Birthing Doulas
A Meditation on the Liminality of Birth Workers

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Riding the train back from an interview, I scribbled on the cover of my notebook “this project is about identity.” As unspecific as that declaration sounds, it felt like a bold act, the raising up of a flag on unknown territory. I was continuously grappling for more concrete ways to describe my thesis as I felt my research questions were met with blank stares from colleagues and professors. It seemed relatively clear to me, but apparently something was not translating. I wanted to know how birth doulas came to understand the work they were doing. How does the repeated experience of supporting strangers through an event as impacting as childbirth affect a person? How does a doula come to think of her role and what is at stake in the birth experience, by which I mean what are the larger implications for this work? How does a doula place this work in a larger theory of change? For some reason I felt shy—maybe because of the obscurity of doulas, maybe because of the broadness of my inquiry—to say that ultimately this research was about the worldview of doulas, the worldview of women who support other women in childbirth.

I eventually discovered why the descriptions I gave about my research did not feel quite right coming out of my mouth. About half way through my interviews I realized that how doulas saw the world was definitely an intellectual curiosity of mine (one that had been present in my research), but that was not where my research was grounded. It was more personal than that. Just over a year ago I had gotten trained as a birth doula. It was by a series of chance encounters: one accidental interview with a midwife that had me thinking, for the first time in my life, “Oh God, I could see myself doing this,” and one flyer advertising a doula training posted at the restaurant I was eating at with my grandmother that had me thinking, “The answer to the med school
problem! This plays into my immediate skillset!” By the end of the training I had practiced palpations on a pregnant woman’s belly, developed my own analysis of birth as a social justice issue, and cried unexplainably as I got into my car to drive away from the group of women I had spent the weekend with. This felt right, I thought; these chance encounters meant this was something I was supposed to be doing.

Fast-forward a year later and I have not yet made it to my first birth. Timing had the biggest part to play as I spent that fall playing college soccer and left the country to study abroad in the spring and summer. Despite this reality, however, I felt extremely disappointed and ashamed. I was stuck, it seemed. Something was preventing me from taking that first step, and I did not know what it was or what it meant. When I returned to school for my last fall semester, I decided the focus of my senior thesis would be on doulas. There were so many different angles I thought about taking on the topic, but ultimately I wanted to find out what it was like for each of these doulas in the beginning. Had any of them struggled with the fear I was dealing with and how did they overcome it? What was it like attending those first few births? What were their experiences with the process of becoming a doula and what had they learned? Essentially, I wanted to know how they were able to birth themselves as doulas.

This thesis is premised on the argument that three subjects are born in the process of childbirth—baby, mother, and doula. If childbirth is seen as a rite of passage, or a ritual that accompanies some kind of transition between states (Turner 1987:4), we can understand each of these three subjects as engaged with different yet interrelated transformations. In this thesis I apply Victor Turner’s (1987) concept of liminality, or period between states, to doulas as I argue that the role of a doula is a liminal one, consistently existing “betwixt and between” worlds, and that there is also a more defined process of becoming that a doula undergoes in order to begin her
work supporting women in birth. I argue that a doula’s more defined process of becoming involves confronting biomedicine’s discourse about women’s bodies being weak and defective, a task that is catalyzed by witnessing the power of birthing women. Witnessing birth proves to be a transformative process that compels doulas to forgo impulses for control and embrace the role of a servant. Out of this transformation a doula develops understandings of birth that are new but not without “narrow limits” (Turner 1987:15). In addition to Turner’s concept of liminality, I argue that Emily Martin’s theory of women’s embodied experience illuminates a doula’s process of becoming. In addition to and instead of the idea that a doula’s embodied experience “can and does contain a critical standpoint” (1987:200). I argue that the experience of witnessing the embodied experience of another woman giving birth fosters a critical standpoint within doulas.

For this research I interviewed eight doulas. Unfortunately, the recording of one of the interviews was lost leaving me with seven. One took place on my college campus; one at a nearby campus over cafeteria food, it started to snow; one had us laughing over Skype, both of us in our pajamas; I travelled to a nearby city for three (drinking tea in one apartment; one four hour lunch, I told a long story so she could eat her sandwich then we walked across the city to my next interview; a disconcerting mall coffee shop); one in a city down the coast. Four were white; three were women of color. Four had not given birth themselves; two had; one I never learned. Two were sixty; one was in college; four were somewhere in between, closer to college-aged than to sixty.

I. What Is A Doula?

A doula is defined as “a woman experienced in childbirth who provides continuous physical, emotional, and informational support to the mother before, during, and just after
childbirth” (Klaus and Kennel and Klaus 1993:3). Generally when there is not a supporting noun in front of the word “doula,” it is assumed one is referring to a birth doula, presumably because the birth doula is most prevalent. However, post-partum doulas, doulas that provide support for a woman or family after the child is born, are also relatively common. Other types of doulas have emerged more recently to provide support in different scenarios, including abortion doulas, adoption doulas, and full-spectrum doulas—doulas that provide support during any moment along the spectrum of reproduction. Though, as I mentioned, a number of the doulas I interviewed provide support during occasions besides just birth, my focus was on birth doulas. To avoid redundancy, I will also be using the short hand “doula” rather than “birth doula” throughout this paper.

In my experience, doulas and midwives can tend to be confused or conflated, though they serve very different purposes. During my doula training, the facilitator repeated a phrase to ensure it would stick in our minds: a doula is not a primary care provider. This means that doulas are not trained or qualified to assist a woman in delivering the baby. This is the most essential difference between doulas and midwives. The majority of midwives in the United States are certified nurse midwives (CNMs), meaning they have nursing degrees with a specialization in midwifery. This degree qualifies midwives as primary care providers, just as physicians are. The difference between midwifery and obstetrics, on the other hand, is that physicians are experts in pathology and specialize in the management of disease and complications during pregnancy and childbirth. Midwives, however, specialize in normal pregnancy, viewing birth as a natural process of the body (A New Edition for a New Era: Our Bodies, Ourselves 2013). This philosophy on birth as a natural process, otherwise known as the midwifery model of care, is what midwives and doulas do share.
As a non-primary care provider, the aforementioned support that birth doulas offer women in labor is entirely non-medical and non-clinical. A doula’s goal is to help her client have a safe and satisfying childbirth, however the client may define that (Doulas of North America 2013). That goal translates to three areas of support: informational, physical, and emotional. The informational support consists of gathering/providing information for the client--before, during and after labor-- so that the client may make educated decisions about her birth experience. Doulas never make decisions for their client, and they strive never to project their own values and goals onto another’s birth experience. A common misconception of doulas is that they only assist natural births, however, that would be contradictory to the goal of empowering the client to define her birth experience for herself. In terms of physical support, doulas are knowledgeable on comfort measures that may help to alleviate pain during labor. Examples of this are positioning techniques using tools like birth balls and rebozos (long pieces of fabric). For emotional support, doulas typically will meet with their client (and partner) pre-natally to provide a space to air concerns, fears, discomforts, hopes, and excitements. During labor, a doula plays a crucial role encouraging her client, and following the birth a doula will provide space for her client to process the experience and construct meaning out of the experience.

Two extremely important aspects of doula care that do not necessarily fit into any of these three categories is that a doula typically does not have a prior relationship with the client and a doula remains with her client throughout the entire labor. A number of studies have been conducted to determine the efficacy of continuous labor support compared to usual care. Trends that have emerged among these studies suggest that in hospitals where intervention rates were very high (epidurals, Pitocin, and cesarean sections), doula care lowered those rates. The largest systematic review of continuous labor support was published in 2011 reported combined findings
from 21 randomized controlled trials, including over 15,000 women (Hodnett et al 2011). The trials compared “usual care” in the hospital with various types of providers of continuous labor support: a member of the hospital; a family member or friend; and a doula (not a hospital employee, family member, or friend) who provided continuous support. Overall the supported women had better outcomes than the usual care groups, obstetric outcomes were most improved and intervention rates most dramatically lowered by doulas. A summary of the findings of this study (Childbirth Connection 2011) conclude that doula-supported women were:

-28% less likely to have a cesarean section
-31% less likely to use synthetic oxytocin to speed up labor
-9% less likely to use any pain medication
-34% less likely to rate their childbirth experience negatively

Findings like these signal improved experiences for the laboring women, but lower intervention rates also mean lower costs for hospitals. As a result, insurance companies are beginning to subsidize doula services.

The only requirement for assisting births as a doula is to attend a training/seminar ran by one of the many doula training organizations around the United States. Generally, the trainings are run by accomplished birth workers (doulas, midwives, childbirth educators), last for 2-4 full days, and can cost up to $500. The training touches on a variety of subjects related to providing support during childbirth, including the anatomy/physiology of childbirth, comfort techniques, and how to market your new skills. Trainings typically include a comprehensive manual. Beyond training, the next optional step for doula accreditation is to become certified. Doulas of North America (DONA) is arguably the most well-known certifying body in the world, describing its certification as “a widely respected measure of quality and professionalism” (Doulas of North America 2013). In order to become certified by DONA one must complete a DONA-approved
doula training (some trainings are not approved by DONA), attend three births and receive evaluation from various parties involved in those births, and fulfill various reading and writing requirements. Though certification is not required to practice, doulas who want to turn this skillset into a business and charge for their services have an incentive to become certified.

As far as doula services and costs go, there are two basic types of practices. Doulas with an independent practice are employed directly by the client. Most independent doulas charge a flat fee for their services anywhere from $500-$1,000, but some doulas offer sliding scale options. DONA outlines the services typically included.

[The doula and client] meet prenatally one or more times and maintain contact by email or telephone. The doula becomes familiar with the woman’s and her partner’s preferences, concerns, and individual needs. Once labor begins, the doula arrives when the woman or her partner asks her to come, and stays with them until after the birth. One or more postpartum meetings are included in the doula’s service. [DONA Position Paper: The Birth Doula’s Contribution to Modern Maternity Care]

The second type of practice is a doula program associated with or administered by a hospital or community service agency. The doulas with this kind of practice may be volunteers offering their services free of charge or paid employees by the hospital or agency they are affiliated with. These programs vary widely in their design. Some of these services match doulas with expectant mothers; some implement on-call systems so that doulas are available at all times to support any laboring woman who might need it. In this case, doulas meet their client for the first time during labor and must quickly establish a relationship. While there is probably close to an equal chance that independently practicing doulas would be supporting a client in a hospital, birth center, or in the client’s home, I would venture to say that doulas volunteering their services for free are more likely to be practicing in hospitals or some organizations practice in places like prisons where women have no support.
No research has been conducted on the demographics of birth doulas, but from my experience I could say fairly confidently that the majority of doulas are white and of middle- or upper-class status. I think the economic reality of this work is a strong determinant in this. Though scholarships are available, to be a doula you must be able to pay $500 for a training. That says a lot. Second, either doulas volunteer their services for free (which indicates privilege in the form of time and/or money), or if they do charge they are not earning an income they can live off of. As a result, the only women whose sole income is their doula work must have the privilege of being supported by a partner or other family member. If this is not the case, doulas must also be working another job, which could make it extremely difficult to maintain your doula work. Which kinds of jobs allow a person to step out of work at the drop of a hat, any day, any time to go attend a birth? Even without supporting statistics, all of this gives us a better idea of who exactly has the privilege of being a doula.

II. In the pages that follow

In Chapter 1, I will discuss the encounter with second wave feminism and medical anthropology that lead to a proliferation of literature on reproduction. I see this literature as being the bedrock for understand a doula’s process of becoming, because the ideas from this encounter echo through doula trainings today. I then go on to describe the anthropological frameworks that have shaped my research. In Chapter 2 I unearth the ways in which the role of a doula is one of continual liminality, consistently existing “betwixt and between” worlds. In Chapter 3 I begin to delve into the more defined process of becoming that a doula engages this. My analysis in Chapter 3 is focused more specifically on the transformation a doula undergoes during liminality as she confronts biomedicine’s discourse about women’s bodies. Using Turner’s framework, I
establish that the sacra, or heart of liminal matter, is communicated to doula through “what is shown” (Turner 1987:12). That is, the act of witnessing birth proves to be a transformative process that compels doulas to forgo impulses for control and feel empowered to embrace the role of a servant. Chapter 4 looks into the “gnosis” or knowledge that doulas garner from their process of becoming, particularly their new-found understandings about birth. Turner warns of the “narrow limits” this knowledge can have, and two of the doulas walk us through an exploration of those limits. Finally, the Conclusion proceeds to conclude this project.
Chapter One: Literature Review

Where can we locate this ethnography in the discipline of anthropology? Which bodies of literature are pertinent to an ethnography about the process of becoming a doula, considering there are no anthropological studies on doulas to date? I believe we can find the answer to those questions if we look at the broader context that doulas exist in, if we see the role of a doula as historical but also modern. If we see the intersection/contradiction embodied in the role of a doula today.

The ancient Greek word “doula” has been translated as female slave, servant, woman-helper, or handmaiden. In some cases “doula” is translated simply as “with woman.” The word was revived by Dana Raphael in her book *The Tender Gift: Breastfeeding* (1973) in reference to the common practice among all species for females to support each other in birth. For humans, Raphael asserted that relatives and friends traditionally occupied this role, particularly contributing to successful breastfeeding. Though Raphael’s claim is broad and without evidence (though probably true nonetheless), Judith Walzer Leavitt provides a comprehensive account of the “woman-centered” culture of childbirth that thrived in the U.S. before the 20th century (1988:5). Leavitt describes the powerful networks of women that formed to overcome the burdens of childbirth, an event that stood as “the symbol of traditional womanhood” (1988:7). Sisters, mothers, cousins, close friends, and neighbors eagerly lent their support to the birthing woman—from sharing deeply intimate details of their lives, including their fears of mothering, to massaging those in labor and taking care of household chores. Around the topic of childbirth, “women identified with each other’s concerns, shared their wisdom, and united, as women, in the knowledge that they were not alone with their problems” (Leavitt 1988:88).
However, urbanization and mobility throughout the 19th century weakened women’s social networks and birthing women found themselves further from female friends and family members for support during childbirth (Pollock 1999:11). Whereas before men were prohibited from entering the birthing chamber, women began inviting male physicians into their homes as science promised reduced mortality rates. Physicians found it difficult to assert their authority in the presence of additional women in the birthing room because “these women friends negotiated with the physicians about what procedures would be used and made sure that the birthing woman was represented in decision-making” (Leavitt 1988:104). By the middle of the nineteenth century, however, physicians attempted to increase their power in birthing rooms by advising women to limit the number of friends and relatives in the room to one or two. This exclusion of attendant female support during birth encouraged further erosion of women’s birthing culture, the collapse of which was caused by moving the location of birth from the home to the hospital.

The larger history of both scientific and industrial revolutions, preceded by the Age of Enlightenment, serve to explain birth’s re-location to the hospital in the 20th century. At this time, middle- and upper-class America—both men and women—were invested in the advantages of scientific and technological ‘progress’ and “what has generally been characterized as a ‘masculine’ ideology of control over the body as a material object: a machine, literally a means of production” (Pollock 1999:13). Leavitt recognizes the agency of middle- and upper-class women in determining the relocation of birth to the hospital, and argues that working class women followed that trend. Leavitt understands the re-location of birth as yet another moment within a tradition of American women “actively creating the environment that they needed” (1988:208-9). But as women willingly gave up the gendered context of birth for the hospital’s efficiency, sterility, and promises of safety, however, they lost the women’s birthing culture that
“empowered birthing women to determine and to change events” during birth, a culture that above all honored the birthing woman’s wishes and demands (Leavitt 1988:7).

It is unclear how Dana Raphael’s mention of the word “doula” in 1973 corresponded to the emergence of the modern role of a doula [that so closely resembles...] in the U.S. There is no documentation that I can find that articulates this history, but the fact that Raphael’s book was published during the second wave feminist movement suggests the likely possibility that the modern role of a doula emerged out of the women’s health movement of the 1970s. The specific timing of this emergence is not incredibly significant, however. What is significant is that before the 20th century the role of a doula was embedded into the women’s birthing culture. A woman’s sisters, mothers, cousins, close friends, and neighbors were her doulas; the atmosphere of female support that pervaded birthing rooms did not require the formality of naming such a role. What is significant is the erosion of this birthing culture and the rise of the hospital in the 20th century. Middle- and upper-class women chose to re-locate birth from the home to the hospital, and as a result birth was removed from “the web of everyday social, symbolic relations in which homebirth thrived” (Pollock 1999:12). Instead, birth was atomized, compartmentalized “as a routine procedural incident, separate from the complex politics of everyday living” (Pollock 1999:13). What is significant is the medicalization of birth in the U.S.

For the majority of contemporary American society that has never heard of a doula, the role may quite easily be cast as a recent phenomenon in alternative reproductive care. That notion would be affirmed by the lack of anthropological scholarship on the topic. However, the modern day doula embodies a history of childbirth in America by representing a role of support re-born in (response to) the drastically different context of hegemonic biomedicine in the 21st century. The contemporary doula mirrors the support of the past, but is doing so while
navigating an entirely different set of rituals (Davis-Floyd 1992). Thus, a doulas process of becoming is entirely different than the support person of the past. Pre-twentieth century this role was filled informally by female friends and family members; doulas today are usually strangers to the women they support, necessarily formalized to gain entry onto the maternity floor and in other cases formalized in service of capitalistic competition, complete with business cards and websites. As a result, I suggest that an ethnography on doulas should be positioned in anthropological literature where reproduction meets biomedicine, which is where medical anthropology meets feminism.

