

Student Showcase

Patching up False Dichotomies in the Birth Subculture

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ABSTRACT: Some birth scholars (Melissa Cheyney, Robbie Davis-Floyd, and Elizabeth Davis) have argued that there are two models of birth that value different kinds of knowledge. They assert that the “technocratic” model has been adopted by “mainstream” culture, which values reason and scientific knowledge. Meanwhile, the “countercultural” birth subculture, which has adopted a “holistic” model, values intuition and “body knowledge” instead. However, my research does not support this argument. Rather, the 119 birth stories I analyzed suggest that, even if the birth subculture rhetoric supports those scholars’ dichotomies, their birth experiences do not. Neither group appears to uniformly hold their respective values, thus weakening the original dichotomy between the “mainstream” group and the “countercultural” group. Moreover, I demonstrate how the dichotomy between reason and scientific knowledge on the one hand, and intuition and “body knowledge” on the other, is also inaccurate. Feminist epistemology also warns that this dichotomization undercuts a diversity of thinking styles by limiting them to just two.

KEYWORDS: birth stories, homebirth, natural birth, epistemology, reason, intuition, science

Introduction

In Pamela Klassen’s (2001) ethnography of homebirth in the United States, she writes that American home-birthing women participate “in a culture of birth that challenges the control they see wielded by a biomedically dominated obstetrical establishment over women’s reproductive lives” (135). This birth subculture is not limited to home-birthing women, but comprises all those who “insist that birth is a natural process” (135), that is, those who venerate “natural birth,” including unmedicated birth, waterbirth, unassisted childbirth, and other emergent childbirth methods that aim to challenge “medical” birth (i.e., physician-attended hospital birth). This challenge is reified by scholars who portray these women, and the birth subculture in which they participate, as countercultural. One way that these scholars reinforce this portrayal is by arguing that the birth subculture values intuition and “body knowledge” as legitimate sources of knowledge, while mainstream Western culture prefers reason and

scientific knowledge. Such scholars include Melissa Cheyney (2008), Robbie Davis-Floyd (1996), and Davis-Floyd and Elizabeth Davis (1996).¹

My research consisted of analyzing 119 birth stories from three anthologies of “natural birth” (Brown 2013, Gaskin 2003, Menelli 2005), reading additional birth subculture resources (e.g. books, magazines, blogs, websites), and consulting numerous academic analyses of childbirth and epistemology. I found that the professed dichotomy between mainstream birth culture and the natural birth subculture does

1 In reifying this dichotomy, Cheyney, Davis-Floyd and Davis reinforce the ideological rhetoric of the birth subculture in which they are all a part: Cheyney is a licensed midwife, homebirth activist, Chair of the Oregon Governor’s Board of Licensed Direct-Entry Midwifery, Chair of the Midwives Alliance Division of Research, and a self-proclaimed “homebirth consumer” (Cheyney 2010:118, Midwives Alliance of North America n.d.); Davis-Floyd describes herself as “an advocate of the wholistic, not a technocratic, model” of birth (2004:6); and Davis is a licensed midwife and “served as a representative to the Midwives Alliance of North America for five years and as President of the Midwifery Education Accreditation Council for the United States” (n.d.).

not have much ontological or epistemological support. Although the dichotomy is affirmed by rhetoric in the birth stories and additional birth subculture resources, a deeper exploration into these birth stories problematizes the issue. My study reveals how neither mainstream culture nor the birth subculture complies with the generalizations proposed by Cheyney, Davis-Floyd and Davis. Moreover, I explain how pitting intuition and “body knowledge” against reason and scientific knowledge is false in itself.

This article begins by overviewing how rhetoric in the birth subculture (particularly in my examined birth stories) professes to value intuition and “body knowledge” equally to or more than reason and scientific knowledge, and, in doing so, implies a dichotomy between these sources of knowledge. This section also examines how these assertions are repeated in scholarship by Cheyney, Davis-Floyd, and Davis. The next section demonstrates how these authors use the previous assertion, in combination with the claim that “mainstream Western culture” values these knowledge sources oppositely, to argue that the birth subculture is countercultural. Drawing extensively on birth stories and epistemology, I challenge this argument by exposing how neither the birth subculture nor “mainstream Western culture” uniformly hold the values they are believed to by Cheyney, Davis-Floyd, and Davis. In the final section, I draw on other birth scholars and feminist epistemology to argue that the very dichotomy between the two “kinds” of knowledge is false. My conclusion joins other scholars’ warnings of dichotomizing birth cultures and thinking styles; it also considers a possible explanation for the positioning of the birth subculture as countercultural.

Birth Subculture Rhetoric

The rhetoric found in the birth subculture insists that those within the subculture value intuition and “body knowledge” as equal or superior to reason and scientific knowledge. Gaskin (2003) advises childbearing women to “not to let your over-busy mind interfere with the ancient wisdom of your body” (243). Brown (2013) advises that if childbearing women “develop a condition requiring medical intervention,” they should ask themselves what their “gut” or “intuition”

says, emphasizing that “it’s always a good idea to trust your instincts” (34). By using “gut,” “intuition” and “instinct” interchangeably, Brown also demonstrates the fluidity of meaning surrounding these words within the birth subculture.

Several women’s birth stories confirm this valuation of knowledge sources expressed by Gaskin and Brown. One way they do this is by acknowledging how much they value the intuitive (as opposed to rational) abilities of their midwives and birth communities. Karen Lovell (2003) indicates that one reason why she chose to give birth on The Farm (Gaskin’s commune in Tennessee) was because it had “in tune’ midwives” (7). Moreover, upon reflection, she appreciated that her midwives “looked at things intuitively” (8). When Charmaine O’Leary (2003) found herself unexpectedly pregnant and without much support, she traveled to The Farm after learning that it was “an intuitive community” (81). Rosemary Larson (2003) explains how her assistant midwife’s intuitive and bodily connection helped her cope with labour: “She also provided me with instructions on how to push and when, which were so in tune with what I was doing that I almost thought she could feel it. She was my rock, my stability, grounding me when my body was overwhelmed with contractions” (36).

