictly opposed to abortion and prenatal testing. She has not had personal crises in which she contemplated

¹⁹ In a parallel story of "intervening" in nature, only one woman I interviewed told me of taking fertility drugs to become pregnant, and she worried later that she may have been unduly manipulating nature.
A turning point in Marianne's views of abortion came when, as a young and "unassertive" veterinarian, she spayed a pregnant cat despite her own unease with the process, and the cat later died. She has since become an active and "very vocal" antiabortion activist: "I hand out brochures and pamphlets, not necessarily graphic things, but just from my medical experience." Marianne's resolute stance on abortion is part of her wider, religiously inspired view that the body must be guided by God's will as that will is interpreted by her Catholic faith. For birth control, she has practiced only natural family planning and opposes homosexuality and birth control to the extent that she homeschools her children to keep them from being exposed to sex education and views of sexuality that are different from her own.\(^{20}\)

Christina's and Marianne's stories illustrate that sharing a perception of birth as natural and a view that likens human bodies to those of animals

\(^{20}\) Natural family planning, or the "rhythm" method, is a method of birth control based on determining a woman's fertile and nonfertile days by charting her menstrual cycle. It is the only method of birth control that has received papal sanction, which it gained in 1951. For more on the history and reception of natural family planning among Catholics, see Lennon 1996. There are a variety of other "natural" methods of birth control, including some with feminist roots and thus very different philosophies, such as the Justisse Method.
do not entail sharing similar views of other processes of the body. Bodily autonomy, practices of sexuality, and reproductive choices are forged in the midst of religious beliefs, secular education, and personal experience. Marianne and Christina have negotiated their bodily perspectives in such a way that they share similar attitudes and practices when it comes to the process of birth. The wider nets supporting their birthing choices, however, are made up of different configurations of religion, politics, and experience. Conversing about their births, they would probably have much to discuss. Were their talk to move to wider questions of sexuality and reproductive choice, however, the conversation would probably become strained, if not acrimonious.

**Intuition and instinct**

Other women drew on the metaphor of animality in a slightly different way. They held that giving birth has the potential to deepen and confirm a woman’s natural intuitive powers and her ability to be in touch with her instincts. The language of instinct drew most often on a metaphor of the body as a speaking voice within a woman’s self—a sort of anthropomorphism of the body within the self. This silent voice, experienced somatically, was a voice of resistance that was not always easy to hear or follow. These women’s views of instinct were akin to those of Michel Odent, and many had read his book *Birth Reborn*. In a direct critique of certain kinds of childbirth education such as the Lamaze method, Odent contended that birth is a time for women to find their instincts, not a time for them to be “taught.” Odent was “convinced that there was some universal component in the behavior of mother and newborn, and that—given the right kind of environment, where she could feel free and uninhibited—a woman could naturally reach a level of response deeper within her than individuality, upbringing or culture” (1984, 13). Odent realized that such statements risked eliciting charges of essentialism. But he combined his advocacy of home birth with physiological proofs, asserting that “there is nothing shameful or sexist in recognizing that instinct plays a part in our behaviors, especially those that exist at the intersection of nature and culture, such as lovemaking, labor, or the newborn’s search for the mother’s nipple” (1984, 13). Women need to *prepare* themselves to attend to instinct according to Odent, but once they are ready, birth can take them “naturally” to a place in their bodies beyond culture.

Poised between nature and culture, instinct was a powerful cue for some women. Instinct, however, seemed to leave more room for a combination of beliefs about birth and the religious responses it evokes than did the more biologically based metaphor of animality. Three women, all of whom
professed some form of “experimental” or alternative spirituality, made the
most explicit use of the language of instinct. Valerie Auletta, a mother of
four children aged one to thirteen years, gave birth to two of her children
in the hospital (one by cesarean) and birthed the last two at home with
direct-entry midwives. Valerie is Euro-American and grew up as a Lutheran. She married a Catholic and now considers herself “more paganish
than anything else.” She and her family attend holiday celebrations at a
Unitarian church and practice a number of domestic religious rituals cen-
tered around goddesses and the seasonal rhythms of the year. They live in
a large rented house in a suburban neighborhood.

