

## **The Unassisted Childbirth Movement: Questions of Autonomy, Intuition, and Empowerment in the Familial and Communal Context**

by Shira Segal

### *Introduction*

As an alternative to the mainstream medicalization of childbirth, which historically defines pregnancy as an abnormal physical condition and posits the laboring woman as a passive patient in need of control, assistance and repair, the homebirth movement offers a family- or community-centered approach to childbirth. The primary goal of honoring and empowering the laboring woman is argued by homebirth advocates to be best realized in the domestic (or occasionally the birthing center) setting. Usually a homebirth is attended not only by family and friends (including the husband or partner, children, relatives, etc.) but also by a midwife who delivers the newborn and perhaps even a doula who offers emotional support by “mothering the mother.” By emphasizing the subjectivity and sexuality of the laboring mother-to-be in the context of her home, family, and social network, the homebirth event may be simultaneously intimate and communal. Although there is an underlying understanding within the homebirth movement that every birth is unique and therefore may play out in an infinite number of ways, there exists an arguably radical sub-movement within homebirth ideologies: the unassisted or autonomous childbirth movement.

The aim of this paper is to clarify both the nature of the contemporary unassisted childbirth movement as a sub-movement of typical homebirth ideologies, and the impact of such birthing practices on the relationship between women and their families. With its rejection of a community-centered and advised birth (particularly with the absence of a childbirth professional like a midwife), unassisted childbirth emphasizes the autonomy, intuition, and empowerment of the laboring woman. While childbirth is understood by unassisted childbirth advocates as a sexual act or potentially orgasmic experience that can be shared with a laboring woman’s partner, women are also encouraged to labor alone such as a nonhuman animal would. To explore the rhetoric of the unassisted childbirth movement as it compares and contrasts to the homebirth movement, I will primarily be looking at Laura Kaplan Shanley’s book Unassisted Childbirth (1994) and contemporary website *Born Free!*, as well as homebirth midwife Ina May Gaskin’s landmark book Spiritual Midwifery (1975, reprints in 1977, 1980, 1990, 2002).

A persistent question which frames my analysis is whether relying on one’s instincts and dreams for emotional and biological guidance as insisted on by the unassisted childbirth movement is inherently a feminist project, and whether the embodiment of ‘birth-as-normal’ in this way is a beneficial reworking of childbirth for women, newborns, their families and communities. I am especially interested in how the rejection of community and kinship ties as well as an insistence on childbirth as a sexual event arises from a particular rhetoric of women’s empowerment in combination with the often cited model of natural childbirth as proposed by Grantly Dick-Read in Childbirth Without Fear – The Principles and

Practice of Natural Childbirth (1944). Some of the questions that I will explore are the following: Does feminism as a larger project serve individual women or communities of women and their loved ones? What does honoring and empowering women look like in the context of autonomous childbirth practices, and in what ways does the desire for autonomy realize itself in our everyday choices and lives?

To best understand unassisted *and* assisted childbirth within the homebirth movement, it is useful to begin by situating the homebirth movement in its historical and rhetorical context. The heart of this movement resides in its opposition to the medicalization of childbirth, or what has been called technocratic childbirth. A technocratic childbirth approach is said to be evident in contemporary hospital practices surrounding the maternal body as well as in the historical and theoretical shifts that support such practices. I will briefly explore three major characteristics of technocratic childbirth: the hospital delivery room, the body-as-machine metaphor, and authoritative knowledge. However, as my discussion below will show, these characteristics are intertwined both in theory and practice, and therefore cannot be discussed as separate elements. I will then describe and analyze the discourses surrounding the unassisted childbirth movement, which appears to be a feminist-driven project. What kind of feminism this movement promotes and with what foundational models, I will explore through my discussion of authoritative knowledge, animal versus human birth, and the role of sexuality in childbirth with a look at the postures of childbirth reformer Grantly Dick-Read, ethnographer Dwight Conquergood, and midwife Ina May Gaskin. From there, I will conclude with a brief discussion of autonomy, choice, solitude and community as manifested in two somewhat opposing feminist models: individualistic versus community-oriented feminism.

### *Technocratic Childbirth*

The ideology of medicalization expresses masculine norms of male control and domination in childbirth through the institutionalized medical setting of the hospital delivery room. In an anthropological approach to understanding obstetrical practices and “rituals” in Western hospital delivery rooms, Robbie E. Davis-Floyd offers an in-depth explanation of the technocratic model of birth, its history and various consequences in her book Birth as an American Rite of Passage (2003 [1992]). Davis-Floyd argues the hospital to be “a highly sophisticated technocratic factory” (2003, 55) that systematically and detrimentally treats the maternal body as a machine and childbirth as an institutional, rather than a personal, act. As pointed out by authors Judith Walzer Leavitt in her book Brought to Bed – Childbearing in America 1750-1950 (1986) and Jessica Mitford in her book The American Way of Birth (1992), the shift in childbirth location from the home to the hospital drastically reorganized individual and societal perception and actions of birth. Ultimately, this shift indicates “the nail in the coffin” which secures and reinforces male control over the female body, a trend that dates back to the invention of forceps by the Chamberlain family of male midwives in the 16<sup>th</sup> century in England.

