

# BIRTH AND POWER

## INTRODUCTION

This paper is a result of working with the Mass-Observation Archive at the University of Sussex. The Mass-Observation Archive is a writing project which started in 1937. Between 1937 and the early 1950s people from all over the country were invited to record their everyday lives. In 1981 a new project was initiated with a similar aim. The Archive houses a collection of responses to 'directives'. These consist of questions prompting open-ended answers to various topics. In this way the thoughts and opinions of 'ordinary' people are once again being collected.

We were introduced to the Archive as part of a first year undergraduate anthropology project and chose to work with the responses to a directive entitled 'birth'. It dealt with people's knowledge of their own birth, any birth they had witnessed and personal experiences of giving birth.

We have examined the experience of a group of women who were born in the 1920s and 30s, and directed our research around their own experiences of giving birth. We found that there was an overall theme of conflict and power struggles between most individuals and the institutions in which they gave birth, resulting in a deconstruction of the romantic notion that birth is a wonderful experience. For many this important moment in their lives became a nightmare. We had no objective but to explore. Our aim was not to set a question nor to test a hypothesis, but let the women talk to us through their replies.

"While studying women is not new, studying them from the perspective of their own experiences so that women can understand themselves and the world can claim virtually no history at all" (Harding 1987:8).

We let the topics find us rather than look for predefined topics in the letters. This process will become apparent later in the paper.

## METHODOLOGY

We read through a number of the responses at random giving us an initial idea of what the directive was about and the kind of writing it had encouraged. At first we looked out for incidences of still births and miscarriages, as we felt they were taboos not normally talked or written about. However, during group discussions we found that there were many common themes and that there were many more issues that grabbed our attention. As a group we were able to discuss these points as they arose during the reading. We found common themes such as poor hospital treatment and negligence. There was a general deconstruction of the myth that birth is a wonderful experience.

By the time we met with our project tutor Eva Mackey we had done a substantial amount of reading. It was not until talking to her that we realised how many themes we had identified and how enthusiastic

we were all feeling about the topic. Before the tutorial we were unsure of what methodological direction to take and we were concerned about 'scientific' arguments that we did not feel had a place in our research. The Mass-Observation Archive is not representative of the population in general. The recruitment advertisements are not necessarily read by a broad cross-section of society and replies are often limited to those who enjoy writing. This was our main argument for disregarding quantitative methods of research. It should be mentioned however, that 'birth' is one of many topics people are asked to write about. They did not join the Archive to write specifically about birth. We decided to value each woman's account in its own right and saw the women as being their own ethnographers. Eva encouraged us to break away from the scientific methodology and guided us towards what could be called 'interpretive' anthropology within a feminist methodology which seeks to challenge traditional representations of women. (See Harding, S 1987, Moore, H 1992).

Within our reading, we came across what we spontaneously termed 'juicy'. Knowing that we could not base our project method on such a vague criterion, we decided to explore what it was that made these accounts 'juicy'. We also had to limit ourselves to a certain number of accounts and this was finally achieved by placing the 'juicy' letters in piles with the rest of the responses according to what decade the writer had been born in. A large proportion of the letters we had found interesting were in the groups born in the 1920s and 30s. We found that this group was of a manageable size (it totalled 66 accounts from women). This means that the births generally took place in the 1940s-60s.

We began to develop a framework within which to place themes that were emerging. The issues raised by the women could be placed within categories such as preparation for birth, experience, and response to childbirth. We also became increasingly aware of the powerful images that were evoked by these women and the vividness of their memories (or in a few accounts the near absence of memory). We realised that accounts that were in some ways different, by either mentioning or omitting some aspect, made us sensitive to common themes we had not previously been aware of. We started to take notes as we went along within the framework, re-reading the accounts in these terms. By the second tutorial, definite themes had already evolved and we kept finding more.

After the second tutorial, we re-read the rest of the accounts making relevant notes. We then for the first time went away and individually set about listing the themes arising in the accounts we had read. On a hot Bank Holiday Monday we met again and were faced with the rather difficult task of narrowing down the many themes into a more comprehensive set of main issues, and thereby evolving a general table of main themes and sub-themes (see appendices). The tables were helpful as confirmation that the themes we felt were emerging were in fact prominent. We did not however use the tables with the aim of producing quantitative results. It was the process of compiling the tables that was important to us.