After giving birth to her first child at age twenty-two in a hospital with
an epidural, an episiotomy, and forceps, Valerie grew depressed and began
to inquire into alternative methods of childbirth in an effort to address
what she felt were the roots of her malaise. She eventually planned to have
her second child with midwives in a birthing center. While visiting her
mother in another state, however, she grew concerned about her baby’s
movements in the womb, and upon going to the hospital she was told
that her twenty-nine-week-old fetus needed to be delivered prematurely by
cesarean section. After his birth, Valerie’s son needed supplemental oxygen
until he was four years old. Looking back over her medical records, Valerie
felt this cesarean was unnecessary and resented the trauma it caused to her
son and to herself.

When she became pregnant again almost four years after her son was
born, she decided to have a home birth. Like Marianne, she had difficulty
finding a midwife who would attend a vaginal birth after a cesarean
(VBAC) at home, but eventually she was successful. Valerie recalled that
her first home birth was somewhat disrupted against her wishes when a
CNM, whom the direct-entry midwives had called for backup, contacted the
emergency paramedics to tell them Valerie was having a VBAC. She
birthed in her bedroom, surrounded by twelve paramedics and police
officers. Only with her second home birth did Valerie achieve what she
desired. Ideally, Valerie would have liked to give birth outside in a grove
of trees, but she realized the difficulties of this in suburban America. In-
stead she painted her walls with a mural of trees, and she felt that this
interior decorating successfully transformed her bedroom into a “natural”
environment.

With her last birth, Valerie found the freedom to enjoy a birth that was
“peaceful, basically peaceful and unrestricted. If I felt like walking or being
in the shower, I wouldn’t have anybody questioning me.” In this peaceful
environment, Valerie felt her instincts come to the fore: “Natural is over-
used, but with his birth, I was really able to just be very instinctive, and it
was great, it was wonderful. I was able, I was very—almost animistic. I wasn’t thinking at all. It was great. It was wonderful.” For Valerie, being instinctive meant she could give birth without analyzing what was going on or worrying about negotiating over unwanted interventions. Valerie’s comment on the ubiquity of the word natural evidenced the discomfort many home birth advocates feel with the phrase natural childbirth. Episiotomy, anesthesia, and even forceps can fall within the phrase as it is used in the hospital, they argue, making natural childbirth a “slippery concept” (Rothman 1982, 79). For the baby to emerge from the vagina in whatever way possible does not constitute a natural birth in the view of most alternative birth advocates. Instead, they argue, a natural birth should be drugless, with minimal intervention.

Part of what spurred Valerie to have a home birth after two highly interventionist births was her exploration of goddess spirituality. Whereas she felt that her obstetricians had “major doubt as far as a woman’s ability to actually give birth,” her goddess-based worship gave her trust in that ability. In her words, she used to be a “New-Agey type, transcending everything,” but women’s spirituality brought her in touch with the corporeal. “The thing about women’s spirituality is you have a body, and you’re on this earth in that body. . . . The spiritual side is a part of you, [but] it’s not everything,” she commented. At her last birth, Valerie surrounded herself by like-minded women friends (one of whom is an artist who makes goddess sculptures) and felt herself to be in the middle of a “supportive circle” that allowed her to birth in the manner she desired.21

For their last home births, two women, Nina Holly and Miriam Shonovsky, considered women’s intuition and instinct to be enough of a guide that they chose to give birth unassisted, without any birth attendants present save for their husbands. Nina, an Italian-American woman with three children, is a writer, musician, office worker, and former birth instructor. She grew up Catholic but now considers herself a spiritual person open to all religions. A tall, thin, dark-haired woman who seemed comfortable talking about her life, Nina practices channeling, homeopathy, and veganism. When we talked Nina was in the process of separating from her husband, so she came to my house for the interview.

Nina’s first birth, when she was twenty-five years old, took place in the hospital with a midwife, despite “instincts” telling her to birth at home. According to her narrative, her husband was not supportive of a home birth, nor was her wider family, and she felt pressured to go to the hospital.

