

THE MEANING OF NATURAL CHILDBIRTH

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ABSTRACT The term “natural childbirth” encompasses a variety of methods, including the Lamaze, Bradley, and home-birth approaches, which place more or less reliance on medical technology. Aristotle’s analysis of three levels of human activity—digestion and reproduction, perception and locomotion, and abstract thinking—and Pellegrino and Thomasma’s classification of the “living body,” “lived body,” and “lived self,” provide a principled framework in which each of these childbirth practices can be considered natural.

Outside, in the dust and among the garbage (there were four dogs now), Bernard and John were walking slowly up and down. “So hard for me to realize,” Bernard was saying, “to reconstruct. As though we were living on different planets, in different centuries. A mother, and all this dirt, and gods, and old age, and disease. . . .” He shook his head. “It’s almost inconceivable.”

—Aldous Huxley (1932, 124)

IN HIS LITERARY CRITIQUE of modern technocratic society, Aldous Huxley portrays a tension between technology and motherhood. He depicts the men

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and women of the 26th century as making babies in a factory in which eggs are fertilized in vitro, placed in bottles, and then processed through an assembly line until the babies are ready to be decanted nine months later. In this *Brave New World*, Western culture has lost respect for the body to the extent that it has transformed the generation of babies into a mechanized, unnatural process. In such a society the very word *mother* has become a vulgar term. Civilized people read about the old-fashioned way of making babies in history books.

Although Huxley set his story in the 26th century, his tale captures attitudes and movements we face today. Throughout the 20th century, remarkable advances in medicine gave physicians such power over the body that we in the United States seem to have lost patience with our bodies' internal processes. No matter what problem our bodies confront, we act as if its solution involves getting to a hospital with the latest medical technology. Indeed, between the two world wars, when *Brave New World* was written, American culture made a decisive move to medicalize birth by moving it from the home to the hospital (Wertz and Wertz 1989, 132–77). Today, the wide array of potential technological interventions possible in the case of childbirth is astonishing. Physicians can now use artificial fertilization techniques to begin pregnancy, ultrasound and amniocentesis to examine the health of the fetus, epidural anesthesia to relieve pain during delivery, fetal monitors to follow the progress of delivery, and cesarean section if the delivery does not progress satisfactorily.

Nonetheless, the movement to facilitate birth with medical technology has not been unanimously accepted. Since the late 1960s, many patients and physicians have attempted to have a “natural childbirth.” The meaning of “natural childbirth” can vary widely. In the Lamaze method, it implies that the laboring woman consciously participates in the birth process in the company of her family, while other technologies are employed freely. At the other extreme, some do not consider a birth “natural” unless it occurs at home without any medical intervention. In between lies the Bradley method, which focuses on avoiding pain medication but is open to medical intervention if indicated.

The diverse range of people seeking some sort of natural birth share a concern about the overuse of technology in medicine. At some level, they embrace the body's internal processes. We can thus designate as “natural” any approach to medicine that makes an effort to incorporate or work with internal processes of the body. In this article, I shall examine the attitudes towards the medicalization of childbirth to search for a principled way in which Lamaze, Bradley and home-based approaches to birth can all be designated as being in some sense “natural.” I shall argue that there are distinct levels on which one can work with the body, and hence different degrees to which one can strive for a natural childbirth. I shall also consider two different attitudes, mechanistic and technocratic, that might lead one to reject natural childbirth in favor of technology. The idea that the physician should try to work with and aid nature is an old one; even the ancient writer of *On Fractures* expresses it (Hippocrates 1984, 93–103, fract. 1–3).

Given that the principle of respecting the body can apply to many areas of medical practice, childbirth raises more general issues on the difference between naturalistic and technologically based approaches to medicine.

WHAT IS NATURAL CHILDBIRTH?

If natural childbirth involves working with the body, then how one conceives of the body will determine its scope. Western views of the body go back to Aristotle. In considering the different properties of living organisms, Aristotle associates the human being with three levels of activity: the power of digestion and reproduction that we share with plants and animals (1984: 85–86, II.4), the power of perception and locomotion that we share with animals (1984: 95–139, II.5–12), and the power of abstract thinking that distinguishes us from plants and animals (1984: 163–69, III.4). In providing an account of the body that builds from an Aristotelian perspective, Pellegrino and Thomasma (1981) identify three aspects of the patient that a physician should be sensitive to. They refer to the patient's metabolic life processes as the "living body," the patient's sentient aspect as the "lived body," and the patient's conscious and social aspect as the "lived self." Given that the body responds to disease and other challenges with internally directed processes, Pellegrino and Thomasma claim it has a certain "wisdom" with which the astute physician will try to work (111).

