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Procreation Stories: An Introduction

Unlike death, its only competitor as an essential human experience, birth has an involved witness who lives to tell the story, a birthing woman. Her experience is of universal importance, because it is she who is caught up in that elemental activity, childbirth, with hurricane intensity. And it is her story that is rarely, if ever, told.

Carol H. Poston, 1978

IN A CHILD'S blue wading pool decorated with dolphins and fish, Simone Taylor, a small woman with the strong body of a runner and short blonde hair, sat naked in about six inches of warm water, hands on her pregnant belly. She reclined into the lap of her husband, David, and rested the back of her head on his shoulder. As he held her, she closed her eyes, and took advantage of a lull in her body's rhythms. Simone was giving birth in the living room of her two-bedroom apartment with the help of David and two midwives, who knelt beside the pool. I stood by with a video recorder and two cameras, taking pictures of the birth at her request.

With the next contraction, Simone shifted from David's lap to her hands and knees, hoping the change in position would give her some relief from the weight of her uterus. She erupted with a deep and forceful groan. The midwives responded with a chorus of, "Open, open, open, open." The contraction subsided and she reclined once more into David's lap. One of the midwives poured more warm water into the pool, as I held some watermelon close enough to Simone's mouth for her to take a few bites. She ate, leaned back, and waited with eyes closed, thinking to herself as she told me later, "I could wait forever. I don't really want to do this!"

Next to Simone's powerful groaning, the quiet of waiting was palpable. We all kept still as Simone prepared herself for the effort of birth, and as her baby waited to continue its descent through her birth canal. The next contraction brought Simone to her hands and knees again. Her low groan became a higher-pitched scream, as she cried out, "Owwww! No, I can't do this, God! Make it stop!"

"You can do it; open, open, open, open," the midwife chanted. "Your baby's almost here."

With the ebbing of the contraction, Simone rested once more against David. “I’m being a wimp,” she lamented. “No, you’re not,” we all replied at once. I added, viscerally remembering my own pain just one year earlier, “You’re being totally brave.”

For the rest of her labor, Simone stayed in David’s arms. During the next contraction the baby’s head crowned and Simone’s perineum stretched wide. “Aieee!” she cried. “Please make it stop!”

“Open, open, open,” the midwives repeated gently.

“I’m tearing!” Simone insisted.

“No, you’re not, you’re stretching,” the midwife reassured her as she supported Simone’s widening perineum with her hands. “Your baby is almost here.”

With another great cry and push from Simone, the baby’s head emerged into the midwife’s waiting hands. “The baby’s head is born,” the midwife said calmly. “One more great big push.” Simone, eyes closed, reached down to touch her baby’s head. We waited again for Simone to push the rest of the body out with another contraction. The baby, halfway between the world and its mother’s womb, waited too.

Then, with a low moan and some forceful grunts, Simone pushed the rest of her baby out. As the midwife placed the wet and wrinkled baby, still attached to its thick, pulsing cord, on Simone’s chest, the baby gave forth a lusty cry, announcing its presence to the world. Covered with a blanket and capped with a hat, the baby nestled in Simone’s arms as David spoke gently: “Hello, baby! Hello, baby! It’s good to see you!” Stopping himself, he laughed and said, “Wow!”

Simone lay back exhausted and closed her eyes. After a few minutes, while David delighted in his new daughter and the family dog came over for a look, Simone roused herself. “Ten fingers, ten toes?” she asked.

“She’s beautiful, a blue-ribbon baby,” the midwife enthused.

“Look at those eyes,” Simone murmured. “I think I’m going to start having fun in a few minutes,” she said with a smile. Simone began to examine her new baby and marveled at her newborn’s resemblance to her older child. “Anna,” she declared to her baby, “you are so beautiful. We’re going to have a great life together.”