In the following days we re-read the accounts for the third time and completed the checklists for each account and then tallied them up. Though we had worked within a framework of 'expectations', 'experience' and 'response' to giving birth, useful during the research process, we were now ready to reject it for the rest of the project. It had served its purpose and would only have constrained us henceforth. We decided upon forming main headings that were not so much concerned with the chronological unfolding of events, but were instead centred around main issues we had identified.

During our research we read parts of Allatt et al. (1988), Cambridge Women's Studies Group (1981), Harding (1987) and Martin (1989). These studies had reached similar conclusions concerning alienation and mechanicalisation of the body. It was important, we felt, that it was not until quite late in the research process that we started reading other work. In this way we were able to allow the material to be the initiator of our ideas

We feel that the most important aspect of our project was the methodology we employed. We did not set out to use any specific model and our methodology grew with us as the project evolved. We had thought of methodology in a textbook way: methodology being something one looked up rather than created as one went along. Here we had created our own methodology, tailoring it to suit our needs. It is through the practical experience of evolving a methodology that we have come to recognise its place in social research. More importantly we have come to see methodology as a tool rather than a scientific set of rules or laws. It was this approach that allowed us to let the women's voices be heard and it is through their extracts that their story is told.

## **FINDINGS: BIRTH AND POWER**

"the intensity of the event makes it remain vividly in the memory" N1592

Working with letters meant that we became very involved with each of the women who had written. Their stories became real and there was an intimacy that was deeply moving. What was especially striking was the intensity and detail with which these women were writing. For many the directive was a great opportunity to write about something that they either liked talking about or it became an opportunity to open up about things that had been suppressed within them for years. In the quotes used the women are referred to by their Mass-Observation number. The Archive allocates a number to each individual to maintain anonymity.

"Gor blimey what a prospect - I know of no woman who does not delight in giving blow by blow accounts at the drop of a hat" B1180

"Isn't it bizarre? One gets so used to *not* talking about this because it's excruciatingly boring to other people, that now there is an opportunity to do so I still find it difficult" B1533

"This is the first time I have ever been able to write down these experiences and I have never spoken about them to anyone at all" C2570

### **THE RELATIONSHIP BETWEEN THE INDIVIDUAL AND THE INSTITUTION**

The main theme that we found was an issue of power. There was a conflict between the individual and the institution. Nearly all the other themes we came across were a part of, or connected to, this issue.

The notion of birth as a wonderful experience was being deconstructed as women felt they had lost control of their own bodies and the situation they were in. These women were going through one of the most important events of their lives, and outside forces were taking over and alienating them from this experience, or turning it from a positive experience into a nightmare.

"The birth of our son took place thirty six years ago and I still have not forgotten the trauma of it. What should have been a happy period in my life was made truly awful by the treatment at our local hospital." P428

"I consider childbirth a necessity which is a means to an end and no pleasure in itself - in fact the opposite, something to be forgotten as soon as possible." M2629

"The stay of two weeks in the hospital was without any doubt the worst two weeks of my life." P428

"For me, as an experience, it was diabolically awful. I remember agony, fear and wanting to be home. I also remember some criminally cruel doctors (a woman was the worst). A nightmare." B1120

### **TREATMENT**

"Birth is a time when a women is entirely at the mercy of the kindness and caring, and the expertise of strangers." K2655

The manner in which the majority of women seemed to have been treated came across as lacking compassion, sympathy and at times there were cases of direct abuse. At a time when these women were feeling insecure, afraid and very vulnerable they were not receiving the support that they needed.