Ginsburg and Rapp raise the possibility that because reproduction was considered a “woman’s topic” it was not until second-wave feminists took up anthropology that substantial literature on the topic developed (1991:312). Up until the encounter between feminists and anthropology in the 1970s, medical anthropology’s analyses of biomedicine in general and reproduction in particular consisted of idealized cross-cultural contrasts between systems in the West and “traditional” healing systems (Ginsburg and Rapp 1991:311; Good and Good 1993:84). Though Good and Good acknowledge a shift in the literature, they do not name what exactly changed—namely, feminist anthropology’s contributions. Good and Good proceed to level the same critique at scholarship pre- and post-1970s, arguing against what they see as the pervasive focus on ‘biomedicine’ as a conceptual monolith with “a univocal medical ‘discourse’” (1993:82). Good and Good lay out an overview of what this conceptual scholarship generally yield about “biomedicine”:

Biomedicine, it is held, objectifies the patient and the disease, constituting both decontextualized and asocial objects of the medical gaze. Disease is thus entified and treated as a dimension of human biology rather than as socially produced misery or human suffering. Biomedicine shares biological reductionism and the mind/body dualism with much of Western culture since the
Enlightenment. It reflects an “empiricist theory of language.” It reproduces social conventions rather than value-free understandings of the natural world. [1993:82]

Instead of concentrating on the structure of biomedicine itself, Good and Good offer their ethnography of Harvard Medical School as an example of the kind of scholarship that is needed with its focus on the process of physicians coming to know “biomedicine” (1993:82-3).

In certain ways I believe this ethnography attempts to fulfill Good and Good’s ambitions for studies within medical anthropology, but I also find a major oversight in their critique. This ethnography seems to be in line with Good and Good’s criteria as I explore the process doulas undergo to understand birth and their work as they do. However, a key aspect of a doula’s process of coming to know “biomedicine” is the doula training, an element of a doula’s becoming that was outside the time constraints of my research. Even though a doula’s main purpose involves surrendering her personal beliefs about birth in complete support of her client’s vision, inevitably there are implicit ideologies about birth communicated in the training’s curriculum.

I intentionally avoided asking questions in my interviews that would prompt doulas to deliver these more packaged ideologies. Rather than establishing that a certain ideology about biomedicine was shared between doulas, I was more interested in hearing about how these ideologies play out in the experience of being a doula. I also was not interested in hearing articulations of ideologies about biomedicine because—based on my own experience training and the nature of the work as an “alternative” support system that exists outside of biomedicine—I could generally assume a common baseline ideology among the doulas I was interviewing. For these reasons I was not interested in making the project of my research to articulate the view of biomedicine that doulas held, but decided instead to look to the literature to provide that script. That is why I will now spend ample time outlining the scholarship on
reproduction that feminist anthropology generated that was embedded in the women’s health movement, the collaboration of which was the backbone for ideologies that pushed back against the hegemony of biomedicine.

Arising out of the women’s liberation movement, the early scholar-activists thought of as the foremothers of feminist anthropology connected their personal experiences of silence and subordination as women with the invisibility of women in the ethnographic record (Lewin 2006:1). This belief in fundamental commonalities between women across cultures, particularly the belief in women’s shared oppression, characterized this period of feminist anthropology from 1960s-1980s known as the anthropology of women (Visweswaran 1997:606). Gayle Rubin’s (1975) notion of “the sex/gender system” that argued “gender was the site where the rudimentary bodily characteristics of sex were framed in cultural terms” prompted feminist anthropologists of this time to fixate on biological sex as the material difference that enabled the universal oppression of women (Lewin 2006:12). Reproduction specifically appeared to be where some of the early feminist ethnographers pinpointed the source of oppression. In the theoretical overview of *Women, Culture, and Society*, one of the seminal texts of this time, Michelle Zimbalist Rosaldo asserts that “women are everywhere subordinated because in all societies their maternal obligations confine them to the domestic or private domain” (Lewin 2006:10).

With the symbiosis between activism and academia, the sex/gender system and the women’s health movement elided, the result of which was a feminist medical anthropology and a proliferation of scholarship on reproduction and related women’s health issues in the 1970s. The women’s health movement formulated critiques of reproductive health care in the U.S. that fueled arguments for both “natural” childbirth and homebirth, striking alternatives to the highly medicalized hospital births that were the norm at that time. Though the exact history of when the
role of the modern doula surfaced, it is highly likely that it was during this time, as a result of this movement. Accordingly, feminist anthropologists elaborated upon the critiques articulated by the women’s health movement in their scholarship. In the prologue of *In Labor: Women and Power in the Birthplace* (1982), sociologist Barbara Katz Rothman illustrates how embedded feminist anthropology was in the women’s health movement by telling the story of how her own birth experience brought her to concentrate her scholarship on reproduction. This narrative encapsulates many of the core ideologies within the women’s health movement that trickled into feminist anthropology.

In a very informal tone, Rothman details her difficult journey during pregnancy trying to secure a “loving and warm” birthing environment where she could maintain her personal autonomy, a task that proved complicated in 1973 when she struggled to find a physician that would talk to her about homebirth (1982: 110). This narrative follows Rothman’s gradual realizations about the detriments of hospitalized childbirth, a view that culminates in her meditation following her successful home birth experience.

As much as I had wanted it, I don’t think even I had understood how good it can be to have a baby at home. I never really as a “patient.” I wasn’t in bed; I had my contact lenses in throughout... I gave birth, freely and consciously—I was not delivered. And my baby and I were surrounded by love, not efficiency. [Rothman 1982: 22]

Rothman’s experiences and accompanying research lead her to argue in *In Labor* that “there were two fundamentally different models” of birth circulating in the U.S, a dichotomy that is roughly representative of the ideology of the women’s health movement. The first was the dominant medical model of birth, which Rothman learned about from American obstetrical textbooks and journal of the 1970s. She describes the medical model as
arising out of a male profession in a patriarchal society, that model reflected a man’s-eye view of women’s bodies. It also reflected the technological orientation of modern, industrial society...It became clear to me that within the medical model the body is seen as a machine, and the male body is taken as a norm. Pregnancy and birth are at best complications, stresses on the system. At worst, they are disease-like states. In either case, in that model, they need treatment, medical management. [1982:23-4]

The other approach to birth did not yet have a name, and Rothman decided to call “this other, nonmedical approach the ‘midwifery model’” (1982:25). The research process for the midwifery model was very different from that of the medical model. Rothman describes reading the literature of the homebirth movement, going to conferences, and “talked to people like me who were ‘on the lunatic fringe’—who wanted not just prettier or more humane births but a whole different approach” (1982:24). Rothman describes the essence of what she found as very different from the medical model:

They took women as their norm, and focused and centered on women; and they saw our reproductive processes in a holistic, naturalistic way. They believed that women’s bodies are meant to bear children—not necessarily that we should, or have to, but that when we do it, we are no more “stressing” the system than we are when we are digesting a nutritious meal. [1982:24]

Ellen Lewin tells us that Rothman’s interest in the medical model’s power and control over birth, as compared to the midwifery model, echoed the multitude of “scholarly and popular statements about male medical domination that had a prominent place in the 1970s women’s movement” (2006:17-8). I would add, however, that this literature’s influence continues today. Conscious of it or not (and I would argue without significant supporting research that doulas are aware of these concepts), doulas would not exist to continue critically engaging with the way
care is administered during childbirth had these scholar-activists not interrogated biomedicine, as idealized as Good and Good claim these analyses are (1993:84). For this reason, I see this literature as something of the bedrock for approaching an understanding of doulas, as doulas find themselves in the cross-hairs of the politics of reproduction. Therefore, I find it necessary to highlight the theories of three notable figures in this tradition of feminist medical anthropology contributing to vocal denunciations of male-centered obstetrical care.

It is coincidence that the first scholar I wish to highlight, Brigitte Jordan, was one of the earliest contributors to this strain of feminist anthropology, her influence pervading the discipline, and the other two, Robbie Davis-Floyd and Emily Martin, were two prominent scholars who emerged after the heyday of the women’s movement. However, the fact that these three scholars span this area of feminist anthropology across time functions to survey this body of literature. Corresponding with women’s health movement goals for empowering women during birth by affirming their self-knowledge, Bridgette Jordan (1977; 1978) wrote about how women’s knowledge of their bodies had been “systematically devalued and erased” in the West, where birth is considered the domain of mostly male-physicians (Lewin 2006:17). Jordan contrasted this situation in the West with women’s control over birth in the non-Western world. Accordingly, Jordan developed the term “authoritative knowledge” to describe the process of one kind of knowledge gaining supremacy over, and thus de-legitimizing, another (1978). Robbie Davis-Floyd (1992) traces the historical movements that produced biomedicine as authoritative knowledge, including the scientific and industrial revolutions as well as the Protestant Reformation. Ultimately, Davis-Floyd argues that these movements proliferated dichotomies (mind/body, nature/culture, emotional/rational, religious/scientific) that have reinforced the hegemony of a technocratic model of birth that appears to American society as
without ritual. On the contrary, Davis-Floyd believes the relocation of birth from the home to the hospital has resulted in a “proliferation of ritual surrounding this physiological event, more elaborate than any heretofore known in the ‘primitive’ world” (1992:1-2). Just as Davis-Floyd is interested in understanding birth as a proxy for American values, Emily Martin (1987) elaborates on the technocratic model, arguing that metaphors for bodies in birth are also borrowed from the realm of production in factories, as inspired by capitalism. Martin draws a parallel between humans at work in our capitalist society, experiencing “alienation or separation of parts that ought to be whole” (2001:18).

I. Methodology and Form

Going into this research I was interested in how doulas understand the work that they do. If we believe in Mattingly’s assertion that humans have an impulse to construct “an untold story out of discrete episodes,” to locate ourselves within a cohesive story in pursuit of meaning (1987:23), I was interested in the stories a doula would tell to create sense, as Goffman says (1974), of her experiences supporting women in birth. During the interviews I savored each story as it was strung out in front of me-- sometimes with passion and confidence, a story would be told as an automatic reflex; sometimes slowly, as if she were wading into her experiences, fishing meaning out for the first time with me. Rita, one of the doulas I spoke with, compared my role as an interviewer with that of a doula. I was opening up space for creating sense the same way that a doula opens up space for a mother to create sense of her birth experience.

Through the process of transcription I re-lived this storytelling experience, and once converted to text I poured over each story from each doula again and again, rereading the stories “through my own memory, body, and imagination, trying to find what, if anything, was illuminating in my response, what I could return to the story and the reader” (Pollock 1999:14).
After opening the space for doulas to construct their untold stories, I found myself being prompted to locate discrete experiences into a narrative of a slightly different kind. After all, Hymes reminds us that “ethnography is fundamentally a making sense of experience” (1986:2). I considered this a great responsibility, at times an impossible one, to be crafting meaning out of experiences as told to me by seven doulas. I felt uneasy in my determination to honor the women that had entrusted me with their experiences, aware of succumbing to what I saw as the reductionist tendencies within analysis still lingering within the field of anthropology long after the self-reflexive turn in the 1970s and 80s.

The fact that I had been drawn to this research from my own experiences becoming a doula, and the dynamic of my interactions with the women I was interviewing that followed, it was inconceivable for me to consider separating myself out of the analysis and presentation of my research. I did not think of myself as an “insider,” the possibility of which has been contested by various feminist anthropologists. Rather, I recognized my positionality as a doula stalled in her journey, looking to other doulas for the significance of this work, as grounds for insightful encounters/exchanges between myself as a researcher and the doulas I was speaking with. Only later did I come to locate these more instinctual methodologies within the history of feminist anthropology as well as other campaigns for reflexivity within anthropology.

In her history of feminist anthropology, Ellen Lewin reminds us that when scholar-activists involved in the women’s liberation movement of the late 1960s and early 1970s arrived in the academy, “demanding visibility for women across cultures also meant demanding that the author be visible” (2006:25). Though, fortunately, woman-identified anthropologists speaking self-reflexively in their work no longer stand as a challenge to the discipline, I believe there is importance in naming the function of an academia where the personal is the political [for even
though a battle is won, there was still a time where the battle was not won]. First, Irma McClaurin identifies the privilege attached to poststructuralist and postmodernist thought that argues the superiority of speaking from multiple subjectivities rather than one (2001:52). McClaurin argues that while concerns of subjectivity “may be passé for white male scholars who have had the historic luxury of defining ‘self’” and who has selfhood, “black women are still attempting to construct an understanding of an essentialist subjective identity, all the while embracing its constructiveness through the multiple lenses of gender, race, and class” (2001:52). As McClaurin goes on to say that subjectivity is a relevant topic for all marginalized people whose selves have been fractured by systems of oppression (women, queer folks, disabled folks, poor folks, etc.), we can see that despite reflexivity not being hotly contested within anthropology there is a reason to mention the significance of an anthropologist of marginalized identity to claim subjectivity.

In addition to the struggle for women and other marginalized groups to claim subjectivity, another historical moment in anthropology that I find current relevance in for my reflexivity concerns the hierarchy constructed by anthropologists. During the self-reflexive turn in the 1970s and 1980s, anthropologist’s woke up to the ramifications of “striving for the positivist ideal of natural scientific ‘objectivity’—the impartial, distanced, all-knowing observer” (Maynard 2002:239). In a seminal work of the self-reflexive turn, *Writing Culture*, Renato Rosaldo describes the responsibility of the ethnographer to denote their lack of scientific authority, both through a style that resists claims to absolute truth and knowledge, and by acknowledging their own role in the text as “(a) the individual who wrote the work, (b) the textualized persona of the narrator, and (c) the textualized persona of the field investigator. [1986:88]
I have definitely thought of my reflexivity in this thesis as an attempt to revoke any scientific authority academia might construct for me, however, Lila Abu-Lughod (2006) argues that the ideas presented in *Writing Culture* are not enough to destabilize the hierarchy constructed between scholar and subjects in anthropology. Instead, Abu-Lughod argues that the concept of culture operates in anthropological discourse to enforce separations--between self and other, the West and non-West--that inevitably carry a sense of hierarchy, "and therefore anthropologists should now pursue, without exaggerated hopes for the power of their texts to change the world, a variety of strategies for writing against culture" (2006:153).

Holding tight onto the humility that Abu-Lughod mentions, I attempt to employ several strategies for writing against culture in this thesis. I have come to approach my aforementioned reflexivity from a similar perspective as Michael Jackson’s methodology of “interexperience,” which entails a two-way relationship between the knower and the known, subject and object (1989:3). This two-way street that arises in making myself into an experimental subject and my experiences into primary data, as Jackson proposes (1989:4), is not contrived but comes naturally given my driving interest in hearing from doulas as a young doula stuck in a rut. Initially I drew inspiration from the form of autoethnography--self (auto), collective/nation (ethno), and writing (graphy)--specifically as Carolyn Ellis and Arthur Bochner discuss it (1996). Ideologically I agreed with Ellis and Bochner that ethnographers could not “stand above and outside what they study” and felt strongly about opening up ethnography to a wider audience than just academics, for I wanted the doulas who contributed to my understanding of the work to be able to access the language I used (Ellis and Bochner 1996:22). However, as a result of my positionality as a doula-in-suspense I felt that I had a limited stock of experiences that could be put into insightful
conversation with those belonging to the doulas I interviewed. In short, the two-way street came to an end.

While I do continue in a self-reflexive voice even after I run out of experiences to include in my analysis, Ellis and Bochner’s emphasis on the power of narrative to communicate experience compelled me towards another strategy for writing against culture (1996:22). Feeling the aforementioned responsibility of honoring theses doulas’ experiences, I found relief from an experiment putting segments of Patricia’s transcript on the left side of the page and Haley’s on the right. Instead of standard bloc text, uniformly centered in the middle of the page, this simple format seemed to interrupt convention just enough to jolt the reader into a more conscious meditation on the text. When a doula spoke on the page, her voice suggested a location, hinted at an origin that forced the reader, I hoped, to be mindful that these words were attached to women. I saw this format evocative of Abu-Lughod’s intervention into the un-situatedness of anthropological knowledge in her notion that “every view is a view from somewhere and every act of speaking a speaking from somewhere” (2006:155). Arranged like this on the page it looked as though these two doulas, having never spoken before, were in conversation with each other in this ethnography. Their words were not separated with a distinct line but instead barely crossed over the center of the page, dipping into each other’s territory. To me, this honored the idea that “there is no constant, substantive ‘self’ which can address, constant, substantive ‘others’”; “we are continually being changed by as well as changing the experience of others” (Jackson 1989:3).