Other birth stories reveal how intuition and “body knowledge” is considered “authoritative”; that is, it constitutes the “basis for legitimate decision-making” (Jordan 1993:13; cf. Cheyney 2008:257, Davis-Floyd 1996:125, Davis-Floyd and Davis 1996:238). Lois Stephens (2003) relates how she had the urge to push before reaching full dilation (80). Usually a woman is not considered “ready to push” until she has fully dilated, and pushing beforehand is discouraged because it causes swelling and slows progress (Brown 2013:148). But Lois chose to obey her body’s urge instead: “I started feeling like pushing before I was fully dilated. I leaned forward. Soon I could feel the baby’s head enter the birth canal. My body just took over when I started pushing, and I loved it!” (Stephens 2003:80). This excerpt reveals how Lois’s decision was based on a bodily urge, not scientific or medical knowledge.

Like Gaskin, many women asserted in their birth stories that obeying their intuition or bodily instincts improved the birth experience, while thinking or rea-

soning made it worse. Sara Jean Schweitzer (2003) writes: “I didn’t want fear to prevent the baby from coming, so I tried not to dwell on thinking about the birth experience” (29). Rosemary Larson (2003) suggests that, during early labour, she was able to sleep and remain relaxed because she “didn’t think about anything ‘extra’ the whole time. [She] didn’t think about how the birth would be, or about the fact that [she] would soon have a newborn in [her] arms” (34). Marianha Nelson-Schaefer (2003) recounts: “I tried to take each contraction one at a time and not think about what was coming next. This seemed to help a lot” (123). Shannon Brown (2013) avoided vaginal exams and chose to remain ignorant of her dilation process because she “didn’t want to be discouraged by not seeing enough progress” and she “knew how important it was to stay relaxed and positive” (15). Kathryn B. Van de Castle (2003) repeats the “good advice” of her sister to not “read a bunch of books” because “too much reading could interfere with the ability to flow with what your body is telling you” (24). Because of that advice, Kathryn “never picked up a birth-preparation book” (24). Later, Kathryn articulates a similar sentiment during her labour:

I noticed that when I tried to look at things, it put me more in a thinking mode, but when I was listening, I was more in a feeling/instinctive mode. For instance, hearing that I was all right really made me feel better. If it had been written down and I was reading it, it would not have made me feel as good. Thinking was scary. Feeling wasn’t. When I was in feeling mode, things didn’t seem so overwhelming. [Van de Castle 2003:25]

Sometimes this valuation is even expressed by women who have training in medicine or other sciences. For instance, Kathryn’s sister, who insisted that she not read too much, was an OB/GYN nurse (Van de Castle 2003:24). Sometimes it is the childbearing woman herself who has the medical training. Heidi Rinehart (2003a) was a medical student when she attended a homebirth talk by Dr. Stanley Sagov and Ina May Gaskin that was sponsored by The Humanistic Medicine Task Force of the American Medical Student Association (112). Despite the fact that Heidi could not “remember a single thing

they said about home birth,” she felt that “it made such intuitive sense that a new baby would arrive at home in the midst of his family” (112). Here, Heidi privileges her intuition over rational knowledge to develop an opinion about home birth. After completing her residency training in obstetrics, she expresses a resentment of her education, which she calls “indoctrination into the culture of obstetric pathology” (113). When pregnant, she felt that she knew “too damn much about obstetrics and all the bad things that can happen” (114). She expressed gratitude for her long labour because she “needed time to distance [herself] from what [she] thought [she] knew about birth” (Rinehart 2003b:121).

Similarly, other birth stories reveal a denigration of medical and scientific knowledge, and a refusal to consider it authoritative. Rachel Kellum (2005a) gave birth to her first child in a hospital. Arguing with her doctor about episiotomy, she recalls: “I did not want to be cut under any circumstances, but he insisted I could crush my premature daughter’s head if I didn’t have the incision” (140). She remained firm against episiotomy, and her doctor instead performed an amniotomy (against her wishes) to speed up her labour (140). Rachel explains: “[The doctor] soberly inform[ed] me that had I carried Sage to full term, she wouldn’t have been able to pass through my small, unusually shaped pelvis” (124). For her next child, she planned a midwife-attended homebirth. After delivering him vaginally and weighing him at ten pounds, she continues: “Suddenly I felt incredibly vindicated. I knew that no one, not even medical science ‘authorities’ like the doctor who shot through me with fear after Sage’s birth, has the power to name or describe the capability of my body but me” (138). She was so confident in her own beliefs – and in the falsity of the doctor’s beliefs – that, for her third child, she planned and carried out an unassisted homebirth, that is, a homebirth unattended by a midwife or other medical professional (Kellum 2005b).

Beyond birth story anthologies, this knowledge valuation system is affirmed formally by certain birth-related associations and scholars. In 1992, the Midwives Alliance of North America (MANA) released a Statement of Values and Ethics, which formally codified (among other things) the valuation

of women's intuition and bodily wisdom:

We value: ...

A mother's intuitive knowledge of herself and her baby before, during, and after birth.

A woman's innate ability to nurture her pregnancy and birth her baby; the power and beauty of her body as it grows and the awesome strength summoned in labor. [Davis-Floyd and Davis 1996:244]

In 1994, MANA also codified their sanctioning of midwives' use of intuition as a legitimate source of authoritative knowledge (Davis-Floyd and Davis 1996:258-9).