After David cut and tied the cord, Simone delivered the placenta. One of the midwives then helped Simone out of the wading pool and into the shower, while the other midwife dressed Anna and swaddled her. Freshly showered with a clean T-shirt on, Simone crawled into bed. The midwife snuggled Anna up next to her, and Simone began to nurse her baby. Still wearing the “good karma” earrings she had carefully put on at the start of her labor, Simone looked rosy-cheeked and a little bewildered as she gazed at her newborn child. A few minutes later, Simone’s mother brought Leah, Simone’s four-year-old daughter, back home. With a look of won-

der, Leah walked into the bedroom and saw her newborn sister. She promptly climbed into bed with her mother and father and reveled in holding her new sister, bundled in blankets, just half an hour out of her mother's womb.

More than twenty years ago Carol Poston could write, quite accurately, that women's stories of childbirth were "rarely, if ever, told."¹ This is not the case today, thanks in part to feminism and to a growing alternative childbirth movement. Women are telling their birth stories—to their children, to their friends, to writers, scholars, and television producers, and, in their own books, to the wider world. My story of Simone's birth and this book as a whole join a panoply of other voices, women's and men's, telling stories of childbirth.²

Over the course of researching this book, I have listened as women told me of seemingly unrelenting pain, overwhelming joy, unsettling fear, and gritty determination. I have had a particularly childbirth-attuned ear and eye, listening and watching for any references to childbirth in the culture around me, and storing these pieces of the wider story of childbirth in North America in file folders, on scraps of paper, and in my mind. Perhaps two of the most famous births during this time were those experienced by pop icon Madonna and by the mother of the first surviving septuplets, Bobbi McCaughey, both of whom gave birth by cesarean section in the hospital. While in part driven by celebrity and the extraordinary, the media frenzy surrounding both of these very different birthing women also showed the power of childbirth to capture the imaginations and attentions of North Americans. Most interestingly for me, however, the media coverage often highlighted these women's religiosity—Madonna's "turn to the East" in the wake of her daughter's birth and Bobbi McCaughey's Evangelical Christian faith and supportive church community both attracted much media interest, albeit mostly of an uncritical sort.³

In this book I take the analysis of the link between religion and childbirth much further than the brief, popular accounts of "celebrity" or "extraordinary" births. Working with the childbirth stories of "ordinary" women like Simone, I ask questions about how women interpret and create the meanings of childbirth in their own lives—how they make sense of the pain, evolve evocative metaphors for their birthing bodies, and sometimes find transformative power in their procreation. For all of the women I have met in the course of this research, childbirth is not simply a life-crisis moment that comes and goes. Birth sticks with a woman, remaining in her bones and her flesh as an embodied memory long after the baby has left her womb. And for all of the women I met, those embodied memories were either immediately or gradually woven into religious

meanings, whether from the perspective of an Evangelical Christian, a Reform Jew, a Goddess feminist, or a “not-so-religious” woman.

Guiding my inquiry into the religious meanings these women attribute to childbirth are the two issues I referred to earlier: one, tensions between feminist and traditionalist appraisals of the symbolic meaning of birth, and two, the kinds of agency afforded to or denied women as they derive religious meanings from childbirth. More specifically, considering these issues leads me to ask the following: What does home birth, a woman-centered movement struggling to return birth to the home and to women’s control, mean in practice for women’s gender and religious identities? Does this supreme valuing of women’s roles as birthers and nurturers define women solely as procreators and caretakers, or does it open up new realms of cultural and social power for women? Asking these questions while being attuned to the significance of religion not only allows me to explore new understandings of what it means to practice religion in contemporary America, but also challenges both feminist and traditionalist interpretations of motherhood and childbearing women.