Though I do not necessarily locate my form in the field of ethnopoetics, the words of Dell Hymes resonates with my strategy for writing against culture: “some of our work as anthropologists requires that [poetic] ability, not for self-expression, but to do justice to the
experience of others” (1986:410). What I have shaped is not poetry per se but I heard the poetic listening to these women from across restaurant tables and over hot tea, and I saw the poetic as I read and re-read the transcripts. As a result, the form I gravitated to with the different voices holding to different sides of the margins appear similar to stanzas in a poem. It is my intention that this pseudo-poetic form that elevates each doula’s words as they spoke them does something to honor the intricacies of their lives, something Clifford Geertz mourns the loss of in anthropological analysis (1973:51), and serves to expresses “the emotional essence of experiences,” as ethnopoet Laurel Richardson believes poetic representation is capable of (2003:193).
Chapter 2: Doula as a Liminal Subject: Constantly Betwixt and Between

I. Paths to Doula Work

In my quest to learn about each doula’s process of becoming, the first question that began almost every interview was something like: “How did you find your way to doula work?” On two occasions the doulas I was interviewing beat me to the question, prompting me to tell my own story first. My personal experience outside of this project had taught me about the prevalence of this exchange, as every time I had crossed paths with another doula this question was immediately raised. The trading of these stories reminds me of the way Della Pollock (1999) understands women sharing birth stories as a ritual process. For Pollock, the bearing of these stories plays an important role in affirming a woman’s belonging to a particular secret society, a community of women who had shared a deeply personal experience (1999:2). In the case of doulas, our stories are not about our own births and most likely unfold as drastically different narratives. However, the diversity within this shared experience of coming to doula work is indicative of what makes the storytelling so ritualistic. There is no job listing, no resume, and no conventional channel through which each of us assumedly arrived at this work. The bond of this secret society is that we each somehow stumbled upon doula work. These are the first stories that begin the larger narrative of our liminality, the larger narrative of our processes becoming doulas from within the tangles of our lives.

Jess and Rita, two white women in their late twenties, told me parallel stories about trying to find their way in the professional world after college, stories I felt very well could be a forecast for my near future. Both Jess and Rita had landed themselves in jobs they found unfulfilling. Including her current position as a public health researcher, Rita felt as though she hadn’t found anything
“quite good enough or relevant enough with English and narrative and writing,” the subjects she had developed a passion for in college. Jess, on the other hand, was discovering that helping people was not the sole credential for fulfillment, despite her previous ideas to the contrary. Instead, she came to learn that working within a structure or system that stifled efficient change, for her, “rang so hollow.”

But the shared realization Jess and Rita independently arrived at was that their jobs at the time were unfulfilling because they were restricting of their whole selves. More specifically, certain aspects of a person’s self and certain skill sets were being valued and utilized, ignoring and deadening the more humanistic, empathetic traits in a person.

You know, those sort of, like, soft—I hate to frame it that way, but—those [skills] very often thought of as soft skills.

In our interview Rita acknowledged the way those traits she wished to incorporate in her work life are cast as feminine in American society, and expressed hesitancy at satisfying that stereotype. Jess did not assign a gender to this desire for a human’s entire self to be activated in a career. She had a sharp analysis of the structures in American society training people for just the opposite—from desk jobs to college—and recognized the battle it is to re-train oneself.

I sat at a desk. It was like I was a brain in a jar and I came in and I plugged the jar into the desk. I worked on the computer and I talked on the phone, but I was just a brain in a jar... And that's tough because you come through an institution like [I] went to, and that's the only thing you are groomed for – is to sit at a desk somewhere and do something at that desk.

I think a lot about our educational system and how we take the brightest people and we put them in these boxes and we stifle them, we really do. It was so hard for me to break out of that and figure out what am I going to do that is going to feed the rest of me. So what I was doing in my spare time is I was really growing spiritually, emotionally, personally, interpersonally. And the more I was growing and all of those ways, the more there was of me that wasn't being fed by this job where all of my human contact was on the phone. And I just came to understand that I can't keep these parts of me so separate. I am – we talk
about holistic whatever... As if... We have totally lost sight of the meaning of that word because of the way that it's thrown around, but I came to understand what my whole self looks like, and I am still coming to understand that. Because undoing all of this compartmentalizing I've been doing since – forever. It's hard, re-patterning all of those things is difficult work.

As I was listening to these stories, what struck me the most was the fact that these bold desires for wholeness seemed to echo the midwifery model of care unmistakably. The way that midwives conceptualized birth, Jess and Rita were conceptualizing their careers and their lives.

Of course there are plenty of points where I found Jess and Rita’s stories to depart from one another. For instance, Rita’s love of language drew her even closer to doula work, as she devoured the vocabulary and different writing on birth. Particularly powerful for Rita was the ability for words and narrative to re-frame the situation of birth for women. Jess’s intrigue in and subscription to goddess-based religion as well as her regular attendance of women’s circles related to many aspects of doula work. Acknowledging that Jess and Rita’s experiences are their own, there is one additional significant aspect in which these two stories did elide, and that is in language. First, both women described birth work as a “calling.” The usage of this word seems to indicate a deeper connection with this work that comes from beyond the rational. In the same vein, both Jess and Rita use words that denote a magical element as to their arrival at doula work.

She just had me under her spell kind of, it was wild. And those were, like, the magic words. And that was the magic conversation.

Haley
seemed to be in a similar position as Jess when she told me about giving up her childhood dream of becoming a doctor because she lacked confidence in her abilities in science and math, which translated to an overall belief that she was “not good enough for med school.” I believe this speaks to the narrow requirements that biomedicine has mandated for healers to possess in American society. Which does not even touch on the amount of privilege-- educational, class, gender and otherwise-- it takes to have that confidence to even consider oneself a candidate for a healer in this country. As Haley started looking into women’s health on the Internet in college, she discovered that her desire to be in medicine had not gone away. Midwifery emerged as a much more accessible career than the science-driven biomedicine. Also like Jess, Haley became a doula as a kind of intermediate step, as a test run to see if she was “cut out” for being a midwife.

From the first birth that I went to I was like, “oh, I need to be a midwife.” (Laughs) Immediately. From the first time I saw a baby be borne I was like, okay, I need to be here for the rest of my life. It’s really beautiful, I think it’s one of the best things – one of the best jobs in the world is to see babies be born.

Should I go on here to talk about in what way it was beautiful, as suggested by the continued quote? And then should I mention her interest in the way oppression affects a person’s emotional state of being?

You know, there’s a lot of messed up crap that happens in the world but I think for me being a doula gives me faith in humanity because I can always see somebody and be like, you were once really little and so something happened to you. So being a doula has given me the belief that everybody’s good and born whole and pure out of love, and then something along the way happens to you that makes you forget. It’s not that we are trying to be perfect, we are already perfect because you are born perfect, but something in the world tells you you’re not.

One significant variable among the doulas I spoke with that, unlike most other variables, inevitably surfaced in our conversations and seemed to greatly inform/influence each doula’s practice was whether or not they had had their own birth experiences. Without any supporting
statistics, I can say from my own experience that young doulas seem to be a growing trend. I believe this trend is worth looking into as it raises interesting questions about the generation of young people in the U.S. today. For those women I spoke with who, like me, had not had the experience of childbirth, our paths to doula work were more diverse, or at least less logical, one might say, than women who had experienced childbirth. For instance, Ann was the only college student I spoke with. Towards the beginning of the interview, she stopped in the middle of a sentence, saying—"okay, the full story is, I’m actually a cancer survivor." She had spent a lot of time in the hospital during high school, and though she greatly appreciated her doctors’ expertise, “it was really the nurses and the other nursing assistants that made that experience much more comfortable.” After beating cancer, Ann made the difficult decision to put a career in nursing on hold by accepting admittance to a prestigious liberal arts college. But after her first year of college, “sitting in the back of [her] mind” was the caregiving that had been extended to her by the nurses years before and the career she had deferred.

I was doing a lot of research online about, maybe I should transfer back into a nursing program, what would that look like? I loved [the college I was attending] but it was also like maybe this is something I should be doing, I don’t know. So I was doing a lot of research about nursing careers and what it would look like to go get a Masters in nursing to be a nurse practitioner. And then the other Masters in nursing is a Masters in midwifery – and I was like what is that? Is that a thing? (Laughs) And then you go down that rabbit hole and you hear about doula-ing – and what is that? It’s not even a real word, right? (Laughs)

Ann found a doula training nearby her college, and at the last moment a space opened up. She began to get nervous about what she had gotten herself into, but when she walked into that room “it just felt like home again.” She described the environment, “a bunch of lovely ladies comfortable in themselves,” as being comparable to the women-centric all-women’s college she was attending.
On the other hand, for those doulas that had had experiences giving birth, those experiences often were the gateway for getting involved in birth work. Now that I have painted these scenarios as more of a “logical” leap to doula work, that is not to say that the stories are necessarily similar. We can see this in listening to Stephanie and Rose.

When I asked each of these women the notorious question, so, how did you get involved with birth work? both of their answers began with their own pregnancies.

Oh, when I got pregnant. In 1981. In Anchorage, Alaska. Rose talked about how she had to laugh approaching the coffee shop we were meeting at, because across the street was the winter clothing store she and her husband had bought their new wardrobes for the adventure they were about to embark on, moving to Alaska. Rose got pregnant with her first daughter while in Alaska, and became found a supportive community of women that gathered around childbirth education and breast-feeding support, as well as support groups for moms and young babies. She felt especially thankful for her Lamaze instructor, and after she gave birth to her second child, she started training to be an instructor. Under that title, Rose started filling the role of a doula before she knew there was a word for it.

From the very beginning when I worked as a childbirth educator, there were always people in the class that would ask me to go with them for whatever reason. They wanted extra support or their husband or their partner was feeling insecure about the role and they just felt like they needed a little extra help. So it always do that for them. And then my sister, her first child was necessary and for breach and she wanted to have a vaginal birth for her second child. So I was there for the birth of my niece.

Rose cited the power of her own experiences with natural childbirth and the desire to help others attain the same joy and empowerment she had experienced as the motivation for taking up
birth work. Stephanie’s story was somewhat the opposite. My question launched Stephanie into the details of when her first pregnancy came to term, giving the memory a careful and intentional recounting. Sometimes in my interviews I could feel the women I was talking with become conscious of the time it was taking them to answer one of my questions or how “on topic” they perceived their answer to be. But the patience and attention Stephanie gave to this story was unique and illustrated the importance for her to give voice to the different layers of this experience that have so informed her doula practice. And the importance for me to understand.

While in labor with her first child, Stephanie describes a feeling that overcame her, a feeling that something had been taken from her. Stephanie begins the story stating how little knowledge she had about birth during this first pregnancy. As far as she knew the process of childbirth consisted of going to the doctor where the doctor tells you what to do, “you do what the doctor tells you to do, and you have your baby in the end.” Despite the complete and total power she was giving the doctor, Stephanie did have instincts that compelled her to consider her body having some role to play in childbirth, to push back on the medical model of childbirth.

So I go in and go to my OB and they’d ask me what I was thinking about for my birth plan and how I felt about being induced and I was like, “I really just want to do it on my own, you know, just want to do it on my own.” And so I had enough presence of mind to know that, to know I wanted to do it on my own, but I didn’t have enough knowledge on birth that when my birth started to go another way, to ask certain questions to be able to advocate for myself. I was still falling back on that model of, oh well the doctor knows best and the doctor wouldn’t come you to do anything that would hurt near my baby and I should just listen to the doctors.

At 41 weeks pregnant Stephanie went in for a check-up and they turned her right around and sent her to the hospital, informing her that she was in labor. The first thing they did was to strap her to the bed and strap on the fetal monitor—and so the interventions began. They discovered that
Stephanie had been leaking fluid and did not know when that began so the hospital staff strongly recommended that she be induced.

Red flag number one had I known what I was doing (laughs). I would’ve said, “Waaaiiiit a minute. Why don’t I just get up and walk around some more?”

This retrospective commentary Stephanie incorporates into the story marks the moments where her birth was taken away from her, moments that could have gone differently had she known better. Without being allowed to get out of bed or eat any hard food, of course Stephanie’s progress slowed. The cascade of interventions, as some doulas refer to it, continued to snowball, and Stephanie’s polite protests founded on her conviction to let her body work were quieted until she was pushed to the edge.

So they started the Pitocin drip, started the IV, and I was still so determined to do it on my own that I made it until about noon, about six hours with the Pitocin drip and not getting the epidural. And it noon I had had enough and I just couldn’t do it anymore, and I cried, I was so upset, I said to my husband, “does it make me a failure if I’m going to have the pain meds. I really didn’t want them and I feel like I’m letting myself down, and you down, and the baby down.” It was this really emotional thing for me to feel like something had been taken from me.

Stephanie recalls her body being adorned with “so many machines that go ‘beep.’” She would look around herself and say, “It wasn’t supposed to be like this!” Stephanie recounts all the timetables the doctors had put her birth on, whether or not she was making efficient “progress” at the rate they desired. At this point, Stephanie remembers hearing whispers of a cesarean section. Incidentally, this was one final intervention Stephanie was not about to concede on and her convictions took control.

I don’t know if it was mind over matter or what it was, but I was like, “everything else has been taken from me, this is not, I am not going to have a C-section too, this is not
happening, I am not doing this!” ... I asked them if they could turn down or turn off the epidural, because I wanted to push myself. I was like, “I don’t want you to have to tell me, I want to do it myself.” And that was the one thing they listen to, and they turned down my epidural long enough for me to be able to push by myself. And I pushed my baby out and it was an amazing and beautiful experience. They took her from me first and went and checked her and they gave her back, but I saw her come out and she looked at me and I looked at her and then they went and did all their checks and she came and sat with me and I put her right on my chest – nobody told me to, it was instinctual, I just put her right on my breast and she nursed within minutes of being born and it was wonderful. And in that moment I forgot everything else, I forgot the last 36 hours (laughs) of madness. All those feelings I had about it not going how I wanted it to left me for a moment.

However, after Stephanie was able to celebrate those first beautiful moments, she took a step back and questioned the way in which she felt her experience had been taken from her.

But later, when I went back and thought about it I felt like something was not quite right. Like did it really have to happen that way? Was it really necessary that all of those different places where someone intervened and said it would really be best – who was at best for? Was it best for the hospital because of something did end up going wrong they could say they did everything that they could have? Was it best for the doctors because they were on a tight schedule and lots of women were going into labor that night and they really couldn’t have me just birth until I was good and ready? Who, when they said it would be best, who was it really best for?

With these questions, Stephanie began researching and working towards becoming a doula and a childbirth educator. By the time she was having her second child she had learned enough to have a completely opposite experience of natural childbirth. When the baby was ready to be born, Stephanie put her hands underneath her daughter’s arms as she was coming out, helping to deliver her own child. And though Rose and Stephanie had completely different stories to tell me, they arrived at the same inspiration for becoming a doula.
It was just such an empowering experience and in that moment I said to myself, “Nobody should have this experience taken away from them.”

II. Who is a doula?

Earlier I remarked on the notion that the stories of our paths to doula work begin the larger narrative of our shared liminality. These stories indicate the beginning of our processes of becoming doulas and how that process began to unfold amidst the messiness of our lives. However, this ritual is also affirming because more frequently these are stories that are held onto silently, as this aspect of our identity is mostly submerged, made latent, in our daily lives. Of course this varies depending on the doula, but given the fact that doula work does not currently provide a living wage, for most doulas this work is extra-curricular, on top of and addition to other jobs, responsibilities, and commitments. This question that asks: “How did you come to doula work?” affirms the existence of this identity and our ability to shuttle “betwixt and between” worlds, an affirmation of our constant liminality.

The stories that doulas told me about their paths to doula work affirmed the beginning of each of our journeys becoming doulas, however, I realized I had been making assumptions that each of these doulas had already reached the end—and that there was an end. I was first made aware of this assumption by the shame that I carried into these interviews, having not yet made it to my first birth. It was a contradictory shame, though, because at the same time I also felt like I could claim the title of a doula. The way I understood things, an uncertain combination of opportunity and a particular worldview had landed me on the uncommon trajectory of doula work, a significant first step. I went on to complete one of the weekend long birth doula trainings offered by a handful of organizations around the country, an experience that felt very much like a rite of passage. During the weekend it dawned on me that I had never spent any comparable
amount of time going through a process like that with a group of women. Since I could walk I have been heavily involved in athletics so I have spent much of my life sharing space with women, but this felt distinctly different. Finally, I had what I thought of as an exciting and important analysis (though I never assumed it was completely unique) of how birth was connected to larger social issues, including environmental destruction. For these reasons it felt unassuming and just plain natural for me to identify myself as a doula. Holding this shame and confidence at the same time, I constantly waivered on the question: was I or wasn’t I a doula? There technically were no credentials required in order for someone to support another during labor, but attending a first birth seemed like a determining moment as far as who can rightly claim the title. Judging by the blank stares I received from non-doulas when I explained how I had been trained as a doula but had not attended a birth yet, I was lead to believe I could not claim that title, that I was not a doula. Officially, anyway.

However, very soon after beginning my interviews with doulas I discovered that this question of who was and was not a doula was flawed. It turned out that my assumption that each of these doulas had “arrived” at some final end point on their journey as a doula was far from correct. Haley had not attended a birth in a year as her doula practiced had transformed into an online role, answering strangers’ and friends’ gynecological questions while at the same time studying to be a midwife. From what I could tell, Patricia was practicing birth work from a number of different roles. Jess was in nursing school, having only tried doula work to see if she was cut out to be a midwife. The range of ways these women related to their doula work rendered my black-and-white question useless. However, the fact was that all of these doulas, regardless of where they fell on the spectrum of relating to their work, had attended at least one
birth. This meant that in my mind, the line still stood. A doula could still be defined based on whether or not she had attended a birth.

