

# Performing birth in a culture of fear: an embodied crisis of late modernity

## ABSTRACT

*Drawing on recent multidisciplinary work, this paper considers the emerging sense of a crisis around childbirth in late or post-modern western culture. Not only are many health professionals and birth activists expressing concern about rising rates of medical intervention in birth but physiological birth is increasingly defined as difficult and even unattainable. A decline in cultural and individual confidence in women's birthing capacity seems paradoxical in view of women's increased social power and achievement in the modern west, along with their improved health and living conditions. Many feminist theorists are ambivalent about childbirth developments though, seeing natural birth advocates' critiques of technological birthing as essentialist, moralising and patronising towards women's choices. The paper argues for a theoretical framework that overcomes the tensions between these positions, one which focuses on the interplay between the physiological processes and the internalisation of cultural norms. The paper draws on seemingly disparate work from feminist cultural analysis and philosophy, and from physiology and neuropsychology, to argue that childbirth is collectively and individually performed. It is best seen as an active embodied practice, as a 'biopsychocultural' activity. The final section of the paper then uses this framework to examine parallels between the challenges of birthing and those of intense creative effort in fields such as sport and the arts. It identifies the importance of embodied interactions in managing the crisis of confidence commonly experienced by performers struggling with emotionally challenging tasks. Cultural norms of anxiety and fear of birth can be materialised in the body through social processes that instil or diminish women's confidence of 'doing' childbirth, thus limiting women's capacity to experience the agency of their lived bodies in the performance of birthing.*

## KEY WORDS

Childbirth,  
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**H**ealth professionals, activists and social scientists familiar with contemporary maternity care provision now report an emerging sense of crisis around childbirth.

Recurrent controversies over medical intervention rates, and over workforce, litigation and insurance issues are the tip of the iceberg. While the medical management of birth remains firmly entrenched in advanced western societies, concerns are also expressed about a decline in even the expectation of normal or physiological childbirth. These issues are linked in complex ways to problems of maternal and perinatal mortality and morbidity in developing countries. In the dominant obstetric frame of reference that shapes western cultural perceptions, the latter stand as the feared 'Other'—the crucial evidence which supports

medical claims about the inherent danger of childbirth. Indeed in conditions of poverty, poor health and inadequate care provision, birth and many other aspects of life are indeed dangerous. Yet it is from within the comfort of western civilisation that the press reports 'battleground birth', noting that amongst women, 'trust in the birth process is disappearing', and that rising intervention rates have 'midwives and obstetricians at loggerheads' (*The Age, Good Weekend*, 9/11/03:39). Although many policy makers are seeking to reinstate or maintain 'normal birth' within the mainstream health system, the clash of cultures around childbirth is a significant obstacle (Hirst 2005). Anecdotal evidence from those working closely with childbearing women, such as on professional e-lists, suggests that physiological birth is increasingly defined as too difficult personally and institutionally. Thus we face the paradox that a decline in cultural and individual confidence in women's birthing capacity is apparent in spite of western women's increased social power and achievement and improved health and living conditions. To explain and respond to challenges resulting from this paradox, requires understanding the intersection of culture and embodiment. To that end, this paper draws both on feminist theories and on arguments from physiologists to advance an interpretation of women as 'performers' of birth, a process that is simultaneously a matter of mammalian sexual functioning, deeply cultural and psychically significant.

### 'Civilisation' and childbirth

Attempts to link social patterns with birth processes are not only the province of social scientists but form a discursive strand in modern debates on childbirth. From the late nineteenth century on, Australian doctors, amongst others, have expressed concern about the impact of the conditions of modern life on women's reproductive functions (Reiger 1985). In recent years, this argument has become closely associated with the advent of a technological society. Furthermore, this is proffered as the rationale for the argument that the majority of babies might even be better delivered into the

world by C-section. As Dr David Molloy, a known advocate of surgical delivery put it on a 60 Minutes program in 2004:

*I think if you look at almost any part of society, people choose technology. They choose mobile phones. They choose high-tech cars. They choose gadgets for their houses. We're a very technology-driven society. We're comfortable with intervention and technology and I think that's extended, I really believe that's extended into the birthing process,*

(Molloy, 30 May 2004)

Dissenting voices are seen as harkening back to a romantic view of the 'natural' which is out of place in late modernity. The presenter of the controversial program in which Molloy spoke had introduced the topic by saying that apart from medical indications, 'fear, fashion and convenience' were driving developments and that 'doing what comes naturally doesn't come all that naturally these days, not in childbirth, anyway' (Hayes 2004). The program gave less space to the arguments advanced by a 'natural birth advocate' than to those arguing for 'women's choice' of technological delivery, interviewing women who expressed a high level of fear concerning possible damage to their bodies and babies. Some years ago Davis Floyd (1994) pointed to 'technocratic birth' as the cultural expression of American or western values, and now, the media not only reflects, but also constructs, a heightened culture of fear and anxiety around birth.