As a scholar of religion, I understand the word “religion” to be embedded with meaning on many levels. In contemporary America, perhaps the most popular understanding of religion lies in its contrast with “spirituality.” In this usage, religion is age-old tradition, encrusted with hierarchy, institutionalization, and meaningless ritual. Spirituality, on the other hand, is thought to be a more immediate, accessible, personal relationship with God (or another deity), sometimes encountered through meaningful ritual. Though these are not my own definitions of religion and spirituality (as will become apparent in chapter 4), I realize they have a powerful hold over contemporary discourse about religious or spiritual matters. At this point, I do not want to choose one word over another at the risk of obscuring my arguments, or worse, misrepresenting the stories of the women in these pages. For some women, giving birth evoked “spiritual” responses that they drew from eclectic sources. Others interpreted their births within more traditional religious doctrines or allusions. What these women shared, despite their different sorts of religious or spiritual allegiances, was the desire to situate birth within realms of meaning beyond the biological act itself. In all cases, they worked with their bodily experiences of birth in imaginative and empowering ways, becoming creative visionaries. As I will show, all of these women did this creative, imaginative work at the margins of traditions, collecting scraps of ritual, metaphor, and, in some cases, literal objects, to bring meaning to the process of birth and its aftermath.

Religions have long used birth, a rite of passage we all pass through in one form or another, as a central metaphor to express the hope and potential of recreating the self, and in some cases, society.⁴ Many religions have

mythical birth stories at their root; earthly women give birth to supernatural gods or holy men, but never become quite as powerful as their sons. Ironically, given the fruitfulness of the idea of birth to many religious systems in terms of divinely wrought immaculate conceptions, being born again, and enduring cycles of death and rebirth, in Western religions women's actual experiences of birth have been sorely ignored and underritualized.⁵ In this study I shift this meaning-making gaze in a different direction. I ask not how religious traditions have ritualized birth or used it to make sense of human existence, but how birthing women use religion to make sense of their births, and how in turn they draw on birth to make meaning in their lives.

Though I would argue that no birth is ordinary, in one important way the stories that I tell here are themselves extraordinary, at least in the context of North America on the cusp of the second millennium, when most women give birth in the hospital. All of the women I write about have chosen to give birth at home, some with midwives or doctors in attendance, and others with no one but their husbands. Their choices are rooted in diverse motivations, some explicitly and doctrinally religious, others more diffusely so. But they all share at least one commitment in common, namely that childbirth is not a disease but a natural process that healthy women, left to their own devices, are good at. While many women who give birth in the hospital would share this commitment, these home-birthing women have pushed their convictions one step further in their decision to birth at home. Their subtle shifting of the language of birth reflects these convictions about birthing, as they replace the conventional phrase "to give birth" with the more active "to birth," a linguistic gesture that I replicate at times throughout the book as a way to focus attention on the action of childbirth.⁶

The stories of women like Simone are important in their own right, but are also important for North American society more generally. Their forceful questioning of the ways increasingly expensive and invasive medical technologies manipulate human bodies—especially at the beginnings of human life—is rooted in a concern not only for physical integrity, but for the integrity of the spirit. Their insistence that physical pain in childbirth need not always be interpreted as suffering that requires obliteration through drugs is grounded in an embodied conviction that pain can also generate propitious forms of power, and in some cases, community. For these women, a society that supports a woman's choice to give birth at home and supports her caregivers would learn to honor the sensations and process of childbirth. Through extending this support, society might come to a more profound respect of the diversity of physical and social experiences, and a deeper realization of what slim threads of commonality might tie us together as human beings.

In choosing to write about women like Simone, I intend this book to speak to several audiences at once, some of which may overlap. First, I hope scholars in religion, women's studies, anthropology, and cultural studies will find contemporary childbirth to be a fascinating site for the interplay of religion, gender, and the biological and symbolic body. In the case of home birth, where in certain states women must break the law in order to give birth at home with their chosen caregiver, this interplay includes the law, as women challenge the authority of the state over their childbearing bodies. Direct-entry midwives, those who do not undertake nursing training but instead train in midwifery schools or by apprenticeship to another midwife, are the objects of most of the state laws that declare midwife-attended home birth illegal. In the year 2000, direct-entry midwives were illegal in nine states and legal but not able to obtain licensure in seven states, including New Jersey.⁷ Operating in an underground economy, without access to payment from medical insurance, direct-entry midwives are nevertheless attractive to some women, whether because of their more intimate style of care or because they will attend births that certified nurse-midwives, their professionally legitimate cousins, cannot attend, such as a home birth after a woman has had a previous cesarean section.