However, Rose and Ann troubled this notion of who was a doula further in our interviews. Rose had been supporting women during labor long before she had heard of the word “doula.” Women Rose taught childbirth education to, as well as family members, she says, “would ask me to go with them for whatever reason. They wanted extra support or their husband or their partner was feeling insecure about the role and they just felt like they needed a little extra help. So I’d always do that for them.” Clearly, this work emerged informally for Rose, a logical response to a reasonable request. Additionally, Ann seemed somewhat taken aback by my question of whether she sees herself continuing to be a doula. Part of that hesitation seemed to do with the assumptions inherent in the question, that doula work was something to be thought of in those official terms, as if it were a binary decision to continue doula work or stop. Ann eventually responded, “Even if I don’t do it officially with any sort of business, I think once my closest friends have kids I’d be honored to be with them...So even if—doula is an unofficial thing. So coming back to, can anyone be a doula? And yeah, you don’t have to have a doula business to be a doula. It’s just being there. So yeah, I’ll still be doing it in one way or another.”

Finally it was becoming clear to me that the conceptions these doulas had of who could call themselves a doula was much more fluid than I had internalized out of my insecurity, never having made it to my first birth. What I gathered from these women is that sometimes doula work takes a different form, like that of Haley’s internet practice. Sometimes doula work propels one into other types of birth work. Yet all of these women identified as doulas. On the other hand, Rose and Ann thought it perfectly reasonable to do the work of a doula without the title, seeing the title as an unnecessary formality. The last piece that confirmed this fluid conception of
doula work was in how my interviewees received my confession that I had not yet been to a birth. Unlike the blank stares of non-doulas, there was an acknowledgement that I was engaged in the process of becoming a doula, one that was much broader than making it to your first birth. To be a doula, to claim that title, there was no credential other than to be engaged in liminality.
Chapter Three: The Liminal Period, The Transformation

In this chapter I discuss the common experience among new doulas to feel fear as they begin the work of supporting birthing women. I would like to argue that this fear arises as a doula is prompted to have confidence and trust in (I) herself as a capable support person for another woman at such an intense time and (II) the woman giving birth, that she and her body are capable of giving birth. Achieving that confidence and trust means that a doula must necessarily confront the narrative foundational to biomedicine’s hegemonic control over childbirth that says women’s bodies—and by extension women themselves—are weak and cannot be trusted (Davis-Floyd 1992:12). I associate a doula’s process of confronting this entrenched narrative, whether consciously or unconsciously, with the reflective aspect of liminality, the way liminality “breaks, as it were, the cake of custom and enfranchises speculation” (1987:15). I would like to argue that sacra, or the heart of liminal matter, is communicated to doulas through “what is shown” (Turner 1987:12). That is, doulas described how witnessing the power of childbirth actually enabled them to overcome their fear, reject impulses to control birth, and as a result feel empowered to offer their support as servants to birth. that is evocative of the obedience and submission present in the liminal situation (Turner 1987:10).

I. Fear and the Necessity for Empowerment

Jess and Ann were two in particular who emulated the anxiety I felt about making it to my first birth. It felt similar to a Band Aid that just needed to be ripped off, but with an element of urgency.

The biggest thing that they said was you are going to be nervous about doing your first birth, you just have to do it. It’s going to be scary but you just have to do it.
It took me a long time to get to a birth because I was working full-time and doing nursing school recs and that was kind of crazy. But maybe eight or nine months after the training I was just like, “Fuck it, I have to do this, I have to go.”

I had been in a similar mindset one night last semester; I knew what a momentous first step this felt like and I wanted desperately just to take the leap. That night I had my typical workload awaiting me, but didn’t have anything scheduled. On an impulse I looked up the train schedule from suburbia into Philadelphia to a hospital I had arrangements with to volunteer as a doula. I had heard about doulas just showing up at hospitals and seeing if anyone could use their support. There was a train in fifteen minutes, exactly the time I needed to make it to the station. But something paralyzed me, and I didn’t know what it was. As the minutes ticked away, in my frustration with myself I decided to try to write. The least I could do with this hopeless moment was to try to capture something of what was holding me back.

I’m really fucking disappointed in myself. Tomorrow is my first thought, I’ll go tomorrow morning. That makes more sense because then I’ll go in the morning and won’t have to worry about taking the train home before midnight. I can just camp out there if someone happens to need me. But this sinking feeling tells me I won’t. I’ve got things to do, logistical reasons why it’s not great timing.

That night I had attempted to push myself to my first birth on an impulse. There was a similar element of spontaneity in the ways in which both Jess and Ann ripped the Band Aid off. Jess was on spring break from school, so she had put herself on an on-call list for the full week in the hopes of using this free time to make it to her first birth. For Jess, the impasse she had arrived at having not yet attended a birth seemed to be largely due to time constraints. Logistics can be an excuse for—or at the very least intertwined with-- other obstacles, as evidenced by my account above, a scapegoat for deeper personal barriers. However, as the week was coming to a close and
Jess had not been called, her determination to make it to a birth persevered. She packed a bag and headed to the hospital, with the same intention that I had had that night, to show up and offer her support to anyone who might need it.

And she looked at me, she didn’t even understand, “Wait so, you don’t have someone you’re here to see?” And I was like, “No, I’m a volunteer doula and I’ve been on call all week and I haven’t gotten any calls, and I’d really like to get a birth before I have to go back to school. Is there anyone who needs me?” And she was like — it didn’t compute that I was volunteering my time to show up and help someone. And this nurse practically runs up to me and was like, “Yes! Please! I have someone who would really—”

Ann had gotten herself on the e-mail listserv of a network of doulas who offered their services for free, and when an expecting mother put the call out for a doula Ann decided,

Okay, I’ll do it! And it was so crazy. I was walking—we were supposed to meet at the Starbucks which is just across the train tracks and I was walking there and it was probably the most nervous moment of my entire life because it was like—I am 19 years old, this is a 25-year old woman who’s married. What do I know? How am I supposed to meet with her and say, let me help you have your baby?!

That night, after I realized the train had come and gone, people had gotten on and gotten off and none of them were me, concerns surfaced in my writing that I believe are similar to Ann’s lack of confidence in her knowledge and ability to support a woman with more life experience than her.

I know I’ll never think I know enough about birth to do this work. Sounds familiar—just like I know I’ll never think I know enough about [other social issues I am passionate about] to be able to speak confidently. Confidently—all of this sounds so minute, so small. But it’s been ruling my life lately. I can’t admit that to anyone else because I’m reminded of how small it is…Some woman might be laboring in a room alone right now, some woman might be surrounded by loving family members but feel alone or
anxious or scared to death. And maybe I could’ve made it a little bit better. I just don’t think I know enough yet, but that feels like a proxy for not being strong enough yet. What do I have to offer… I can’t be someone’s rock. Can I?

Here, I identify one of the things making this first birth out of reach for me is a feeling that I know too little, I am not informed enough to start this work. Admitting that this feeling will never go away is an acknowledgement that it is about something more than knowledge. In this case I believe knowledge is standing in for control. By being a doula, by putting myself in this unpredictable situation of birth and hospitals, I will never be in control. However, there is reason to believe knowledge also stands in for power, or strength as I name it when I say, “I just don’t think I know enough yet, but that feels like a proxy for not being strong enough yet.” I connect my lack of confidence beyond this immediate feat of attending a birth to other aspects of my life where I lack confidence in the name of not having enough knowledge. I go on to delegitimize this internal struggle, especially given those that I am letting down [laboring women] as a result.

In the end, this lack of confidence translates to me doubting whether I have anything to offer someone in need of support.

All of this distress over making it to a birth, the issues of fear, anxiety, and self-doubt that surfaced among many of these doulas and myself, seemed to be in stark contrast with the idea that doulas only did this work to affirm their feminine, “soft skills.” For doulas to say that their listening skills and calming affect—traits categorized as feminine by our society—are given a channel in doula work seemed to suggest that part of this work’s appeal is an affirmation of traditional gender identity. However, the emotional discomfort that doulas experience in attending their first birth makes an intervention into what it means to be a doula, complicating this simplistic reading that doula work merely affirms gender roles. Because if having “soft skills” is all that it took to be a doula, this fear and self-doubt would not be an issue.
intervention is that while traditionally feminine characteristics are useful tools in this work, they are not what enable a doula to face the fear and self-doubt in order to get to a birth, and if that is the definition we accept for what a doula is, those skills are not what makes someone a doula.

Rita spoke from her experiences with a group of doulas that meet monthly where she sees the difference between the things we learn and the qualities we possess and what it takes to actually become a doula. Rita told me about how she hears young doulas often saying,

I feel excited about this, I’ve read a lot about it, I’m really good student and I know that I’ve learned a lot in this training, and I like all of these people – but actually being a doula is going to births…and I haven’t done that yet, so what am I really doing here? I hear that a lot in meetings. It’s that fear of not being able to… I think, connect all that you know and have learned with your own body and being able to be really present for another person.

Out of all of the doulas I interviewed, Haley laid out the most developed analysis for these feelings of fear and anxiety, the source of which seemed to be self-doubt in many cases.

So I’m glad you asked me this question. So I was really scared because I felt like I wasn’t good enough, I didn’t know how to be a doula, was I gonna be right, was I gonna tell her to breathe right, was I going to support her – so, like, doubting myself.

Haley laughed when she described how scared she was before her first birth. She remembered more experienced doulas telling her that the first ten births are not about the child or the woman, they are about you “figuring out how to calm down and be a doula.” Haley experienced an upwelling of self-doubt not only before the first birth she attended, but afterwards. Things did
not go exactly as she thought they were supposed to, and that caused her to question whether she
should be a doula anymore. During this period of questioning, Haley began reading a book
written for women attempting to give birth outside of the medical model.

One of the questions in the book was, you know, asked the
woman what she needs to know to give birth. And when you’re
asked that question it’s not like the medical questions or any of
that.
What is the first thing that comes to your mind when you say,
what do you need to know when you give birth? Obviously I
have never had children so this question didn’t necessarily apply
to me, but I asked myself what do I need to know to know that I
can do a good job in birth? And the answer was: I need to know
that it’s going to be okay. It was really really an easy question to
answer, but that’s honestly the answer, and one of the answers
that many women have. Outside of the fact of all the medical
stuff it’s just very very simple.
Like I need to know that I can do it, I need to know that I’m
okay, I need to know that I’m powerful enough. So those are
some of the same fears that I was having. So I started asking
myself, where did those fears come from? So being a doula also
forced me to have to ask about all these fears of powerlessness
and self-doubt.

Haley’s answer to the question of what she needs to know to support a woman responds directly,
logically to the self-doubt that so many other doulas, including myself, had in common. Notice
that this question and answer explicitly excludes medical knowledge from this context of
knowing when it asks “what do you need to know…” This further supports the idea that to be a
doula and to do this work does not so much depend on possessing skills or information (even
when I use that as an excuse for not forcing myself to a birth), as other kinds of work do. Rather,
Haley answers the question using “to know” in a way synonymous with to trust or to believe.
She needs to know, to trust, to believe in her ability, her strength, her power, her self. In short,
she needs to have confidence in herself. Again, this answer seems to be in precise alignment with
the anxieties other doulas spoke of. It is particularly interesting that in becoming a doula, a role
that is entirely about empowering someone else, it seems that doulas often find themselves being
pushed to a place where they must empower themselves. Haley has her own interjection into who is drawn to this work, as she believes it is this need for self-empowerment, often laying dormant within ourselves, that brings people to doula work so that it forces such a confrontation.

Birthing energy is very intense. And if you feel called to it, there’s obviously a reason why you need to be there. But midwives and doulas— I read somewhere that the reason why we choose these things is because we have our own things we need to work through connected to it… So people like us who feel a calling to help women in birth— it doesn’t necessarily mean that there something wrong with us, it’s just there something in us that we need to learn about ourselves in that area. We may not consciously know, but our soul is like, “go. There. Now.” I’m like, okay.

Returning to the irony of doulas being pushed to empower themselves in a role that focuses on the empowerment of another, I believe there is a broader insight here about a doula’s empowerment being tied up with the birthing woman’s. It is interesting that the question that prompted Haley to articulate a need for self-empowerment came from a birthing book written for pregnant women. [Stephanie: you need to be abundantly patient, same advice to new mothers] That a question intended for a woman preparing to give birth is applicable and useful for a doula would imply that the two benefit from similar internal meditation. If taken a step further, this parallel meditation suggests that there is something similar about the processes that pregnant women and new doulas are going through. The potential similarities of those processes are intriguing but otherwise unknown, for none of the doulas I spoke with explicitly named those similarities. If one were to speculate, could it be entering into the unpredictable experience of birth, the doula offering up her support to the experience while the mother directly engages with the experience? Could the similarity be in the process of becoming, one woman becoming a doula and the other a woman who has had the experience of birth, in many cases a mother?
Three of the doulas I spoke with named one particular way in which a doula’s empowerment is tied up with the birthing woman’s. It should be noted that these three doulas happened to be the three women of color that I spoke with during my interviews. I cannot say in what way that may be significant, but it makes sense that that fact should be stated should this be something another researcher is interested in looking into (footnote?). Patricia, Stephanie, and Haley all stated that a birthing woman’s empowerment is hinged on her doula’s empowerment. More precisely, a birthing woman will only feel as empowered as her doula is. I like to think of this idea as empowerment by a process of osmosis. If we were to entertain this assertion as plausible, that would make the project of a doula’s own empowerment absolutely necessary in order for her to do her job [of empowering her client] to the best of her ability.

Stephanie specifies the type of empowerment that is being transferred from a doula to the birthing woman as confidence, and she talks about this transference occurring more or less exclusively around the birth experience. Even though Stephanie had given birth twice before she became a doula, she remembers still feeling unequipped to support another woman in labor. “For lack of better words, you have to fake it ‘til you make it,” Stephanie advised me with a laugh. This particular tip recognizes that new doulas will be engaged with their own processes of confidence building and self-empowerment while they begin supporting women, but that they must do their best to still exude confidence nevertheless. She notes that even if a doula’s doubts are personal and directed at herself, they will affect her client. Stephanie says that the woman giving birth “will no longer be as confident as she could be in herself if she senses your uneasiness, if she senses your discomfort or your uncertainty, that will reflect, she will sometimes internalize those feelings and feel like it has to do with her birth and not how you are feeling about you.” Though Stephanie acknowledges a period of faking it, she is insistent that
eventually a doula really needs to believe in her skills, to believe it is going to be a great birth, and to believe in herself because "you can't sell it to mom if you don't really believe it." The way Stephanie frames this belief as an eventual necessity, she reaffirms the notion that this self-empowerment is essential.¹

Patricia and Haley make the exact same proclamation when they say that, in general, humans do not learn by what people say but by what they do. Both of these women apply this belief of leading by example to their doula work, but they do so in different ways. Haley is particularly interested in facilitating women’s deeper emotional healing and empowerment, in contrast with Stephanie’s more general focus on childbirth and labor. Holding the belief that “you are only going to be as good for the woman that you serve as you are for yourself,” Haley has seen her work as an impetus for self-healing. She confessed it was “kind of scary” to admit she had been going to therapy for a year, but that Haley claimed it to be “one of the most important things I could do for my work.” Only through healing herself has she been able to realize all the trauma that lies within humans, never getting called to the surface. Because she sees herself as on her own “healing journey,” Haley believes that she is more capable of recognizing difficulties in other women. This approach of embarking on a healing journey for the express purpose of using her own experiences to shed light on those of her client’s, Haley intentionally entangles her empowerment with that of the women she works with. I see this entanglement as one that is very personal/intimate, and one in which Haley holds herself accountable to.

¹ As evidence supporting the transmission of emotion from doula to client, Stephanie claims that pregnant women, “especially when they are in labor,” are highly intuitive and as a result pick up on any and all emotions around her. At one point she says, “pregnant women are like dogs and they will smell your fear and anxiety.” This essentializing notion of pregnant women is interesting, but I do not believe it is particularly relevant or contributes much to the current discussion on the transference of empowerment.
It's also like watching your doctor tell you not to smoke while they are smoking... So if I'm telling a woman, take care of yourself, be in touch with your emotions, and all this other crap, and I'm not doing it for myself, they are not going to be inspired by me. I can inspire a woman to be closer to their own, closer to their own truth and their own core and their deep down inside emotions if I can model it for them. If I can give them tools about how I did it.