Additionally, some scholars assert – and even encourage – the existence of this knowledge valuation system within the birth subculture. For instance, Cheyney (2008) writes that by “asserting the value of intuition or ‘body knowledge,’ home-birthers are claiming multiple, legitimate forms of authoritative knowledge” (259). In her comparison of hospital-birthing women and home-birthing women, Davis-Floyd (1996) states that “these home-birthers ... tended to reject medical definitions and value judgments in favor of their own lived experience” (143). One of her informants, Kristin, explicitly associates birth with her “discovery” of intuition and self-trust; she writes: “[Birth was] an incredible discovery of the power of my intuition, and the value of trusting myself” (Davis-Floyd 1996:148). In a separate article, Davis-Floyd and Davis (1996) assert that both midwives and their clients supervaluate their “natural bodies” over science (239) and sometimes rely exclusively on intuition (239), which they qualify as involving the body (237). These two authors personally support this supervaluation of intuition; Davis conducts workshops to “heighten its status as a viable and valid source of authoritative knowledge” and both authors acknowledge that their article also supports this endeavour (245).

False Claims of Counterculture

One of the ways that Cheyney, Davis, and Davis-Floyd portray midwifery and homebirth as

countercultural is by asserting that intuition and “body knowledge” are valued in midwifery and homebirth, but not to Western society at large. Davis-Floyd (1996) includes a two-column table that outlines the “basic tenets of the hegemonic-technocratic model and the alternative-holistic model [of birth] as they have emerged from the words and behaviors of the women in the study” (150). Under the “hegemonic-technocratic” category, the author lists: “Medical knowledge is authoritative”; meanwhile, under the “alternative-holistic” category, she lists: “Intuition/inner knowing are authoritative” (150). The author claims that this distinction is supported by her research: while none of the hospital-birthing women who reflected the “hegemonic-technocratic” model of birth “reported much respect for, or reliance on, their own intuition or ‘inner knowing’” (138), home-birthing women who reflect the “alternative-holistic” model “often regard *a woman's intuition or ‘inner knowing’ more highly than the objectively obtained information of tests*” (146, italics in original).

Additionally, Davis-Floyd and Davis (1996) insist that, in the West, intuition or inner voice is “culturally devalued” while “left-brained deductive reasoning” is “supervalued” (241, 251). They claim that intuition is “devalued in the West” and that “regarding the acquisition of information, Western society gives authoritative status only to the highly linear modes of inductive and deductive reasoning” (240). Likewise, Cheyney (2008) argues that “in a society that grants ... conceptual legitimacy only to ratiocination,” homebirthers assert “the value of intuition or ‘body knowledge.’ ... In doing so, they implicitly challenge the (over)reliance on technology and hypervaluation of scientific ways of knowing that they believe characterize more medicalized approaches to childbirth” (259). Moreover, Cheyney states that when “families refuse participation in socially prescribed hospital birth practices, they effectively undermine unequal power relationships between doctor and reproducing woman as patient ... [and] transition from dependence on external authorities ... to reliance on subjective knowledge or the ‘inner voice’” (260).

In the birth stories I read, I did not find clear examples of this explicit positioning of the birth subculture as countercultural due to its valuation

of intuition and “body knowledge.” However, my sample size is too limited to conclude whether or not this argument is expressed by childbearing women within the birth subculture. Davis-Floyd (1996) makes this argument the focus of her article, but it is unclear whether her informants make the same link between this knowledge valuation system and cultural “heresy.” However, in their article on midwifery, Davis-Floyd and Davis (1996) did provide some examples of American midwives who express a similar sentiment. For example, they quote Judy Luce, a homebirth midwife, who stated:

I think, because we're in a culture that doesn't respect intuition, and has a very narrow definition of knowledge, we can get caught into the trap of that narrowness. Intuition is another kind of knowledge—deeply embodied. It's not up there in the stars. It is knowing, just as much as intellectual knowing. It's not fluff, which is what the culture tries to do to it. [Davis-Floyd and Davis 1996:239]

The authors do not provide examples of childbearing women who hold the same opinion; however, that does not mean that those women do not exist.

In contrast, there are many women within the birth subculture who are sceptical of this knowledge valuation system or who exhibit the opposite valuation. Sheila Kitzinger, one of the world's most prominent natural birth advocates and birth anthropologists, argues how the imperative to obey one's bodily knowledge is problematic in the context of sexual abuse, which, unfortunately, is widespread. In a book dedicated to preparing women for natural childbirth, she writes:

It's difficult to say to a woman, “Be in touch with your body, trust your body,” when she's been exploited. She relives the memory, sometimes a vivid one, of sexual abuse in her birth experience. ... These women are not in a separate category of women. All of us know what sexual exploitation is like. It's not an illness. They can't be categorized as women who have been sexually abused, and treated differently. [Kitzinger as cited in Cook and Christenson 2010:7]

In the same vein, Pamela Klassen (2001) writes about a home-birthing woman, Stefanie Harter, who

saw her bodily urges and desires as an impediment to the goal she made based on rationality and scientific knowledge. During her homebirth, Stefanie “screamed, ‘I want drugs now!’” but did not receive them; afterward, she expressed gratitude for being denied what her pained body desperately wanted, but what her “modern mind” did not want (185). Klassen writes: “Having made the decision not to alleviate her pain with drugs on the basis of scientific knowledge and personal commitment, Stefanie did not want her mid-birth bodily desperation to change her plans” (185).