Indeed, the historically-aligned male-controlled space of the hospital delivery room is embedded with notions of technology, modernity, science and progress which stem from the Industrial revolution. Della Pollock defines industrialization in her book Telling Bodies Performing Birth – Everyday Narratives of Childbirth (1999) as “a ‘masculine’ ideology of control over the body as a material object: a machine, literally a means of production” (13). Out of the industrial revolution came a new formulation of the body-as-machine, in which the male body was perceived as mechanistically perfect, while the pregnant, birthing, or maternal body was conceived as broken. The new conceptualization of the body thus suggested that the inadequate birthing body needed repair, fixing, or assistance. With its trained staff and technological advancements, the hospital delivery room functions to restore the broken-female body-machine back to its pre-pregnant state under the control and guidance of the nurses and head obstetrician.

In the article “Laboring Women, Coaching Men: Masculinity and Childbirth Education in the Contemporary United States,” (2003) Carine M. Mardorossian describes the hospital as “an environment that by its very nature defines birth as illness and labor pains as symptoms of a disease” (125). Mardorossian goes on to discuss how couples collaborate with the medical staff to jointly create “a climate that sacrifices the mother’s autonomy and authority by giving the birth experience away to technology, anesthesiologists, and nurseries” (125). The laboring woman in the hospital birth setting is subject to the control of the nurses, the obstetrician, and the equipment and technology of the hospital. Her bodily and instinctual knowledge are silenced and marginalized in the face of what childbirth anthropologist pioneer Brigitte Jordan has labeled authoritative knowledge of the hospital-institution, its staff and technology. Authoritative knowledge, Jordan argues, is the systematic privileging of medical knowledge and technology over the instinctual knowledge and lived, bodily experiences of the laboring woman.<sup>1</sup>

Jordan’s notion of authoritative knowledge is similar to Della Pollock’s definition of medicalization as “the process by which medical and technical expertise overtook not only both ends of life, birth and death, but changed the way we understand our bodies, making them objects of abstracts, anatomical knowledge systems, largely unintelligible except by clinical translation” (11). Pollock goes on to argue that the silences produced by medicalization exist within “matrixes of normative masculinity and heterosexuality” (11). The result is that childbirth in the hospital setting functions as an act of passivity for women, rather than of a source for power. Pollock argues that within medicalization, “birth became less a sign of women’s power than a symbolic internment of female passivity” (13). As a patriarchal institute, the hospital and its biomedical realm historically insists on pregnancy as pathology, the mother-to-be as primarily a patient, and childbirth as

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<sup>1</sup> See especially Jordan’s article “Authoritative Knowledge and Its Construction” in Robbie E. Davis Floyd and Carolyn F. Sargent’s anthology Childbirth and Authoritative Knowledge (1997), as well as in chapter 6 “The Achievement of Authoritative Knowledge in an American Hospital Birth” in the 4<sup>th</sup> edition of Jordan’s book Birth in Four Cultures – A Crosscultural Investigation of Childbirth in Yucatan, Holland, Sweden, and the United States (1993 [1978]).

a purely biological event. As such, the laboring woman that births in the hospital is subject to this traditionally anti-feminist ideology and its consequences as played out on her body (and with consequences on the family's birthing experience and perception of the maternal/birthing body as well).

Both unassisted and assisted childbirth models within the homebirth movement confront and unravel the majority of technocratic childbirth's problems (both ideologically and in-practice) by taking childbirth out of the hospital itself and by actively reinscribing childbirth back into the home. As the antithesis of hospital birth and with the support of the growing second wave feminist movements of the 1970s, the homebirth movement acknowledges the subjective and emotional experiences of childbirth and honors birthing mothers as both sexual beings and as empowered women.

### *Autonomous Childbirth*

A key tenet of the unassisted childbirth movement is the dismantling of authoritative knowledge to the extent that anyone present other than the laboring woman herself – including the husband or partner, an instructive childbirth practitioner like a midwife, or a witness and professional encourager like a doula – constitutes a violation (and hence the marginalization or silencing) of the mother's intuitive and bodily knowledge. Dreams, intuition and impulse are privileged types of knowledge within unassisted childbirth ideology, and when fostered with positive belief-statements and self-confidence, these types of knowledge hold the key to making birth a “sexual and spiritual, magical and miraculous” experience, to borrow the words from Laura Kaplan Shanley's *Bornfree!* website. Outside knowledge – that is, knowledge literally outside the woman's body – is not to be trusted or valued. In fact, outside knowledge such as timing contractions and checking for dilation progress is argued to be *dangerous*: such knowledge and its invasive acquisition can impede labor and increase anxiety, resulting in an inability to relax emotionally and physically. As declared by *Bornfree!*'s subtitle, “if you want the job done right... do it yourself!,” unassisted childbirth implies that not only is the laboring woman the only one capable of doing the job right, but also that she is only capable of doing it right *by herself*.