How should we analyse the implications of cultural patterns and social expectations for contemporary birthing? In spite of historical, anthropological and sociological research demonstrating the diversity of practices associated with childbirth management (Jordan 1993, Murphy-Lawless 1998), understanding the relationship between the physiological processes of birth and specific cultural conditions remains a difficult challenge. Not only professional caregivers and social scientists express concerns but young women themselves voice uncertainty about their bodily capacity to undertake the physical processes of birthing and breastfeeding. The question of

whether or not women are therefore 'giving up' on normal birth, and whether medical intervention rates matter, generates lively responses in both public and professional discussions. In professional discussions, such as a multidisciplinary Canadian e-list, some doctors and midwives have worried that normal physiological birth might soon be a thing of the past. Even in the last five years, it seems, young white women increasingly express fear of birth and lack of confidence in their bodies in the initial stages of pregnancy as well as when birth approaches (mcdg@www.cfpc.ca April 2006). The cultural preoccupation with celebrities, with a tightly controlled, and slender, body image, as well as reliance on technical solutions to bodily difficulties, can all be seen as significant aspects of consumerist society shaping birthing expectations.

In this cultural climate it is not altogether surprising that modern feminism has also been ambivalent about childbirth. Beckett's (2005) overview of strands in feminist analysis points out that second-wave feminist interpretations of the medicalisation of birth are now criticised as based on 'essentialist' understandings of women's bodies. DiQuincio for example assess feminist theories of motherhood in light of critical analysis of the legacy of the ideology of 'essential motherhood'—identifying all women with motherhood and attributing personal qualities of empathy and selflessness to natural attributes associated with reproduction (DiQuincio 1993: xiii). Natural birth advocates' emphasis on the universal and mammalian nature of birthing processes is seen as denying or deriding women's capacity for choice (Annandale and Clarke 1996, Akirch and Pasveer 2004). The debate between what a colleague refers to as 'epidural feminists' and feminist birth activists, echoes longstanding tensions between feminists keen to transcend the 'femaleness' of women's bodies and those who value their intrinsic body-based 'otherness' from men.

Is it possible to develop a 'non-essentialising' account of childbirth to overcome these positions then? Can we articulate the relationship between processes of social construction of birth and the physiological processes of female birthgiving? Going further, can we then also consider the possibility that the cultural shaping of women's

embodiment in late modern culture — as described by Bordo (1993) amongst others — may be becoming 'written into' physiological processes themselves, affecting the actual 'doing' of birth? While such large questions cannot be fully answered within the limited scope of this paper, they point in the direction of the theoretical framework that is urgently required — a better way to conceptualise the interaction of physiological processes and cultural context. The following section draws on seemingly disparate work from biology, psychology and social theory to argue, albeit in a very preliminary and abbreviated way, for interpreting childbirth as collectively and individually performed 'biopsychocultural' activity. The final section of the paper then uses this framework to consider how cultural norms of anxiety and fear of birth are materialised in the body and are affected by social interactions. It explores parallels between the challenges of birthgiving and those of intense creative effort in fields such as sport and the arts.

## Conceptualising birth as social and physiological practice

The cultural diversity of symbolic associations and of birthing practices shows the inadequacy of considering birth as an essential 'biological' phenomenon that just automatically happens to female human beings. Yet the intense emotional and physical processes, including various levels of pain, which are commonly involved in giving birth, are hardly only a matter of cultural ideas. While we do not see birth as the romanticised, naturalised or universal ideal of which some feminist critics accuse the 'natural birth' movement (e.g., Annandale and Clark, 1996), we do argue for a materialist understanding that does not over-privilege culture or discourse. As Susan Bordo (1993) argues, bodies are neither biological automatons nor simply cultural 'texts'. Rather, bodies are the site of the interaction of 'nature' and 'culture', especially through material practices, things that get done to and by bodies. In her analysis of how the contradictions of managing affluence and control in contemporary western culture became 'embodied' as eating



disorders, Bordo offers a useful model with which to consider childbirth as involving cultural processes that have material, bodily effect. She considers the body as 'a carrier of culture', arguing that while all embodied experience is mediated by language and symbols, this does not mean that the materiality itself does not matter — embodiment involves constraints as well as potentials (Bordo 1993: 288-9). Birth can be seen therefore primarily in terms of various levels of activity — from broad cultural discourses to local practices and embodied, psychological realities, all of which intersect and over-determine each other in complex ways.