Naturalistic approaches to medicine are based on the belief that nature is a culturally independent reality with which physicians can work. Clinicians assume that within the body helpful processes occur autonomously, and so they begin efforts to aid the patient by seeking to understand and work with these processes. Seeing the human body as operating on the levels of consciousness, sentience, and metabolism affords three levels of working with the body. In the case of childbirth, the laboring woman can attempt to express her conscious self to those around her, aim at directly experiencing her sentient body, or even try to work with the non-conscious processes of her metabolic body. Each of the three approaches that are commonly called "natural" in America focuses its efforts on one of the three levels of the Aristotelian body.

The Lamaze approach to childbirth can be considered natural to the extent that it works with the laboring woman's consciousness and encourages her to have her partner or other companions present for support and help. Emotional support during labor decreases the use of medical procedures and the time of labor (Kennell et al. 1991). The Lamaze breathing techniques help the laboring woman to cope with pain by distracting her from her sentient body, and thus give her conscious self an active role in the birth process. Many women who use the Lamaze method also rely on medication to relieve pain and on other medical interventions to facilitate the birth process. Some argue that the Lamaze emphasis on conscious control and willingness to use medical interventions lim-

its the extent to which the Lamaze method birth can be regarded as natural. Nonetheless, insofar as one can interpret the laboring woman's ideas as aspects of her conscious awareness and understanding, the Lamaze method may be considered natural in the sense that it works with this aspect of her body.

The Bradley method goes further in its deference to the body, with an overt acceptance of pain, and hence an embracement of the sentient body. Rather than trying to train women in special breathing techniques, the Bradley method stresses relaxation to connect her with her body. This approach aims to avoid any medical intervention unless called for by very specific indications. It especially eschews pain medication so the woman can maintain contact with her body and avoid any effects of these medications on her child. In foregoing pain relief, the laboring woman chooses to experience the pain of childbirth, which many have claimed cannot be put into words. Her decision to accept some pain shows a commitment to the belief that there is enough unity between her mind and body that she cannot cut off her sensory experience of birth without also affecting her body's activity. By using the Bradley method or other approaches that do not attempt to distract her from the pain of labor, a woman seeks to work with her body by heightening this contact. In taking this step she recognizes a wide variety of possibilities, and accepts that there are aspects of the birth process beyond conscious human control. Since each person is unique, there would be no single pattern by which she would expect her giving birth to unfold.

While mainstream U.S. medical thinking directs all patients to routinely deliver in the hospital, some physicians and nurse midwives offer low-risk patients the option of having their babies at home. In removing the birth process from all the medical equipment and support personnel present in a hospital, home birth places the greatest reliance on the metabolic body's basic processes and "wisdom." Patients and practitioners who aim to have home births seek natural birth to the fullest extent possible. Although there is no distinct method of home birth, the selection of the location itself assumes a trust in the body's metabolism. Obstetricians or midwives who deliver at home limit themselves to performing only the most elementary medical techniques. Although both the Lamaze and Bradley methods were first developed for the hospital context, people having birth at home often elect to use one of these two methods. The main difference is that at home the patient and physician do not have medical technology readily available if there is a change of heart. A patient choosing to deliver at home thus commits herself to relying upon her bodily processes except in circumstances extreme enough to warrant transportation to a medical center, such as the need for epidural anesthesia or a cesarean section.

With their conceptions of the body, natural approaches to childbirth take a complex stand towards medical epistemology. The natural views recognize each birth as a process that unfolds from a particular body, and even take a statistical attitude in their expectations. Contrary to the "alternative medicine" stereotype,

much of the popular literature advocating natural approaches builds its arguments on the questions that studies raise about the utility of standard procedures. Studies have shown, for example, that hospitals can safely keep cesarean section rates between 4% and 8% (the national rate is about 25%), that episiotomies increase the tearing of the perineum, that epidurals delay childbirth and result in higher cesarean section rates, and even that planned home births are no more dangerous than planned hospital births (Burnett et al. 1980; Klein et al., 1994; O'Driscoll and Foley 1983; Olsen 1997; Pearson 1984; Thorp et al. 1993).