With this emphasis on intuition and the privileging of “inside” knowledge, Shanley attributes obstacles to an autonomously empowered childbirth experience to three factors, as expressed on *Bornfree!*'s link entitled ‘We Believe’ on the “The Shanleys” page: poverty (defined as lack of food and poor living conditions), physical outside interference as posed by doctors or midwives, and emotional inside interference in the form of fear, shame, or guilt. With the autonomous childbirth approach, a laboring woman's most significant enemy is her own fear. This camp asserts that beliefs shape reality and that since birth is inherently natural, it is only our belief that birth is dangerous that makes it so. An implied principle is that the more a woman looks outside herself for help, the less inner guidance she will be receptive to receive. If anxiety leads to tension and tension

leads to pain, the logical answer to avoiding pain in childbirth – and to experiencing blissful, ecstatic, or orgasmic childbirth instead – is to avoid labeling sensation as pain or giving in to the fight-or-flight reflex and to instead turn inward for guidance, reassurance and direction.

This self-declared feminist-driven project of the 1970s and onwards actually has its ideological roots in three books by obstetrician and childbirth reformer Grantly Dick-Read of England: Natural Childbirth (1933), Childbirth Without Fear – The Principles and Practice of Natural Childbirth (1944), and The Natural Childbirth Primer (1950). Dick-Read's argument for childbirth without fear was not popularized in the United States until the 1950s, alongside the popularization of 'natural' or prepared childbirth methods proposed by Fernand Lamaze of France (which, following what Richard K. Reed calls the birthing revolution in the late 1960s in his book Birthing Fathers – The Transformation of Men in American Rites of Birth, became embraced by the medical establishment as a tenable childbirth alternative within the hospital birth setting). Dick-Read and Lamaze offered an alternative to the common-place interventionist obstetrical practices and highly medicated childbirth experiences of previous decades, and also worked to decrease the social stigma and sexual taboo of pregnancy. For example, Dick-Read's The Natural Childbirth Primer of 1950 and its immediate reprint in 1956 contained photographs of pregnant women performing exercises in groups (clad only in their underwear and brassieres, but each wearing a face mask to conceal her identity) with the purpose of educating pregnant women and their partners. Unfortunately symptomatic of providing a class- and race-specific imagery, these pictures depicted – as described by Sandra Matthews and Laura Wexler in their book Pregnant Pictures (2000) – “white, middle-class, usually stereotypically handsome couples in a classroom, home environments, or medical facility” (155) and yet succeeded in increasing the circulation of pregnancy imagery and societal acceptance of pregnancy as normal and healthy.

Despite the problematic ways in which “normal” and “healthy” were depicted as particularly classed, raced, and heterosexually privileged – which regrettably seem to extend into the unassisted birth movement, as can be seen in the many, many nude and erotica photographs of white pregnant women in the context of their homes or in their heterosexual relationships on *Bornfree!*'s website – an important shift occurred in Dick-Read's approach to childbirth, which, as described by Reed, “broke from medicine's strict mind-body separation... [by] recognizing the powerful relation between emotion and pregnancy or birth” and by arguing that “anxiety is the greatest cause of birth pain” (112, 109). Dick-Read asserted that pain can be prevented through the awareness and education of fear's detrimental consequences on a successful labor and delivery. As Margarete Sandelowski notes in Pain, Pleasure, and American Childbirth – From the Twilight Sleep to the Read Method, 1914-1960 (1984), Dick-Read offered specific instructions – from relaxation and body awareness, posture development, and conditioning techniques during pregnancy to specific breathing exercises, focusing techniques and pelvic floor (kegel) exercises during labor “with which women could use their own resources to combat fear and pain” (88).

The goal, Sandelowski continues, is the pleasure of childbirth itself: “For [Dick-]Read, childbirth was not merely an event a woman could have with a minimum of pain, but rather childbirth was as sublime and even spiritual experience” (88). This concept of a pain-free and highly pleasurable childbirth is adapted by the unassisted childbirth movement as the ideal childbirth experience.