Likewise, another home-birthing woman, Jaime, explained how intuition is not the best source of knowledge during childbirth; in fact, listening to one's intuition may cause more pain than otherwise. When author Shannon Brown asked Jaime for her “#1 Natural Birth Tip,” she replied: “Relax. It's the most counterintuitive thing in the world at that moment, but I genuinely felt less pain the more I focused on relaxing my muscles. Even if you feel like you can't control the tensing of the rest of your body, concentrate on relaxing your face” (Brown 2013:208). This advice implies that, when it comes to pain relief in natural birth, it is better to focus and concentrate than to obey one's intuition. Similarly, Kelly Camden (2005) found that she could better cope with her labour pains if she rationally considered each of them with her scientific knowledge:

During my pregnancy I had read every book on childbirth that I could find, watched lots of videos and talked with nearly every mother in town. I understood the physiology of childbirth, and part of my coping mechanism was to rationalize each sensation I felt. When there was immense pressure in my lower back, I told myself, “OK, the baby is against my back and I can counteract this pressure.” [Camden 2005:2]

Thus, Kelly valued rational thinking and scientific knowledge because it actually improved labour, and Jaime devalued intuition because it worsened labour.

In other birth stories, women valued reason and scientific knowledge not because it reduced pain, but because they trusted the accuracy of information from scientific or technological sources more

than from their body or intuition. For instance, while Michele Zeck's (2005) feelings told her that she was not pregnant, she trusted the results from a home pregnancy test more than her own inner knowledge: "I bought an Early Pregnancy Test on my way to work, just to put my mind to rest – I knew I was not pregnant. I went to the restroom the second I arrived. That stick couldn't have turned positive any quicker than it did" (17). Michele admits that she still did not completely accept her pregnancy until she used a fetal monitor:

I needed to hear the baby's heartbeat, and we finally did for the first time at about the 17th week. Until that day, a part of me was still in denial about being pregnant. I didn't want to get my hopes up in case something went wrong during my first trimester. Once I heard that little heart beat I was overwhelmed with happiness. I really was pregnant! There really was a little person growing inside me. The reality of having a baby finally set in. (20)

Similarly, when Marianha Nelson-Schaefer (2003) experienced a long painful labour without much progress, it was a Doppler machine that assuaged her inner fears: "When they checked the baby's heartbeat they used a Doppler, and you could hear it in the room. It was so nice to hear. It gave me confidence and let me know everything was all right" (123).

Rosemary Larson (2003) notes the discrepancy between her own bodily knowledge of her baby's position and that which was evident through the use of a mirror. She gives more authority to the mirror, which provided her with an "outsider's" perspective, than to her embodied perspective: "They asked if I wanted to see the baby's head, and I couldn't believe that it was far enough down to see since I hadn't pushed very much. A hand mirror magically appeared, and I saw the purple-gray, squashed little quarter of my baby's head. The mirror helped me focus. I would look down as I squatted and pushed and would be so involved that the pain seemed far away" (36-7). These examples of trusting rational or scientific knowledge more than intuition or "body knowledge" contrasts sharply with the birth subculture rhetoric as well as the corresponding arguments by Cheyney, Davis-

Floyd, and Davis.

In their analysis of birth subculture literature, Bledsoe and Scherrer (2007) found that these texts use "admonition language" to "urge women to conduct births in ways that are defined as natural" (51). In the birth stories I analyzed, several childbearing women use "admonition language" to urge women to trust one's intuition and bodily wisdom; however, this imperative lies in contrast with the events recorded in their narratives. Maisha Khalfani (2005), a home-schooling, stay-at-home mother of colour with four children, advises women to "relax and enjoy the experience; your body knows exactly what it's doing" (71). She further emphasizes the wisdom of the birthing body when she writes of her own labour: "My goal was to relax and let my body do its job" (70). However, her birth story reveals a different perception of her body's knowledge. She recounts,

Mild contractions came on Friday afternoon ... All day Saturday I had contractions. By Saturday night they were STRONG. Thank God for the Bradley classes we had taken. ... By Sunday afternoon I had been in hard labor for quite some time ... At 7:30pm there was still no sign of Safiya. One of the midwives did some acupuncture around my ankles and all of the sudden, these deep, heavy-duty contractions began! [Khalfani 2005:69-70]

Here, Maisha relates how her body was in pain and slow to progress on its own; but due to the external knowledge from Bradley classes and acupuncture, she was able to reduce the pain and jumpstart her labour. She continues,

Suddenly, my body was ready to deliver this baby. My husband held one leg, a midwife held the other, and they told me to push. And PUSH I did, with every fiber in my body. I remember wanting to take a nap during the pushing. My husband told me I couldn't do that yet, but I could take a nap once Safiya was out. [70]

In this passage, Maisha does not rely on her body's knowledge to push, but on the direction of her husband and midwife. Furthermore, she listens to her husband's advice to stay awake and push rather than her bodily desire to take a nap.

Czarina Walker, a “devoted wife,” “loving mom,” and founder-owner of a software development company, expressed a very similar respect for the body’s natural wisdom as Maisha. In her birth story, she writes: “My job...was to relax and let my body do what it was designed to do naturally” (Walker 2005:112). But at the same time, she describes how her body did not relax naturally or easily; in fact, it took a lot of training and practice:

We had chosen to use the Bradley Method to birth our baby. ... Being that I have an uptight, somewhat high-strung, fairly stressed-out personality, my husband had voiced serious concerns about natural childbirth throughout my pregnancy. ‘This method is based on you relaxing? Is that actually possible? Don’t you think maybe you need a back-up plan?’ But I had practiced relaxing, and even visualized relaxing while in labor, throughout my entire pregnancy. [Walker 2005:109-111]