21 For examples of the “sacralizing” of childbirth advocated by spiritual feminists, see Noble 1991, 3, 216–23; and Eisler 1995, 297–98.
For the most part she enjoyed her birth there but felt that there was “too much commotion.” She also felt that her pushing stage was prolonged by not being able to move about as freely as she wished and by being in a hospital environment, surrounded by her husband and a labor assistant dressed in scrubs. For her second birth she chose to have a home birth with direct-entry midwives. As with her hospital birth, Nina felt the need to labor alone for much of the birth, and she found herself reaching a “meditative state”:

I was in this white void, and I was just lying in its lap or arms or something. And it was like this religious kind of thing. It was like it was God, you know, whatever that means. And I was getting messages, like “don’t concentrate on anything, don’t tighten up any part of your body, because any part of your body you put energy in is going to take away energy from your uterus. Let all the energy go to your uterus, and let it do its work.” I was just kind of thinking it; I don’t know if it was just me thinking it, or kind of a higher power thinking. I was kind of getting guided to do these things. But not from something specifically outside of myself, but not necessarily from me either, you know.

Following her instincts while guided by a God within and without, Nina felt little need for human guidance except for some fine-tuning of her visualizations of her cervix and in deciding when to push. She appreciated, however, that the midwife, after checking her and finding that she was fully dilated but had a small cervical lip, chose to leave Nina to finish “working with” her dilation on her own:

So, she left me. You know, every other midwife in the world probably would have stayed, and she knew not to. And I thought that was amazing. . . . By that time, I think the other midwife was here. My husband was still sleeping. And I’m in there visualizing the lip. Me and this other white power thing were pulling on it. And, I moaned, I moaned really loudly. And it woke my husband up. And then I moaned loudly again, and he came in and sat with me for like twenty minutes. . . . When he got in the room, everything shifted, the energy shifted. And, again, I should have just done it alone. I could have done it a lot more smoothly and easily if I had just [a] hundred percent went with me and nothing else. But I got a little nervous. I was like, “what if I start pushing too early, and my cervix tears, or it swells up. Oh my God.” I just completely lost my confidence. And I
[said] "just get the midwife, I think I'm ready to push. I don't know, and I want her to tell me if it's OK. I don't know what to do."

After successfully pushing out her second child at home, Nina decided that for her third birth she did not need any midwives at all. She labored alone and with her husband. When she reached the pushing stage, she applied her own warm compresses to ease the baby's head through her perineum, and she pulled the baby out herself. As she phrased it, "I was my own midwife."

Nina felt that arriving at a point where she was confident enough to birth unassisted was tied to reaching spiritual and bodily maturity in other areas of her life. She no longer felt the need to set aside specific times and places for meditation or to listen to and identify her spirit guides, and following her vegan diet had become a normal part of her day, no longer requiring strict discipline. Similarly, her earlier experiences of childbirth integrated birth into her life so that it was "a natural part of" her. Birthing, spiritual direction, and a vegan diet were all ways that Nina sought not only to follow but to find her instincts on intersecting spiritual and bodily planes. Finding her instincts required work that blended discipline with an eventual releasing of control over her physical and psychic self. Nina asserted, however, that she is still working toward her goal: "I'm not this self-actualized master or anything. So I'm still at some point between integrating everything that's me into me, and finding out what I should do."

If there is a next time, Nina said, she wants to birth in total solitude, with no other human beings present.

Miriam Shonovsky, like Nina, also chose to give birth to her last baby alone. Miriam grew up in a Jewish home, married a university professor in the sciences, and now writes, works in her local food co-op, and cares for her children. She has been pregnant six times—her first fetus died in the womb at five months and was removed by a hysterotomy, her second child was born by cesarean, and her subsequent four babies were born at home.22 Despite coming from a highly medical family (her father, sister, and brother-in-law are all doctors), her traumatic first two experiences of birth led her not to a more medicalized perspective on birth but to an alternative approach. She became increasingly radicalized in her later births, until she chose to have her last baby at home alone, without attendants, on the basis of "instinct."

