Spring 2001

Wise Women's Health: Constructing "Wholism"

Annie Farmer

University of Pennsylvania

Follow this and additional works at: http://repository.upenn.edu/anthro_seniortheses

Part of the Anthropology Commons

Recommended Citation


This paper is posted at ScholarlyCommons. http://repository.upenn.edu/anthro_seniortheses/17

For more information, please contact repository@pobox.upenn.edu.
Wise Women's Health: Constructing "Wholism"

Disciplines
Anthropology
WISE WOMEN'S HEALTH: CONSTRUCTING "WHOLISM"
By
Annie Farmer
AN UNDERGRADUATE THESIS
In
Anthropology

Submitted to the
Department of Anthropology
University of Pennsylvania

Thesis Advisor: Melvyn Hammarberg
2001
Abstract

In this paper I examine the unique culture of The Wise Women’s Center, a community education space centered on the issues of women’s health. In particular, I have focused on the construction of health embraced by the women who work at or teach at the center. I spent four months conducting fieldwork at the center, interviewing women, attending workshops, and sitting in on discussion groups. Through this series of interactions I became aware of some of the central elements involved in the center’s construction of health, the elements that are most fundamental in its educational program. Based on these elements I offer a reading of the construction of health as “wholistic” in that it combines holistic, biomedical, and feminist theories.
years ago by a group of women living in West Philadelphia, the community center's workshops and classes range from Shiatsu massage to creative writing. The variety of opportunities available, including support groups and discussion groups, are designed to support and promote all aspects of women's health. The women of the center (the small staff, volunteers, and all of those women who attend its events) are diverse in terms of age, color, and class, and also in terms of experience with alternative health paradigms. Many come from the neighborhood in which the center is located, a predominately African-American community near a major university; others come from surrounding areas, drawn because of its connection to the university or simply because of its unique focus.

I too was drawn to the Wise Women's Center for these same reasons. But I was also curious about how such a space functions. When I first heard about the center my reaction was immediate and instinctual: such a center was desperately needed. At the time I knew little about the philosophy the center embraced, but I knew the area lacked communal spaces for women, especially those related to health. After a very positive initial experience, but without a great understanding of what I was becoming involved in, I made the decision to spend more time there and to make this time the focus of my study. I hoped that a research question would soon occur to me because, although I felt the center was unique, I was not yet sure why.

In doing research for her book *The Woman in the Body*, Emily Martin describes one challenge of interviewing women about their bodies, saying "over and over again, what women told me seemed at first like so much common sense" (Martin 1987:21). Native anthropology, the study of members of a community in which one is a part, was
for many years dismissed as an impossibility. One reason is that which Martin describes. When the anthropologist shares a cultural perspective with those she studies, a danger lies in the possibility that because what she observes is not exotic or different, because it mirrors her value system, she may accept it without considering the cultural lens that has shaped her viewpoint. Despite this danger, native anthropology has recently been lauded for the unique advantages the emic perspective may provide. As a woman, as a feminist, and as someone who has personal experience with various health models, my perspective on what I observed at the center was in many ways an emic one. However, this fact did not result in a struggle like that described by Martin. Although I observed much that was familiar, practices, principles, and discourses I had encountered before, the way that they were combined was completely new to me. I realized quickly that this is what is different about the center, the way diverse perspectives and diverse philosophies are woven together to create a unique culture. Because the Wise Women’s Center is primarily an educational space, this culture is dynamic; it is continuously reshaped by the women who come to teach and come to learn. In order to untangle meaning from this web of beliefs and practices, I have tried to determine what ideals are most central to this culture by considering what it is that the women working at and running the center want other women who spend time there to learn.

Before continuing, I must reengage the issue of perspective because it has indelibly shaped my study. Over the course of the last decade the myth of anthropological objectivity has been exposed, and the new requirement of reflexivity in cultural studies demands the anthropologist be attentive to her subjectivity. My identity, as a woman, as a feminist, as a white person, and as a student has without question
colored my experience at the Wise Women's Center. On the most surface level, if I were not a woman I would not have been able to spend time at the center. Because I am a woman however, the subjects that are central to my study and to the center are important to me. I tried to reflect on my experiences with women's health while I was observing and participating in the center's activities and consider the ways they might lead me to be sympathetic to or critical of the center's model of health. Finally, being white in a predominately African-American community, and a student in a community that has had a strained relationship with the university I attend, has also shaped my experience. Some of the women at the center may have been skeptical of my work or suspicious of my intent. I have tried, however, to always be open and honest about my research. As such, I never encountered any open resistance to my work.