As taking either cultural or biological levels of activity as the starting point privileges one or the other, our analysis commences with Iris Young's (1990a,b,c; 2002) emphasis on the body as a lived, experienced reality, a 'body-in-situation', in which culture and physiology meet. In her essays, 'Throwing like a girl', 'Pregnant embodiment', and 'Breasted experience', and in later work, Young draws on existentialist philosophy to conceptualise our subjective reality as embodied beings. She explores the ways in which feeling conscious of being 'in' one's body involves certain ways of relating to both the body and environment — ways of moving in time and space in order to carry out one's intentions as a human subject. Young argues that we interpret 'the facts of embodiment, social and physical environment... in light of the projects' we seek to accomplish (Young 2002: 415). While recognising diversity of women's reproductive experience, she notes that a sense of being grounded and solid, multiple and changing is a distinctive aspect of the creative process of 'pregnant embodiment'. When it comes to birthing, Young points to the alienation women experience in modern medical settings as their embodied reality is not what authorities consider to be authoritative knowledge (Davis-Floyd and Sargent 1997). In this context, Young's stress on the significance of agency or intentionality diminishes and she offers an image of the birthing woman as largely passive: 'During labor, there is no sense of growth and change, but the cessation of time. There is no intention, no activity, only a

will to endure' (Young 1990b: 168). Although Young recognises that western institutional practices limit women in childbirth, she fails here to analyse the actual ways in which they become inscribed in bodily being.

Feminist analyses of the complexity of cultural inscription of the body can be enriched by recent biological work as well as that from cultural studies and philosophy. In particular Fausto-Sterling's ground-breaking account of 'sexing the body' argues that the 'social becomes material', that social arrangements and personal experience become 'written on the body' or rather *into* the body through establishing neurophysiological patterns (Fausto-Sterling 2000). She points out that 'nature /nurture are indivisible' and that there is no fixed 'biology' as human organisms are always in process. Recent research now shows brains to be surprisingly plastic, capable of developing new cells even in adulthood. The body is thus a dynamic developmental system, always in interaction with its environment. Emotions too are not internal to the individual psyche but flow between people. As Fausto-Sterling comments, understanding 'the social nature of physiological function' requires multiple disciplinary perspectives, ranging from 'feminist critical theorists to molecular biologists' (2002: 235).

What is directly relevant to birthing is the research evidence concerning the crucial role played by oxytocin in the somatisation of emotions. The work of Swedish physiologist, Kerstin Uvnas Moberg (2003), in particular demonstrates how significant biochemical reactions are intrinsically relational. Psychological responses to pleasure and pain, to love and fear, are made manifest in quite specific ways through the role of oxytocin in the neural pathways of the brain, in hormonal responses and through the entire nervous system (Uvnas Moberg 2003). Most importantly, oxytocin develops the mechanisms through which human interactions actually enter the body through touch and other senses. Warmth, security and emotional connection to others produce heightened release of oxytocin (Uvnas Moberg 2003: 21-26). The implications for maternity care of recognising

what Uvnas Moberg argues is a complex neural system of connection to others, a parallel one to the recognised 'fight or flight' one, remains to be further explored. If, as it now appears, social processes have direct material effects, not only on the psyche but on all aspects of physiological functioning, the social construction of childbirth is intrinsically and simultaneously embodied. In contemporary late modern or postmodern culture, widespread anxiety and loss of confidence can be seen as producing a normative frame of reference that becomes internalised and, most importantly, enacted by individual women.