"I felt very adrift on a sea of carelessness." K2655

"My first daughter was born in 1948 in hospital, in which I was imprisoned for several weeks as I developed toxæmia..the discipline was strict to the extreme. The wards were very large and there was no privacy of any kind, no curtains round beds or disguised bedpans...We were given what would now be seen as barbaric treatments for late arrival - if we were overdue, the treatment was a very hot bath, half a pint of castor oil, and a large enema. Wonderful preparation for childbirth, and if this did not work (it usually did not) we were taken to the labour room, a bucket was put under our appropriate bits, and the doctor, with a large pair of

scissors, pulled the bag of waters and snipped a piece off...no doubt it put the same frighteners on the baby as it did on us. This is the first time I have ever been able to write down these experiences, and I have never spoken about them to anyone at all." C2570

(labour started Monday)

"After afternoon tea on Thursday nurse decided to take me to the toilet down the corridor, I was in a great deal of pain. When I tried to sit on the toilet the pain was unbearable, I told her I couldn't stand it and wanted to return to our room but she told me to get in there again and 'SIT DOWN on the seat this time no matter HOW much it hurts because you are NOT going back till you do so'. I was crying, the pain was awful, I forced myself to sit down whereupon the baby's head come through and got hit on the toilet seat. I called to her and she said 'get up and hurry back to bed'. She called another nurse, yelling about an emergency and telling her to get me into bed while she went and phoned for the gynaecologist. The assisting nurse helped me into bed and then got a cloth with chloroform on it and put it over my face, as I felt myself losing consciousness my nurse came into the room and I heard her say 'Oh my God, you haven't given her chloroform have you? She's got a bad heart' as I lost consciousness I thought Good-bye World" D1697

Hospitalisation was placing the women in the contradictory role of mother and patient and it is this labelling of 'patient' that we feel is at the root of much of the loss of control. Rather than be seen as life-giving and thus powerful, they were viewed as ill and thus weak.

"The fact that childbirth equates with patienthood often escapes unnoticed, but the role of patient is a very particular one in our society, and it implies an ideal type of behaviour (passivity) which is notably at odds with that required for the role of mother (activity and responsibility)." (Oakley 1988:27).

"...first childbirth carries other important connotations for women...It means institutionalisation - as all but 1 per cent of women in Britain give birth in hospital - and all the invidious stigma of institutionalisation as described by Goffman applies to mothers in hospital as much as they do any other 'inmates'" (Oakley 1988:27).

Many women wrote about staff who had been inconsiderate or worse.

"...the staff nurse left in charge was totally awful. I was neglected so much my stitches went septic and I was ill with toxæmia. The stitches became embedded in the wrong place and had to be removed without any anaesthetic or painkilling drugs." P428

"Staff were bossy and unfeeling. I was miserable and bewildered." H2673

"You had your baby more or less alone with certainly no compassion and a lot of agony." F1560

"One or two of the staff were nice. The others were not. And there was a fair bit of feminine sadism which I think has always been a nasty facet of hospital life." C2570

There seems to be an idea that women should be able to conform to the system rather than the system conforming to the needs of the individual. This becomes apparent when women are rebuked for giving birth at the 'wrong' time.

" 'No, no, not yet,' I was told, rather fruitlessly" P2546

(After having given birth without the midwife present as the midwife had been delayed) "...she was not pleased. 'You should have held back till I came dear' she said." N1592

There are also recurring instances when women are *told* how they are feeling or when what they are saying is simply ignored.

"I must have cried out, for I remember the anaesthetist saying, 'It isn't hurting now!' and myself thinking 'silly ass, what does he know about it?' " P2546

"...the houseman set about stitching me - I was very badly torn. I asked for anaesthetic but the houseman declared it not necessary. I really got mad and said I must have something. I was reluctantly given gas and air." W2588

"Shortly a trainee midwife came with a tumbler of warm milk with castor oil floating on it and told me to drink it. I protested that it would make me sick, but in vain! I attempted it and before I could call for help I had vomited it all over the bed. I was roundly scolded by the midwife. It was all so impersonal and formal." W2588

The women were not allowed to determine the timing nor the way in which they gave birth. Instead it was dictated by the medical staff who presumed authority by virtue of their medical training. The emphasis was no longer on the woman but on the aid she was receiving, thus attributing the credit for giving birth to the medical staff rather than to the women themselves. These women seemed to be raising the crucial question of WHO was in fact giving birth?

### **OBJECTIFICATION, ALIENATION, VULNERABILITY**

As a result of the treatment they had received, many women felt objectified and alienated while in a very vulnerable position. Many felt more like numbers on a huge ward rather than individuals, and some were afraid that they had been forgotten. Birth was a process they had no control over.