Methodology

I conducted this study in the classic method of ethnographic research, participant-observation. My research took place over the course of approximately four months. During this time I attended workshops in healing arts such as Reiki and Shiatsu, attended informational classes on subjects related to health, sat in on administrative meetings, and interviewed women both formally and informally about their experiences at the center. Because my concern was with the center's "official" construction of health, the majority of my interviews were with women working at or teaching at the center. The results presented here are in the form of excerpts from interviews and field-notes. Because of the short period of time I spent at the center, and the complexity of the subject of my study, my research should only be considered an introduction to the subject.
Historical Background: Thinking about Health

Integral to the various health belief systems that describe health and illness in differing ways is the understanding of the human body and how it functions. The health care system of the United States is based on the biomedical model (also referred to as the allopathic model or “conventional medicine”), a “technology-oriented medical model that dominates health services in the West” (Sherwin 1998:3). Most histories of this model trace its development to the eighteenth century and the Enlightenment. In this period, the notion of separation of mind and body (most often attributed to Descartes) gained acceptance in the West, as did the themes of the “superiority of rational over intuitive or mystical modes of thought” and the “primacy of the natural sciences” (Alster 1989:12). During the Industrial Revolution, the “fixation on mechanistic manipulations of the environment” carried over to the body as well. Over the course of the last centuries two centuries, biomedicine (in the larger context of all scientific pursuits) has grown to become the dominant model for understanding health and now “enjoys the approval, cooperation, and protection of the country’s legal system and other supporting social institutions” (O’Connor 1995:5). Beyond these official forms of approval, science in general is “idealized as possessing a clarity of viewpoint and an unimpeachable rigor of method that inherently surmount cultural values and interest-group bias.” It is “portrayed as objective and value-free”, and has consequently acquired “unsurpassed cultural authority” (O’Connor 1995:14).

Despite the dominance of the biomedical model of health, other models exist and thrive within Western communities as well. There has been a proliferation of terms used to describe these health belief systems including holistic, traditional, alternative,
Feminist Engagement with Health

This recent rise in popularity of holism and related models of health has been linked by some to failures of biomedicine. Some critics of the biomedical model argue that the history of conventional medicine is a history of oppression. Among the loudest of these criticisms have been those of feminists. Specifically, they have critiqued “the tendency of medicine to take power and control over health matters away from those who are most directly affected by its interventions” (Sherwin 1998:4).

During the 1970’s a women’s health movement developed in response to this sort of dissatisfaction with the traditional health care system. Believing “control over women’s bodies had been usurped by the male-dominated, profit-oriented health establishment”, some women decided to fight back (Schneir 1994:353). Our Bodies, Ourselves, a book first published in 1970, as the result of a small discussion group in Boston, was one such act of resistance that became very influential in the movement. A small group of women, frustrated by doctors who they found “condescending, paternalistic, judgmental, and non-informative” and disturbed by their lack of understanding of their own bodies, began to conduct research in subjects that pertained to their interests in women and health (Schneir 1994:352). These women wrote openly about subjects ranging from childbirth to lesbianism, sharing research and sharing powerful experiences, thereby opening the eyes of many women to the possibilities of alternative way of looking at their bodies and their health.

The goals of the Wise Women’s Center are closely aligned with those of the Boston Women’s Health Book Collective. The honest and open approach they take to learning and teaching about their bodies is being employed in their efforts to educate the
women of West Philadelphia. Some of the critiques of the biomedical model expressed above are repeated, explicitly and implicitly, everyday at the center. In other ways the biomedical model is not rejected, but embraced along with alternative models of health. By looking at how the women of the center understand health, I examine how a “wholistic” construction of women’s bodies and health, informed by feminism, frames the experiences of the women who spend time at the center.

A Theoretical Framework

Before looking more closely at the Wise Women’s Center, I will present a brief overview of some theory that is useful in framing the construction of health for the women of the study. The theory I include has been important in feminist treatments of the body as well as in medical anthropology.

Most examinations of conventional medicine from a feminist perspective are framed by certain assumptions of feminist thought: an understanding of gender as “an important feature in how individuals experience the world” and recognition of the systematic oppression of women in societies where they are “placed in subordinate positions with respect to economic, political, legal, and social structures” (Sherwin 1998:2). Additionally, most of the critiques stress the diversity of experience among females based on the divisions of class, ethnicity, age, and sexuality and the roles of other factors. Although within these arguments women are not portrayed as victims rather, they are often portrayed as agents who are able to resist and overcome their oppression). criticisms stress the role played by medicine in perpetuating some aspects of women’s
oppression. What follows are three differing, but related concepts that can each illuminate elements of the way the center functions to create a wholistic view of woman.