Miriam, a wiry, intense woman with a halo of frizzy gray hair and a forthright manner, lives in an older three-story home in a small university

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22 A hysterotomy is the removal of the fetus through surgical incision.
city. She holds a religious outlook that is a liberal mingling of a variety of traditions: Judaism, Zen, paganism, native and goddess spirituality, and Christianity. She said that her births were what led her on a New Age spiritual path. Birthing, in her words, showed her that "magic was real" and opened her up to new ways of thinking and of encountering other faiths, leading her to talk to Jesus and give her daughter Native American names. Home birthing gave her confidence to explore spirituality in many different directions, she claimed, while still feeling grounded in her own experience.

Miriam's last baby was a "mistake," and she was ambivalent about having a baby while in her early forties. She felt that following her instinct was necessary for overcoming her ambivalence and was also inextricably tied to taking total responsibility for the birth of her baby. In her words, "Somehow I thought to make sure the bonding was okay, for this birth I had to take charge. . . . I didn't want to answer to anybody. This was going to be my thing." Her earlier home births, however, were the preparation Miriam needed in order to be able to follow her instinct to the point of birthing without midwives. When she first chose home birth, she knew very little about her body, but she felt that it was unlikely she could progress in her labor according to the specifications of the hospital, "and I just thought, maybe I should have this baby at home. And it was totally instinctive. I didn't even know what dilation meant! I knew nothing about my body; I was totally ignorant and stupid. My mother's idea was that anything below the waist down is disgusting." With each home birth Miriam felt she learned more about her body and the process of birth, from both an intellectual and an embodied perspective.

Miriam felt that her midwives were instrumental in helping her come to greater knowledge of her body, in part because of their "hands-off" approach to birthing. For example, she said that during her third home birth "the only thing [my midwife] did for me was when I asked her how dilated I was, she told me to put my hand up my vagina, and I'd feel my baby's head. And I thought, 'Oh! I can do that?!' So then she went downstairs, and [my husband] caught [our baby]." With the midwife's encouragement, Miriam became familiar enough with her birthing body that she felt confident in her abilities to birth on her own. For Miriam, her last home birth was an "incredible" experience, in which a "love for the whole universe" washed over her and sent her on a search for a woman-based spirituality that would honor the power in birth.

Women draw on instinct, then, to establish the naturalness of birthing at home without medication or monitoring devices. But in these women's experiences, instinct is also a "learned" capacity to listen to one's self and
one's body. The "truth" that their bodies speak changes over the course of their bodily history of birth, in which they learn and develop techniques of childbirth. Invoking both animality and spirituality, the language of instinct acted as a powerful legitimator of birthing decisions that were often in opposition to the ways preferred by family members, medical experts, and even the law.

**The God-designed body**

Another metaphor that women drew from to express their embodied senses of birth was that of a God-designed body. For these women, thinking of their bodies not as machines but as the fruits of divine creation had intimate and tangible effects on their embodiment. For example, Debra Lensky is a Jewish woman in her early forties with six children, three of whom were born at home. Debra grew up a secular Jew and became an Orthodox Jew after the birth of her third child—her first girl and her first home birth. (Her first two births were a cesarean and a VBAC in the hospital.) According to Debra, her experiences of childbirth and as an alternative childbirth instructor led her (and her husband) to become Orthodox, since these experiences taught her the power of God's design. When working as a childbirth instructor, Debra went to an Orthodox Jewish community to train some women as childbirth educators and was moved to question her own Jewish identification. Her dedication to reforming childbirth, which at first was rooted in a trust in "nature" learned in her birth classes, became rooted in a trust in God's design as she became an Orthodox Jew. Describing this process, Debra commented,

> What I learned, *really* learned about, [was] what birth was about and how safe it really is. And how we're really designed to give birth as women. There's really a lot of untrust out there in the [birth] education and in our system of medical care. I started to take more responsibility and started to really believe in my own ability to give birth. It's not *my* ability to give birth; it's really a God-given ability to give birth. And when you start trusting the design of the Creator, then you have the guts to go against a society at large.