While Stephanie spoke about confidence during labor and Haley's focus is deeper emotional healing,

Patricia believes a doula has the chance "to be an ambassador for a new way of life, for a new way of thinking about things, and a role model for what you can be." The particular context for this large-scale empowerment has been Patricia's work in marginalized communities of Washington D.C. As a sixty-year-old woman, Patricia seems to have achieved the stability/life balance that comes with years of life experience. At our interview she expressed this point when she insisted on picking up the tab for my dinner, saying, "Honey, I make more money than you, you're a student!" That life experience and resulting stability means that much of Patricia's journey of self-empowerment is behind her (an interesting contrast to the moment in life that Haley is at, for example), and therefore Patricia recognizes her ability to be a positive role model for young pregnant women within these D.C. communities through her doula work. She sees the nine months during pregnancy as a crucial period of time for a doula to set an example for a woman that may positively alter her life course. "You want to be like me? I can show you how to be like me. Not talking about it but watching you. I'm not perfect, I'm made of flesh and blood, but we can all pull our way through that." This example setting extends to countless areas of a woman's life, including the way that she has known family to function. A key point that Patricia makes is
that these women may have never been shown such an example and have never been exposed to alternative ways of understanding life. To get a taste of the work Patricia does:

1. Help her get a job, help her think about writing her resume, help her get her food stamps and things taken care of. And even if she has all that in her life, how to think about something more than socializing, think about this new responsibility that she has. Involve her family and the birth. Change their views on parenting. Change their view on problem resolution, how they talk to each other, what things are going on in their house, how they resolve disputes. What past behaviors, maybe they'd like to think about it in a different way to do it if they knew there was a different way to do it, ever saw anybody else do it a different way, you know.

II. The Power of Witnessing Birth

So far, this analysis has been focused on one oft-proposed solution to the fear, anxiety, and self-doubt that the doulas I spoke with suggested: self-empowerment. As a doula begins the project of self-empowerment to overcome her swelling self-doubt, we saw the ways in which a doula’s empowerment is inextricably tied to the empowerment of the birthing woman. However, if we reflect back on the definition of a doula as a servant, slave, and handmaiden, this self-empowerment seems somewhat contradictory to this oppressed-sounding role.

Two of the doulas I spoke with directly addressed the seemingly oppressed role of a doula, and then proceeded to present their own interventions into that narrative of subservience, interventions that shape the way they have come to see their work. Both doulas traced the submissive characteristic of this work back to the Greek definition of the word “doula,” meaning female servant or slave; handmaiden; with woman (cite!). In the cultural context of the U.S. where women’s liberation has often been equated with overcoming passivity, one might expect this to be a point of contention for doulas, a painful reminder of how at the root of this work, in
the language used to describe this role, is a very specific, arguably demeaning reading of what it is to be a doula.

However, the prospect of “reversing” this seemingly oppressive role and making the role of a handmaid “a feminist practice” is what claims drew her to this work. While she acknowledges the submission implicit in the definition of a doula, as well as the passive appearance of the actual work supporting another person, Rita believes that part of why doulas do this work is because it is empowering for them, a point that affirms the discussion earlier about self-empowerment on the part of the doula. Rita sees this empowerment as taking myriad forms depending on each individual doula’s understanding of her work. The example of empowerment Rita does give is doulas seeing their work as a resistance to the medical industrial complex. This example is a different form of empowerment than has been discussed so far, and I believe it sheds new light on/complicates/adds nuance to the simple reading of doula work as passive. Lastly, Rita describes herself aligning with the belief of bioethics writer Jennifer Parks that “independence is a fraught concept…when we are in the healthcare context.” That is, an individual’s agency is minimized and abstracted when making informed decisions for ourselves in the world of biomedicine, so we may come to rely on others to facilitate a more just decision-making process for us. Rita has applied this lens to doula work, and as a result sees doulas as a part of a network of empowerment that is in contrast to the hierarchical functioning of biomedicine/hospitals. This aberration from hierarchy, and horizontal dispersal of information is a part of feminist ideology. Rita sees doulas as someone who’s there not telling you what to do but helping you emerge from a situation whole, in the best possible scenario.
As a result, Rita embraces the role of a handmaid as being more nuanced than a passive servant, but a role that means leading from behind, which is something that feminism has taught me how to do, to lead in a non-dominating way.

Doula work appealed to Rita because she saw the opportunity to claim this seemingly subservient role-- particularly the definition of a handmaid-- as a feminist practice to empower herself and empower others in a non-hierarchical, non-dominant way. The other doula that spoke to me about embracing the submissive definition of a doula was Rose. Her perspective was different from Rita’s and came in the form of a story about one of her client’s husbands. Describing the couple as very well educated, the client’s husband held the same expectation mentioned earlier, that Rose would reject/be offended by the subservient position that “doula” implied. When he brought his resulting confusion forward to Rose, she firmly explained her point of view on the matter.

He was stuck on the fact that the word doula – he said, “Don’t you know that the word doula means servant?”
And I said, “Yes, yes it’s a Greek word that means servant.”
He said, “How do you deal with that, that you are considered a servant?”
And I said, “I’m fine with that. I’m a servant of birth. I’m not your servant, I’m not your wife’s servant; I’m a servant to birth.” I think of birth with a capital “B” as a force of nature all of its own and that’s what I’m a servant to and I’m fine with that. I said that when we are in that labor room after a couple of hours of labor and your wife is in hard labor, then you might know what I mean. Because you will be a servant to birth to get your child born, and then you’ll see why I love it and why I think it’s so important.
Rose’s understanding of herself as a servant to birth rather than to the birthing woman, or any other person for that matter, is an interesting intervention into the definition of a doula. Rose’s assertion does not necessarily contradict the definition of a doula as “female servant” because the object of a doula’s servitude is not specified. However, the assumption that the object of servitude would be the birthing woman is suggested by the alternative definition “with woman.” Nevertheless, I was struck by Rose’s distinction between servitude to another person versus servitude to the process of birth. In contrast to another human being, Rose is so humbled by the power and greatness of Birth with a capital “B” that she embraces the role of a servant to the process. Rose is so convinced of this humbling effect of birth that she believes just witnessing the “hard labor” of someone giving birth is enough to convert those with doubts into servants to birth. Later on in the interview, Rose made a comment that lingered on in my mind/stood out to me, seeming to gesture to a thread worth pursuing. She told me that she believes if you are “lucky enough” to witness natural birth then the spirituality present in the act of giving birth “is sure to affect you.”

Rose’s emphasis on the act/power/effect of witnessing childbirth is significant. After all, among the myriad ways doulas conceive of the work they are doing, in a basic sense they are being witnesses to birth. Boiling the work down like this had me thinking about what this specific experience is like for doulas. What are the effects that Rose talks about? Are beliefs about birth formed as a result? What is the narrative doulas construct around birth as a result of their experience? In her fascination with language, this idea of being a witness and bearing witness was especially salient for Rita. She talked about the privilege (specific positionality) that enables a doula to be a witness, saying, “it is because you are not in that much pain and it’s because you are not that person that you are able to do what you do.” This insight is simple but
illuminating. It is a doula’s distance from the position of a birthing mother, it is by the fact of
their difference that a doula can do this work supporting and bearing witness. But this separation,
this difference also means that a doula is not in control. It is not herself or her body doing the
work, as Rita points out, it is another’s. But that fact is somewhat irrelevant when we consider
the work there is to be done, the work of labor and the work of birth, which the culture of
biomedicine tells us is unpredictable. In response to this unpredictability, biomedicine designates
birth as a pathology and as a result it must be controlled and managed (Davis-Floyd 1992:57)
Through this framework, a doula would not need to feel out of control, a doula too has the option
to have a sense of control, and she could become something more active than a servant or slave,
more determinant and effective than a witness. A tempting offer, there is a tension here.

However, one of the strongest/most common ideologies among the doulas I spoke with
was a rejection of the biomedical view of birth as a pathology, and thus something to be
controlled and managed. Rose and Ann emphasized the way birth is cast as an illness by the
sheer fact of taking place in the hospital and insisted on that changing. Jess firmly delineated the
specialties of obstetricians and midwives-- that of illness and injury related to childbirth and that
of normal birth—but conceded that most people do not understand the distinction as such.
During the first birth she attended, Jess described to me how nervous the hospital staff was about
letting her client walk around the hospital. Jess added commentary to the story, asking
rhetorically, “Doesn’t major abdominal surgery make anyone nervous?” An important part of
this critique was the recognition of the important role biomedicine and obstetricians do play, and
many of the doulas expressed their deep respect for life-saving technology. I was struck by how
effectively

Stephanie
articulated her critique of the biomedical model of birth in a way I see as reflective of the perspective of her fellow doulas.

And God love the medical system for when we do have emergencies, for when a woman’s life needs to be saved, thank God for those instances because those are women that 100 years ago would’ve died. So thank God for those of those obstetric practices. But birth is not a pathology. It’s not an illness, it’s not something that needs to be fixed, it’s something that our bodies were created to do. It’s in the miracle of our makeup (laughs). It is an experience that every woman should be encouraged to try to do on her own, to let her body take its course. And that is not to say, again, if there is a medical emergency. Take care of the medical emergency. But birth should not be viewed as a medical emergency. You shouldn’t walk in and from the gate they are already trying to suss out something that’s wrong. Because being in labor, being pregnant, delivering a child – there’s nothing wrong with that. It’s uncomfortable and there’s lots of fluids and grunting and crying and shouting and screaming and everything else under the sun, but it’s all part of it. It’s not something that needs to have a Band-Aid put on it, it’s not something that needs to be intervened upon for the most part.

By refusing to assimilate to the ideology of biomedicine, these doulas believe in birth as a function of a woman’s body. Trusting the body was a concept reiterated again and again. In choosing this path of trust doulas renounce the possibility for (illusion of) control that biomedicine offers. Trust is not certainty, and the faith that trust entails is illustrated when these doulas recognize that things can go wrong and emergency situations can occur. Acknowledging the possibility for the unknown to happen and not attempting to seize control, these doulas are surrendering themselves to the process of birth. By surrendering this control, these doulas are humbling themselves to the role of a servant to birth; embracing the idea that they will not make interventions but that they will trust, they are claiming the role of a witness. If we return to the
definition of a doula with this perspective, we are able to see new meaning in the role of a servant, not as simply oppressive but as a brave and powerful role.

When we think about the risk that doulas are taking in this way, we have new fodder for understanding the fear that rises up in doulas when they first begin this work. For a person to stand up to the power and influence of the biomedical model in theory or ideology alone is to push against a hegemonic discourse, something that is not easy. But to actually put that theory into practice, to be in a hospital room immersed in that power and influence of the biomedical model and assert your trust in the body, knowing that something could go wrong, is to make oneself extremely vulnerable. It is an act of bravery not to claim control. But is that really all that is at stake, does this provide the full picture? Patricia and Haley have given me a reason to believe the mountain doulas must overcome is even larger. Though I could imagine the other women I spoke to also ascribing to this belief, Patricia and Haley stood out as expressing a more far-reaching analysis, placing biomedicine’s control of birth into a broader context of society’s orientation towards female bodies. Patricia believes that from a young age women are taught “to run from their womanness,” and as a result are ignorant about their bodies’ power and capability. Haley argues a similar point. She sees pregnancy and birth as only one instance of a lifetime where women are “trained to be afraid” of their bodies and themselves. If we consider this broader analysis, when a doula steps into a hospital room she is confronting more than the biomedical model of birth. She is challenging a much broader system of thought that has fostered, as Haley believes, a “collective consciousness that women are weak and our bodies can’t be trusted.” Thus, a doula’s project is in resurrecting trust in the birthing woman’s body, the process of birth, but also in her own body and her own self, as she too is implicated in this collective consciousness. A doula’s project is resurrecting trust in what Patricia names
womanness. With this context, we have a more complete understanding of the fear experienced by doulas early on and the imperative for self-empowerment.

If we understand the challenge doulas face stepping foot into a hospital as a resurrection of trust in womanness, what does such a leap of faith look like? How is such a considerable trial endured? I believe Rose gestures to an answer when she talks about being a servant to birth. If we recall, Rose believes the experience of witnessing a woman working through hard labor “is sure to have an effect on you.” While we cannot be sure of all of the effects Rose might attest to, she does believe this experience of witnessing natural birth to be revelatory of the spirituality of birth, revelatory in such a way as to humble a person to the point of servitude. Incidentally, as I made space at the end of my interview with Stephanie for last thoughts, she said something similar to Rose. “I think every woman should attend a natural birth,” Stephanie said. “Even if it’s something that they don’t feel that they can do themselves, I think even just to bear witness to one can be incredibly empowering.” Here this phrase was again, bearing witness. Like with Rose, the exact effect that Stephanie believes bearing witness to birth would have is not entirely clear, but her reference to the empowerment of all women says something. With this, I see Rose and Stephanie offering insight into how doulas (re)construct their trust in womanness, and that is through bearing witness to natural birth. This is interesting because it means that part of the challenge, attending a birth, then becomes part of the solution.

The fact that both Rose and Stephanie specify natural birth, rather than any birth, as impactful to the witness is significant. During natural birth, birth is not being intervened upon. A woman is working with her body and those supporting her are trusting that work. One might say natural birth is a powerful exercise of womanness. Perhaps Rose and Stephanie specify natural
birth as the experience in which a witness might resurrect her womanness because it is a moment of uninhabited/raw womanness. To witness such an event inspires such trust/belief.

Several doulas actually spoke of their experiences being affected/inspired/empowered in her role as a doula witnessing birth. However, it is interesting that these experiences were not necessarily with natural births. Ann told the story of the first birth she attended, where her client intended on having a natural birth until she developed preeclampsia. Her client ended up having an induction and later choosing to be assisted by an epidural. Ann expressed her latent disappointment to me about the turn of events, because she had imagined a “golden natural first birth experience.” However, when the time came to push the baby out, Ann described the intensity of the moment. Particularly impactful/memorable for Ann was how she could “just see the focus in her face. She’s panicked but focused.” The fact that Ann identified such a focus, a determination in the face of her client during active labor and that this detail rose up in her memory in spite of the interventions, in spite of it not being the “golden natural first birth experience” she had envisioned is significant.

Haley also told a story of recognizing determination in a client during labor and the inspiration she garnered from witnessing that determination. Haley does not indicate whether this particular birth was without medical intervention, and this fact cannot be assumed. Either way, this was apparently not a detail that stood out as important in Haley’s memory.

Actually there was this one, one of my last births. That woman – oh my God. That was the best birth I’ve been to because she was so focused, yo, she was a G.

2 G is slang for “gangster,” a term that in some contexts is a complimentary descriptor for a person
but being able to be there and just kind of be a reminder of how empowered she was was really awesome. Because she was really focused on breathing – she was still freaking out, but she was so focused… So I really like that story because I really got to praise the mom for being really strong. Not that I don’t praise all of my moms, but this chick was so badass. I was so proud of her because I think she was in labor for like seven hours. It was her first kid, so I was like, okay. Like, like, go ahead girl, oh!

A detail that obviously does stand out as significant in Haley’s mind is how entangled her client’s empowerment is with her own empowerment. Haley recognizes how empowered this woman was before she met her, and also recognizes the contribution she was able to make towards furthering the woman’s empowerment. Witnessing the result of this combined effort clearly excites Haley. She is impacted by the power and strength she sees this woman embodying. She also mentions how impactful it is to notice her role in this empowerment, and she goes on to say how “that experience really boosted my self-esteem.”

Ann and Haley recall the strength they have witnessed in women during specific births, an experience Rose and Stephanie have pronounced to be impactful. However, divergence occurs as Rose and Stephanie specify that natural birth is the scenario “sure to have an effect” on doulas. How do we reconcile this thought when Ann and Haley had powerful experiences as witnesses in situations that were not necessarily natural births? I believe the question ends up being, how is womanness embodied/transmitted so that it is capable of this transformative effect? A commonality between Ann and Haley’s stories may lead us to one answer. It was significant enough in the memories of both of these doulas to recall the woman birthing as being afraid, or “panicked” or “freaking out” in their words, but how in spite of this fear Ann and Haley saw focus and determination in the birthing woman. In short, these women had fear but they were pushing past it, reaching/striving towards their womanness. To me this says that expressions of
and strivings towards womanness are not restricted to natural birth. Perhaps there is something special to be said about witnessing natural birth, that that expression of womanness is uniquely powerful. However, womanness can also be expressed/embodied in moments, in flashes that have the power to inspire a trust in those bearing witness.
Chapter Three: The “Gnosis” and its “Narrow Limits”

Through this process of becoming, we are able to see the various ways—sometimes competing, sometimes complementary—that doulas come to understand and attach meaning to birth. These new-found understanding’s of birth represent the knowledge obtained in the liminal period. However, we can see Turner’s assertion that this obtained knowledge “has narrow limits” in the obliviousness of white doulas (1987:15)

I. Understandings of Difference

We have already discussed the alternative regime to the biomedical model of birth that doulas conceive of that involves them in this work, trusting in the process of birth and the body’s knowledge of that process. We have also seen the surrender of control that comes with putting that alternative regime (trust in womanness) into practice alongside a laboring woman, and the resulting fear and anxiety in a doula’s first births. For the doulas I spoke with, it turned out that bearing witness to birth and the flashes of womanness expressed by women giving birth bolstered this conception of the alternative regime, that womanness is powerful not weak and can be trusted. Several of the doulas I spoke with described one aspect of this trust in womanness that emerged as they witnessed/attended more and more births: difference. They came to understand that every woman is different and every birth is different.

Rose told me about the time a client went into labor the same day at the same birth center as her daughter-in-law. While her daughter-in-law was giving birth to Rose’s grandson, her 49-year old client developed preeclampsia.

Yeah, she had a 30-year-old daughter and she was having another little girl and she became preeclamptic. So she was having heavy medical and interventions to deal with her preeclampsia just down the hall from my daughter-in-law...
who had a completely natural birth, she was in the tub to the last minute and was doing great, and then down the hall was this completely opposite situation where things were really difficult. My client, her baby was perfect but my client had a lot of, a lot of health issues but she’s okay now. So really two completely opposite kinds of births going on simultaneously. That was really something.