Social Constructionism

Social constructionism, a postmodern theory that has been employed by many feminists involved in anthropology and gender studies, challenges many of the Enlightenment-derived ideas that continue to pervade discourse in social theory. At the core of this perspective is its challenge to the idea that “reason and science can provide an objective, reliable, and universal foundation for conceptions of both the self and reality.” (Unger 1989:2). In a volume on social constructionism in psychology, Keith Gergen includes the following among the basic assumptions of the orientation:

1. The view that what we know of the world is determined by the categories we possess to define it.
2. The idea that the terms by which the world is understood are social artifacts, products of historically situated interchanges among people.
3. The view that forms of negotiated understanding are of critical significance in social life.

(Unger 1989:3)

Considering the social constructionist orientation in studies of gender is important because gender itself is a “major social category that functions in a complex variety of ways to influence behavior”, including behaviors related to health (Unger 1989:3). Feminists argue that these constructions often reflect cultural stereotypes. In Cheryl Travis’ book *Women and Health Psychology*, she examines feminist criticisms of health care including the argument, “The institution of medicine has contributed to a social construction of women’s biology and associated stereotypes” which, “[have] actively contributed to oppression of women” (Travis 1988:26). This criticism is echoed in Emily Martin’s look at construction of the female body from the perspective of medical
anthropology, *The Woman in the Body*. Martin argues that although there is a
tremendous amount of diversity among women, all women share some experiences; “all
have female bodies and experience common bodily processes such as menstruation and
child birth” and consequently “all are affected in one way or another by medical and
scientific views of female body processes” (Martin 1987:5).

*Relational Autonomy*

Another term which has been widely used in describing people’s (especially
women’s) experiences with medicine is *autonomy*. Autonomy is defined as “immunity
from arbitrary exercise of authority; political independence; personal independence” and
has been traditionally used in medicine in discussion of issues such as patient compliance
(Wordnet 1997). A new understanding of autonomy has recently emerged that argues
that autonomy “is defined and pursued in social context” and that this context “affects
opportunities [an] agent has to develop or express autonomy skills” (Mackenzie 2000:
260). In her book *The Politics of Women’s Health*, Sherwin argues that autonomy, “as it
is most commonly understood fails to address ways in which oppression may contribute
to the range of choices available and may affect the weight an oppressed person must
assign each option” and therefore should be defined relationally (Sherwin 1998:2). This
perspective is valuable because it takes into account the social and political structures,
such as sexism, that affect a person’s autonomy. Relational autonomy is based on the
idea that oppression “functions in a complex, often invisible ways, affecting whole social
groups rather than simply disrupting isolated individuals” (Mackenzie 2000 259).

Oppression affects autonomy because it “tends to deprive a person of the opportunity to
develop some of the skills that are necessary to exercise autonomy by restricting her
opportunity to make meaningful choices and to have the experience of having her choices respected” (Mackenzie 2000:262). Additionally, oppression can lead to “internalization of sense of social worthlessness and incompetence that is translated into a lack of self-worth and self-trust”. Many “accept society’s devaluing of their personal worth on at least an unconscious level” and this interferes with their ability to act in their own interest (Mackenzie 2000:263). Because exercising autonomy “involves reflecting on beliefs, values, desires, and making reasonable decisions in light of them, and acting on those decisions” a person’s trust in her judgment is essential to this process (Mackenzie 2000:263).

There is wide agreement throughout the biomedical community that patients should make autonomous decisions about their health-care to the greatest degree possible, but critics argue the historical response to patients who were seen as having less autonomy has been a degree of paternalism. The danger of paternalism lies in the “significant distortion of patient’s real interests” that may result (Mackenzie 2000: 265). Because health-care settings are generally already sites of uneven power differentials, “doctors exacerbate this when they further consolidate power in relation to a patient” (Mackenzie 2000: 265).

*Agency and Communion*

The third concept that is helpful in framing the discussion of practices at the center is the relationship between agency and communion. Bakan was the first to suggest that there are two fundamental modalities that describe human experience, agency and communion. According to his definition, agency “emphasizes a person’s individuality and separateness” and is manifest in efforts at self-expression, self-control,
and self-direction (Unger 1989:100). Communion, in contrast, is defined as “the participation of the individual in some larger organism of which the individual is a part” (Unger 1989:101). In their *Case Studies in Women’s Lives* Stewart and Malley argue that “the simultaneous, or balanced, presence of opportunities for direct agency and mutual communion provides women the greatest satisfaction and mental-health” while the imbalance of these features may lead to “illness or tension” (Malley 1989:64).