I also write with a more general audience in mind of women and men who are interested in contemplating the meanings of childbirth, whether in their own lives or in the wider culture. Included in this audience are the women about whom I write. Some of these women have responded directly to me after reading an earlier version of this work, and I have taken their comments into consideration in writing this book. In every case, I hope that my renditions of these significant events in these women's lives ring true to their own experience, even if they may not always be in agreement with my interpretations.

Meeting the Women: Some Comments on Method

I met the women in this book through a variety of channels, including through midwives (who first asked their clients if I could call), postpartum gatherings at a midwife's house, flyers posted in another midwife's office, a midwifery study group, and most commonly, referral from women I had already interviewed. As such, I do not present their stories as representative of all birthing women, or even of all home-birthing women. They are a group of particular women whose voices come together because of my efforts to gather stories, and in some cases, their willingness to share their networks of friends with me.⁸ Though I was careful not to solicit only self-identified religious women—for example, my flyer made no reference to

religion—inevitably after an interview in which I had asked questions about religion, some women directed me to friends who they thought had particularly spiritual birth stories. As well, since I had told the midwives who referred me to women about my interests, and had introduced myself as a graduate student in religion, they also pointed me to women they thought of as religious or spiritual. However, I was also careful to interview women who claimed no religious affiliation at all, or who claimed that birth had little to do with their religious background. Significantly, in talking with me, these women did speak of religious practices or spiritual interpretations tied to their births. Therefore, though the group I ended up speaking with might be more religious than a random group of home-birthing women, they were a very diverse group religiously speaking, with a wide range of perspectives and levels of religious commitments. As well, their religious interpretations of birth correspond with a persistent theme in home-birth literature that depicts childbirth as an important spiritual experience.

Many of the women agreed to meet with me after only talking with me on the phone, but usually in these cases I mentioned a specific person who had given me their name. Due to the illegality of direct-entry midwifery (midwives who have trained either as apprentices or in nonnursing midwifery schools) in many northeastern states, several women were initially suspicious of me until I could show that I had the support of their direct-entry midwives. In several cases I was asked whether I was “pro- or anti-home birth,” especially by women who had employed direct-entry midwives or who had birthed unassisted. When I could respond that I too had given birth at home, albeit with certified nurse-midwives, these women agreed to speak with me.⁹

For all but one of the forty-five interviews, I traveled to the woman’s home, and spoke with her for between one and a half and four hours (in the exceptional case, the woman came to my home). In two cases, I interviewed a woman before and after her home birth, and in another case I interviewed a woman twice.¹⁰ The interviews took place in two northeastern states over the course of two years in 1995–96. During this time I also interviewed four midwives, three of whom were certified nurse-midwives, with licenses to practice at home and hospital privileges. One was a direct-entry midwife, who had trained by apprenticeship and was unlicensed and illegal, and thus unable to accompany her clients to hospital. These interviews and many more informal conversations with other midwives, both licensed and unlicensed, helped me to gain helpful technical and contextual information. In addition to interviews, more observational fieldwork shaped my understanding of the home-birth movement. I attended a number of home-birth-related events, such as postpartum gatherings organized by direct-entry midwives, at which their clients who

had given birth in the past month met to talk about their births and introduce their babies. I sat in on office hours at a certified nurse-midwife's office, talking about my project with clients, and visited a "midwifery study group" attended by direct-entry midwives, labor assistants,¹¹ interested women, and one medical student. I also attended a daylong "healing workshop" on childbirth issues led by a nationally known home-birth activist. One woman, Simone Taylor, whose baby's birth I described above, did me the honor of inviting me to take pictures at the birth.¹² Throughout, I traveled in a world peopled mostly by women; a woman's husband might occasionally pop in during an interview, especially if it was the evening, but for the most part the gatherings I went to, the offices I frequented, and the homes I visited were overwhelmingly women's places.