This idea of difference, variation, diversity is a crucial nuance that resists tendencies toward conceptualizing womanness as a monolith. It could be said that by refusing the control offered by biomedicine and by surrendering as a servant to birth, acknowledging the possibility for emergencies, doulas were always already recognizing and honoring difference. However, I am inclined to think that though women drawn to doula work conceive of this alternate reality of difference, putting this particular belief into practice may be the source of much of the fear/anxiety that swells up in new doulas. Incidentally, it seems as though witnessing/attending births has provided the doulas I interviewed with real experiences like Rose’s to reinforce and pronounce the difference that exists in womanness (keep the doulas honest in this belief).

The trait that Stephanie has found to be necessary in order to be at ease with difference in womanness is patience. Stephanie told me the piece of advice for new mothers she has heard “echoed from mothers-in-law and grandmothers” is that “you just need to be abundantly patient.” Like other doulas who have found information intended for women giving birth to resonate with doulas, Stephanie has found this tenet of abundant patience to be instrumental in resisting the urge to hold a woman’s birth to any kind of standard rubric (as biomedicine does) and to be disciplined in recognizing the uniqueness of every individual woman’s birth. Stephanie told me a story of supporting a friend giving birth that illustrated the role patience plays for her. In this story,
Stephanie begins by highlighting the aforementioned urge towards standardizing birth. When her friend called to say it was time, Stephanie remembers calculating the time she believed she would be back from the birth center based on things she had been told about the duration of second births. She assured her husband she would be back for the Harry Potter movie they had plans to see, saying she would even “probably have time for a nap, it’s good.” Another impulse to standardize birth took the form of Stephanie, upon arriving at her friend’s house, making assumptions about the stage of labor her friend was in judging from the amount of pain she appeared to be in. However, the first sobering moment came when they reached the birth center and the midwife revealed Stephanie’s friend’s “progress” was not as Stephanie had expected.

And they tell us she’s 2 cm dilated. (Laughs) I’m like, what?! (Laughs) I didn’t say that to her of course but in my head I’m like, what? All of this? You look like you were in the transition phase of labor or something. 2 cm! So I sent my husband a text quick while she’s changing and stuff and I say, I met be here little longer than I thought but I should still make it in time for the movie.

Stephanie’s client had also expected her pain to mean more significant progress, and thus felt defeated by the news she heard about her body. Stephanie recalls her friend starting to talk about being transferred to the hospital for an epidural. It seems as though witnessing her friend’s confidence in herself be undercut by ascribed expectations lead Stephanie to concede her ability to determine the birth in any way, and her patience began to take over. At this point Stephanie describes using one of the most effective tools she has ever had at her disposal, as her friend happened to be giving birth in the exact same room she gave birth to her first child in.

So I kept telling her, you already did this, you already did this in this room, in this bed, you already did this so of course you could do this again because you already did it, in this room. Not even like I had to say in this building. I
could say, in this room you had your son who is now four years old – you can do this.

Reminding her friend of her power in this way seemed to me to be a step away from thinking of this birth in comparison to a standard, but instead recognizing the uniqueness/individuality of this one woman’s capabilities. Beyond this, Stephanie told me about how much coaxing it took to get her friend to keep moving away from the standardizing mentality and to get back in touch with her body, to work with her body. After the woman’s experiences of pain had been invalidated upon arriving at the birth center, Stephanie patiently committed to getting her friend working with her body again despite resistance.

Just baby steps. Okay, you don’t want to walk down the hallway, let’s just walk around the room then, let’s just walk around the room. Okay, you don’t want to go on the yoga ball, what we sit in the birth stool for a little bit. And just doing all those different things. Or, why don’t we take some time in the bath? Because then I know at least you have to get out of bed and walked the bath and when you’re done you have to walk back to the bed.

At the end of the story, Stephanie connects her unwavering patience to an allegiance to the uniqueness of each woman, to the indeterminable force that is birth. She revisits the expectations she had projected onto her friend’s birth, honoring the experiences of that individual woman in that particular birth. Humbling herself enough to admit this instinct to standardize, Stephanie describes the important role a doula must play as a reliable, committed support that can only be fostered out of patience.

And just really being abundantly patient and knowing that everybody’s labor is different, everybody’s birth is different. And whether it’s somebody’s first kid or their 10th kid, they could still be incredibly uncomfortable. Just because it’s their 10th kid doesn’t mean it’s going to be vastly more comfortable for them just because. Because everybody experiences birth differently. So all of it is that patience, that patience to understand her birth experience is
her birth experience. It’s not anybody else’s, it’s not
something that you can read about in a textbook – it is hers.
Yes – she looked like she was in an incredible amount of
pain when they got to the birth center and they said that she
was only 2 cm dilated, but maybe she was in an incredible
amount of pain for her and the way that she was
experiencing the sensations that her body was going
through – she was probably incredibly uncomfortable. And
being understanding of that. So understanding and patience
and just really being a rock, just really being the steady,
constant, and just maintaining that peace. Just being very
consistent in maintaining that. Because her labor was 16
hours from the time that I got to her house to the time that
my goddaughter was born, it was 16 hours. Yes, I had to
call my husband and tell him that I was not going to make
it to Harry Potter, it’s not going to happen. And he was
like, what happened?! Birth is what happened, birth
happened. She is not ready (laughs). I am not going
anywhere.

The other doula that stands out for her experiences discovering the difference in
womanness through attending births is

Ann.

In our interview she elaborated on the two and a half births she told me she had been a doula for.
She compares her first birth, detailed in an earlier section, as “pretty much the opposite” of her
second. Ann was able to have a consultation with her first client whereas she had been on call for
the second, arriving at the hospital to meet the woman for the first time just before she is about to
give birth. On the phone with the on call dispatcher, Ann was told that

this is a woman who’s having a really hard time. She’s
alone in the hospital and has no support. She’s had previous
children but she’s really scared because she doesn’t
remember having any of those children. She lives in a
halfway house; she has a history of drug and alcohol
dependency. So I’m like, okay. So I go and I really just –
it’s exactly the opposite. Here [her first client] is a white,
maybe middle-class woman in a stable relationship who
knows what she wants and is at least somewhat confident,
and then here is a very frightened woman in dire conditions
who I’ve never met before.
Though Ann reiterates multiple times throughout the story of this second birth how completely different these first two experiences attending births were, there are two similarities she does recognize: the moments where Ann found herself holding the newborn baby in astonishment and the gratitude expressed by her clients after the birth.

As our interview was winding down, Ann eagerly asked if she could tell the story of the half birth, “probably the most wild of them all,” she said as a precursor. For this birth, she had received another on-call text saying there is a woman in labor in need of support and a very experienced doula is willing to accompany a mentor. When Ann arrives the older, more seasoned doula is there in the hospital room with the otherwise alone laboring woman. The two doulas began their initial queries into how they can best support this woman, and were met with surprising indifference.

And this mother, she was so mind blowing. She... We...
My gosh. She was just like, talking on the phone and watching TV. And we would be like, “So we are here, we are doulas, we can support you, we can suggest different things.” And she’s like, “Sure, y’all can be here if you want to be here, like, okay, whatever you want.”

The incredibly lax disposition of this woman was so jarring to the doulas because of their expectations of the needs laboring women have—not to mention women laboring alone. For the highly experienced doula, these expectations had been developed out of the many births she has attended. The experienced doula’s exasperation at this laboring woman’s casual demeanor (never has she seen anything like this, she tells Ann) is a potent reminder that expectations, regardless of supporting evidence, are at their core assumptions that can never be completely generalizable. Ann’s shock at this woman’s demeanor exposed her own constructions of what the birth experience is like for women (even in her limited experience), and reminded her what her role is in honoring the difference in birth experience.
The craziest moments were when she was like, man, that was a heart contraction, gosh. And she’s doing all of the things that you learn not to do in doula class. She’s not moving around, she didn’t want to get up, she didn’t want to get up to the bathroom, she was watching TV, she didn’t have any support, she hadn’t eaten that healthy in her prenatal — she’s just like, whatever. So every woman is different, every woman is different. What I learned from that is that a doula is not a savior. I’m not an angel here to save you. Some women don’t need any saving, you know. It’s like, I really am here to give you what you need, nothing more.

Even once it was clear to the doulas that their skills were not needed, it was still a strange experience for Ann and the other doula to act counter to their expectations and leave the hospital. However, when they gauged the idea on the woman she responded, “Okay, thanks for coming by!” in yet another display of her individual experience with birth. Ann refers to this as the half birth because she did end up leaving. Her decision to do so triggered some introspection on the idea of entangled empowerment between doula and mother. What happens when the mother does not need to be empowered, when the mother does not need to be saved, what does that mean for the doula? Ann comes to the conclusion that if a laboring woman does not need a doula to be empowered (and it should not be assumed she does), it is not that doulas place to seek empowerment for herself: (the woman determines whether her and the doulas empowerment will be entangled, not the doula).

I almost thought, maybe I should stay just to experience this, which I thought about doing but it was also like, it would feel so weird somehow to be like — because I guess usually it’s a two-way street. I’m learning from you, you are learning from me. But for this woman I would feel weird being there, because what am I giving in return for the privilege of attending this birth? And so I left.

All of these experiences witnessing births had lead these doulas to an understanding that each birth is different and unique, the result of this understanding being a surrender of control,
assumption, expectation to the process of birth and what we have been calling a trust in womanness. This was an unexpected discovery I had stumbled upon, and I was in awe of this complete humbling of the doulas I spoke with. One of the reasons why this commonality struck me as particularly interesting was because of the way I had been thinking about difference in the context of doula work at I begun my research. Namely, I had been thinking of difference in more concrete terms—as in the demographic differences between women, specifically between doulas and the women they were serving.

The type of doula work that instantly appealed to me was offering my support for free to those who could particularly benefit from that support. For example, women who cannot afford to attend childbirth classes—either financially or because their lives do not allow for that kind of free time—or women who are especially marginalized in hospital settings because of their cultural capital. But at the same time this appeal also contributed to my hesitancy in attending my first birth. The difference in privilege between myself and one of these “particularly marginalized” women is what made this such a logical application of my skills as a doula, however it also troubled me. In this scenario was I embodying the white savior complex I had grown sensitive to in college? If my background and that of the woman I am supporting is so different, who am I to think I can know what kind of support she needs? If our experiences not only in hospitals but in life more generally are so different how am I the right person to support this woman? In my interviews with doulas I asked questions that I hoped might open up space for thought on this topic [of….]. Sometimes the questions were more indirect, like: can any woman support any other woman? But other times I spoke candidly about my struggle with this predicament, hoping honesty might spur more specific commentary from the doulas I was interviewing.
Many of the doula’s responses to these questions of difference, particularly between doula and client, were positive to neutral and mostly uncomplicated. Yes, multiple doulas were inclined to agree that anyone could be a fine doula for anyone else, with the caveat that that person possesses crucial traits like calmness and openness. There were several nods throughout the interviews to an idea that every woman has a doula match. However, this seemed to be a reference born out of the business interaction (commercial?) when a client hires a doula working for pay (anywhere from $200-2,000), in which case compatibility is assessed through interview-type processes. The fact that this notion of a doula match is related to for-profit doula work does not diminish the margin for difference between doula-client being acknowledged. It is just that this difference that is being accounted for is of a particular kind—for instance, difference in personality, in the level of trust/comfortableness a client feels with a certain doula, in ideology around birth. The difference that is not being accounted for in this notion of a doula match, however, is difference in class and difference in race. The women who have the financial means and enough knowledge of what a doula is to hire one will at least be of similar socioeconomic class (middle- and upper-class) and more than likely of similar race (white). As the doula supporting this client is likely to also be of middle- or upper-socioeconomic class and/or white, it is clear that the difference being acknowledged by the doula match notion does not even approach more structural differences, instead thinking of difference on a personal level.

Ann’s analysis of difference among doulas is an example that embodies a similar perspective on difference as the doula match notion asserts. Though there are certainly differences identified between Ann and the older doula she is working with, the scope of difference is drastically limited.
So this other doula starts telling me about her experiences. She had been a nursing assistant in the labor and delivery ward so she’s been to like 1000 births and she’s DONA trained, she’s got her name tag pin. I’m more mellow in my style and she is super feisty. It was weird for me to work with someone else – and that gets back to the styles thing. And she was really big on breathing during pushing so she wanted to be like, okay Mama, we’re gonna practice breathing so that when you’re pushing don’t forget to breathe and for four and hold your breath and then you’re gonna push out and okay here we go. She was super feisty on it and I was like, okay, okay.

Many of the doulas I spoke with volunteer their support as a doula in addition to or instead of for-profit work, and in the process have supported clients that seem to come from entirely different backgrounds as the doulas themselves. Actually, witnessing the drastic variation in assets between different clients appeared instrumental in informing Ann and others’ understanding of the uniqueness of each birth, the conception of difference agreed upon by all doulas I spoke with. For instance, multiple times Ann remarked at how “opposite” her first two births were, a white, middle-class woman, well-prepared for birth with loyal partner by her side (who she met in advance of labor) and the woman with substance abuse issues living in a halfway house who she met for the first time as she labored in the hospital alone. It is interesting that Ann names these differences in backgrounds/assets, but no structural analysis follows. In fact, Ann recounts the race of the white woman but does not mention the race of the second woman she supports; Ann specifically identifies the socioeconomic class of the white woman but leaves that detail to be inferred from descriptions of the woman living in the halfway house. In the story of Ann’s half birth, of the woman who had no need for assistance, neither race nor class can be inferred (though it could be argued that giving birth alone is most likely a sign of economic disenfranchisement – immigrant? in American society). Instead of using these
incidences as grounding for analysis of structural differences between how women experience birth, Ann (and other doulas) go on to see this difference as variance within the great process of birth—a conception of individual difference rather than trending differences explainable by structural difference.

I can testify to the socially taboo nature of discussing issues of race and class, as the approval for this research hinged on me putting less emphasis on these topics in order to prevent discomfort in my subjects. Social taboo could be used as a possible justification for why many of the doulas did not talk about structural inequalities determining varying birth experiences; perhaps they do possess this analysis just were not comfortable talking to me (a stranger) about it. This is something we cannot know for sure, what we do know is that I opened up the space (with different levels of directness) in the interviews and for the most part there was no commentary on structural differences. One doula we might look to for this question is Rita. I went into the interview with Rita having seen her be vocal about the work that needs to be done in doula volunteer programs to bridge the differences in backgrounds between doulas and clients, and indeed this is a subject she spoke to me about. Her analysis was sharp, as she asserted that doula trainings do not prepare doulas to work across the difference that does exist between doulas and clients. She has seen the failure to address these differences resulting in doulas applying essentialized notions of the birth experiences for all women and making assumptions “about somebody’s ability to care for their child or family interactions that they were seeing” while being a doula for that family. In terms of a solution, Rita talked about the “need-- for me, too-- to have conversations with myself about how to really check privilege at the door when you go into a birth.” In fact, when I interviewed Rita she was in the process of
organizing for outside trainers to come facilitate this kind of conversation with the volunteer program she works with.

It was relieving for me to hear this recognition that difference between doulas and clients does exist and can have serious consequences for that relationship if not addressed. However, I have always been suspicious of this oft referenced notion of checking privilege at the door, a phrase that seems to oversimplify an extremely challenging process that I am not sure is always necessarily possible. Feeling Rita’s willingness to engage with this topic and the trust built up between us, I ventured to describe how stuck I felt on this, particularly facing the possible reality that the differences in life experience between me and a client might make me an illogical and insufficient support person because it is impossible for me to understand the way they are experiencing birth. Rita responded first by saying she thinks someone can be an ally “without really knowing and understanding” what the other person has gone through. In addition, she sees birth as “a time of great openness” where the everyday divisions between people are less concrete.

This is the kind of work where sociologist factors do play a large role, but when it comes down to it it’s a very different space than we operate in normally and you can find things in your self – like, taboos are broken. Issues of race and class still really do exist and are real but I think it’s more malleable than were ever allowed to do in normal life. So I think can really find things in yourself. And that’s true for the person you’re supporting too. To be open to each other.

At the time of the interview, as well as now, I struggle with respecting this perspective as Rita’s own experience and yet still being troubled by it’s convenient conclusion, my instinct telling me there is more to it, perhaps an alternative conclusion that is harder to swallow for the white doulas doing this work. The question that came to my mind was: does this convenient
conclusion (as I am calling it), a conclusion that does not entertain the uncomfortable possibility
that doulas with privilege might not be adequate support for marginalized peoples, prevent
doulas with privilege from continuing to critically examine their role in each birth with each
woman? One last anecdote that could speak to this question involves Rita in the role of an
abortion doula. Unlike birth where you must elect to have a doula, this abortion clinic uses an
opt-out model where a doula would be provided for you unless you preferred not to have one.
Rita said she felt comfortable with this model, considering she only had one person say she
would rather not have Rita in the room with her. Rita explained that this woman was an older
woman of color, and went on to suggest that Rita’s younger age or a personality trait on behalf of
the woman as the reason for the woman to decline Rita’s support. “I present really younger than I
am and I’m 25. So it was like, I totally get it. She might have just been the kind of person who
processes that stuff alone, maybe she wasn’t that worried.” However, the difference between Rita
and the woman’s race was never suggested as a possibility for this decline of support. While I
cannot say what it was for that woman that made her decline Rita’s support, the fact that their
difference in race was not entertained by Rita is significant especially given the contentious
politics around race and abortion in the U.S. (CITE!). This anecdote leads me to lean towards a
positive response to my earlier question, that operating with a baseline notion that a doula is
unquestionably capable and entitled to be anyone else’s support person can hinder any further
critical examination of a doulas role.