Just how this process occurs can be further considered at the theoretical level by extending the concept of 'performativity' which has been developed in the work of Judith Butler (Butler 1990, 1993). Like Jackson's (1999) materialist account of the construction of heterosexuality through everyday practices and interactions, Butler's analysis encourages attention to recurrent processes of repetition or reiteration of norms. For Butler, sex/gender is neither merely biological nor only cultural but a material effect of power systems which both make some bodies matter more than others and shape bodily matter itself (Butler 1993). Some possibilities are opened up, others foreclosed by cultural interpretations of being in a sexed psyche and material body, interpretations which then take material form in the operation of such minds/bodies. Although childbirth has certainly not been Butler's concern, other feminist philosophers have contributed more specific insights into 'conceiving birth' (Ruddick 1994) which are compatible with this analysis. The philosophical distinction between the inert material body and the lived, experienced body (Welton 1998) is essential to distinguishing between the processes of being delivered and giving birth. As already mentioned, Iris Young (1990b) draws attention to the ways in which modern western medical systems tend to produce an experience of bodily alienation in birthing. Her focus on women's 'being in the body', and on patterns of movement and intentionality, points to investigating birthing as an active embodied practice rather than just a passive state of being 'done to' or delivered, though that indeed is often how it is experienced in current medical regimes.

Women share many aspects of their sexual and reproductive processes with other mammals, but their consciousness and hence embeddedness in cultural meanings also shapes their physiological functioning in complex ways. Even seemingly autonomous physiological processes such as contractions that open the cervical sphincter and govern the baby's descent in the birth canal are directly affected by social interactions. These not only enter the body through the senses but also involve unconscious emotional responses. It is not possible here to explore the management of the self through an ego system that is simultaneously psychological/physiological, but as the discussion of the complex role of oxytocin indicates, mind and body operate together. As the ego mediates social influences and physiological processes, embodied subjectivity is indeed fluid and multiple, as post-structuralist theorists such as Grosz (1994), Flax (1993) and others have argued. It is also inescapably social. In birthing for example, as Gaskin (2003) points out, dilatation of the cervix is so highly sensitive to emotion and environment that rough handling by a caregiver can rudely disrupt the finely tuned physiological processes. Gaskin's advice to women and to their caregivers therefore is not to disturb the activity of the primitive brain-stem that manages instinctual behaviours. In telling women to 'let your monkey do it' in birth, the operative term is the first one — the 'doing' of birth is a process of actively surrendering. Women's subjective agency is critical to 'letting' processes develop over which conscious control is impossible, but for which agency in managing contractions, moving the body and responding to action initiated by the baby is still required. As in other forms of sensuous activity such as music or dance, a moving, living, conscious body enacts 'biopsychocultural' processes. In sexual behaviour, which of course includes birth and breastfeeding then, the locus of subjectivity cannot remain in the head, although this is its usual location in western culture (Young 1990b: 165, Flax 1993). It appears that many women in late modern societies increasingly find this displacement difficult to attain and some struggle to integrate mind/body processes.

On the basis of this analysis, we argue then that giving birth needs to be seen as a form of women's agency as sexed subjects, albeit performed more or less willingly and with different levels of emotional investment according to circumstances. Birthgiving, as Sarah Ruddick (1994) argues in extending her account of maternal practice, is something that women in particular *do* as a process — the term *labour* of course is not accidental. Their doing or performing though is never unmediated by cultural meanings and practices: at both collective and individual level birth is thus 'done'. However neither hegemonic medical discourse nor its infiltration into contemporary risk culture recognise or value women's agency in performing birth. Rather, both 'cite' or reiterate norms that quite literally construct or materialise the reproductive body as pathological and as the inevitable recipient of professional cure/care. Rather than supporting women to be fully present in their bodies and actively 'birthgiving', many practices hinder the complex mind/body processes involved. Furthermore, their cultural context makes it difficult for contemporary women to overcome the body-mind split and 'go with' processes which are not amenable to rational control (Akirch and Pasveer 2004). Conceiving birth then, or 'reconceiving' it in terms of how social practices become materialised in bodily performance, provides a way of reading contemporary cultural and personal dilemmas of birthing that does not essentialise or moralise, but does give due recognition to women's agency and embodied reality as well as their embeddedness in culture and social relationships. Culture is mediated not only through discourses such as those of medicine, but reiterated in practices and interactions such as those between a woman and her caregivers.