Given the diversity of sites I traveled among, it is difficult to circumscribe the "field" of my research. I did not have to go farther than a three-hour drive to meet my "informants," but I did find myself in what I considered alien environments within the familiarity of my assumed home ground. As a white, Canadian woman in my late twenties with an ambivalent relationship to my Mennonite background, meeting women of such religious diversity was both exhilarating and intimidating for me. Entering an Old Order Amish woman's home with its typically large and impeccably kept kitchen, with no sign of electricity anywhere, usually made me nervous, and very conscious of my car, my clothes, and my questionable piety. These concerns eased, however, upon meeting a woman like Mary Rose Erb, who I first saw driving handily up her driveway in a smart, black, horse-drawn buggy as I waited outside her house with my daughter. Mary Rose warmly welcomed me into her home, apologized for making me wait, and then proceeded to give me thoughtful and direct answers to my questions as we sat around her kitchen table. We chatted about our children's sleeping and nursing habits long after my "questions" were answered, while her four-year-old daughter amused my eleven-month-old with a doll in a cape dress.

Crossing the threshold of a Pentecostal woman's home prompted similar bouts of nerves, in anticipation of inquiries about my spiritual state. With some women, like Janet Stein, these inquiries eventually did arise. While I was perched on the doorstep of her town house about to leave, Janet asked me whether I was a Christian, and I stumbled out something about being in a state of questioning. She quickly handed me a pamphlet the size of my palm that pointed the way to salvation with Jesus Christ, and seemed content that at least I was undecided. On a second visit to her house, however, she did not inquire again, and was happy simply to continue her witness in the form of telling me her life story. Other women inquired about my religious identity, and while many wanted to know

more about Mennonites, none was so directly concerned with my current spiritual state as Janet.

My feelings of being an outsider, however, were not limited to my meetings with women who differed from me religiously. Instead, even at gatherings where I might have felt more culturally at home in some ways—like an underground midwifery study group peopled with aspiring lay midwives, lesbian holistic healers, and self-proclaimed feminists—I was conscious of being something of an outsider. Once when I was about to leave a meeting of the midwifery study group, one of the leaders of the group called me back into the circle of women to ask me which midwives had attended my baby's birth. When I replied with the names of the midwives, whom everyone there knew were certified nurse-midwives, the group chuckled, not entirely sympathetic to the licensed CNMs, given their own illegal status as direct-entry or aspiring midwives. Earlier that afternoon, when I had mistakenly brought a bowl of meat-filled tortellini salad to the study group's potluck meal and told a vegetarian it was filled with cheese, I was mortified, and chastised when I informed her of my error, one bite too late. And in that anti-immunization crowd, I made no mention of my choice to have my daughter immunized. My lifestyle choices—choosing CNMs, eating meat, immunizing my child—once made visible, subtly distinguished me from this group of women who otherwise were much more similar to me than Pentecostal or Amish women. Revealing and concealing different aspects of myself, while not always a conscious and rarely a calculated maneuver, was an ever-present part of my interactions with all of the women I met—as it is with every human encounter.¹³

My musings about my relative position vis-à-vis the various women I encountered are in part driven by concerns that have occupied many ethnographers. In at least the last fifteen years, ethnographers have increasingly questioned their methods and claims to authority, especially in a “globalizing” world where the subjects of ethnographies are often also their readers. Feminist ethnographers have been particularly concerned with issues of responsibility and accountability, as they consider the political consequences of their work for women who may be placing themselves in personally awkward or threatening situations as a result of their willingness to talk about their lives.¹⁴ While the women in my study had little awkwardness in talking about birth, there were other parts of their “procreation stories,”¹⁵ such as their stories of abortion, that did bring them to hesitate, whisper, and sometimes cry. Unlike abortion, childbirth stories are set on more acceptable terrain. Though childbirth is politically contested and some women recount their experience in the genre of the “horror story,” women (at least middle-class, married, heterosexual

women) are not condemned for giving birth, but celebrated.¹⁶ For the most part, talking about birth made these women feel good.