It is important to acknowledge, however, that Dick-Read’s approach as embraced by the unassisted childbirth movement relies on the continual comparison of birthing women to birthing non-human animals, from sheep and rabbits to dogs and cats. The argument is that to avoid outside intervention, performance anxiety or decreased intuitive capabilities, humans should learn from other animals that to birth in isolation is ‘natural’ and better. Referencing the ideas of Michel Odent in The Nature of Birth and Breastfeeding (1992), Shanley endorses an idealistic and idealized conflation and confusion of animal-mothers with human-mothers in her book Unassisted Childbirth by echoing French physician Michel Odent’s observation that “almost all animals seek seclusion when in labor” which allows the mother-to-be to, as Shanley puts it, “go into an altered state of consciousness that allows for the safe and easy delivery of the baby. When a woman feels she is being observed, generally she is unable to do this” (108). Although we have no idea what a non-human animal’s level of consciousness is during labor, Shanley argues that only by “shifting into another level of consciousness” or by “fearlessly allow[ing] themselves to experience the new and exciting shift in consciousness” can laboring women and – if their partners are to be present – their partners have positive birth experiences like their animal equivalents (112).

Additionally, this recurring human-animal trope by Shanley and others is connected to the argued differences that unassisted childbirthers claim to exist between the modern Western woman’s inability to handle birth “naturally” in the midst of her access to technology and science as opposed to the “tribal” or non-Westernized woman’s inherent ability to birth “primitively” precisely because of the absence of scientific knowledge and technological assistance. Shanley reasons that “pregnancy and birth both in animals and in tribal cultures appears to be much easier and less painful than it is in modern, technologically developed societies” because of “the method in which the deliveries occur and the psychological differences between animals, tribal women, and modern Western women” (7). In suggesting that non-Western women as closer to their animal ancestry through their “primal” birth practices – Shanley argues that “people who have observed births in tribal cultures also describe it being similar to animal births” (5) – the rhetoric of the unassisted childbirth movement flips the typical “modern-as-progress” model on its head by romanticizing and essentializing the “other” as intuitively superior both in sentiment and in practice.

In Unassisted Childbirth, Shanley states,

The tribal woman, in a sense, has a consciousness that lies between that of the animal and that of the modern Western woman. Her births are successful for several reasons. She has not yet developed beliefs in fear,

shame, and guilt, and therefore is free from their devastating consequences. In addition to this... she is generally left alone. This privacy... allows her psychologically to reconnect with her inner self. The inner self speaks to her – just as it does to the Western woman – through her dreams, impulses, and intuition. The difference is, she listens. (9)

By setting up the dichotomy of modernity/technology/intervention/muteness/pain versus primal/animal/solitary/intuitive/pleasure, there is little room for a non-essentialized birth experience. Falling into a knotty combination of the ethical pitfalls of “the enthusiast’s infatuation” and “the curator’s exhibitionism” as described in Dwight Conquergood’s article “Performing as a Moral Act: Ethical Dimensions of the Ethnography of Performance” (1985), this simultaneously essentializing and arguably degrading move would raise numerous red-flags for most conscientious ethnographers. Although Shanley is not an ethnographer, echoes of “the enthusiast’s infatuation” can be seen in her formulation of beliefs. Conquergood describes the enthusiast’s infatuation as a “too facile identification with the other coupled with enthusiastic commitment,” which accidentally results in “naïve and glib performances marked by superficiality” (6). Indeed, Shanley asserts that all women are alike – not because they are all animals necessarily but because they all share an inner voice that can be either ignored or listened to.

Additionally, while Shanley argues that fear, shame and guilt of the Westernized woman can be combated with faith, forgiveness, hope, patience, persistence, humility, love, and courage, she does not attribute these positive qualities to the tribal women whom she fetishizes and imitates. Instead, these qualities seem useful for the Westernized modern woman to embrace in her efforts to return to her primal and animalistic self. As I will discuss shortly, this ideal of a primal and intuitive self is also viewed as an opening or invitation for the Western woman’s experience of her spiritually ecstatic and physically sexual self in childbirth, although Shanley does not make the direct connection of the primal being inherently sexual or a direct cause of enhanced sexuality in labor. Shanley believes instead that, through the simplicity of listening to oneself, the body will give way to pleasure. Again, unassisted childbirth rhetoric does not promote what Conquergood calls an “honest intercultural understanding” (1985, 10) that occurs in “dialogical performance” (i.e., a “performance that resists conclusions” [1985, 9]), but trivializes instead the practices of the other as tokens to fetishize, imitate, and appropriate.

For Shanley, the value of the other seems to primarily reside in the other’s *difference* rather than commonality, which situates her argument in the ethical pitfall of the curator’s exhibitionism. As Conquergood maintains, this latter trap “grows out of fascination with the exotic, primitive, culturally remote” and is “suffused with sentimentality and romantic notions about the ‘Noble Savage’” (7). Also called the “Wild Kingdom” approach, the curator’s exhibitionism with its exoticizing tendencies is undeniably caught up and infatuated with “the Difference of the other” (7). This can be seen in Shanley’s argument (not fully

reasoned out) that “complications normally associated with pregnancy and childbirth are usually quite uncommon in tribal societies... Phlebitis (inflammation of a vein) only occurred after tribal women became exposed to more ‘progressive’ cultures” (7). For Shanley, complications in childbirth are a direct result of modernity and Westernization, and the ideas and practices of technologically advanced societies are a contaminating force that threatens the purity and value of the other’s difference.