### Doing creative performances: body and culture intertwined

If, as we argue, the crisis of normal birthing now being discussed in contemporary western societies is a 'biopsychosocial' problem concerned with a changes in how we are now 'doing' or performing birth, collectively as well as individually, the

question of agency in and support for intense creative effort becomes central. Evidence from other forms of creative and peak physical effort, we suggest, can throw light on what is involved. This final section of the paper draws on a series of 12 interviews with people who work intensively in their 'lived bodies' as creative artists, athletes or theatre performers as well as work with a variety of birthing women.<sup>1</sup> This data demonstrates the intense effort of undertaking challenging embodied processes and its relevance to birthing. In conceiving and producing a creative work of theatre, or achieving peak bodily performance in sport, the psychological/physiological processes encountered are highly individual but also involve others. As the self is social, the role of support becomes critical to sustaining self-direction and to maintaining confidence in the capacity to accomplish the task. The parallels in maternity care emerge in stories of women who report the value of intimate support in labour (Oakley and Houd 1990, Anderson 2000, Reiger 2004, Edwards 2005).

A recurrent theme in accounts of the intense effort involved in creative production is the way in which the achievement of demanding human endeavours generally brings forward a 'crisis of confidence' in the self as 'doer'/performer. The capacity to stay focused on the goal and to endure stress and pain is highly influenced by the context within which it is enacted. Performers commonly reported both the 'dark places' they had to endure and the essential role played by their support group. A writer, Andrew, commented:

*Well there are big blocks and little blocks. The big blocks are about self esteem, self belief. That sets up huge walls. It's relentless. And there are points in the work where I lose it. I lose my capacity to believe in myself that I can do it.*

From her experience of her own inner process as a theatre director and writer, Jenny offered insight into the dynamics involved, saying that it was inevitable that she would 'lose the plot' at some point, saying 'I can't do this' The challenge was to keep going:



*What you have to do at that moment is just keep going, going through the hail storm. It doesn't mean that I don't completely lose the plot and get into black depressions and think what I'm doing is a pile of shit, it doesn't mean any of that doesn't happen.*

At these critical times not only does an inner emotional and embodied crisis have to be actively overcome, but relationships with others shape the possibility of moving forward. Tammy, an acclaimed marathon swimmer, said that when she lost her confidence she turned to her supporters and their response was critical in shaping her ability to go on:

*I'm feeling so bad, I'm wanting to vomit, I'm so cold. I was struggling. I can't stand it anymore and I'm crying and I just want to get out, and I'll look at them (her support team) and I'll say 'I want to get out!... My Mum and Dad never come on the support boat because my Mum says that if she saw me suffering she'd have me pulled out of the water. She can't stand to see me in pain, so I know she'd be useless. You do need that person, that team, who are going to be able to say the right things at the right time – somebody who can put your focus back into your intention – be your strength when you need it!*

What these creative and athletic performers describe then is what psychoanalyst Donald Winnicott (1971) termed the 'holding circle', the support role of particular experienced people who are in intimate connection with the doer/performer. They do more than offer words of encouragement but can embody, literally, containment of fear and vulnerability. A theatre director said that sometimes this meant actually pushing actors further into the difficult place:

*I mean one has to actually encourage relationship with that difficult stuff... Because I've noticed with actors when we're rehearsing and the actor is being like, what I call really wonderful and courageous and spontaneous, daring to be in their own terms slightly out of control, what would feel to them as if out of control, when in fact it isn't, but it feels unrecognizable, scary to them. Now that's a*

*very vulnerable moment. They're very, very ready to believe it was stupid, because it's a bit of a scary place. And I'd say 'that was really wonderful'.*

A good director then, said Eugenia, an actor, 'will see the germ of where I'm stuck and will create the opportunity to move through it and so you have an experience of that circle of holding, the safety net that they are being with you'. The crisis of confidence in performance is widely recognised in the fields in which these people work, as is the importance of support. Furthermore, physical performance, sport and the creative arts also generally sit within a larger social 'container' of high social and cultural valuing. This cultural perception of worth itself supports the intimate holding circle, offering the doer/performer a solid sense of support to lean into.

This evidence illustrates the strong relationship between the performer and the supporters, a connection that is also vital in the unfolding of women's agency in birthing. The current cultural discourse about birth and the resulting social arrangements, however, do not interpret birth as a 'doing' in a comparable creative embodied sense. Accordingly, there is no cultural valuing afforded to birthing women's efforts to embrace the potency of the physiological challenge. This places greater demands upon the capacity of the intimate holding circle to support the birthing woman in her task. When the inevitable 'storms of labour' generate their own particular crisis of confidence, a woman's capacity to continue, and to endure pain, is enhanced or diminished by the ways in which the immediate interactions with supporters or caregivers mediate the cultural message about birth being too difficult to accomplish without medical or pharmacological help. The argument advanced in this paper suggests that emotional support—the embodied capacity of others to 'hold' and contain the woman's fear—becomes transformed into physiological response.