Much of their ease with talking about home birth stemmed from their knowledge that I had made the same choice. Between-women discussions of motherhood—from choice of birthplace to mode of child rearing—can be enlivening, but they can also be fraught with tensions. Women make many choices about bearing children. Some choose not to mother, some face infertility and may choose among adoption and fertility treatments, some choose hospital birth or scheduled cesarean sections, while others stay at home to give birth. In possibly two of the most charged of choices, some opt for bottle feeding while others breast-feed, and some stay at home to care for their children while others make use of various arrangements of child care.¹⁷ In the specific context of childbirth, some women undergo circumstances that obviate choice altogether, such as experiencing premature labor or placenta praevia, two situations demanding a hospital birth. When women who have made different choices are in conversation, the specter of judgment can loom heavily. Even among women who have made similar choices, these judgments may be made, as I found when women who had given birth with direct-entry midwives made comments about home birth—certified nurse-midwives being “mini-obstetricians.”

My proximity to home birth was both an important reason why I was successful in finding so many women eager to speak with me, and a cause for caution. If I had not given birth, I would not have been surprised to find women giving me less birth story and more birth advice, and I probably would have asked different questions. I also would have understood less of what women meant when they spoke of physical sensations such as contractions and the urge to push. Certainly, women experience childbirth in many different ways, but having done it oneself, the other's experience is both more viscerally and mentally comprehensible. In many situations, especially with the Amish women with whom I had the least in common (despite my Mennonite heritage), the fact of my motherhood offered the opportunity for much of our discussion. On the many occasions that my daughter accompanied me, she often broke the ice in the way that only babies can, with her ready smiles and babble. And on the occasions when I would breast-feed her during an interview, I always sensed approval, and even a sort of intimate solidarity. I was not just a scholar talking to these women—I was a lactating, mothering woman, someone, in many ways, just like them. The connections forged around children and childbirth in my interactions with such religiously, if not culturally, diverse women were the elemental ground of what became one of my larger arguments—that shared values around childbirth can form the basis for alliances between what might otherwise seem intractably different women.

This difference calls forth caution on my part. In my analysis, I have tried to avoid eliding differences while being entranced by the potential of the “intimate solidarity” enjoined by childbirth. In significant ways, I was not just like these women. Just because we shared a way of giving birth did not mean that we also held interpretations of that experience in common. Encountering different perspectives on the experience of childbirth from such a variety of women, my interpretation of my own birth has changed many times—I have alternately seen my own naïveté, good luck, strength, and prejudices. Although, for example, I think that I would never plan to give birth unassisted, while interviewing women who did I began to feel it was not such an outlandish choice.

Perhaps the biggest difference between me and many (not all) of the women was my feminism. This came out most clearly in differing attitudes to marriage, in which several women, including Evangelical Christians and an Orthodox Jew, thought that wives should be submissive to their husbands. Another difference, which in some cases reflected this view of marital relationships, related to choices about child care. Most of the women, both feminist and nonfeminist, felt that babies needed their mothers to be their primary caretakers in the early years. During the course of my interviews, my husband and I shifted from sharing the care of my daughter between us to putting her in part-time day care. I felt myself in the position of being between the two worlds of stay-at-home mothers and “working” mothers, but more fully on the way to the latter.¹⁸ In some ways, however, many of the women saw me as a blank slate—or perhaps a mirror—because I too had given birth at home. Whereas for me going to their homes and talking to them was working (albeit in a very congenial mode), many women seemed to see it simply as talking. Several commented freely on how they thought young children needed to be at home with their mothers, without pausing to worry about offending me even when my daughter was not with me.¹⁹

The interviews I engaged in were loosely structured and often entailed much give and take between the other woman and me.²⁰ There are both strengths and weaknesses in my approach. Interviewing 45 women allowed me to see greater diversity among women who chose home birth, especially in terms of religion. It has also meant, however, that with the exception of several women whom I met repeatedly at several home-birth-related events, I did not have the time to establish a deeper level of intimacy and repeated opportunities for reflection that more in-depth life-history work allows. While diversity in religious approaches to home birth was one of the primary interests I held upon embarking on this project, I have often wished that I had the time to meet with more of these women on an ongoing basis.²¹