It seems like an appropriate time to coherently re-trace the discussion we have just had on
the understandings on difference held by the doulas I spoke with. It seems as though the
experience of witnessing births in the role of a doula has bolstered these women’s ideological
beliefs that birth is not a process to be controlled and determined based on a standard rubric, but
that each birth is unique, having its own rhythm that a doula should surrender to. This conceptualization of birth is extremely respectable given the hegemonic narrative biomedicine provides society about birth; there is risk involved in surrendering to this difference. That said, this model of difference is individually-based, a difference governed by the process of birth (there is a sameness in this difference, Rose: a woman is a woman is a woman). I noticed that another analysis of difference was conspicuously absent among many of the white doulas I interviewed, namely, an understanding of (1) the structures of inequality that concretely determine differences in women’s experiences of childbirth, and (2) the possible implications of differences in privilege between doula and client on the efficacy of that relationship. In the case of one white doula who did have an awareness of structural difference, her analysis failed to critically engage with the implications of difference on the doula-client relationship. In either situation (white doulas with no apparent analysis of structural difference or a white doula who’s analysis falls short), a lack of critical analysis on the topic of structural differences forfeits the opportunity to critically reflect on the role you, as a privileged doula, are playing, and thus limits your potential to create effective, meaningful change around birth.

Up until this point, the trends in understandings of how difference functions in birth and doula work have represented those of the majority of doulas I spoke with. In this case, the majority of doulas that held this shared perspective happened to be the four white doulas. This white majority perspective was in striking contrast to the perspectives on difference shared by two of the doulas of color I interviewed\(^3\). As we know, this is not the first time

Patricia, an African American birth worker, and Haley,

\(^3\) The only perspective unaccounted for in this discussion of difference happens to be a doula of color who did not comment at all on this subject in this particular conversation. I have had discussions about racial difference in birth and birth work previously but those conversations were informal and not recorded.
an Afro-Latina doula and midwife-in-training, have had ideas similar to one another. Not the first time there have been differences in perspective have cut along racial lines, but not a consistent finding. This racial breakdown around the topic of difference (particularly this topic) seems to be quite illuminating (do I want to put this reference here or just expand on it a little more?)...In their perspectives on difference, Patricia and Haley provide theories and experiences that may provide insights as to why this breakdown occurred as it did.

I contextualized the questions about difference that I asked Patricia and Haley with some of my own thinking on the subject. I was sensitive about playing into the all-too-common trope of the white woman expecting the women of color to educate her on issues of race and oppression. I am not sure how conscious I was at the time of the interviews that my chosen tactic for averting this trope (or at least lessening it) was to demonstrate that I had done my own thinking on the topic of difference, that I was genuinely committed to the subject and was not coming to them fresh faced, expecting an introductory lesson on their experiences. It would be just like me to withdraw these questions after recognizing the potential for fulfilling such a trope, but I considered this a crucial topic for my research that I could not afford to shy away from. The questions seemed to be well-received by Haley, as I sensed her loosening up throughout the interview and speaking more candidly about difference in birth work with exclamations of passion that always had us smiling at each other in the end, even when the content was sad. Patricia had already been talking freely about difference in birth before I asked a question (one of the few I did ask in the interview) that determined the subject of the rest of our interview. For how frank Patricia was throughout the entire interview, I cannot say any question I asked or matters of report were crucial in soliciting honest opinion. I loved how unapologetically bold
Patricia’s thoughts/statements were and how lyrical they all came out. I definitely got the idea that she is not one to tip toe around much.

Whereas the majority perspective of the doulas I spoke with, the white doulas, held a more spiritual idea that birth as a process manifests itself differently in each woman, Patricia and Haley directly attributed different birth outcomes to race and class differences. Haley affirmed what my research seemed to suggest when she reiterated with frustration that the majority white doula and midwifery community does not talk about disparities in care across class. She lamented the fact that these “politics” even exist in birth, but reasoned that because they do, they should not be made invisible.

I get mad because I get sad. Because this is childbirth. Why are there politics even here? Like, why? I don’t get it.

Haley has had experience supporting women in her own birthplace, the South Bronx—the poorest congressional district in the country, she informed me.

So when you are poor and you live in a poor community, you don’t have the best hospitals. That’s just the way shit is.

The theory I have learned in my liberal education has lead me to make this association automatically, that impoverished community is to impoverished health care services. However, as Haley laid this reality, her reality, out in clearer/fewer words than my schoolbooks do, I became acutely aware of the limitations to my “knowledge” as someone who has never stepped foot in what sociologists politely call the inner city, often from a safe distance. Haley went on to tell me about the despicable way the hospital staff in the South Bronx had treated one woman she
had supported during labor. A distinction Haley repeatedly stressed, and did so in regards to this story, was the difference between having access to care and having access to compassionate, quality care. This spectrum of care, seen as a direct product of socioeconomic class, is how Haley accounted for different birth experiences (do I need a citation here w studies agreeing?). The next story Haley felt compelled to tell was about another woman she lent support to in the South Bronx, a woman who’s outcome revealed how class determines different birth experiences.

And then I helped another woman in the same hospital who had to sit there for over 24 hours miscarrying. I’m like – what? Why are you – why? Why? Why has a hospital staff let the woman sit in their freaking waiting room miscarrying for a day. You should have handled her business way long ago. But because you are in the South Bronx, and you are in a poor hospital, they feel like they can treat you however they want. If it was any other hospital and any other woman, that woman would’ve been seen immediately. No question. Their excuse was, “oh, we’re trying to see if your insurance covers this.” Who fucking cares?? I’m sorry to get graphic but, like, part of the child that used to be alive is coming out of her. Who gives a fuck whether or not her insurance can cover it?

Whereas Haley identified socioeconomic class as the structural difference in women’s lives that determines variances in birth experience, Patricia focused on the differentiating effect that race seems to have on women’s birth experiences. This distinction is interesting considering sociologists have come to use race as a proxy for class in the United States because of their interrelatedness (CITE!). I would be curious to know what about their individual experiences has caused Haley and Patricia to identify one particular social structure (class or race) over another, and why neither of them identified both. In fact, amidst an interrogation of the statistics illuminating the racial divide between birth outcomes, Patricia claims that data suggests class makes no difference in birth experience.
How do you explain that you have twice the chance of having a C-section if you are an urban black woman on public assistance than a white woman? That you have a four times higher chance of dying than a white woman? And your baby has a three-time higher chance of dying than a white woman’s? How do you explain that? We’re not that different from you, physiologically. How come our outcomes are so amazingly different? Even compared with white women in Appalachia. What about being black makes that happen?

Patricia’s questions about how skin color could create such dramatic difference in birth outcomes expose the irrationality of this causality/relationship and thus the injustice of it. In doing so, these questions capture some of the anger that Patricia emitted from across the table at our interview. I affirmed her anger with my eyes, and felt that anger as I know it but not as she knows it. At once these questions were rhetorical, exposing the injustice of the situation, and also were not. Patricia elaborates most directly upon the increased medicalization of black women’s births (though we might look to Haley’s experiences in South Bronx hospitals for the type of care connected to maternal and infant mortality). Patricia talks about how biomedicine is positioned to capitalize off of the societal marginalization of black women as hospitals create an environment that that furthers black women’s disempowerment. This environment is not conducive to birthing and thus leads to an inflation in cesarean sections, surgical procedures that make obstetric units the most grossing unit within hospitals (CITE!).

The medical machine of making money has found we are not prepared, we are not empowered, we are intimidated by hierarchy, we may not read, we didn’t go to class, our mothers and grandmothers don’t know anything about this, our partners are not that present or might as well not be that present. And you walk in there scared to death, and you cannot birth with that fucking fear. You have to be at peace and feel safe and feel secure. We [birth workers] gotcha.
Patricia goes on to discuss a broader implication for higher rates of cesarean sections among black women. She suggests that such an implication could also be a cause for inflated C-section rates among this population compared to others. Historically-based studies provide supporting evidence for such a belief (CITE!).

When you have your first C-section that limits the number of children you ever have in your life, because they don’t want you to have more than three C-sections. What if you’re from a community that wants a lot of kids? Some people could view that as genocide, some communities do view that as genocide. Population control.

Numerous studies show that Patricia and Haley are indeed right, that the structural differences of race and class between women do determine their birth experiences and outcomes (CITE! Possibly Martin ch 4). In her book Reproducing Race: An Ethnography of Pregnancy as a Site of Racialization, Khira Bridges discusses disparities in health care across racial lines, but takes one step back to formulate a more expansive theory on the interaction between race and class during childbirth. Bridges expounds on the anthropological definition of race as a social category, arguing that the event of pregnancy serves as one process in which race is constructed, reproduced, and thus endures “as an omnipresent social fact with powerful material repercussions despite its lack of moorings in biology” (2011:8). Though racialization is the subject of the text, Bridges makes the relationship between race and class central to her analysis, saying in the introduction that “in order to ‘get to’ questions of race, [she] had to ‘go through’ issues of class” (2011:9). Bridges explains that “race is a discursive phenomenon; race is ideas about difference that become visible and tangible as they are made to be reflected in the material conditions within society,” material conditions otherwise known as class (2011:9).
Bridges’ argument begins with the notion of pregnancy as a “racially salient” event. The credibility of this assumption is easily proven, considering the role of material bodies, the primary sign of racial difference, in reproduction. Furthermore, the social constructions attached to different races accompany women’s bodies into the birthing room to be interpreted and utilized by biomedicine. Bridges argues that the racism, xenophobia, classism, and sexism mapped on to the bodies of women of color inform medical discourse. Unlike white women, poor women of color become “at-risk populations” as their bodies are “discursively constructed as even more likely vectors of disease and pathology” (Bridges 2011:13). Bridges’ asserts that this rhetoric is made material by the excessively medicalized care that Medicaid-insured pregnant women’s bodies receive, “producing poor women as possessors of ‘unruly bodies’” (2011:17). Ultimately Bridges argues that “Medicaid mandates an intrusion into women’s private lives and produces pregnancy as an opportunity for state supervision, management, and regulation of the poor, otherwise uninsured women” (2011:16). Relating this theory back to the ideas of my informants, Haley and Patricia have seen the ways in which poor women of color receive inferior care, and thus endure unfavorable birth experiences, as a result of their race and class status. Khira Bridges affirms these observations but goes on to argue that the social categories of race and class, what it means to be a poor woman of color in society, are constructed and perpetuated in the event of pregnancy.

With Patricia and Haley speaking to me so perceptively about how a woman’s race and class factors into the birth experience she will have, I had to wonder why none of the conversations I had with white doulas touched on this critical understanding. I had to wonder why a collective perspective on birth had more or less emerged out of these four conversations with white doulas, where difference was attributed not to structural oppression but to the unique
manifestations of birth in each woman. Patricia and Haley provided their own theories about the ignorance they each had witnessed in white birth workers, miraculously using the same language once again. “Oblivious” was how both doulas described the tendency of white doulas and midwives, but also white Americans more generally. Patricia and Haley think of their experiences with white birth workers’ obliviousness not as particular to birth but as consistent with the institution of whiteness. One of the points Patricia emphasized the most throughout our interview was this idea that there is nothing exceptional about birth or birth work, in fact it embodies the best and the worst of society at large.

The world of midwifery is not a separate world in America, it exists within the world of America and all of the problems that face America exist within the world of birth. The lead of them, privilege, obliviousness to people who don’t look or act like you, racism, homophobia. All that stuff exists in midwifery and in birth. It’s not a place where everyone wears purple and sings kumbaya – it exists in the same cesspool of pathology that America lives in.

By understanding white birth workers’ attitudes as just one manifestation of a broader institution of whiteness, Patricia and Haley are both making a pretty fundamental assertion about the difference between white doulas and doulas of color (generally speaking). If we return to their term “oblivious” to ground our exploration of the way this assertion is constructed, Merriam-Webster tells us that oblivious means “lacking remembrance, memory, or mindful attention; lacking active conscious knowledge or awareness” (Merriam-Webster, CITEd). Haley first applies the word oblivious to white midwives who do not acknowledge the history of midwifery in America, a history where black midwives were systematically taken out of power.

The reason why there’s even midwifery in this country is because of black women. But some people can’t handle that – I’m like, how else did you think you learned? I think that a lot of women who are doulas who are white are oblivious,
and I think that part of it is that they really don’t know, and part of it is that that conversation is really hard to have.

In this analysis, I believe Haley captures the tension and complexity within the concept of obliviousness. She cites a lack of information as a practical reason for the un-acknowledgement of midwifery’s history, but then touches on what enables obliviousness to remain. Haley does not get into the specifics of the difficult conversation that she mentions, but to me it is clear the discomfort would be felt on the part of white birth workers in recognizing the historical privilege that has led them to their current privilege in this work. Haley’s analysis is a critical reflection on obliviousness as a state that may begin with issues of access to information. However, this unawareness is not a fixed condition in which one is powerless, but instead one may choose (in a less explicit sense) to remain unaware because of some benefit that awareness provides (ie avoiding discomfort). In this instance, I see Haley highlighting the agency already present in the language of the definition of oblivious, lacking “mindful attention” and “active conscious knowledge.”

Haley has witnessed and experienced the ways in which obliviousness reproduces itself in birth work. Without any acknowledgement of the historical roots of midwifery in America, Haley has seen a corresponding lack in understanding of the present importance of black birth workers and healers. Along with the obliviousness to disparities in care and outcome across racial lines, the current importance of empowering black healers is yet another issue that “nobody talks about.” Haley told me how, despite any recognition of their importance, there is a growing number of women of color getting involved in birth work. However, obliviousness to the history of black midwives breeds obliviousness to the significance of this trend, and as a result this breakthrough into the majority white movement is made invisible; white,
grandmotherly Ina May Gaskin remains the face of birth workers, Haley adds to further her point. Ultimately, what I see these multiplying strains of obliviousness accomplishing is a reproduction of the past, perpetuating the continued marginalization of birth workers of color. If that were not enough, Haley told me a final story about a recent Midwives Alliance of North America (MANA) conference where a group of midwives (women of color and white women) approached the larger conference with frustrations about the perpetual marginalization of birth workers of color within the organization and about the profession’s widespread obliviousness. The critiques were not received well, and Haley reenacted the outrage at this even further level of obliviousness.

“yo, you really don’t see this? You really really don’t see how racist you are being? Oh my God!”

As a result of the reception of the critique, black midwives severed ties with MANA to form another organization that would strive against perpetuating such marginalization. Ultimately Haley explained her broader theory for why white people—birth workers and otherwise—lack such awareness in the first place, and then why individuals allow this obliviousness to persist so easily.

I think that the thing about being white is that you don’t have as clear access to your roots as somebody of color because you are not, you’re not challenged on it. There’s no reason for a white person to the think about that because of the structure that we are in. Not because of their individual life but because of the structure that we are in. Men and white people and rich people don’t have to think about that. Women, queer, transgender folk, poor people – we have to think about these things every day.

The many, many stories that Patricia effortlessly recounted illuminated more manifestations of obliviousness in white birth workers than I could have imagined. Patricia spoke
pointedly about the paternalistic “Peace Corps mentality” of white birth workers who believe they are rescuing poor women and communities of color. She scoffed at the ignorance of white doulas advising poor women of color to eat more bok choy and bring their crystals to their birth, projecting their privileged culture on to their clients. She exposed the way birth workers avoid visiting the homes of their black clients because of the ideas and fears they have built up from popular culture about black communities. While these specific dimensions of obliviousness are extremely significant, I unfortunately do not have the time to delve into each. However, underlying many of these stories was Patricia’s understanding of obliviousness as a way of seeing the world that marks a fundamental difference between the way white people experience America and the way people of color experience America.

Patricia’s assertion was so convincing because of how stunningly complementary her stories both inside and outside of birth work were. In the stories Patricia is trying to process for herself how such a sharp distinction could exist between white people and people of color, a distinction demonstrated by obliviousness. A perfect example is how Patricia talked about the gentrification of Washington D.C. and the encounters with white people she has had as a result. At one point Patricia launches into a story where her and her daughter are driving home at night through a really rough part of the city where even in your car you must be alert. She describes not being able to believe her eyes as she watched a white girl on a bicycle with “a little basket and a little horn” riding down the street, completely carefree.

Traffic stopped – and all of us were like, oh I must be fucking tripping. We were in the car, the doors locked, keep your eyes forward to make sure you’re okay – and this girl’s on a bike. Blonde girl, 11:45 at night. The car stopped because she must be insane. No, she’s not because she knows nothing’s going to happen to her.
The utter disbelief that Patricia expresses at a seemingly simple encounter indicates how fundamental of a difference Patricia sees between herself and this white woman. This obliviousness to danger that the bicyclist embodies is incomprehensible to how Patricia has learned to see the world as a black woman. In contrast, this white woman must have had lived experiences that have taught her there is no danger to fear. And when traffic stops we see in Patricia’s story how the worldview of this white woman persists, her obliviousness maintained.