Women's stories of childbirth indicate the role supporters can play in maintaining their capacity to keep going in the midst of the throws of painful creative effort as birthgivers. It was not sympathy though, but something else:

*My contractions were much stronger and I was very proud of how I was handling the pain. Several hours later, however, I had forgotten my romantic images and was kneeling in the tub howling and screaming from the depths of my soul, convinced that the pain was too much to bear. Not that I got any sympathy – instead I was showered with reassurance, love and incredible strength from the energy and wise words of those who were present to witness and support ... they showed me strengths I never realised I possessed.* (Michelle)

*The pain was becoming unbearable, or at least I had decided I wasn't strong enough to do it this time. I looked around at my three carers searching their eyes for any hint of sympathy – an admission that what I was attempting was impossible and I could therefore give up now. But no, their eyes betrayed no doubts but gazed back steadfast and confident.* (Polly)

Research with women who know and trust the midwives caring for them in labour finds them telling similar stories as these women told of family or friends (Anderson 2000, Reiger 2004, Edwards 2005). A woman who, after previous negative experiences had deliberately chosen a small rural hospital with a known group of midwives for her third birth also reported that she had a long, drawn-out labour over several days, which she had managed to deal with. Eventually though, as the labour intensified, she needed her midwife to contain her anxiety:

*I hit the wall and panicked, and said, held Rose's hand and said 'oh I'm so frightened' And she said would you like me to stay the night? I said yeah and she did you know. She didn't have to. And I really felt so reassured and of course I relaxed, and I had the baby 10 minutes later.... And I was in a mad panic you know, it's never going to come or it'd get stuck. And your state of mind plays such a big part in it. [But] I could talk about that because I didn't feel silly because I knew the midwife. She said look I'll stay. And I had him so quickly in the end.* (Katherine)

Other women in the group agreed that trusted midwives were critical to their capacity to birth

physiologically. Women are not merely talking about a superficial level of emotional support in these cases, but a deeper level of 'holding'. There is often a visceral quality to this support, creating, as dancer Beth described it 'a network of energy' which we are beginning to understand is, in fact, an embodied exchange not only of emotion but also of oxytocin. Thus human connection is materialised in the process of intense effort in which each person participates. They speak of looking into eyes, hearing reassuring voices, and sensitive touch. Like bodily processes, social interactions occur within the context of cultural meanings and, in Butler's terms, they can 'reiterate' the norms of that culture. Alternatively, sometimes they resist and challenge them. In the contemporary environment of medicalised birthing, family members' or professional caregivers' expressions of concern, anxiety and sympathy reiterate and therefore enact a perception that women 'can't do it any more'. We are not of course advocating a return to the dehumanised regimes such as those of the 1950s when women were often directly abused (Reiger 2001). Our argument is that increasing lack of cultural confidence in the physiological processes of childbirth becomes inscribed into the material reality of birthgiving through institutional and interpersonal practices.

The implications of routine practices such as use of electronic foetal monitors and speedy resort to epidurals need to be explored further than is possible here. They 'reiterate', and directly put into effect, the fearful, risk-oriented culture constructed by medicine and refracted through the media. Rather than acknowledgement of and hence construction of women's subjectively lived bodies in childbirth as pushing through to accomplish a socially valuable activity, the passivity that was central to nineteenth century representations of womanhood remains. The 'suffer and be still' injunction to women as Vincinus (1973) summed it up, is interpreted in terms of the rescue afforded by technology. While as Beckett (2005) points out, it is hardly surprising that feminists reject the argument that childbirth pain might somehow be morally 'good



for you', fear of essentialism means that many neglect the physiological role of normal pain in birth, including the endorphins released in the body to mitigate it. There is not space here to discuss the question of pain more fully but in this paper we have argued that it is time to move beyond polarised positions and to build on current interdisciplinary research that allows us to consider such questions in light of women's lived bodies as a source of agentic achievement in birthing.

## Endnote

- 1 The interviews of performers were carried out by Rhea Dempsey in the late 1990s as a part of work for presentations in her role as childbirth educator. The discussion also draws on the many births attended by Rhea Dempsey and on four focus groups with women who had recently given birth in a rural area of Victoria in 2004. These formed part of a project on the introduction of a team model of midwifery care in a rural hospital carried out by Kerreen Reiger as part of a La Trobe University collaborative grant with industry. LTU financial support and that of Wonthaggi and District Hospital is acknowledged.

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