With the emphasis on intuition as nurtured by seclusion and as epitomized by anti-modern birth models offered by farm animals and tribal women, the unassisted childbirth movement incorporates and encourages sexuality in curious ways. For example, sensuality is acknowledged and honored as part of the laboring woman’s bodily knowledge that is to be privileged and integrated for an optimal birthing experience. The integration of sensuality/sexuality throughout pregnancy and labor is actually one of the key elements of the homebirth movement that unassisted childbirthers do not reject. And yet, as women are encouraged to labor alone, it is also unclear how their sexuality may play out in the absence of their husbands or partners, or even what the relationship between sensuality and sexuality necessarily is. Unsurprisingly, the ways in which the homebirth and unassisted childbirth movements visually represent pregnancy and labor in their photographic depictions drastically vary from each other.

A key role model within the homebirth movement is Ina May Gaskin’s midwifery practice on The Farm, an intentional community in rural Tennessee, and her landmark book Spiritual Midwifery (1975), which includes birth stories, illustrations and photographs, as well as informational text and instructions for expecting parents and midwives. With the premise that sexual intimacy assists in labor<sup>2</sup> (a common sentiment is that what got the baby in will also get the baby out, or that childbirth is the final completion of the original sex act in which conception occurred), Gaskin’s model encourages the sensualization of childbearing in the context of the family, the community, and with the assistance of a midwife. In Gaskin’s approach, the community is situated as an invaluable network that supports and encourages the laboring woman and her partner to have a sexual and spiritual birthing experience, and the role of the community is in fact to help create the circumstances for such an experience to be possible.

The images in Spiritual Midwifery are couched in the book’s focus on the sexual intimacy of the couple during childbirth rather than in the sexualized body of the isolated, birthing mother-to-be. Matthews and Wexler explain how Gaskin resexualized childbearing in the community context:

She [Gaskin] both described and visually represented how couples could use sexual intimacy to assist in the birthing process, and she wrote about

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<sup>2</sup> Indeed, factors that help ripen the cervix and hence bring on dilation and contractions as well as an increased sense of relaxation (which inevitably aids the progress of labor) include kissing, nipple stimulation, and lovemaking

the sexual qualities of birth and nursing... At the same time, the photographs in her book are extremely modest. Although childbearing is seen as a sexual process, the pregnant woman is not sexualized; it is the sexuality of the *couple* that is pictured and discussed. Most of the photographs concentrate on the faces of individuals (including many pregnant women), small family groupings, and the interactions between pregnant women and midwives. (156-157; original emphasis)

Matthews and Wexler argue that Gaskin's book "celebrated the emotional processes that characterize childbirth in family-centered rather than specifically woman-centered images that are intense, positive and inclusive of community members" (157). Hence, sexuality in this model is born from emotion, community, and the cooperation and collaboration with the laboring woman's husband or partner. Women are primed to have a blissful experience that their partners can encourage and help bring out through their love and attention (and even get high from). Men are instructed to,

Be tantric with your partner (telepathic in the language of touch) – be subtle enough in touch with her that when she tries to steer you, you feel it and follow her like a good horse follows a rider. Try to do it with her exactly as she directs on the most subtle planes. If you do that, she'll trust you and get you high. It's a tasty yoga – you have to work at it, but you can do it. It's actually fancier than just dancing by yourself. You feel somebody else and let them direct; and if you let them direct, they'll tell you what to do. (2002 [1975], 228)

Reversing the common comparison of the laboring woman to an animal, the husband or partner in this scenario is likened to a horse; finally the laboring woman is designated a human role (the horse's rider) within the body-metaphors surrounding maternity. Far from the traditional stereotypes of masculinity that attempt to illustrate manhood by being in control and controlling, the husband's job is to *listen* carefully and then adjust. Unlike the prepared childbirth models of Lamaze (as seen in Marjorie Karmel's 1959 book Thank You, Dr. Lamaze) or Robert Bradley (especially in his 1965 book Husband-Coached Childbirth), which emphasized the husband's role as a trainer or coach over his pregnant partner, the homebirth movement partially takes up Dick-Read's notion of the husband as companion and situates his role as one in service.