"The medics all tended to be superior beings and made one feel like an object - a case." B58

"I was petrified at the sight of the high-sided bath! How was I to get in and out of it unaided? My husband had always helped me in and out of the bath during the last weeks as I was rather unstable. I managed it, but felt very vulnerable." W2588

"...we were all called 'mother' in those days, not 'dear' or 'love' or even 'Mrs Er...' - just 'Mother'." N1592

Most were young, inexperienced and unsure of themselves in an alien environment. Many were afraid to speak up for themselves.

"I was in my early 20's and not particularly questioning or assertive and just went along with everything they said." N1592

"One day they gave me the wrong baby...I hardly DARED tell the nurse for fear she would be cross." N1592

The stirrups that women were put in we feel stand as a powerful metaphor for the objectification so many women experienced.

"...nowadays women may really have a say in the position they adopt during labour...That sort of thing wasn't discussed - you couldn't opt to crouch, or give birth under water, lie on your side, or sit on a special birth stool. The position was feet in stirrups and that was how everybody did it because it was more convenient for the doctor." N1592

"I did not like the delivery room as the bed had metal stirrups into which my legs were strapped." M2290

"Oh, the indignity of those ankle straps on poles, feeling like a lump of meat and no one to give a word of comfort, all busy with their tasks." H2673

### **POSITIVE ASPECTS OF HOSPITALISATION**

The impersonality of steel and the objectification experienced when 'tied up' is beautifully contrasted in accounts of positive experiences, by the same position being accompanied by caring and bodily contact.

"The midwives were wonderful, and they held my feet against their nice soft bodies and the birth was easy." M2290

There were some positive experiences. A few women emphasised that the care and treatment they received was very good.

"I remember how kind the ambulance men were when they transferred me to a hospital trolley...A very nice male doctor held my hand while I had the stitches put in - he had a Welsh accent and said 'you've got freckles in the most unusual places' - I rather fancied him during my stay in hospital." N1592

"I had nothing but praise for the medical staff who assisted at the births." N1484

Others were grateful for the chance of being together on a ward with a large group of women who all shared the experience of having given birth. It was both comforting and reassuring. The importance of this support became clear in one case where a woman was removed from her group.

"About the 4/5th day there was a problem with the beds and I had to be moved to another ward. I just howled - the small move down a corridor seemed to take away all my security. I had to get to know another group of 'mothers'." N1592

## **RESISTING THE INSTITUTION**

Some women resisted the institution. They were assertive and tried to exercise their own power. Through this the power struggle between individual and system became apparent.

"I paced the floor every time an eye was turned away from me." B1180

"I picked her up only to be told by the nurse that I mustn't do that - but I was 'stroppy' and said she was my baby and I'd do what I liked!" W2267

Especially women who had previously given birth and therefore had more confidence and experience came across as more assertive. In retrospect some women also write that they would not put up with that sort of treatment now.

"I wouldn't stand for it now...I wouldn't be so meek and mild nowadays." N1592

Opting for home births seemed to be one way in which some women were reclaiming control of their bodies and the experience. Nearly all the women who had given birth at home for their second child preferred this and many wrote that they felt more in control

"Giving birth...should be under the control of the mother, subject to reasonable medication and not the senior chaps with the expertise. When possible all births should be at home unless there are real reasons, such as gross dirt, noise and overcrowding, why the mum cannot have her child at home and get away from the medicalised-man-made-motherhood." A1292

## **CONCLUSION**

Reading through the accounts each one of us sensed quite strongly some of the trauma many of these women had gone through. The imagery was vivid and the detailed natures of their accounts were beguiling. Many felt robbed of the positive experience that they were entitled to. It proved to be a myth that *all* births are wonderful experiences where all previous pain and discomfort disappears the instant you set eyes on your child. Reading through the letters we too felt the shock and disillusionment as the bubble surrounding birth burst.

We see these cases as extreme examples of the individual being lost in the institution/system, here the hospital. Individuals are made to conform to systems rather than systems adapting to the individual and

this person's needs. The mother, being the active and powerful agent of childbirth, is placed into the contradictory role of the passive patient who *receives* her child rather than *giving* birth to it.

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