
Perspectives on Giving Birth in The United States

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She/Her/Hers

Hello, my name is Ana De La Torre. I graduated from CSUDH in Spring 2022 with a B.A. Anthropology and a concentration in Applied Anthropology. My interests include baseball, travel, and spending time with my nieces and nephews. For this paper, I combined what I was learning in two separate classes. It was a unique experience bringing my own standpoint to the topics at hand and creating my own perspective.

Our existence as humans comes from the ability to reproduce our species through childbirth. Throughout our evolutionary history, humans have shaped childbirth practices in culturally unique ways. In the United States, contemporary childbirth usually happens in hospitals with nurses and doctors present. It is interesting how one practice can be analyzed in distinct perspectives depending on the observer. In this case the observer is an anthropologist. In this paper, I discuss three anthropologists who have distinct theories related to reproduction and childbirth: Ruth Benedict, Marvin Harris, and Bruno Latour. Each anthropologist has their own unique approach to understanding the practice and processes of childbirth, and they all reach different conclusions about what it means, why it is important and why it has evolved to generally occur in this certain way. In the United States, the modern approach to giving birth is at a hospital. By most, this approach is thought to be a safe approach to childbirth. When childbirth is natural, it is referring to having a vaginal delivery, however, this is not the only method used. Oftentimes, delivering a baby through a caesarean section is

required for unusual circumstances such as a high-risk pregnancy or to avoid any further complications.

A caesarean section (otherwise known as a c-section) is a procedure performed by a doctor who surgically removes the baby from the womb. What both delivery forms have in common is that they both require the assistance of nurses and doctors. Regularly, they are performed with the consumption of strong drugs to help the process and ease the pain. As mentioned before, from the perspective of the hospital and many individuals, a vaginal birth is considered natural even if there is consumption of pain management drugs or other medications that help the birthing process. However, there are many who would argue that a true natural birth occurs without the use of those strong medical drugs. In the attempt to have more natural births by their definition, they opt to go through childbirth at home.

The first anthropological theory I will use to approach childbirth is that of Ruth Benedict. In her book *Patterns of Culture*, she writes about her theory on culture and personality. Benedict begins by saying, “prime importance in anthropology has without a doubt been the accumulation of a few full-length portraits of primitive peoples” (Benedict 1934). We of course no longer use terms like “primitive” to refer to any peoples or culture, but Benedict was writing in the early 1900s. She points out that anthropologists of the time only achieve magnificent contributions to the field when

they study one culture at a time. Therefore, she decides to only focus on childbirth here in the United States and nowhere else. However, she does contextualize childbirth practices in the US compared with some other traditions. Benedict’s theory focuses on finding shared configurations, meaning different traditions but with similar patterns. In this case she points out that different countries have different traditions surrounding childbirth, but that all countries follow two patterns - vaginal and c-section births. According to Benedict, patterns found in a culture are linked to a culture's core values. Core values will determine what types of practices a culture adopts. Benedict writes that patterns surrounding childbirth in the US include hospitals, doctors, and medicine. This might propose that medical science is a core value and thus reflects the idea that childbirth in the United States is understood as a medical procedure that must be processed in a hospital.

However, not all members of a culture will always follow and believe in the culture's core values. Benedict believes every culture has these individuals; she calls them, deviants. She defines them as, “the person whose disposition is not capitalized by his culture” (Benedict 1934). In this example, as mentioned before, the norm is to have childbirth in a hospital. In the US, a “deviant” might be an individual who chooses to give birth at home - but in fact numerous Americans try to give birth this way. The reasoning may be because a hospital birth does not comply with the core values of

the *individual*. When giving birth at home, the setup will be completely different from a hospital. You will not be assisted by doctors, nurses, or strong medical drugs. Instead, most home births will be accompanied by a midwife. Although Benedict has a name for these individuals, her theory does not look any deeper into these type of "deviant" births because they are not the pattern based on the culture's core values.

Marvin Harris, the author of the second line of anthropological theory I will analyze, would not agree with Ruth Benedict. He argues that these types of "non-traditional" births should be studied. In his article, "Anthropology and the Theoretical and Paradigmatic Significance of the Collapse of Soviet and East European Communism," Harris argues that anthropologists should study contemporary events through the lens of his theory of cultural materialism. He breaks down his theory into three structures: infrastructure, structure, and superstructure. For the sake of his argument, he says infrastructure is the most important. He states infrastructure is "directly linked to sustaining health and well-being through the social control of production and reproduction" (Harris 1992). This means infrastructure helps produce food and reproduce population. This explains why Harris is interested in childbirth as well - reproduction of the population is only able to happen through childbirth. Hence, unlike Benedict, Harris focuses on the contemporary movement of home births. He

argues that the increase in home births during the second half of the twentieth century occurs because the home is increasingly viewed as an important component of an individual's infrastructure. He seeks to understand why the stability of infrastructure with regard to reproduction and childbirth is changing. Harris argues that the change towards more home births should be understood as an additional way to support the infrastructure.