As it is described by Reed, however, the homebirth movement, co-created by the holistic health movement, "raised awareness of the emotional, spiritual, and social aspects of birth" that the natural childbirth reformers (who tended to be obstetricians and were undeniably embedded in the biomedical realm) were unable to do. Reed goes on to say that "rather than divorce the body from the mind [as childbirth reformers insisted], birth is [acknowledged as and affirmed to be] an emotional experience; rather than distinguish the mother from her social ties, [in the holistic model] she is seen as birthing within her social world" (107). With the homebirth and holistic health movements' emphasis on the social nature

of birth, the sensuality and sexual experiences of the laboring woman are enveloped and contained in the safe space of her family and community. Indeed, as Reed observes, while “natural childbirth suggests the woman’s *body* gives birth, the holistic birthing movement proposes that a circle of family and friends are the fundamental unit of birthing” (107 original emphasis). Within the holistic model, sexuality is never posited in isolation or as solely driven by the laboring woman alone – in this context, sexuality seems to be a group project that the laboring couple can enjoy.

In contrast to the couple-oriented and relatively modest images in Spiritual Midwifery, the photographic depictions of pregnant women on Shanley’s *Bornfree!* website focus entirely on the highly eroticized pregnant nude body: generally alone, often in black and white, either in sharp artistic focus with an emphasis on nipples and shadow, or in a hazy soft light that promotes fantasy, sensual nostalgia or erotic longing. Although these images are not limited to *Bornfree!*’s “Your Sensual Self” page and permeate throughout the entire website, the most blatantly erotic images are coupled with the “Sensual Pregnancy and Birth” articles: orgasmic childbirth (“the fun doesn’t end at conception!”), childbirth ecstasy, the benefits of having sex in labour, fantasy – its value in preparing for a homebirth, birth fantasies and birth erotica

Unlike the photographs in Spiritual Midwifery that arguably maintain the birthing woman’s privacy by either fragmenting her body (from the waist up with the use of close-ups of her face) or by incorporating her kinship and social ties (by framing the woman’s body in its entirety as well as surrounded by her family and friends), the photographs in *Bornfree!* promote a scopic or voyeuristic gaze that undoubtedly objectifies the pregnant woman’s body as a sensual and sexual item on display for visual consumption. Scopic looking, according to Matthews and Wexler, “gives the viewer a sense of vicarious mastery over the scene portrayed” (xv). Although Matthews and Wexler describe the “central, defining aspect of the scopic mode” as traditionally the presentation of “the nonpregnant female body as an object of desire,” contemporary representations of pregnancy often encourage scopic looking (xv). This is seen not only in the establishment of the pregnant icon, beginning with Annie Leibovitz’s photograph of actress Demi Moore at nine months pregnant and in the nude on the cover of *Vanity Fair Magazine* in August 1991, but also by Daniel Edwards’ highly sexualized sculpture of a birthing Britney Spears (despite the fact she had an elective Cesarean birth) titled *Monument to Pro-Life – The Birth of Sean Preston* (2006).

Situated in the context of Shanley’s website as encouragement and inspiration for women to embrace their sexuality while pregnant, these images are a thankful far cry from the most blatantly scopic pregnant images of hard-core pregnancy pornography. However, it is ambiguous how these artistic, private-made-public, and erotic takes on the pregnant body function to empower women on a larger scale, and if these images – when displaced from the container of the family (albeit a classed, raced, or heterosexually-marked one) or community – in any way might put women at risk. Not that the sexual depiction of pregnancy alone

could do this (put women at risk) or work against feminism (the empowerment of women in all their glory, including their sexuality and maternity as expressed in body and spirit); indeed, the pregnant body as a visual subject is enormously revealing of cultural attitudes surrounding pregnancy and importantly functions to shape, change, inform and be informed by the women within that culture.

Taking seriously Rachel Hall's argument in the article "It Can Happen to You': Rape Prevention in the Age of Risk Management" (2004) that rape prevention should focus on men as would-be perpetrators rather than on women as potential and already established rape spaces, it is perhaps unfair to wonder if these images might in any way hearten the would-be rapist. The assertion that pregnancy is a pleasurable and libidinated state that naturally increases sexual desire, or that childbirth is a sexual act (as asserted by Debra Pascali-Bonaro's recent documentary *Orgasmic Birth* [2009]) is potentially dangerous in a culture that doesn't understand female desire or always respect women's safety. A question this raises is how these images might possibly address women who are sexually assaulted during pregnancy. Perhaps, for example, these photographs may function as self-esteem building tools to empower and encourage women to be however they would like (including sexual) during their pregnancies. Certainly the intention of these images on Shanley's *Bornfree!* website is not to degrade women, quite the contrary, yet one might wonder about the costs and consequences of these scopical images. Pregnant subjects in this context *do* seem to be limited to being solely sexual and sensuous creatures (and, as already discussed, persuaded to get in touch with their animalistic or 'tribal' senses of bodily intuition). Even within the "childbirth ecstasy" article, bliss is not positioned as a beyond sexual sensation, but as an entirely embodying sexual experience.