Despite being complete strangers at the start, most women were very willing to speak with me and were quite forthcoming once we began talking.²² Speaking with them in their homes as their children played—and my baby sometimes joined in—was most often very enjoyable, with most of the women offering me tea, snacks, or sometimes lunch. Most seemed very comfortable with discussing the physical details of birth, though a few preferred euphemisms like “down there” for “vagina.”²³ Ironically, given the critique of medicalization shared by most of the women, many of them also seemed at ease with the biomedical terminology of birth—talking, for example, of the stations of engagement, the stages of labor, and Braxton-Hicks contractions.²⁴ Part of this ease stemmed from their generally high levels of self-education regarding childbirth, but it was also a sign of the implicit (and partial) hegemony of medical models of birth even within the alternative-birth movement. As I will discuss in the following chapters, the language of birth is a hybrid of medical terminology, metaphors of nature, and religious allusions.

These women’s comfort with talking about birth partly stemmed from the knowledge most women had of the political nature of their choice to give birth at home. Many women were eager to talk to me with the hopes that scholarly attention would correct the many misrepresentations they felt home birth has suffered. They wanted to tell their stories to convey the message that home birth is safe and satisfying for the mother, baby, and family. How a woman tells the story of her birth, however, and the role religion has in that telling, has a great deal to do with her present circumstances. If she has just recently emerged from giving birth, her tale is likely to be filled with more raw detail and less overarching meaning. If she has ten years between her and the pains and joys of birth, she may have gradually crafted a birth narrative based in reflection and remembering that has sifted some of that raw detail into a story with more portable kernels of meaning.²⁵ Many of the women suggested that the deeper meaning of their babies’ births only came to them with sustained reflection and distance from the physicality of the event, and for some women, changes in their religious life changed the meanings of these births. Throughout this study then, a certain provisionality must be granted to the tales I tell: this is what birth meant for these women in the context of a conversation with me, then a Euro-American graduate student in her late twenties, with a young daughter who was born at home. Nevertheless, though their stories may well be different now or when told to a different listener, our talking was filled with detailed narratives and considered reflections that have provided me with very rich sources to ponder.

My version of the results of that talking, this book, has the potential to offend those women who so generously told me their stories, and this gives me pause. Despite my personal commitment to women’s right to

choose where and with whom to give birth, I do not restrain myself from critique in this study of home birth. The primary focus of my critique is the unquestioned use of the heavily loaded (and cultured) term “natural”—a powerful legitimator of both biomedical and midwifery approaches to childbirth.²⁶ I approach the slippery notion of the natural with the assumption that birth is a profoundly cultured act, so that any reliance on its naturalness by home-birthing women is itself an act of cultural fashioning. Home-birthing women are refusing the dominant cultural way of birth in North America. They are resisting what might be called a biomedically shaped version of “habitus”—the socially formed body that seems “natural” and that allows persons to act within their culture without needing to think twice.²⁷ But in resisting the “second nature” that has made giving birth in the hospital seem like the normal thing to do, home-birthing women are invoking another reworked, resistant, and encultured view of nature.

Understanding this view of nature calls for sustained reflection on women’s birthing bodies and the layers of history and social distinctions embedded in their practices of childbirth. Practice, in Karen McCarthy Brown’s succinct definition, “refers to [the] ongoing work of individuals and communities in creating, adjusting, and maintaining meaning in their worlds.”²⁸ Brown emphasized the role of the memory-laden, mindful body in this never-ending work. The bulk of my reflection, however, is based on women’s ways of *talking* about birth, and as such I am primarily accessing the practices of home birth through discourse, or through talk about what I have called “embodied memory.” In so doing, seeking the “true meaning” of childbirth is not my aim. As Paula Treichler warned, “The word *childbirth* is not merely a label, provided us by language, for a clear-cut event that already exists in the world; rather than describe, it *inscribes*, and makes the event intelligible to us. We cannot look *through* discourse to determine what childbirth ‘really’ is.”²⁹ I endeavor to show how the intimate and seemingly natural bodily act of birth is constructed, even in its least “interventionist” form, and how religion is a vital and creative source for this construction. I also insist that these constructions do not float only in the realm of ideas, but are naturalized into women’s bodies, often in unpredictable ways. Considering women’s stories of home birth with both sympathy and scrutiny allows me to analyze these naturalized bodies in a way that suggests both the potential hazards and the triumphs of women reclaiming birth.