However, although he begins to address these issues, under his theory of cultural materialism, Harris does not provide a deeper understanding for why more home births are happening. He acknowledges them but will not address them further than that. This can be seen with the example he illustrates in his article in which he uses the collapse of the Soviet Union as an example of an incredibly significant contemporary event. Harris blames the collapse on a lack of support for infrastructure. In this case, Harris may not explore the reasons why women are turning away from hospitals, but he does acknowledge that it is happening. Possible explanations as to why this is happening might be mistreatment from the hospital staff, no insurance, the hospital care is too expensive, for political reasons... in fact the list might be endless. These explanations can also involve a changing superstructure causing a change in, thus creating a new modern form of childbirth.

Bruno Latour, on the other hand, would argue that there is no such thing as modern. Early in his career, Bruno Latour authored a

book, *We Have Never Been Modern* (1993). In the book he argues that humans have created an idea that they have developed and become “modern”, distancing themselves from “traditional” humans. His conclusion follows the title - we have never been “modern.” In the case of childbirth, Latour disagrees with Harris and contemporary views on childbirth. As mentioned earlier, giving birth at a hospital is considered the modern way by many. Harris says giving birth at home is modern, and others say giving birth at home is traditional. The conflicting views do not matter to Latour since he believes all of these interpretations and designations are wrong because none are modern or traditional; there is only childbirth. He develops this idea early in his career, but it helps him reach his main anthropological theory. In his book *Reassembling the Social: An Introduction to Actor-Network-Theory* (2007) he explains his Actor-Network Theory (ANT), which says researchers should follow and observe networks of associations to draw conclusions about what makes the network work. In this case, the network is childbirth. Latour gives three test mechanisms that researchers could follow to proceed with the study and reach conclusions. The first test he says is, “the precise role granted to non-humans” (Latour 2007). Latour believes that the network, childbirth, involves more than just human associations. He believes that objects play an equal part in the network. Meaning, the process does not just involve doctors and nurses, but also the equipment that

they use is part of the network. Latour would defend this test by saying that without equipment a c-section would not be possible, making the objects just as important. The second test question is, “Is the social in the end the same limited repertoire that has been used to explain (away) most elements?” (Latour 2007). Signifying that if the associations change, then the outcome changes. This is where Latour would question what is changing to cause the change to home births. The last test is, “Check whether a study aims at reassembling the social or still insists on dispersion and deconstruction” (Latour 2007). Latour wants the researcher to follow the actor and the object back. Here Latour has an endless number of approaches. He can follow the actor back all the way to conception, or even further back to the grandparents. He can follow the objects involved back to the opening of the hospital. He can follow back on the tools used by the doctors and nurses. This could be a major drawback of the ANT approach - the possibilities of actor and object associations are endless, the networks they create are endless... when do you stop?

In sum, there are many different perspectives that one could take in seeking to understand childbirth and its changing or non-changing conceptions, practices, and processes in society. Ruth Benedict approaches childbirth with her theory on culture and personality. She would be interested in studying childbirths in hospitals because that appears to be a core

value of US society at the time. The core values approach leads her to the practices she wants to investigate and not the other way around. Marvin Harris approaches childbirth from his theory of cultural materialism. Using the increasing popularity of home childbirths in the second half of the 20th century, he focuses on the importance of infrastructure. Lastly,, Bruno Latour uses his ANT approach to research childbirth, focusing on the social connections between non-human objects and humans that participate in childbirth.

Each anthropologist brings a set of interesting and unique points of view to contemporary childbirth practices in the United States. Although no one anthropological theory is superior to another, I personally support and respond to Ruth Benedict's approach the most. I find her direct approach to seeking to understand a culture's reasoning for developing certain practices and beliefs to be the most interesting. Moving forward, I will be very interested to use Benedict's core values approach as a starting point, but narrow it down further to dissect the various core values held by sub-cultures within a greater common culture. For example, how might the core values of women of color, or of non-heterosexual individuals affect understandings of childbirth and giving birth at home as opposed to in a hospital.

Works Cited

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