It appears that as asserted by *Bornfree!*, pregnant and birthing women are "all body" and that this body is inevitably a sexual one. This intensely sexualized take on pregnancy as positioned by unassisted childbirthers like Shanley seems to override the underlying spiritual aspects of intuition and what I would call religiously-slanted "God-listening," as is epitomized by the Christian unassisted childbirth movement. For example, in contrast to *Bornfree!*'s image-heavy website, Jeannie Baker's *Christian Unassisted Childbirth* website is practically void of pregnant imagery (there seems to be only one image of a pregnant woman!) and instead includes articles on faith (such as what the Bible says about birth and biblical affirmations) and parenting (from diapering, breastfeeding and discipline to home-schooling, vaccinations and sibling rivalry).

Importantly, Baker's discussion of unassisted childbirth consists of a well-rounded and rational approach which includes practical information (like birth statistics, birth supplies, recommended reading and information on waterbirth), personal anecdotes (unassisted birth stories and pregnancy journals), and even an honest and informative conversation of birth complications (such as breech presentations, herpes, and spontaneous rupture of membranes) as well as a discussion of loss (including miscarriage or post-birth death). This down-to-earth and informative approach of the Christian unassisted childbirth movement, albeit

influenced by scientific means by which to assess potential problems in pregnancy, may arguably be more aligned with feminist ideals and aims of empowerment via awareness and education, despite its placement in an organized religion that – with its general tendency to shut down critical thinking in the face of rigid or dogmatic belief systems – is traditionally patriarchal.

A key question concerning the contrasting images as seen in Spiritual Midwifery and *Bornfree!* is whether the visual rhetoric of *Bornfree!* functions in service to women.<sup>3</sup> Admittedly, there are too many women *absent* from these illustrations to convince me that this is an expansive feminist project that posits unassisted childbirth as a tenable option or that works for the benefit and empowerment of Woman in all her incarnations (social, racial, economic, and sexual). For example, the rare photograph of an African American woman on Shanley's website is unfortunately only found on the "Birth Erotica" link on the "Your Sensual Self" page, reinforcing stereotypical connections of black women with sexuality. Along with all the images on *Bornfree!*'s website, this rare image of a racially exotic pregnant subject is symptomatic of middle-class patterns of representation. Matthews and Wexler describe such patterns of the middle-class pregnant subject as the representation of

...a general, idealized concept of pregnancy rather than an individual's specific experience. In the images of these women, pregnancy is celebrated as a private universe of personal fulfillment, premised on the luxury of withdrawal from everyday concerns. Yet these seemingly universal images are in fact specifically grounded in a class-based ideal of pregnancy, that of secure, joyous domesticity. (29)

Both types of images – the community-centered down-to-earth images of Spiritual Midwifery and the artistic and erotically slanted photographs of Shanley's website – exist within an undoubtedly privileged paradigm, but the question I pose is whether community-centered birth images are more beneficial than sexually charged pregnancy nudes. Another question this raises is whether an increased circulation of sexualized pregnant imagery succeeds in its aim of empowering women, and, if so, how. An important follow-up question is whether that empowerment is shared by these women's families and communities.

For example, it doesn't seem to matter within the *Bornfree!*'s visual discourse whether or not the photographed woman is granted a gaze – that is, whether she addresses the viewer by looking at the camera, which has historically served as one possible avenue for the photographed subject to maintain agency and confront scopophilia in the act of looking itself.<sup>4</sup> The open question that I am asking here is how women are being inspired or encouraged, and whether these

<sup>3</sup> Certainly not to all women, given the awesome depth of uniqueness of Woman, but at best to women who subscribe to the tenets of the unassisted childbirth movement.

<sup>4</sup> In some photographs, the *Bornfree!* subject gazes at the camera, for most her gaze is off-camera, and in quite a few she has no possibility of a gaze for her body – occasionally clad in lace – is framed in such a way that excludes her face entirely.

images and discourses of the autonomous birth movement reflect a larger feminist philosophy of women's empowerment.

*Conclusion: Imagining a Family- and Community-Involved Feminism*

Ultimately, whether or not the visual discourse of *Bornfree!* promotes or achieves this in practice, the unassisted childbirth movement argues that childbirth "should ideally reinforce a woman's sense of power and autonomy" (xvi). Shanley goes on to say,

I thoroughly support women in whatever way they choose to give birth. If a woman decides to share her birth with others, however, it should be because she chooses to – not because she feels she has to, out of fear of pain and problems... Therefore, I present unassisted childbirth not as a way childbirth *should* be done, but rather as a way it *can* be done.<sup>5</sup> (xvi-xviii; original emphasis)

To avoid a painful childbirth that "ends up reinforcing the belief [that] she [the laboring woman] is indeed a helpless, dependent child herself" (xvi), it is proposed that with proper attention given to intuition and dreams, women can actively replace fear, shame and guilt with positive self-affirmations of faith, forgiveness, hope, patience, persistence, humility, love, and courage. This, the unassisted childbirth movement (as expressed by Shanley) argues, can take place in isolation as an expression of a woman's strength and independence. Shanley states that "a woman should obey her instincts and seek seclusion – not out of a mistrust of others, but rather out of a trust of herself" (111). It is unclear if a woman's instincts will necessarily cause her to seek seclusion, or if seeking seclusion is Shanley's second and separate set of instructions in addition to obeying one's instincts.

