


The four titles reviewed here are all examples of the impact of the women's movement and the feminist perspective on the content of academic research. All four books deal with birth, an experience unique to women and yet essential to society as a whole. But, even more significantly, they deal with birth from a feminist perspective focusing on the event from the women's feelings and experience, and the meaning she gives to what is happening. Yet the books also transcend individual experience to critically examine the social context of birth.

There are common themes running through all four volumes: the North American dichotomy between a medically successful birth experience and the emotionally satisfying one; the question of who controls the birth experience, for what purpose and why; and the cultural support (or lack thereof) for the new mother and her baby. Each volume, however, has its own distinctive focus. Becoming a Mother deals with the experiences of pregnancy and birth in the narratives of women themselves; Women Confined places these same experiences in a more theoretical and historical framework; Psychological Effects of Motherhood deals largely with the emotional experiences of the women involved. Birth in Four Cultures is more ethnographic in the extensive description of birth in the Yucatan area of Mexico and in comparison with the United States, Sweden and Holland.

Ann Oakley’s two books, Women Confined and Becoming a Mother represent two different presentations of material gathered in a research project concerned with the social and medical aspects of the transition to motherhood. In Becoming a Mother, Oakley follows sixty-six women through their first pregnancy and their initial experiences of motherhood. The women are representative of first-time mothers in Britain at the time. Using the words of her subjects, Oakley presents a developmental account of pregnancy, birth and early motherhood. Some summary statistical data are presented (how many women breastfeed, how many had postnatal depression, and so on) but the focus is to let the women describe their own experiences. They do it beautifully. One can explain in paragraph after wordy paragraph the effect of the male medical model of birth and the denigration of the mother-to-be, but a three-line dialogue in which a doctor questions a woman’s ability to accurately date the age of her fetus until she informs him it was conceived by artificial insemination, illustrates the phenomena more succinctly and dramatically.

Oakley summarizes the data in each section and provides transitions from one topic to the next, but her strategy in this book is to let the women tell their stories. Their narratives illustrate the major problems with modern obstetrics—the impersonality of the hospital setting, the reliance on birth as a medical process with the women as passive patient, and the lack of structured social solutions to the pressures facing the new mother in the tedious, demanding job of caring for a baby. Oakley’s book is particularly valuable because it is so readable and one can follow individuals’ lives. It is an eye-opening work for people who think that the modern mother, with disposable diapers and a washing machine, is in an enviable position. The questions about the social context of birth which Oakley is attempting to answer, need to be raised and examined. This book ac-
complishes two important things. First of all it examines the relationship between motherhood and women's roles in general, and secondly, it describes a typical female experience in a realistic manner, so that readers can go beyond their own experiences and talk about the institutional context of motherhood. In her own way, Oakley is doing for motherhood what Betty Friedan did in *The Feminine Mystique*. She is raising awareness of the individual experiences of many women so that their adjustment to motherhood can be seen in the context of a poorly developed system of support and role learning. I need to know its not my incompetence which kept me from doing more than feeding the baby, myself and my husband, cleaning it, and sleeping during the first 3 weeks of my son’s life. It wasn’t just my bad luck to have a high forceps delivery, develop an infection in hospital and be dragging for a year afterward. It was the medical presentation of birth in our society and the lack of institutional supports for me, as a new mother. This is apparent to anyone who reads Oakley’s *Becoming a Mother* and all present and perspective mothers ought to read it, as well as all non-mothers who want to understand the process.

*Women Confined* is a much more sophisticated presentation of these same themes. Here Oakley is more scholarly, more theoretical and analytic. *Women Confined* is for those who want a political analysis of childbirth, and are less interested in the individual experiences of women. Her section on the medicalization of birth is fascinating in its horror and her attempt to draw parallels between birth and other significant stages (or rites of passage) is a very creative analysis. The breadth and depth of her work is apparent in this book but it is not as readable as *Becoming a Mother*. It is insightful and analytical, but will only be read by a more dedicated, academically oriented audience. Yet her theme of women’s definition as subordinate in this culture and their tendency to be the victims of a male dominated birth process rather than victors, is an important one. Oakley follows her analysis with concrete proposals, which ought to be looked at by those concerned with women’s health and related issues, as well as policy and the change of gender roles, work and childrearing.