**Constructing “Wholism”**

Let us begin by looking at how our major social categories have been described by social historians and anthropologists at the level of the social whole, at the level of “person”, and at the level of “body”. We will see that a dominant theme in studies of modern representations of the world is that these divisions constitute fragmentations and pieces of something that was once whole or would be better if it were whole.

[Emily Martin from *The Woman in the Body*]

This theme is central to the culture of the Wise Women’s Center. Reformulating women’s perceptions of themselves as whole is the goal of most of the work done at the center. I have chosen to use the word “wholistic” to describe the center’s construction of health rather than the word “holistic” because the center’s philosophy extends beyond traditionally defined “holism”. While several holistic concepts are central to the center’s discourse, as I demonstrate below, other models including the biomedical model are not rejected entirely. Feminist notions of the body are also central to this construction, as is the role of community, a principal that has generally been considered absent from holistic
understandings of health. Because of the integration of these diverse views, I argue that the Wise Women’s Center’s cultural construction of health is “wholistic”. Through an examination of some of the center’s central focuses I will demonstrate that it is this wholistic construction that is at the core of the center’s educational goals.

Unity of Mind and Body

A glance at the calendar of events for a two-month period at the Wise Women’s Center reveals a wide variety of activities including the following offerings: *Eating Vegetarian Potluck Discussion, Fertility Awareness, Family beyond the Walls: Support for those with Loved Ones in Prison, Kick Your Cold Using Your Kitchen, Hatha Yoga, Sister Circle,* and *Beginning Knitting.* This array of opportunities is not unusual. The programming director, Shante, explains that because it is a community center she tries to have a “communal mindset” when developing programs. There is an “open format” in which any woman who comes to the center can request particular programs she would like to see offered. Shante feels strongly about the value of every woman’s “input”. Her articulation of health as something to be “embraced” without making the “mind, body, and soul compartmentalized” is reflected in the classes the center offers. She stresses that at the center they “don’t cure anyone”, they try instead to “empower people through education to make better choices for their body.”

Other women working at the center also speak about integration between mind and body. After leading a workshop about Shiatsu massage, Linda described the benefits of this healing art as going beyond helping with relaxation and reduction of stress. She explained that because of the connection between the physical and emotional parts of a person, shiatsu “can make someone aware of a problem that needs to be addressed.”
Linda illustrated this idea saying, “When you talk to a patient about what they felt, there may have been a tension in the shoulder that might let them know that there is something that is causing them stress and needs to be worked on.” She believes that different parts of the body are symbolic of different parts of one’s life, explaining that, “a tension in the leg might mean a blockage of forward movement in one’s life.”

A related conception of the body arose from discussions with Sarah, a Reiki practitioner who leads classes at the center. She initially explained the practice of Reiki as “using the force of universal energy to heal”. She then added, “that’s the esoteric definition, something that is probably hard for a lot of people to understand.” She prefers to think about it in a different way: “everyone has a part of them that’s really relaxed, that comes out after a good shower or loving encounter...just being in that good place, that’s Reiki.” Sarah later referred to Reiki as “taking [her] spiritual vitamins.”

A closer examination of both the activities offered at the center and how these women describe them demonstrates how the women at the center construct health. The same calendar of events advertises Hatha yoga with the invitation to “Start your Saturday with this one hour yoga class, and discover the health benefits- physical, mental, and spiritual- of this practice.” The message here is explicit- the unity of the person. The benefits of yoga that extend to the mental and spiritual parts of a person are considered “health benefits” as well, not just those that are physical. Family Beyond Walls is described as “a support group for those dealing with the absence and experiences of their loved ones in prison” where you can “share your worries, sadness and anger; or learn more about how to support others going through such a loss.” The inclusion of support groups at the center highlights the value the organization attaches to mental health.
Emotional healing through sharing of experience is a central part of the services provided there.

Unity of the person is also a theme in the women's descriptions of their health practices. Both Linda's analysis of how Shiatsu works and Sarah's reflection on Reiki resist any separation between mind/emotion/spirit and the physical body. Linda begins her explanation by citing the connection between the physical and emotional parts of a person. Her statement that "a tension in the shoulder" might be a physical sign of something that was wrong emotionally implies that the body has and reveals knowledge about the mind. Although Reiki is used as a treatment for physical health, and Sarah treats illnesses that range from a pulled hamstring to cancer, her description of Reiki was not grounded exclusively in the physical. A "loving encounter" is an emotional experience and attaching such imagery to Reiki emphasizes the nonphysical aspects of the practice, as does the term "spiritual vitamins", a direct reference to another part of the self engaged by Reiki, the spirit.