On the most basic level, Shanley argues that solitude is beneficial for the laboring woman because "when she has no overly concerned observers to 'comfort' her, she can be free to look within herself for support and direction" (107). The larger argument, however, entails a rejection of support, encouragement and company as offered by family, friends and partners. The key point is that Shanley's reasoning problematically implies that in times of deep transformation such as childbirth, women are drawn towards their families and communities not out of love, appreciation, excitement, bonding, shared belief systems or common goals, but out of fear and weakness. The crux of Shanley's argument is in this point alone. She describes,

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<sup>5</sup> However, as with any argument, Shanley has a hard time concealing her conviction (dare I say arrogance?) that women would not only be better off doing it her way, but that her way is, in fact, superior. For example, she somewhat self-consciously includes the testimony of her four children's school teacher "not to show the superiority of my children, but to show the superiority of following nature's way" (143).

When we truly accept the fact that we create our own reality, all fear of pain or complications in childbirth vanishes. We feel comfortable giving birth by ourselves or in the company of our mates, friends, or family. When no fear is present, some women actually prefer to be completely alone. (107)

Although Shanley's wording is nuanced by the avoidance (at least in this excerpt) of blanket generalizations, I question the (occasionally) subtle but underlying sentiment that laboring alone is the ultimate litmus test for one's autonomy, independence, strength, and intuition. By rejecting outside authority (in the form of doctors, nurses *and* midwives), community, and perhaps even family, the unassisted childbirth movement posits what might be understood as an "individualistic" feminism in contrast with the homebirth movement's community-oriented feminism.

In my allusion to a "community-oriented" feminism, I envision women who empower themselves through the empowerment of their communities. The focus of community-oriented feminism appears to entail the social goal of collective empowerment, and is displayed through the acknowledgment and transformation of the personal (as seen in the everyday or the domestic as according to the popular sentiment that the personal is political) as well as the overtly political (as evident through grassroots activism, community building, social networking, or legal goals). Whether or not community-oriented feminism succeeds – certainly these goals are works in progress and over time will hopefully reflect a more inclusive human experience that acknowledges and better grapples with issues of race, class, and sexual preference – the implied ideology is that the empowerment of one woman is not possible or desirable without the concurrent empowerment of her friends, family and community. In the case of community-based childbirth practices that highlight the domestic sphere and the important role of the laboring woman's family and friends, a positive birthing experience relies on a network of support that benefits both the laboring woman and those involved.

What I am understanding as an "individualistic" or self-centered feminism, on the other hand, is entirely fueled by private transformations of the individual without any relation to the transformation, change or empowerment of those surrounding the individual. Each woman, in this model, is a world unto herself. This is epitomized by the unassisted childbirth movement, as best described by Shanley herself when she states:

When all is said and done, however, birth is still a solitary act – one individual giving birth to another. True, we are all parts of a whole, but we are individuals nevertheless. Only when we lovingly accept and embrace our individuality can we truly perform miraculous acts. (112)

To return to the questions posed in the introduction of this essay, I would have to conclude that – for now – the empowerment and change offered by an

individualistic feminism and as expressed in the unassisted childbirth movement unfortunately falls short of the feminist ideals I hold to be worthwhile, which include collective awareness, collective transformation and collective empowerment for women and their partners, their communities, and entire societies. I am not yet convinced that the end-all answer to the human condition – and to the multiple wrongs and injustices of oppression – is, as Shanley believes, our individuality. If, however, the spirit of autonomous birth positively influences and shapes family relationships and relationships to community, then certainly individual experiences of inspiration and intuition-guided practices can be valuable to instigating social and medical change.

Indeed, we all as individuals have the enormous capacity to instigate personal change both large and small, to inspire unique and awesome creative acts of empowerment in our private lives. On the other hand, however, what are those actions and transformations worth when existing in isolation? Can feminism be feminism as we know it and wish it to be when honoring and empowering women is limited in such a way? And yet I see the intentions of the unassisted childbirth movement as legitimate, given that this submovement (like the homebirth movement it has branched from) has raised vital issues concerning autonomy, emotion, and authority with the goal of honoring and encouraging women in the challenging transformation of childbirth. The invitation for women to have orgasmic and blissful birthing experiences stands as a lovely invitation, and – whether or not it is achievable or even desirable for all women – for that perhaps it is worthwhile.

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