Key to the interplay between God and the body that Debra evoked was her belief—her willingness to trust and believe in the divine design of her body. Though this belief helped her to "go against society" both by joining a religious minority and by giving birth at home, she remained pragmatic about when to enact it. Her belief in design did not keep her from having another toxemia-induced cesarean after two successful home births (and then another home birth after that)—that is, she continued to draw
selectively from medical culture when she deemed it necessary. She was ready to admit when her God-designed body needed medical intervention, but she considered herself a fit and responsible judge of her body's needs.

Similar to Debra, Natalie Ruppolo, a Christian Science practitioner, found the resources in her faith in God to resist what she saw as an incompatible belief system, namely medicine. Natalie's God-designed body was quite different from Debra's, however, in that she considered her body to be an "embodiment of her thought." Natalie's view of the body was a rather "disembodied" one; she did not dwell on the material specifics of the bodies God created but saw them as mere vessels for "Spirit." Natalie followed Mary Baker Eddy, the founder of Christian Science, who argued that true Christianity was "natural, but not physical" and should be premised on the belief that "Mind" or God controlled the body totally (Eddy [1875] 1994, 111, 162). Among the women in my study, this separation of the natural and the physical was unique to the Christian Scientists. Although other women read the natural in diverse ways, for them the category always encompassed the physicality of birth.

During her pregnancy Natalie felt God was in control. Though she hired a CNM, her first way to deal with difficulties such as anemia was to turn to Christian Science modes of healing (namely prayer) instead of taking iron supplements as her midwife suggested. Natalie drew a parallel between her choice to put her faith in a Christian Science view of the body and other women's choices to put their faith in the medical view of the body:

I felt that at home, having this home birth, that God was my primary caregiver. I was fulfilling the laws of the land by having the midwife. I felt supported by having someone who was experienced at this there, but I didn't feel that she was in charge of the case. I felt that God was in charge of the case, and I think that would apply if someone were in the hospital. . . . On one hand, they're trusting the physician who is delivering, but ultimately they are trusting the system that's governing the physician. So you've got to have faith in what you're doing. And one way or the other there's got to be some higher power, if it's medicine or if it's God. You've got to have trust in the system that you've turned to, trust enough to then leave the individual responsible for taking the human footsteps that they'll do what they have to do, because they're governed by that higher system. The

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23 Toxemia, or preeclampsia, is a condition in pregnancy characterized by swelling and high blood pressure that can result in eclampsia—coma or convulsions during pregnancy or childbirth.
doctor is governed by medicine, and that midwife was under God’s authority in our home.

As part of a religious minority that has often come into conflict with the medical and legal system because of its members’ views of the body, Natalie made sure to emphasize that practicing a minority form of childbirth was legal while also faithful to her vision. Her vision—that belief tangibly affects human bodies and that God is the optimal primary caregiver—is remarkably similar to Debra’s, as is her determination to oppose the dominant mode of childbirth in her society. Where she differs from Debra is that she does not revel in God’s design. Though Natalie constantly sought out God’s will by using her body as a barometer, she denied the existence of matter. Despite this denial shared by all Christian Scientists, the religion is characterized by a fascination with the body as the means through which to read the intentions of God. The Christian Science emphasis on Mind consistently returns to the body in order to evaluate spiritual concerns surrounding health and “harmony” while taking care not to celebrate the body in the process. Christian Science also rejects solely masculine notions of the divine in favor of a Mother/Father God. According to Natalie, this fluidly gendered God influenced the way she and her husband chose to share child-care practices.

For women who came from more conservative Christian and Jewish traditions, however, pregnancy and birthing were means both to glorify their God and to enact bodily one of the most important of their religions’ roles for women, that of mother and nurturer. Carrie Ryan, now in her midthirties, grew up Catholic but for about seven years has attended a charismatic church that is home to many people like her, who have left more traditional denominations in the process of becoming “born-again.” Along with their four children, Carrie and her husband, both Euro-American, attend church together.