Within the discourse that surrounds health and healing at the center, mind/body connection is central. The idea that health is the "proper functioning and integration of all components of the human being, with body, mind, and spirit working together as a harmonious unit" is a fundamental of holism (Levinson 1997 152). Holistic therapies also "see the body as a source of knowledge of health for the individual and seek to cultivate it" (Levinson 1997 152). Based on the correlation between the way the women described their work and these two defining characteristics of holism, their construction of health and healing clearly borrows from the holistic tradition.
The Female Body Reconstructed

Learning about our bodies in this way really turned us on. This is an exciting kind of learning, where information and feelings are allowed to interact. It has made the difference between rote memorization and relevant learning, between fragmented pieces of a puzzle and the integrated picture, between abstractions and real knowledge. We discovered that you don’t learn very much when you are the passive recipient of information. We found that each individual’s response to information is valid and useful, and that by sharing our responses we can develop a base on which to be critical of what the experts tell us. [Boston Women’s Health Book Collective 1994:357]

At the Wise Women’s Center, the construction of the female body is central to their understanding of women’s health. The following excerpt from my field-notes recounts one encounter with this construction:

During a class on vaginal health Lisa, a white woman in her thirties who works as a nurse practitioner at a reproductive counseling clinic, brought in a three dimensional model of the reproductive organs. As we sat around a small round table, she used the model to demonstrate how a pap smear was given, how the reproductive organs function, and how different methods of birth control work to stop reproduction. Other women added information as Lisa talked. When she had finished her presentation, Carrie, an African-American woman who appeared to be in her forties, asked Lisa about the consequences of a tilted uterus. Lisa explained that a large percentage of women are diagnosed with a tilted uterus and that there are no serious health problems associated with it. Carrie then related a story about a visit to her gynecologist years before. After her examination the doctor had announced that she had a tilted uterus and that she would probably have to have a hysterectomy. Carrie was very upset by the news, but since that time she had never experienced any problems as a result of her condition. Lisa apologized for the doctor’s error and explained that the uterus was a very flexible piece of muscle. She demonstrated the way that it would rearrange and reposition itself during pregnancy itself without trouble. She then reiterated that a tilted uterus was very common and was not alone reason for alarm.

This episode illustrates important aspects about the way the female body is constructed at the center. Returning for a moment to the excerpt of Anne Sexton’s poem In Celebration of My Uterus, with which the study began, we can place the experience of Carrie in a wider context. Beginning with the lines “They wanted to cut you out/but they will not” Sexton creates opposition between the speaker and “They”. She then asserts control by her refusal to surrender to the desire of the collective “They” (who we can
assume refers to her doctors). The lines that follow, “They said you were immeasurably empty/but you are not. They said you were sick unto dying/ but they were wrong.” establish the speaker as having access to information about her body that the “authorities” lack. The images of the doctor’s vision of the uterus as “empty” and “dying” stand in great contrast to her vision; “You are singing like a school girl./ You are not torn.”

Carrie’s experience is very similar to that described by Sexton. She was presented with an image of her uterus as unhealthy, and because her uterus is positioned in a way that is not “normal” she was told she would have to have it removed. Lisa’s reaction to this account is telling of the alternative way that women at the center understand their bodies. She immediately stressed the high percentage of women with a tilted uterus and explained the resilience and strength of the organ through birth imagery. By emphasizing these positive aspects of the female organs Lisa is refuting constructions of the female body as weak and malfunctioning. In The Woman in the Body, using examples from medical textbooks Martin notes the historic portrayal of female processes as abnormal. Repeatedly, menstruation is constructed as “failed production” or “production gone awry, making products of no use”(Martin 1987: 57). Similarly, in depictions of menopause the ovaries “regress” and are described as “unresponsive”, while the hypothalamus gives “inappropriate orders”(Martin 1987:58). By educating women about how the body functions and presenting these functions as healthy and normal, the center is rejecting misogynist ideas about women’s bodies and reconstructing the female body with its students. This includes a rejection of equating anything uncommon with illness. A tilted uterus is by definition aligned incorrectly, but Lisa stresses that just because it is positioned differently does not mean it is “unhealthy.”
Providing women with education about themselves empowers them to have confidence to interpret their own experiences rather than relying on someone else’s interpretation.

Lisa repeatedly stressed that she was not the only educator, that she was learning from us too. Several times Lisa revealed that coming together and sharing the knowledge that we all had was an invaluable form of education. In addition to the group asking her questions, she asked questions of us. Sitting around a kitchen table, the informal setting of this health “class” felt nothing like a classroom. The traditional structure of authority was absent because Lisa was not the only expert, we were all experts. Because every woman has a body that contains knowledge, she necessarily has wisdom about her own body. Feminists have argued that “women possess important knowledge about their own health experiences that is not readily accessible to, or accepted by, most health professional ‘experts’” (Sherwin 4). The dialogue that was at the center of this class gave women a venue to share their voices, to be heard and have their contribution valued.