The Bradley Method, also called “Husband-Coached Childbirth,” is one of the most popular commercial natural childbirth education services; it costs between US\$200-500 and at least 24 women in the birth anthologies used this method (Brown 2013:90; Gaskin 2003; Menelli 2005:326). The 12-week course is based on the work of Dr. Robert Bradley, who, according to Pamela Klassen (2001), shares the belief that women can succeed in natural birth if they reach a state of animal instinct; although for him, this instinct was “not innate to women’s bodies,” but “socially developed” (142). To reach this “instinctual” state was “still an achievement, demanding training and the proper surroundings” (142). Thus, women who follow the Bradley Method, like Czarina, are not necessarily relying on their bodies’ innate wisdom; rather, they are trusting in the training and knowledge of a medical doctor. Moreover, Czarina expresses gratitude later on in her birth story for her massage therapist, Julie, who helped her relax during pregnancy and labour: “Julie had agreed to help me relax through labor with massage, and while I had made it through the first part of labor myself, I was very happy to have Julie help me through the rest. My mom and my husband’s mom, my husband and Julie all took turns during contractions”

(Walker 2005:114). This passage reveals that even Bradley’s “instinct” training was not enough to relax her completely; she also relied on Julie’s knowledge of massage to physically manipulate her body into a more pleasurable state.

Maria T. Brock Kundargi (2005), a Native American social worker who practices attachment parenting, also reveals a contrast between the birth subculture “admonition language” and her birth experience. On one hand, she tells women: “I think the secret to having a great birth is to feel as safe about the experience as you can physically, mentally, emotionally, and spiritually. When we feel safe we can really let go and allow the process to unfold naturally. Surrender to the birth” (Kundargi 2005:84). On the other hand, she reveals that that the way her body and labour were naturally unfolding was less than ideal:

I wanted to push. It felt natural. When the midwife told me it was OK to push, I kneeled down in the water and squeezed my hands so tight around my husband’s fingers. I thought I was hurting him, but I wasn’t. ... The first pushes were very unproductive, so the midwife checked and said I still had a “lip” left, and not to push during the next few contractions, which was really hard to do. But within three or four contractions, the lip opened up and I could push again. I was so tired that I would have a contraction and then fall asleep, literally, and then jerk awake with another contraction. [Kundargi 2005:81-82]

Here, Maria recognizes her own bodily perspective of reality can be false: when she squeezed her husband’s fingers, she thought she was hurting him, but in reality she was not. This passage also shows that Maria recognizes that her natural pushing urges were unproductive and even tired her out to the point of falling asleep. Moreover, she decides to ignore her bodily urge, despite the fact that it was “really hard to do,” and instead follows the advice of her midwife; thus, she deems her midwife’s knowledge, not her intuitive or bodily knowledge, as authoritative. This happened again at another point in her labour: “I cried at some points because of the pain, but my midwife encouraged me to let that go” (83).

In addition to her midwife, Maria recognized the knowledge authority of her yoga instructor, who taught her new poses to help in labour: “The class that helped me the most was a three-hour Yoga for Pregnancy and Childbirth class. I used the poses during labor, and they were so effective” (84). The fact that she expresses such gratitude for the class itself implies that she does not think the poses would have otherwise come naturally to her body.

Rene Martinez (2005), who lives with her husband Marti in Alaska, repeats familiar “admonition language” of the birth subculture. She tells women:

Let go of fear, and above all, trust your instincts about your body and your baby. You are in charge of this birth. You know yourself and your needs, and you must communicate them. ... Have faith in your body’s ability to do what it knows how to do. A thousand years ago, no one needed a fetal monitor, or to be told when to push. A woman listened to her body and it led her. Have courage to not listen to the mainstream. [Martinez 2005:107]

Yet, in her birth story, she discloses several cases when it was others, not her body or her instincts, that led her to an enjoyable birth. She recalls:

After breakfast we went home and called the midwives to check in. They suggested things to try, and said to call if anything changed. Marti got a nice fire going in the wood stove and then went out for a round of golf. My mom would talk me through the contractions and rub my back. I remember her saying, “You are really doing good, it shouldn’t be much longer now.” I snapped back at her, “My friend labored like this for four days and didn’t make any progress!” I think that was the low point. I hadn’t slept and was getting tired. It was time for a change. About that time, Marti came home and ran me a bath. It was about the last thing I wanted to do, but once I was in the water it felt good. Later, my mom and Marti came up with the great idea to take a walk after dinner. Again, it was the last thing I wanted to do, but once we were outside the fresh air felt good. [Martinez 200:100-101]

At first, Rene’s birth experience is influenced by others in subtle ways: her midwives make some

suggestions for her to do, her husband makes a nice fire, and her mother helps with her contractions. But after coming to a low point in her attitude and bodily stamina, her mother and husband suggest she do things that, while she did not want to do them, ended up making her feel better. This indicates that Rene not only obeyed other’s advice when they conflicted with her own opinion, but she also valued them as they proved to be more helpful than when she had been following her own lead.