For Carrie, Jesus was actively involved in her births, helping her body to conform to God’s design. Unlike a Christian Science opposition between the natural and the physical, Carrie’s view considered the natural and the physical synonymous. The natural was the realm in which the midwives operated, but it was also a plane on which God connected with her in profound ways:

I just saw [birth] as a natural process, that God had created so unbelievably, so phenomenally, that it was just a wonderful process that

24 As Susan Sered ironically noted, “Christian Science draws attention to the physical through spiritual cures of bodily ailments” (1994, 148).
he created. You know, I didn’t see it as a miracle, because I saw it as just the hand of our Creator knowing exactly what he was doing. And maybe to a human it might be a miracle, but it wasn’t a miraculous event as far as miracles go.

But with [my last] birth, something that the Lord showed me in the birth was [that] Christ was birthed onto this earth. And he had eternally been with his Father, and God willingly sacrificed him to take my place for what I had earned and what I deserved . . . so that I could be united with him. God showed me that the same thing I experience in the natural and the physical realm [in birth] was what he experienced in releasing his Son. [It was the same as] the separation that he had with his son at the cross when [Jesus] . . . took upon himself the sin of mankind, and he was for the first time in his life separated from God.

For Carrie, viewing her body as designed by God was not a notion that rested lightly at the back of her mind but was an ever present way of interpreting her bodily experience. Her dramatic comparison of her birthing experience to that of God’s “birthing” of his son Jesus on the cross not only reinterpreted what many feminists have considered a metaphor of violence (if not child abuse) but also prompted her to consider the amorphousness of God’s gender:

I can remember just kneeling on the floor next to my bed after I had [my last baby], thinking about the intensity of the birthing experience and saying to the Lord, “Why did you create my body, Father, to do this? . . . Couldn’t you have just put a zipper in my abdomen, and just [said], ‘OK it’s time?’” And it was at that time, that the Lord showed me as a woman the privilege—for me to be able to experience that. How he too is a Father, the birthing that he went through. It was just neat because Elohim, the Hebrew word for God, is a neuter, it’s a neutral term, not signifying maleness or femaleness, but that in the Spirit, there’s neither male nor female, and God is described as Father a number of times, but also is the breasty one—many-breasted. As far as the two sides, they’re both there.

Carrie, like Debra and Natalie, felt God working in her body through birth. Though Carrie drew on her understanding of God’s birthing to make sense of her own experience of birth, she did not transpose her sense

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25 See Brown and Bohn 1989.
26 What is of interest here is not the accuracy of Carrie’s biblical exegesis but her interest in working with biblical texts to make sense of her birthing experiences.
of God’s dual gender onto her own life. Carrie, like Debra, considered that clearly delineated gender roles, in which the husband was the head of the household, were important to a smoothly running, faithful family. She felt it necessary and God ordained to submit to her husband and to rein in her willfulness when it ran counter to his wishes. For all of these women, however, God was an active participant in their births who helped them through their travail naturally.

Making the natural body
Constructing the natural is a political act, since within the notion of the natural are assumptions about what power is and how to access it. In the case of these women, the power of the natural is intricately tied to the power of the sacred—most broadly speaking, a “supernatural” force that is at once outside and within the body, according to both traditionally and experimentally religious women. By experiencing the rhythms and pains of childbirth without drugs and at home, these women felt they were able to surrender to natural forces and thereby access supernatural power. How that power translated into women’s wider lives differed. In the terms of recent feminist theorizing on the implications of sacralization for women’s lives, the question might be posed this way: Does the religious significance attributed to home birth sacralize women’s “natural” roles or emancipate them from biologically determined social roles?27 The potential dualism inherent in setting sacralization against emancipation, however, ignores the ways in which sacralization—giving religious value to a bodily process like birth—can work toward forms of emancipation that may be either overtly feminist or submerged within various kinds of coding (see Radner and Lanser 1993, 4). For example, Janet, a Pentecostal woman, told me that, though she supported the idea of husband headship, she set some limits around her husband’s behavior, particularly during labor: “Because he can tend to be controlling and [say] ‘I know exactly what to do.’ I said, ‘If you do that when I’m in labor, I’m going to say, “Get out of this room!”’ . . . You know, it’s like the last thing you want is a man telling you how you’re supposed to feel when you’re in labor!” Janet, though she assents to husband headship, is pragmatic about its execution. This pragmatism—espousing subordination but declaring its limits—is paralleled by women’s pragmatism in preferring the natural but drawing from various

27 On the models of sacralization and emancipation in women’s religions, see Lesley Northup’s discussion of the work of Susan Sered and Marjorie Proctor-Smith in Northup 1997, 93–94.
technologies of birth. From one perspective such accommodations appear to be problematic contradictions; from another this pragmatism looks like creative paradox.