Myra Leifer, *Psychological Effects of Motherhood*, is a less successful effort to do what Oakley did in *Becoming a Mother*. For one thing, her number of subjects is much smaller (19 compared to 66) and Leifer seems to be trying very hard to put them into dichotomous or mutually exclusive categories. Oakley lets the information flow and shape itself. Leifer’s approach parallels Oakley in that she follows her subjects through their first pregnancy and early motherhood but her interest is largely psychological, and she hardly seems aware of the social context of her subjects. Birth is a crisis to a couple in another country away from their family, with the wife working at a low paying traditional female job to support her husband’s education. It is not only her “dependency on her family” which isolates her. Perhaps psychologists would react differently, but I found Leifer tried too hard to draw conclusions which her data did not warrant. But the book is still a useful addition to the relatively sparse literature on what it means to become a mother in an industrialized 20th century society in which birth is a ritual removed from women’s control.

Bridgitte Jordan’s book, *Birth in Four Cultures*, examines childbirth in the Yucatan, Mexico, Holland, Sweden and the United States. She has conducted extensive field work in Mexico and uses that data for establishing baselines before beginning her comparative descriptions. The Maya women of the Yucatan have developed patterns and rituals of birth involving both pre- and post-natal care. As Jordan points out, each culture develops a definition of birth which involves a proper
who, where and how. But the answers to the who, where and how can be different from culture to culture and yet legitimated by each group.

Jordan’s contribution is to provide comparative perspectives on childbirth and to suggest that the medical model which is the culturally dominant pattern for childbirth in Canada, does not work in either the medical sense (as indicated by infant mortality rates) or a cultural sense (meaning that the mother herself feels an active participant and involved in the experience and has a sense of achievement once the child arrives). The relationship between the painfulness of the birth experienced by women and the cultural definition of pain is described. The Yucatan experience is as ritualized and formalized as birth in our own culture, but it seems favourable on what I consider to be two critical indicators of a successful birth experience, that of a safe medical experience for both mother and child, and a rewarding emotional experience for the family unit—mother, father and baby. As both Oakley and Leifer point out, these two criteria do not always work together in either a British (Oakley) or American (Leifer) birth experience.

I would like to conclude by commenting on two significant themes, first, the medicalization of birth and secondly, the lack of cultural support for the new mother. The transformation of birth from women’s arena to that of men (midwives to medical men) has not ended with the general acceptance in Canada of birth as a medical phenomena. The rate of medical intervention is increasing—fetal monitoring, induced labour, caesarian sections, forceps delivery and episiotomies are all on the increase in Canada. The high technology model of birth is spreading, which diminishes the amount of control the individual has over the process, and the degree of achievement the mother feels over the process.

Oakley, Jordan and Leifer all suggest that the powerlessness of most North American women during the birth process is a part of the essentially passive, submissive role women have been taught in this context. By taking control of the birth experience and modifying the medical models to suit the needs of women, we would go a long way toward providing a sense of involvement in uniquely female experience and birth as a stressful experience for women would disappear. This is in contrast to the high technology approach to birth and the anti-natalist attitude of many radical feminists. This brings one to the second point. Early motherhood is a difficult experience for many women because of the isolated units in which we live and the general cultural assumption that caring for an infant is the mother’s work. Oakley found that the help fathers initially contributed with their newborns had declined significantly by the time the baby was 5 months old. We need to provide those cultural supports to bridge the isolation, the sense of fatigue and incompetence that plague new mothers. Oakley’s subjects again say that the rosy picture presented of motherhood made the reality so much harder to cope with because each individual gets a feeling of personal inadequacy and incompetence. Certainly any mother or prospective mother who reads these books will not be surprised. And every feminist ought to be interested in these issues.

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This readable pocket book explains menstrual function and dysfunction in a clear, concise way. As indicated in the title, the book’s focus is on what happens during menstruation.