When Cheyney (2008) writes about how home-birthing women value intuition and “body knowledge,” she draws particularly on one narrative told by one of her unnamed informants:

My labor was taking forever and at one point I just started high stepping around the house. ... I was lifting my knees up to my chest with each step. I didn’t really realize I was doing it at the time, but it just felt right and pretty soon after doing that I started to feel like I had to push. ... Afterward, the midwives said it was really good that I had done that because the baby’s head was tilted to one side, and by doing that, I was shifting my pelvis and encouraging the baby to move her head. ... I just think it’s really amazing that my body knew what to do. I wasn’t conscious of it, but my body knew. ... I have a lot of respect for myself, for my body because of that. What if I had had an epidural? How could I have listened to my body? [Cheyney 2008:259]

Like the previous birth stories, this narrative reflects the birth subculture “admonition language,” particularly against receiving an epidural, which is assumed to eliminate the body-mind connection required to receive bodily knowledge. Here, though, the childbearing woman does indeed obey her feeling to start “high stepping around the house” (Cheyney 2008:259). However, it is only after her midwives rationally explain the productivity of this behaviour that the feeling is described as “knowledge.” Before that point, she says that “it just felt right” and she “didn’t really realize [she] was doing it” (259). But after being educated about the physiology of her movements, she asserts that her body “knew what to do,” which inspires respect and attention (259). It is telling that both this woman and Cheyney decided

to use this particular example instead of, say, another narrative that did not involve a rational or physiological explanation of intuitive or instinctual behaviour. This suggests that they value intuition and body knowledge when it can be defended rationally and scientifically.

None of these examples prove that the birth subculture unilaterally values reason and scientific knowledge over intuition and body knowledge. However, they do show that there is room to diverge from the inverse knowledge valuation system. This divergence can be interpreted as permissible or even endorsed when the context of their publication is taken into account: the examples are published in birth story anthologies that disseminate these stories with an aim to promote natural birth (c.f. Brown 2013:1; Gaskin 2003:130; Menelli 2005:351). Moreover, some of these birth stories repeat the proposed birth subculture rhetoric despite the valuation of reason and scientific knowledge in practice; this demonstrates the strength of discourse within the birth subculture even in the face of contradictory experience. Some scholars, such as Cheyney, Davis-Floyd, and Davis, appear to have taken this discourse at face value and have used it to position the birth subculture as countercultural. However, to the degree that the birth subculture values reason and scientific knowledge (and, conversely, devalues intuition and bodily knowledge), it loses its countercultural position.

The birth subculture further loses its countercultural position to the degree that mainstream culture values intuition and bodily knowledge; the following section argues that this degree is greater than what Cheyney, Davis-Floyd, and Davis claim. I have already written how Davis-Floyd (1996) uses a table to position the valuation of intuition or “inner knowledge” as alternative to the “hegemonic-technocratic” model of birth (150). I have also articulated how Davis-Floyd and Davis (1996) assert that intuition is “devalued in the West” and that science and Western society supervalue “left-brained deductive reasoning” (240-241). Moreover, Cheyney (2008) insists that “rely[ing] on intuition as a primary source of authoritative knowledge [is] a revolutionary act in a society that grants legal and conceptual legitimacy

only to ratiocination” (259). However, these claims about hegemony, science, and Western society are inaccurate.

First, what Cheyney (2008:259) refers to as “body knowledge” – and describes as a “bodily and experiential” way of knowing – is simply known under a different name in philosophy: empirical knowledge. For empiricists, the information we gain from our bodily senses and experience constitutes “the ultimate source of all our concepts and knowledge” (Markie 2015). And it is the testing of empirical information on which the scientific method is based; thus, empirical knowledge is essential to science (Hansson 2015). Therefore, it is false to insist that valuing “body knowledge” challenges the hegemony of science and “technomedicine” in “Western society” (Davis-Floyd and Davis 1996).

Second, the claim that valuing intuition is counter-hegemonic is also false. Davis-Floyd and Davis (1996) themselves acknowledge the theories that scientific innovation is often linked to intuition (240). This link is not foreign to the scientific community; in fact, Intuition Peak in Antarctica honours this very idea (Scientific Committee on Antarctic Research 2005). It should not be expected that scientists hold intuition in contempt, since all science relies on mathematics, which, according to mainstream theories of mathematics, relies on intuitive axioms (Horsten 2015). These theories assert that all mathematical statements can be reduced down to axioms, and we believe those axioms are true because they are intuitive, *not* because they can be logically deduced from something else (Horsten 2015). For example, the mathematical axiom of identity (i.e., everything is identical to itself) cannot be proven with deduction; it is simply intuitive to us, so we accept it as true. The authority of mathematical axioms, then, is based on intuition, not deduction. All axioms are intuitive in this way, and thus anyone who uses any form of mathematics ultimately relies on intuition.

In philosophy, intuition is not only authoritative with regard to mathematics, but also to morality, ethics, and epistemology. For instance, social intuitionism argues that people make moral decisions more based on intuition than rational thinking. One ontological support for this claim is the fact that many moral

judgments happen automatically, even if they are rationalized in retrospect (Haidt 2001). Ethicists have pointed to the intuitive appeal of the ethic of reciprocity, or “the golden rule,” which appears in almost every ethical tradition (Blackburn 2005:154). Furthermore, it is ironic that Davis-Floyd (1996) positions the “alternative-holistic” model of birth as “very un-Cartesian” because, in fact, Descartes was a major champion of the intuition-deduction thesis in epistemology, which argues that all knowledge comes from either intuition or deductions made from intuition (Markie 2015). Even more ironic is that Descartes’ concept of infallible intuition, that is, that intuition can never be false (Markie 2015), aligns precisely with the concept expressed by Davis-Floyd and Davis’ informants (1996:250). Moreover, this concept contrasts with Tony Bastick’s idea of intuition, which Davis-Floyd and Davis explore in detail (1996:240, 250). And finally, it is not only Descartes but foundationalists in general who agree that knowledge comes from a combination of empirical knowledge and “unaided reason” through intuitive ideas (Blackburn 2005:139, 308).

Therefore, the valuation of intuition and bodily experience as authoritative knowledge does not render the birth subculture countercultural. Even if the birth subculture upheld this valuation system as stringently as it claims, it would do so in harmony with science and mainstream society.