Later on curing the same class another topic was discussed:

Lisa asked if all of us were familiar with Kegel exercises. Only one woman answered yes, so Lisa went on to explain what they are and what their benefits are. She told us they were exercises to increase the strength of the vaginal muscle that involved a tensing and releasing of the muscle and that increasing the strength of the vaginal muscle both deters the onset of urinary incontinence and increases sexual pleasure.

This second excerpt speaks to another theme in depictions of the female body. In her book, Martin presents the argument that women “suffer alienation of parts of the self much more acutely than do men.” Some claim a large piece of this alienation is the product of the fact “becoming sexually female entails inner fragmentation of the self”; a woman must “become only a physical body to be sexual” (Martin 1987:21). The discussion of sexuality led by Lisa presents a very different image of female sexuality. The topic of Kegel exercises is discussed in the context of health. The ability to have
pleasurable sexual experience is framed as an important piece of a healthy female body. The discussion of sex in an open and honest way implies female sexuality is not something to be embarrassed by and that a woman should embrace her sexuality as part of her whole self and as playing an important role in her health.

**The Role of Community in Health**

The value of community is articulated over and over again at the center. When I asked people about why they came to the center and why they thought others came, community was inevitably a part of their answer. One woman told me, “I think women come here first and foremost because it’s an important community to be a part of. It’s important to have their wisdom celebrated and also to bear witness to other people’s.” She went on to say, “we’re used to being censored...And here it’s the kind of place where you can be who you are and just let it all hang out. There are some days when people are in crappy-ass moods and they’re allowed to be. Whereas in the rest of the world if you’re in a bad mood people don’t have much tolerance for it. They want you to get over it. You’re sad, stop it. You’re in pain, take an aspirin.”

Shante expressed a similar sentiment when she described the center as a “safe space” where “you don’t need a social security number or ID. You can come be who you are and that’s accepted.” Beatrice, a fifty year-old African-American who is in charge of outreach, explained the center as “a support system” of a group of “like-minded women.” She shared plans to expand programming so that the women can do things like travel together as well.

These three women’s comments each point to features of the Wise Women’s Center that make it more than an education center for individuals, that stress its role in
building and educating a community. The first two descriptions stress the acceptance of women find at the center. This acceptance is tied to the educational function of the center. Because there is an exchange of knowledge and each woman is believed to have something to contribute, each woman is valuable. She does not have to change or mask her emotion, she is accepted as she is, as a whole. This acceptance by the community of every woman, in her entirety, is linked to healing. Returning to the center’s mission statement, health is defined as “the emotional, spiritual, mental, physical, and economic well being of each woman in the context of her family, culture, and community”.

Community is explicitly implicated in a woman’s health, without a positive integration into the community, a woman is not healthy.

One common criticism of holistic theory is its “excessive concern with personal health” (Alster 1989:96). Although some “acknowledge the influence of social and environmental influences” “people are left to rely on themselves” (Alster 1989:96). With this focus on the health of the individual, the health of the group is a topic rarely given attention. Clearly, the center’s focus on the community’s health and the importance of community to individual health is a rejection of a more narrow view.

This important element in the center’s construction of health extends beyond discourse, the effects of the practice of this principle are evident. The following excerpt comes from a beginning workshop on Reiki, a Japanese healing art that involves the transfer of energy. During Reiki circles at the center, one woman lies on a table while other women lay their hands on or above her.

*When we felt like we were ready we could approach the table and begin. We were to simply place our hands on her body and allow the energy to flow through us to her... I was surprised by how uninhibited people were. Right away almost everyone stepped close to the table and began to touch Mary.*
Sarah who was leading the circle, later described her experience that day as “very communal”, “like a group of sisters giving each other love.” The willingness of women to participate in this exchange of energies, their eagerness to help in the healing of each other is a reflection of their desire to be a part of this community. Asking them to contribute to the healing of another affirms their value as a member of the group and enhances their sense of what Bakan described as “communion”.