Pragmatically transforming the culture of birth in which they live, home-birthing women enact strategies of resistance that reinterpret history, the body, and the process of birth itself. As part of a wider, often feminist-led critique of twentieth-century birthing practices, home-birthing women point out the historical disjuncture of hospital birth within the span of women's birthing history. They reclaim what one woman called the "century-old woman" within their own bodies, as an embodied birthing guide. They reinterpret the pathologized female body as a body of specifically female power and ability—a power and ability that are deemed "natural," but with a critical dimension. And they construct birth as a bodily process that, in addition to bringing a baby, can bring revelation, healing, and strength.

As many feminist anthropologists have found, however, with resistance can also come accommodation (Abu-Lughod 1990; Gruenbaum 1998, 74; Lewin 1998). In the case of the conservative Christian and Jewish women I spoke with, embracing the power of God in their lives gave them the strength to resist what they saw as a dehumanizing biomedical system that was physically and spiritually dangerous. Embracing God's power also brought with it an acceptance of gendered subordination—while God glorified and honored their bodies in designing them for birth, he also compelled them to submit, by nature, to their husbands. But just as Debra was pragmatic in her interaction with the medical system—having a cesarean brought with it an acceptance of gendered subordination—while God glorified and honored their bodies in designing them for birth, she was physically and spiritually dangerous. Embracing God's power also compelled them to submit, by nature, to their husbands. But just as Debra was pragmatic in her interaction with the medical system—having a cesarean when she realized her toxemia made a home birth impossible—so were these women pragmatic about their subordination, as Janet showed. Acknowledging her husband’s authority did not always mean a woman was in his thrall.

For a collection that sets this type of pragmatic action in a wide cultural context, see Lock and Kauffert 1998.

As Nancy Wainer Cohen suggests, “You can bring your foremothers to your births with you . . . [o]n both a spiritual and a physical plane” (1991, 291).

Emily Martin alludes to the critical edge in women's alternative uses of nature when she writes, “When women derive their view of experience from their bodily processes as they occur in society, they are not saying ‘back to nature’ in any way. They are saying on to another kind of culture, one in which our current rigid separations and oppositions are not present” (1992, 200). In the context of my discussion of home birth, I would not agree with Martin's assertion that women are not saying "back to nature" in any way, but I would contend that their uses of the “natural” are profoundly cultural.

As Marie Griffith (1997) has shown in her work on the Women's Aglow prayer movement in North America, women's submission is often a complex negotiation engaging power from many different angles.
The story of resisting the medicalization of birth is not a wholly feminist tale. Though originally led primarily by feminist activists seeking bodily autonomy for women, the home birth movement has now diffused, with many versions of empowerment and embodiment at play. Some of these versions use the physical process of birth, in Butler's language of gender performativity, to "re-materialize" women into roles as domestic, heterosexual child rearers (1993). But others figure childbirth within a feminist vision, as a display of women's power to bring forth life but not necessarily as an indication that they must be the sole caregivers. This diffusion of alternatives has led some feminists, such as Adrienne Rich, to lament of the alternative childbirth movement: "Its feminist origins have been dimmed along with its potential challenge to the economics and practices of medicalized childbirth and to the separation of motherhood and sexuality" (1986, xii). I contend, however, that though in some cases the feminist origins of the home birth movement may have dimmed, the economic, religious, and embodied challenge that even conservative Christian and Jewish home-birthing women pose to the medical model of childbirth remains strong.