In a strikingly similar scenario to the bicyclist’s obliviousness amidst Patricia’s acute awareness, another story Patricia tells, this time in the context of birth work, further supports the concept of obliviousness as representative of a fundamental difference between white people and people of color. In this story Patricia describes herself as the “chocolate child” birth assistant on a team of white birth workers. As they all entered the hospital, the entire white team walked straight past the line of people waiting to show their IDs to the police officer in order to be permitted inside. Patricia stopped in disbelief at the actions of the white birth workers, and then proceeded to stand in line.

“That’s what the culture has done to me,” Patricia says, implying that American culture has taught her something different as a black woman than what white people have been taught.

“Even if I decided to be bodacious enough to break the rule, they would’ve stopped my ass. The black cop would’ve stopped me,” Patricia told me. Twenty minutes later when Patricia finally made it into the hospital, the white birth workers asked her where she had been.

They said, “Where were you?” And I said, “In the line.” They said, “What line?” None of them saw the line...

None of the birth workers saw a line because their vision saw, oh, this is all black people. This don’t apply to me. Or they didn’t see it at all? See, I have no concept of not being able to see that. And they use the word “oblivious,” “oh we were just oblivious.” Well, how do you not get hit by a car being that oblivious? So it’s not seeing stuff that’s not
important to their survival. I don’t understand, I don’t understand because we have to see so much in order to survive. White people don’t seem to have to see anything, you know? And America’s kind of built around that.

Though being able to see a line of people versus being able to see danger in a rough neighborhood appear to be quite different degrees of seriousness, Patricia reaches the conclusion that obliviousness is about survival after telling this second story of the birth workers. I see this supporting the more broad based assertion that small instances of obliviousness, no matter their seriousness, are symptomatic of a fundamental difference in how white people and people of color experience the world, and thus how they each come to see (or fail to see some aspects of) the world. White people and white birth workers are oblivious because they can be, because they do not need to see as much to survive. Obliviousness is born out of privilege to become yet another privilege.

I found Patricia and Haley’s experiences and ideas of fundamental difference between white birth workers and birth workers of color an extremely compelling answer to the question I had entering into this research about difference between birth workers of different backgrounds. However, one question still lingered: can a doula still be an effective support person for a woman she is fundamentally different from? My interview with Patricia was an intense experience as I sensed her language shift accidentally back and forth, referring to white birth workers as a third party population and directly addressing me as belonging to that population. Whereas Haley said she did not “have a problem” with white birth workers supporting women of color, Patricia believed that on a basic level it was impossible for a white birth worker to sympathize with a client who is a woman of color.

You’ve never walked in the shoes of a woman of color. You don’t know what our lives are like. You don’t know
what it is like to be at a birth with a black woman who
gives birth to a male baby and starts to cry. Because she
knows that her chances of having that child for long are not
good. He may be dead by the time he’s 17. He’ll clearly be
in jail. He may be strung out on drugs or paralyzed from a
drive-by. That he’s going to be followed wherever he goes
for the rest of his life. That is chances for graduating from
high school are less than 30%. He has a 50% chance of
being in jail for longer than five years, and losing the right
to vote for which our ancestors died. And she sits there and
cries when her son is born because she knows what awaits
him and how few years she has to love him. If you ain’t
been there you can’t know what it’s like to be a black
woman. I don’t care how many black men you sAnnp with.
Because sAnnping with black men does not make you
black. Giving birth to black children does not make you
black. Your mama and daddy make you black. This country
makes you black.

Instead of white birth workers, Patricia asserts that birth workers of colors, as she says, should be
looked to for leadership on how disparities in care facing women of color should be addressed.

Not birth workers of color but birth workers of colors, for Patricia recognizes the ways in which
other minorities have been “kicked in the ass roughly the same way with a few variations, but the
same boot,” and as a result “stand in absolute committed solidarity with each other.” These are
the doulas best suited to care for the most marginalized women because, unlike white doulas,
they understand.

The women who are best prepared to lead the frontline
fight are the women who look like the women who need to
be served. And that’s just the way it is. We look like them.
We talk like them. We smell like them. We got the lingo
down pat... Black people have had to develop the
mechanism of existing in our world and the macrocosm of
the world. We’ve had to survive. And white people haven’t
had to.
This does not mean there is no place for white doulas, Patricia notes, in fact there are many ways white doulas could be good allies. However, it will not be comfortable work because it will require confronting the privilege they have and cutting through the obliviousness.

There are lots of things that white doula’s could do. But it involves taking a backseat and shutting up, and white people don’t like that. Taking a backseat and shutting up is not something white people do very well. And following the leads of others is something they don’t do well at all.

II. Visions of Birth

One of the principle curiosities that led me to take up this research was wondering how doulas come to understand the work that they do after they have been practicing for some time. How does witnessing all of those births, being there for women during this process affect a doula’s ideas about the work she is engaged with? What is being a doula accomplishing and how exactly does she come to relate to her role in terms of those accomplishments? I saw this as a kind of wisdom I could not possibly know, a wisdom that came with time and experience.

Clearly it would not be possible to represent all of the countless insights collected by doulas throughout this work, so bear in mind that what is covered below is only the tip of the iceberg.

An incredibly succinct vision of birth emerged from the experiences of the doulas I spoke with. In their eyes, birth holds potential for change. A few of the doulas talked about this potential in polarized terms, seeing the possibility for a positive experience or the possibility for a negative experience, specifically for the woman giving birth.

Patricia

Rita

Because [the time of childbirth is] a very raw kind of space, and I think about this a lot, you are at once very vulnerable to have your self-doubt or oppression is reinforced a lot of times in that encounter, but also your self efficacy or your
belief in yourself or others – a lot of positive things can be reinforced in that time too.

And for birth workers it is an opportunity to make it a political change. An empowering change. An enfranchising change instead of a disenfranchising change. It is a time where you have a woman, you have 10 – 12 months of a woman’s life [to make that change].

I see this polarization of birth outcomes, an obvious oversimplification, indicative of the tension these doulas see in the [adjective] experience of birth taking place under (or at least) alongside the hegemony of biomedicine. Especially in what Patricia says, I also see this polarized tension speaking to the way doulas see their role as witnesses to such unpredictable events not within their control but also as a force that has the ability to affect which way that scale tips. Stephanie gives the fullest description of the drastically different possibilities for the childbirth experience using her own experience giving birth, and the tension that exists between those possibilities.

One interesting point to flag is the way Stephanie talks about the polarizing effect the childbirth experience can have on a woman’s understanding of her body’s capabilities.

Stephanie

there are some doulas that just work with women on birth trauma, they go through experiences like the one I went through or something far worse than that, and they just can’t get past it. It makes them feel a certain way – it makes them feel disconnected from their children sometimes...they feel differently about their bodies and what they’re capable of...

And even with all that I learned in between having my first daughter and having my second, that first birth experience had so shaped the way that I felt about what my body was capable of, that when I thought about going to a birth center or having my baby at home, I couldn’t quite get there...I kept saying, what if my body does something wrong? What if my body doesn’t do what it’s supposed to? What my body really can’t –

And sometimes because of the model of care that we have it’s difficult to pinpoint where the sadness is coming from. Sometimes there’s just this feeling of sadness after the birth...After having a baby there is normal baby blues stuff, so I
figure if you have any sadness on top of that, it can be really devastating.

And it’s sad because birth has such a power to be a tantamount empowering experience in a woman’s life.

My 82-year-old grandmother said to me – and I think she’s beautiful – she says, you know, of my sisters, I was never the pretty one, I was kind of the awkward one, and I was never really confident in my looks or anything like that, I was a tomboy – and that’s just the way she talks about her self – but when I had Jamesie – who’s my stepdad – when I had Jamesie you couldn’t tell me anything. She was like, I loved being pregnant, I felt like a walking miracle and when I birthed him all by myself, I must’ve stood 10 feet tall that day, and I’ve never felt the same about myself after that, in a positive way.

She went on to have two more little boys. She was just like, you couldn’t tell me anything because I birthed these boys, I did this, my body did this, me and my body we worked together (laughs) and we did this, and I birthed my baby and I would never look at myself the same way after that. That experience it really changed what she felt she was capable of.

And I can totally relate to it because there are times when I’m not feeling well or when something is going wrong or when I’m trying something new, and I will call upon the fact that I gave birth to babies, particularly the second one completely naturally. I will call upon that with myself and remind myself – you gave birth. You birthed a baby. You could do anything!

And for women to be missing out on that feeling I think is just horrible. It’s just horrible. And especially for a woman who goes into the experience of pregnancy and labor feeling like that is the experience I want to have, I want to have that kind of experience, I wanted to be empowering like that, I wanted to be me and my baby rocking out – and then something else happens. I think there is really the potential in those situations for that mother to really suffer profoundly after that birth.

In many ways, the potential for such polarizing experiences is a result of understanding birth as a time of inevitable transformation. There is something so significant/formative/influential/powerful about this experience that there can be such extreme outcomes. This word “transformation” was echoed by three of the doulas describing the birth experience.

Rita mused about why birth is such a pivotal life experience.
And I don’t know why, I think that’s a question that I still can’t really answer for myself and something that I was trying to work out through these interviews with other doulas was why is birth or pregnancy or that spectrum particularly influential and able to be influenced. I guess it’s because of identity – it’s like a moment of passage in your life. Like, after you leave there were or are a different type of human after it, whereas if you break a bone it’s a medical encounter but it’s not like you are radically – or at least in our culture we don’t associate that with the radical identity change.

Patricia and Haley both talk about the transformation that happens during birth as a physical change, and it is, but that transformation extends far beyond what the eye may observe.

Because birth for everyone is an evolution. It is going from being one... It’s like a caterpillar becoming a butterfly. And it’s that way for every woman regardless of where you have your baby, how you have your baby, what your minds on. You go from being a caterpillar, you get pregnant, you build your little chryssalus, your body goes into itself to replicate itself. Meanwhile replicating itself in the baby form but changing you on the outside. You build a chryssalus, you have a baby, you eat your way out of the chryssalus, push the baby out, and you become a butterfly. You are not the same. It doesn’t matter if you went into it with conscious insight, you know, talking to the Buddha or, if you’re 17 years old, chewing gum. That change happens because that’s a physical change. It’s a hormonal change. It’s a neurological change. Your body doesn’t work the same way. Your nerves don’t work the same way. Your muscles don’t work the same way. Your organs don’t work the same way. So whether you are aware on a cognitive level that you have changed into another woman, you have. You have. You are preparing for this grand event which you kind of think is this one day event – but it ain’t. It’s the rest of your life... ahhh it’s not just a day! It’s the rest of your life! Psych out, you thought it was going to be a short trip, guess what? We fooled you, you know. It is. Birth is a physical location for a meta-physical change. And it happens to all
of us. Whether you’re looking for it or not, whether you are aware of it or not, whether you participate or not.

I think we all think about it and we know that it’s a big deal but we don’t think about how your body changes and how you change week by week, not just physically but emotionally. Like, there’s a whole transformation that happens to a woman when they’re pregnant and they give birth. Your life is totally different. If you don’t walk out of that transformed, you are numb, you know? I think that’s the case for a lot of women. A lot of women do become transformed in some way, shape, or form, it’s just that the medical profession is so focused on the biological aspect that sometimes the emotional and mental and spiritual transformation don’t get the attention that they deserve.

I was intrigued by the caveat that Patricia and Haley both make while talking about this transformation, that there is a varying degree to which women consciously participate in this transformation. This change that happens at birth is inevitable, but there is a degree to which a woman has the ability to take charge/ownership over that change for herself, and that degree is based on structural difference.

Those who are enlightened participate in that journey, those who are dealing with issues of food, shelter, paying their rent, staying alive may not be in tune because they are in tune with survival, they are not in tune with thrival. That’s my girlfriend’s expression. Survival versus the thrival. Many people are stuck in survival, they can’t deal with those upper level cognitive things like thrival. They are just trying to make it. And then for other women who are opened and anxious and safe and going on this physical journey, there’s a metaphysical journey of becoming a different person. Of spending the time growing yourself, doing your homework, getting your life together, eating well, exercising.

Women of color and marginalized women and any woman who doesn’t have the money to afford it – it doesn’t matter if you are black, anyone who doesn’t have the money, but disproportionately it is people of color, who are neglected and childbirth. And that got me really really upset. Because it’s childbirth. Why, why, why – why does it matter how much money you have if you deserve care? If you deserve
good care, if you deserve care that is compassionate, you know. Because it’s not that we’re not getting care, it’s just that we’re not getting the kind of care that having private insurance can get you.

Now that we have gotten a sense of how these doulas see birth as a transformation, as such a pivotal experience in a woman’s life to be enfranchising or disenfranchising, we can see the many reverberations that change at the site of birth can create. In a phrase, these doulas think that what happens at the site of birth has the power to change the world. The way Patricia practices her birth work, seeing the 10-12 months she is with a woman to do a full-scale inventory of her life and the people in her life so that they may locate things they hope to change. Patricia sees birth as a time for transformation on a community level, which can be nothing less than remarkable for marginalized communities.

This is the revolutionary part of birth. Not just the evolution of having a baby but the chance to change a family, and a woman, a community that’s been through a tough time. So having a baby can be a revolutionary act.

Jess also believes in the ability for birth to spur more broad-based transformation. While Patricia sees the window of time that a woman is pregnant as a time for the entire community to change, Jess places the impetus for change singularly in empowered women. It is those women that have the potential to change more than a local community but the world.

And I have this sense of—so from a political standpoint, women are so important, I think when women really unite and work as a group, the knots in this world is going to change. Everybody looks around and thinks we can’t do anything. We feel like our hands are tied up with issues of environmental destruction and issues of violence and class problems and, just social issues a world over. And I think that when women shake off the shackles and unite that’s the only thing that is going to change this world. I think that finding the intense animal power inside of themselves
that happens during childbirth is a very direct way to empower women.

For the last three doulas that believe transformation extends beyond the birthing room, their understandings are slightly more nebulous as they think of the state of the world more generally. Haley focuses more on the child that is being born, and endows that aspect of the birth experience with significance. She connects the way we experience life for the first time with our individual futures as well as the state of the world.

I think that we forget that childbirth is important because it’s the beginning of our life. So if there’s anything that we should be paying the most importance to it is the first moments of our life. Because the way that you come into the world and your first couple of years of your life determine who you are for the rest of your life or who you are trying not to be. A lot of us are in therapy because of shit that happens — excuse my language — a lot of the crap that happens to us when we were growing up and were teenagers. We are in therapy, we’re all messed up. Why? Not because our mothers, it’s not our mother’s fault, it’s the society that we live in that’s constructed to strip women of their power so that you are disconnected and completely violated at birth.

If we’re setting up a life in a world where you are coming into the world violently, we’re not going to have world peace. It’s just not gonna happen. If you come into the world violently you are going to be predisposed to violence.

Rose had an interesting perspective on what is at stake when we talk about birth. She told me how if she were younger she might talk about political and social justice as it relates to birth, but with age she has let go of that kind of analysis. Her path towards Buddhism has influenced the way she sees birth relating to the world.

So even for people that don’t realize what they’re doing and how they’re contributing to the universe with what they are doing I see it as a contribution to the universe in ways
that go beyond the political or the social or the personal in this world. Because when you see those little babies you just look at them and you look in their eyes and you look at the parents and the baby and all that love... Studies show that everyone in the room when a baby is born has an increase in their endorphins and their beta endorphins, so there is physiologically speaking an increase in love in the room at that moment. So the more of that that you have in the universe the better.

Finally, in a similar vein, Ann sees the myriad issues wrapped up in childbirth, where simple lines of causality cannot necessarily be drawn.

And then another piece of it for me is just thinking about how different things are connected in the world. How different problems we experience are connected. Does degradation of the environment connect to how we have our children? I think that’s something pretty big that we have to unpack and think about. And the way that we treat women in this pivotal experience is big in how they are going to live out their motherhood and think about their children, I think. Is your birth forced upon you or is it something that you take for yourself? It’s hard to say, is that going to have huge ripples through your life or is it just going to be a nudge in the right direction, but I think it could make a difference. So I think it’s these small little things that you are fighting for to hope to make better things, is sort of how I see my activism too. You know, we’re going to fight for one little thing and that gets the ball rolling on other things.
Conclusion: The Future of Doulas and Liminality

After all of this discussion about doulas and liminality, I would like to conclude this paper by drawing attention to what a liminal phase the profession of the doula is in currently in the U.S. There is much discussion on the professionalization of the doula, and what that means for the role. As of now it is not possible for doulas to make a living off birth work only, a fact that affects who can become a doula. The growing trend seems to be for middle- and upper-class women—those who have the resources, the time, and the privilege to be doulas—to increasingly professionalize. This professionalization includes marketing their skills in competition with other doulas. I understand these strides towards gaining a living wage for this kind of work, but I see a serious danger in complying with capitalism. It is my hope that the doula movement recognizes this danger, and takes some of the advice of Patricia and Haley.
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