On a philosophical level, since naturalistic clinicians view each body as unique, they focus on the body's organic nature and expect wide variations in how different bodies respond to challenges. Pellegrino and Thomasma (1981) consider medicine's "critical question" to be "how theoretical knowledge can be applied to concrete, individual body-persons with therapeutic results" (84). Physicians taking a naturalistic approach tend to be quite flexible about what they expect to see, and they consider whether the response of a patient's particular body falls somewhere within a wide range of possibilities. In her analysis of the home birth movement, the group most committed to natural childbirth, O'Connor (1993) argues that it makes the notion that "individuals should exercise responsibility for and authority over their own health and health care" a moral principle.

RESPECT FOR THE BODY

Although there is diversity among the approaches to natural childbirth, all share a respect for the body at some level. The difference between naturalistic practices and approaches that focus instead on technology stems from different beliefs about the nature of the body and technology. For the way we decide to treat a given object depends, at least in part, upon our judgment about the nature of its being. The richer our view of an object's being, the more we consider when dealing with it. Thus people such as Beauchamp and Childress (2001), who take a "principlist" approach to bioethics, make the principle of respect for autonomy, which places great value on each competent patient's conscious decisions, a cornerstone of medical practice. Animals fall somewhere between the extremes of persons and heaps. Humans accord animals respect as beings that experience their lived bodies, and generally avoid harming or killing them unless doing so yields some perceived human good, such as the need for food or biomedical research. The ontological and ethical status of art, of which medical technology is an instance, poses a more difficult question. Its existence as art depends upon a conscious artisan who fashioned it as an object with a meaning to a culture. Art is thus a product of the conscious body; we value it out of respect for its creator and recognition of its cultural significance.

Given the risks of childbirth, the possibility of trying to control the situation with technology is always tempting, especially to physicians who are acutely

aware of how things can go wrong. At least two distinct attitudes or temperaments commonly lead patients and physicians to seek technologically directed childbirth. People who see the body itself as a machine will take a mechanistic perspective, while people who see natural things as inferior to human art will operate from a technocratic perspective. The belief that the body is a machine has been prominent in Western medicine since Descartes, who in his *Treatise on Man* (1662), argued that all life activities can be explained as arising from the mechanical motion of the body's parts. In gross anatomy laboratories, where one sees all the parts lying motionless on a table, it is easy to envision the body as rather passive, with each part existing in isolation from the other. Such a perspective does not anticipate that spontaneous activities from within the living patient's body respond to a challenge naturally. If one sees the body as itself a machine, then a patient or physician would only naturally want to rely on technology to fix or help it.

The technocratic perspective, which has deep roots in American culture, concerns itself even less with the body than the mechanistic attitude. Americans have a widespread faith in the power of technology to solve problems. In all sorts of areas, people act upon a faith that the more the human intellect can control a situation, the better the outcome. They value art as if it carries its own end, and operate by what might be called the technocratic imperative: if we can do something, we should do it. In the case of medical practice, this mentality can easily lead to presumption in favor of medical intervention. Hence, medical innovations can be introduced and enjoy widespread use without adequate testing (Richardson 1994; van der Steen 1993).

Physicians and patients who afford respect to the body act on a belief that there are limits to the good that we can derive from the comforts of technology. People seeking or assisting in natural childbirths hold that in medicine, to some extent at least, the contrivances of the intellect often are not sufficient to guarantee the best outcome. Therefore, they try to work with the body, by making an effort not to disrupt any of its internal processes that may be helpful. Huxley characterizes the tension between a recognition of the body's responsive dynamics and our technologically enthusiastic society. At one point in *Brave New World*, the Controller decides to withhold a biological theory of the body's purposiveness from publication. His concern is that it might destabilize his technological utopia by causing the educated class to

lose their faith in happiness as the Sovereign Good and take to believing, instead, that the goal was somewhere beyond, somewhere outside the present human sphere; that the purpose of life was not the maintenance of well-being, but some intensification and refining of consciousness, some enlargement of knowledge. (Huxley 1932, 124)

When she attempts to shun medical technology in order to maintain a focus upon some aspect of her body that she respects, the laboring woman likewise places value upon more than immediate comfort. She eschews technology in favor of her bodily nature. In embracing her body, she seeks more in life than the world controlled by technology.

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