False Dichotomies

As I have hinted at, there are significant problems with simply asserting the existence of a dichotomy between reason and scientific knowledge on the one hand, and intuition and bodily or empirical knowledge on the other. One problem is a matter of semantics. For instance, Davis-Floyd and Davis (1996) mobilize more than four definitions: one from the American Heritage Dictionary, one from the psychologist Tony Bastick, at least one from their own assumptions about intuition, and several more from their informants. Some of these definitions have opposite characteristics; for example, Bastick’s concept of intuition is fallible (i.e. it can produce false beliefs), whereas most of the informants conceived of intuition as infallible (i.e. it always produces true

beliefs). Moreover, the informants themselves have diverse notions of intuition between them. For instance, when Davis-Floyd and Davis (1996) asked their informants “where intuition is located,” they received many different answers, including:

“All through the body”; “It’s cellular”; “It’s in my stomach”; “It’s inner knowledge – you don’t know where it comes from”; “Your heart, your dreams”; “Your connection to the universe”; “My higher self”; “My heart, my chest, my throat”; “I’m very auditory – I hear it as a voice coming from deep inside.” (247)

Another of their informants described an intuitive process thusly: “a cone of power comes straight down the width of my head, through my body, and out through my hands” (247). The authors themselves describe intuition as a “still, small, culturally devalued inner voice” (251).

Thus, in analyzing women’s accounts of giving birth, it would be naïve to assume that they all use the word intuition in the same way. In fact, the context provided in some birth stories not only insists that the mother-authors define intuition differently, but helps me to see the specific ways in which their concepts of intuition differ. For example, some of these women used “intuitive” to describe a career, such as “a medical intuitive” or “an intuitive nutritional consultant” (Lee 2005:122). Others use it to describe an inanimate object, such as “an intuitive book” (Wildner 2005:174). And, as mentioned previously, Shannon Brown, the author of *Natural Birth Stories* who contributes her own natural birth story to the anthology, implies that intuition, instincts, and “gut” feeling are one and the same (2005:34).

Yet another concept is proposed by Charmaine O’Leary (2003), who juxtaposes her “good” inner voice with her “bad” inner voice:

I have always been a strongly intuitive person. I have great trust in my intuition, and it has always served me well. In fact, I like to put myself in adventurous situations that would stretch my intuition muscles ... I would never have imagined not trusting that small voice inside. It has always seemed so right. Yet, at the time after my baby was born, certain circumstances led to me listen to a voice that was really misguiding me. This voice

was angry, mean, and full of darkness. ... As this critical voice grew to huge proportions in my head, I started to believe that I was hearing the voice of God. Yet God was telling me to do awful things to my baby. I remember many a night holding my baby in complete terror while a loud, inner voice railed at me to trust God and bring harm to my dear little girl. [O'Leary 2003:83]

Charmaine continues to explain how she attempted benevolent suicide, was admitted to a mental institution, and did domestic chores in an encouraging household:

Finally, I learned again to discriminate and identify negative thoughts and cut them away from my mind. ... An interesting reward came from having lived through such a frightening illness: I could tell if a woman was experiencing postpartum depression. ... The problem is that most people have no language to describe this experience. Another problem is that it can be seductively interesting, and some women I've met actually prefer it to reality, because it can be entertaining and a bit magical. These women need to be reasoned with and talked out of this idea, for their own sake and for the sake of their children. [O'Leary 2003:84]

For Charmaine, intuition is a positive inner voice, but another inner voice, a bad one, may also exist in one's mind. This bad voice might impersonate God. Moreover, one must be reasoned with to avoid its seductive influence.

These examples are just a sample of the many diverse ways that intuition and "body knowledge" can be conceived. Without clear, unifying definitions, it is difficult to maintain the dichotomous categorizations proposed by Davis-Floyd and Davis. The fact that the authors include several definitions within their own article only renders their categorizations less certain.

A second problem with the authors' proposed dichotomy lies in the assumption that people can easily distinguish between the knowledge they deem "intuitive" or "embodied" and that which they deem "rational" or "scientific." This assumption is a dubious one, especially since "contemporary Western women are becoming far more knowledgeable about the technicalities of birthing than any cohort in history"

(Bledsoe and Scherrer 2007:63). Indeed, the majority of women whose birth stories I examined educated themselves about the birthing process and/or advised pregnant women to do the same. With such ample scientific knowledge and reasoned arguments at the forefront of their minds, how can childbearing women be sure that their "inner voice" is not being informed by their rational-scientific knowledge? This is precisely what Pamela Klassen (2001) argues in her study of American home birthing women. Using the language of instinct and bodily knowledge, which Klassen finds to be used in conjunction with intuition, the author states that "in these women's experiences, instinct is also a learned capacity to listen to one's self and one's body. The 'truth' that their bodies speak to them changes over the course of their bodily history of birth in which they learn and develop techniques of childbirth" (153). It appears, then, that the line between the two binary oppositions may be much more ambiguous.

A third problem is that, as I have already suggested, the proposed dichotomy between bodily or empirical knowledge and scientific knowledge is a false one. The empirical knowledge we gain experientially through our bodily senses is vital to the production of scientific knowledge (Hansson 2015). Since the scientific method cannot function without empirical or "body knowledge," positioning them as dichotomous is blatantly false. But, as shown earlier, this is precisely what Cheyney, Davis-Floyd, and Davis do.