**Embracing the Whole Woman: A Construction of Birth**

Although the Wise Women’s Center does not offer birth care, midwifery or any other types, the subject of birth is given much attention. The birthing process and proper prenatal and postnatal care are often topics of workshops and support groups. PALS, Philadelphia Alliance for Labor Support, a group of women who offer labor support without charge, is a “sister organization” to Wise, that shares many members and holds meetings in the center. In addition, there are several certified midwives or midwives in training that are involved in the center (either on the board of trustees or on staff). For all of these reasons there is a great deal of discourse surrounding birth among the women of the center. From this discourse emerges a construction of birth that is an illuminating example of the center’s wholistic vision of health. Discussions about birth with women at the center (including members of PALS) repeatedly revealed that the elements that surfaced as central to health in general, also figured importantly into the construction of birth.

**Birthing and Mind-Body Unity**

Rachel is in her late twenties, has worked at the center since the time of its opening, and is currently in her last year of study to become a nurse-midwife. She was
eager to discuss the model of birth that she has most often encountered within the hospital system and her problems with it. In reference to the *Act of Management of Labor*, Rachel explained, “Latent labor is this many hours and active labor is this many hours and pushing is this many hours...So a lot of the care that’s delivered is making sure ‘Oh god, we need to get her moving’ or ‘Oh god, she’s been hanging around’. You know sometimes your body is just doing its thing.” Rachel’s critique of the birthing she has observed focuses on physicians’ attitudes. By compartmentalizing the process, rather than looking at it as a whole, she feels many doctors objectify the mother, not valuing the body’s ability to function on its own. Her statement that the “body is just doing its thing,” is intended to reverse this by privileging the body’s wisdom over that of doctors.

Rachel’s frustration is based on a conception of birth that relies on the body as a machine model. Emily Martin frames her examination of the birth process within the same metaphor. Martin looks at reproduction through a Marxist lens, comparing it to capitalist production methods. In this comparison the woman giving birth is constructed as a laborer whose uterus is an involuntary muscle or machine that produces at a certain pace. Continuing with this metaphor, the doctor is constructed as the supervisor and the baby as the product of this process of production (Martin 1987:70).

The meaning of birth that emerges from this model is in stark contrast to that described by Rachel. She explains, “good birth experience contributes to a better relationship with the child, not just right away but like a longer term better relationship, more positive parenting, higher self-esteem for the mom, and overall better outcomes. Good birth is good for society.” The physical act of giving birth has great emotional and spiritual consequences according to Rachel. While the mechanistic model of birth
described by Martin, only describes the actual physical process of giving birth, Rachel’s recognition of long-term effects, implies birth is experienced on multiple levels.

**Birth as a Natural Process**

In further discussion of birth Rachel mentions another critique of the dominant cultural construction of birth:

*Basically I get frustrated with people who look at birth as if it’s a disaster waiting to happen, or something bad that’s happening to the mom, or something she has to get through to have a baby. It’s not. It’s hard that’s why we call it labor. Labor is hard but its not like a hurdle you have to clear. There is really a lot of romance in the actual experience itself...I really believe we need to ask people what their experience means for them.*

It is clear Rachel rejects the notion that birth is not a natural, positive, normal experience. She understands birth as process with value not a “disaster waiting to happen”. Martin recognizes a similar cultural view that “even normal labor is intrinsically traumatic to the baby” and connects this to the belief that cesarean sections produce “better-quality babies”. Martin traces the idea from a “description of a nineteenth-century gynecologist of the uterus as a death missile” to “contemporary efforts of doctors to ease the terrible experience of birth for the infant by dim lights and warm baths after birth” (Martin 1987:64).

Standing in contrast to these models of birth is that embraced at the Wise Women’s Center. Rachel explains, “We don’t treat birth as a pathological process. We look at it as a perfectly natural and emergent situation, an opportunity to grow and embrace power.” She emphasizes these ideas, saying, “Birth is normal. Birth is natural. Birth is a rite of passage. Birth is sacred.” This is the understanding of birth embraced by the center, a vision they share by providing women with information about midwifery and through their connection to PALS. The women who are members of this alliance
have, for a small fee, received training and been officially certified as “dulas”, individuals who provide emotional and physical support to mothers during labor. PALs was begun by students of nursing and midwifery who wanted to experience births, and wanted to provide this service at no cost to others.

Minutes into the PALs meeting I attended, it was clear that birth as these women had experienced it in hospitals, as nurses and as students, disturbed them greatly. The six women exchanged accounts of what they felt were unnecessary cesareans and epidurals performed without consideration of other alternatives. After some informal discussion about these experiences, one woman asked the others to share a positive experience they had recently had. The first woman who spoke reflected on a birth she had seen that week. After watching three women have cesareans sections, she was “feeling really down” until she was called in to help a woman delivering twins. She had never seen the delivery of twins before and was really struck by “the immediate connection between the mother and babies”. Although she mentioned that they were premature and consequently small, she spoke more about how “they just seemed so comfortable with each other” and with the mother.