In what follows, then, I have tried to balance many parts of myself in analyzing the stories these women told me, and in shaping the context in which I develop this analysis. This book first germinated in my own process of preparing to give birth at home, as I read all manner of childbirth advice books with implicit (or sometimes explicit) prescriptions for how

to do it “right.” That the home-birth texts I read were especially laced through with religious or spiritual language prompted me to think about what significance religion and spirituality might have for home-birthing women themselves. What at first was going to be a dissertation on another rite of passage—weddings—quickly became a study of childbirth, as I explored the seemingly never-ending variety of religious interpretations of birth. My ongoing concern to juxtapose these home-birth stories with religious studies and feminist theory, seeing where they connect and where they collide, is the main way that my particular perspective reasserts itself in these pages. My commitment to healthy, fulfilling birth practices is another. Though I realize that globally there are many barriers to safe and satisfying childbirth, and that not all women are going to desire the same kind of experience, my goal here is to show that individuals and societies make implicit and explicit choices in their ways of birth. These birth choices, like many others, are premised on complex mixtures of privilege, sacrifice, and self-interest. Rarely made with complete freedom and always embedded in social, economic, cultural, and bodily contexts, these choices nonetheless demand careful consideration.

The chapters that follow this one interpret the relationship of religion and home birth from a range of perspectives, always coming back to the questions of how do feminists and traditionalists draw symbolic meaning from the bodily experience of birth, and what sorts of agency does this meaning entail. Chapter 2 provides a broad contextual base for understanding the home-birth movement in North America. I sketch a brief history of changing childbirth practices in North America, with especial attention to the significance of religion, and draw a demographic picture of who is turning to home birth. I also show how and why childbirth has come to interest scholars as part of a wider fascination with reproductive politics at the turn of the millennium. The third chapter then delves into the controversy and debate surrounding home birth, suggesting that much of this debate stems from competing notions of risk and contrary understandings of what is ethical. I analyze how risk, responsibility, and fear of death combine to make home birth a profoundly religious or spiritual experience for these women, while also making it a practice berated or even demonized by many. This leads me in chapter 4 to compare how different understandings of religion and spirituality affect women’s interpretations of birth, and conversely how experiences of childbirth shape their very diverse religious lives. Just what do women consider to be religious or spiritual in the context of childbirth, and what sorts of transformations of the self and society do these considerations imply?

The next three chapters then focus on increasingly localized sites: the home, the body, and the pain of childbirth. Here I trace how these women

interpret home, body, and pain both as ideas and as tangible realities encountered in new ways in childbirth. Exploring the meanings of home allows me to investigate how home is counterposed to the hospital and to analyze the kinds of religious bricolage that women undertake in their domestic spaces. Throughout, my exploration is informed by feminist critiques of domesticity that have worked to expose the seemingly natural link between women and the home. Focusing in chapter 6 on the bodies inhabiting these homes or, more specifically, the bodily metaphors that these women employ in asserting that birth is a “natural” process, permits me to explore my twin themes of the symbolic languages and the embodied agency evoked by birth. In the final chapter, I discuss the variety of approaches that home-birthing women take to the bodily pain of birth, including enduring it, surmounting it, and transforming it into pleasure. I explore the thorny question of finding power in pain, whether through explicitly religious interpretations or not, and demonstrate how for some women experiencing the pain of birth elicits visionary creativity.

In my epilogue, I conclude with reflections on the politics of motherhood in North America, and consider what the home-birth movement reveals about these negotiations over maternal power. In an increasingly “biocapitalist” world, what significant cultural meaning can a small minority of women who choose to give birth at home without drugs or high-tech equipment entail? According to many of these women, they are changing the consciousness of the world one baby at a time, and perhaps, two parents at a time, as they strive for births that are gentle, respectful, and blessed events.