Finally, the dichotomy between reason and intuition as proposed by Davis-Floyd and Davis (1996) – and reiterated by Cheyney (2008:259) – is similarly dubious. In their article, Davis-Floyd and Davis (1996) include the subheading "Reason versus Intuition: Accuracy and Source," which clearly reifies the proposed dichotomy (250). Moreover, the authors write that intuition exists "in contrast" to reason, and even place them on opposite sides of the brain, with intuition on the right "holistic" side and reason on the left "analytic" side (240-241). Some mothers repeated this rhetoric in their birth stories; for example, Emily (2013) writes: "I could feel my body shifting to right-brain function only ... Labor Land. Labor Land is a dream-like, non-analytical,

place where you just go off intuition” (Emily 2013:47). Yet at other times, Davis and Davis-Floyd claim that the process of intuition is “transcendental” because it involves “cross-hemisphere, whole brain functioning” (Davis-Floyd and Davis 1996:241). As it turns out, however, both of these arguments are unsupported scientifically, even if held in popular belief. Neuroscientists understand that “it is not the case that the left hemisphere is associated with logic or reasoning more than the right” (Jeff Anderson as cited in Wanjek 2013).

Davis-Floyd and Davis (1996) also link reason to deduction, and, further, deduction to Descartes (240). But this is ironic because, as suggested earlier, Descartes did not see deduction as oppositional to intuition. In fact, because he adhered to the intuition-deduction thesis, he thought the two worked in harmony and were fundamentally interconnected (Markie 2015). Furthermore, Cartesian epistemology demonstrates how intuition is fundamentally interconnected with reason in general. If intuition is infallible, as Descartes and Davis-Floyd and Davis’ informants claim, then reason compels us to believe our intuition, since it is true by definition. In fact, *not* believing intuition, or simply questioning its veritability, would be irrational, since intuition cannot be false. Thus, we *are* using reason if we adopt intuition as authoritative knowledge because it is infallible; so, for the informants, reason and intuition must be interconnected, even if the connection is not acknowledged.

Meanwhile, Davis-Floyd and Davis (1996) insist on associating Descartes only with deduction, pitting deduction against intuition, and claiming that deduction is supervalued over intuition “in the West” (240). But, as Margaret Atherton (2002) reminds us, “philosophers have developed accounts of more ways of thinking than just two” (26). She warns that insisting that Cartesian reason is hegemonic, even for 17th century Western society, systematically ignores the influence of the different styles of thought proposed by George Berkeley or John Locke (who, as an empiricist, emphasized bodily sense-experience), while “further examples abound in other periods” (35). Furthermore, she warns that by “narrowing attention down to only two styles of thinking,” which, I argue,

is what Davis-Floyd and Davis are doing, they are “undercutting rather than encouraging diversity” of thinking styles (35). This is particularly important here given that this (i.e., undercutting diversity of thinking styles) is precisely what Davis-Floyd and Davis (1996) accuse their opponents of doing: “Jordan points out that ‘to legitimize one kind of knowing devalues, often totally dismisses, all other ways of knowing’ ... Her words capture in a nutshell what the larger technomedical culture has done” (258). Hence, Davis and Davis-Floyd appear to be committing the very crime for which they hold others accountable. To her credit, Cheyney (2008) acknowledges “multiple forms of knowledge” (259). However, she clarifies that these can be categorized into two groups: that which is “intellectual, rational, or logical,” and that which is “more bodily and experiential” (258-259). Thus, Cheyney adopts the same dichotomous rhetoric that is discouraged by Atherton and adopted by Davis-Floyd and Davis.

Conclusion

Feminist epistemologists have demonstrated how we should be wary of dichotomizing ways of thinking when there is significant evidence against it (Lloyd 2000:172). My article has shown why dichotomizing “mainstream” birth and the birth subculture is also flawed, and I do not stand alone in this critique. Although Klassen (2001) calls home-birth a “countercultural movement,” her assertion that home-birthing women hold onto “the techniques and knowledge base of biomedical obstetrics” blurs the line between medical birth and “natural” birth (77, 135). Meanwhile, Alison Phipps (2014) presents a more overt critique. She argues that although birth activists use their connection to the “alternative health arena ... to position themselves as avant-garde, counter-cultural and discriminated against,” they nonetheless “make appeals to science in order to stress the benefits of their preferred practices” and their ideas have become hegemonic since the introduction of “normal birth” campaigns in the U.K. and North America (Phipps 2014:119-120, c.f. 105-113).

Phipps also reveals a commodification-based similarity between “mainstream” birth and the birth

subculture. While birth activists perceive “women requesting birth interventions as being conditioned by consumerist values,” they themselves profit from their publications (via “natural birth” product placement and advertising) and commercial support services, “even though they are often recommended as though there is no profit motive” (Phipps 2014:123-4). This is one possible explanation of why the dichotomy permeates birth subculture rhetoric: by presenting a certain kind of birth as radically different from the mainstream kind of birth, the “natural birth” industry can profit from various products and services that are deemed necessary to “achieve” the counter-cultural birth, since it cannot be easily learned through free mainstream sources. This in turn may also explain why the birth subculture is largely composed of white, middle-class women who can afford these products and services (cf. Bledsoe and Scherrer 2007; Klassen 2001; Phipps 2014).

As it stands, my article has demonstrated how the dichotomy between mainstream culture and the birth subculture is inaccurate to the extent that it relies on the proposed dichotomy of thinking styles as well as the assumption that the two birth models value either pole over the other. Although Cheyney, Davis-Floyd, and Davis have argued – alongside the rhetoric found in the birth subculture to which they belong – that this dichotomy is real, I have provided significant evidence to the contrary. My research shows that the birth subculture does not uniformly value intuition and “body knowledge” over reason and scientific knowledge, nor does mainstream culture do the opposite. In fact, simply dichotomizing these thinking styles is inaccurate, and it commits the very same error that Davis-Floyd and Davis accuse their opponents of doing – that is, dismissing a diversity of thinking styles.

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*Charmaine O'Leary is a pseudonym that appears in Gaskin (2003).