The language the dula uses to describe birth reveals a different understanding of birth than that of the biomedical model, a model that engages the whole woman as an important actor. She recognizes birth as more than just a physical process by focusing on the emotional attachment of the babies to the mother and to each other, rather than on the physical act of delivery. The delivery is not described as a traumatic event, although it was evidently an early birth, but is framed as a natural, beautiful one.
Birth as Empowering

During the PALS meeting, the topic of the “rights of the mother” arose again and again in various contexts. One woman shared that she had witnessed a physician trying to give a mother an epidural while the baby’s head was crowning. Another woman spoke about the conflict that ensued after she reminded a doctor that if a mother was not able to sign her name, she was not in the condition to give consent. Still another dula shared that a mother told her, “I went to prenatal education at HUP and they told me I couldn’t refuse a needle.” According to the dula, the woman really did not want a needle and was relieved to find out she had the power to refuse.

Women have been concerned about the oppression of women in the delivery room for some time. In Our Bodies, Ourselves the authors describe their experiences of childbirth:

“In this country we are denied control over our very own personal childbearing experience...In the hospital we are depersonalized; usually our clothes and personal effects, down to our glasses and hairpins, are taken away. We lose our identity. We are expected to be passive and acquiescent and to make no trouble. (Passivity is considered a sign of maturity.) We are expected to depend not on ourselves but on doctors.”

The experiences of the dulas seem to confirm the above description of birth. Feminists worry that confusion like that exhibited by the mother unsure whether she had the right to refuse a shot leads to abuse of women’s rights. If a woman is not educated about her role in birth, the most important role, she is forced to rely on doctors and rendered powerless.

The women of PALS and of the center are working to another type of birth experience. In our discussions about the role of the dula in the delivery room one woman explained, “I don’t advocate directly with the care providers on behalf of the patient or the mom or the client or whoever it is in the particular situation. I really try to encourage them to do it for themselves.” Rachel also addressed issues of the mother’s agency when she shared,
“Certainly when I first started falling in love with labor (laughing), I was just ready to be in labor. And not have a baby. I didn’t want to have a baby but just be in labor because I think it’s so amazing how you see women who have in some way or another have been, you know, people have tried to squelch them and society has made them second guess their appearance or how they speak or how they act or what their aspirations are or whatever. And you get them in a birth situation in which you just know that they are in control. Instead of saying things like “I’m going to tell you what your body’s like. You say “what’s going on in your body?”

The construction of birth Rachel sees the possibility of empowerment in birth. The dulas try to enable women to understand the agency they have in the delivery room. By pushing women to be assertive about their feelings and needs, they are recreating birth as an empowering experience. Rachel also encourages the mother to name her experience, by having her be vocal about what her body is doing. She describes births she has witnessed when women who have been marginalized in some way have overcome their oppression and found power in birth.

These women are reconstructing the birth experience because they recognize birth as something that women control and that can empower them, as a natural and healthy process that engages the whole woman.

**Conclusions**

After spending four months with women at the center I now realize the significance of my very first visit to the center almost two years ago. After receiving an email asking for some help cleaning and decorating the space that had been designated to become the center, I biked over and found several women busy working. They were painting diligently and a mural had begun to appear on the building’s front. The mural which features the faces of several women (young and old and of several different colors)
growing from a twisting green vine has become a powerful symbol. As I watched the faces appear that afternoon under the brushes of the women who were painting, I saw more than the creation of a work of art. I witnessed the shaping of a vision as these women made tangible their hopes for the women of their community in the image of these happy, healthy faces.

The women of the Wise Women’s Center are not satisfied with traditional healthcare in this country. Their critiques are not all the same, but they exist and they share some important similarities. Frustrated by the compartmentalizing of their bodies and minds, the discourse of abnormality surrounding their bodies, and ignorance of the important role of community in their lives, the women of the Wise Women’s Center have created a new healthcare culture in their community. This culture is not easily definable. It draws from diverse traditions, including holism and feminism, without entirely rejecting the biomedical model. Fundamental to the construction of health which is at the center of this culture and at the center of their educational project are the principals highlighted above: the unity of mind, body, and spirit; a positive construction of the female body as powerful and its processes as natural; and the recognition of community’s empowering role in health. Beatrice’s statement that her involvement at the center “has changed [her] life” is evidence of what this means to her. She attributes her substantial weight loss, her increased self-confidence, and her new outlook to her experiences at the center. Their wholistic construction of health is a form “of negotiated understanding” that is of “critical significance” in these women’s lives (Unger 3).
References Cited