Their strength may be most potent as part of a larger group of home-birthing women who, by their very presence, demonstrate that there are alternatives to birth in the hospital (Davis-Floyd 1992, 299). Their strength also lies in the connections, both implicit and explicit, that their birth choices effect with less conservative women, such as Natalie, or more overtly feminist home birthers, such as Valerie and Miriam. This coalition of women is divided along other axes but united by their efforts to challenge the legal, medical, and insurance systems that structure birth in North America. The network that is emerging from this diversity of women choosing similar practices, for example, in terms of using the same midwives and developing activist groups, insists that birth is not a mere physiological extraction of a fetus. Instead, these women claim that birth is a profound personal, spiritual, communal, and, for some, sexual experience.32

As Butler notes, any political struggle and any performativity carry the risks of "political unknowingness," and in some cases "the incalculable effects of action are as much a part of their subversive promise as those that we plan in advance" (1993, 247). Though a growth in versions of conservative Christian and Jewish home birth that espouse male headship and female domesticity may be, to Rich, signs of a depoliticized movement, I would argue that they are signs of the fecundity of birth as a site for

32 For examples of conservative religious women who insist on the sexuality of birth, see Wessel 1963; and Moran 1981.
appreciating the performativity of gender. Sometimes this performativity results in a reiteration of gendered norms at odds with feminist goals, but it also has the capacity to lead a variety of women to a sense of bodily empowerment that pushes them to political action—to “go against society” in opposition to medicalization. Ironically, perhaps, their resistance is rooted in diverse notions of what it is to be natural. They make use of nature in oppositional discourses that refute the Western “biomedical habitus” (Boddy 1998) through a combination of religious and physical “proofs.”

However, as Donna Haraway asserts, there is no place of innocence from which to create or assume the natural (1991, 151, 176). Around the world, forces of colonialism, biomedicine, capitalism, and poverty (with malnutrition as one of its most insidious forms for child-bearing women) have shaped the process of childbirth in historically specific ways (Boddy 1998). Women seeking a more “natural” way to birth in North America do so, generally speaking, with access to more and better food, running water, electricity, and emergency medical services should they need them. Acknowledging these ways in which “technology” supports North American women’s choices to renaturalize birth does not lessen the critical power of their actions. It does, however, support Haraway’s insistence that women must critically befriend technology and not root themselves in a primeval Edenic innocence: “The machine is us, our processes, an aspect of our embodiment” (1991, 180). For North American child-bearing women, this means their childbirth choices are always made against a backdrop of biomedical support. Home-birthing women, opting for a non-medicalized birth, do so as postbiomedical bodies—they have forsworn biomedical approaches, but they still rely on them to some extent, either implicitly or overtly.

The pragmatic renaturalizing of birth accomplished by home-birthing women accommodates various forms of technology while insisting on birth as a “sacred” event. Why does it matter that so many of the women I interviewed felt that God, or another sacred being, had a hand in designing their bodies or helping them give birth? God, like nature, has a multiplicity of meanings. Scholars studying North American birthing practices have tended to be less attuned to religious identity and have largely marginalized religion, especially conservative varieties. And those who study North American religion have generally ignored childbirth. By contrast, anthropologists studying childbirth in “third-world” settings have often

33 For a notable exception in terms of the study of reproduction more generally, see Rapp 1993.
noted astutely the interplay between religious, medical, and "pragmatic" practices (Laderman 1983; Boddy 1989, 1998). Perhaps Western feminists find the religious otherness of Muslim women in Africa more noticeable and even in some ways more comfortable than that of Pentecostal women in North America.

The persistent assertion of the sacred in postbiomedical bodies in North America is something that crosses boundaries of feminist and nonfeminist, Jew, Christian, spiritual feminist, and more. Insisting on an active deity who has designed nature and who acts upon their birthing bodies, these women are recapturing not only discourse but also their physical bodies, which have long been assumed the terrain of biomedicine. Asserting themselves as natural women who co-create with their God or some other sacred being, they reclaim nature as a sphere in which gods and goddesses, not men, have the ultimate control. The potential effects of this renaturalizing of both God and childbirth may provoke apprehension in some feminists, but to ignore the varieties of sacred maternities would be to neglect some women's reclamation — by way of religion and nature — of a complex and ambivalent bodily autonomy.

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References


