Can The Emancipation of Women Contribute to World Peace and Harmony?

A David C. Saxon Essay Competition Entry

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Introduction

The emancipation of women can make a positive contribution to world peace and harmony. One is, in fact, dependant on the other. However, critics of this theory might rightly ask, "If this is true, then where is the peace we would expect in our post feminist world?". That question will be addressed in this essay by first exploring the compromises feminists have made which have led to the creation of an emancipation myth and to the deferment of true liberation. Then, the essay will approach the connection of peace through emancipation, from the perspective of a midwife. It will focus on the exclusive female activity of giving birth and link its cultural manipulation to the escalation of western aggression. In conclusion, this essay will offer an alternative vision of birth which can help to bring about a more peaceful world.

Peace

A logical way to begin to understand the connection between women's emancipation and world peace and harmony, is to first define these terms. Peace, according to Canadian feminist, Judy Rebick, "is not just an absence of war, it is the presence of justice." (Rebick, 2003, p81) It is impossible for peace to exist where there is unjust inequity in the rights and freedoms for half the population because people automatically compete

when resources and power are unequally distributed (Lindzey, Hall and Thompson, 1978). Inequality creates discontent, nothing could be simpler. Mandating equality, however, is not the answer. Doing so would necessitate enforcement and create a state of peace-keeping rather than one of peace. Lasting peace requires a process for reconciliation, one that would address all difference and thus, eventually restore harmony between the sexes.

Harmony

Harmony is defined as the "fitting together of parts to form a connected whole" (Chalmers, 2000, p 743). Harmony between male and female infers a balance, a Yin to the Yang, a goddess to the god. This notion is very old. In ancient African, every human was said to have had two souls, one male and one female. The male soul of a woman was located in her clitoris and the female soul of a man, in his foreskin. The separation of male and female forces within the individual can be observed in the ritual acts of male and female circumcision. Historians suggest that circumcision was actually introduced for this purpose by patriarchal religion in order to separate women from their sexuality and men from their femininity, when the goddess-worshipping cultures were over thrown (Elworthy, 1996). Growing interest in the history of goddess worship could be an expression of the cultural desire for a better balance of power between men and women (Gould, 2003; Brown, 2003; Elsworthy, 1996). Inherent in such a desire is the belief that women's emancipation will create a more harmonious world where peace replaces domination (Elworthy, 1996).

Emancipation

The word emancipation is defined as freedom from bondage (Chalmers, 1998). While no one is debating that women have struggled hard for freedom, exactly where they are on that road, is open to much discussion. Some western feminist would have us believe that women have achieved much of their liberation. The facts do not concur. Worldwide women do two thirds of the work, receive one tenth of the income and own one one-hundredth of the wealth (Elworthy, 1996). One million girls are missing from the population in India as a result of selective abortion and infanticide. Seventy percent of the world's fifteen million refugees are women (Elworthy, 1996). One hundred million women in Africa and Asia have had their genitals cut off them (Elworthy, 1996). Sixty little girls, some as young as 3 months old, are being raped every day in South Africa (Nolen, 2003). Somewhere in the world, a woman dies every minute from preventable or treatable complications of pregnancy and childbirth (Safe Motherhood, 2003). Things are not very good for women in the developing world, what about the situation closer to home?

Canadian women have a lot to be proud of. Women's rights are entrenched in our constitution. Girls are overtaking boys in almost every measure of grade school academic performance. Women outnumber men in post secondary education. Women are more likely than men to be employed. It sounds great but many prominent feminists would say that this is not the whole picture (Greer, 1999; Rebick, 2003; Steinem, 2001; Wolf, 2001). The British feminist Germaine Greer articulates the debate best. In her book, "The Whole Woman" (1999) Greer says that since 1970, women have, in fact, lost a lot of

ground. Greer believes that women are suffering because feminists took the wrong route on the road to freedom when they chose equality over liberation and she goes on to explain those two disparate concepts. According to Greer (1999) the goal of equality is to give women their rightful place in the world beside men. Equality for women, then, implies entitlement to what is, to ownership of the world as it has been created by men, for men. It means settling for status within the status quo, which by necessity, means a deferment of the dream of liberation (Bacchi, 1983).

The goal of liberation, in contrast, is social change on a massive scale. Liberation seeks to free women, not from the limitations of being a women but from the judgment that being a woman has limitations. It celebrates what is uniquely female and is as much about joyful childlessness as it is about a living wage for stay-at-home mothers. Greer states, “Liberation struggles are not about assimilation but about asserting differences, endowing those differences with dignity and prestige, and insisting on them as a condition of self-definition and self-determination.” (Greer, 1999, p2). The problem with trading equality for liberation has been the price. Women’s improved access to education and employment has come at a very high cost.

Women’s assimilation into the world of aggressive capitalism has only accelerated the growth of economic disparity among Canadians, an inevitable consequence of a society united in convincing itself of the virtue of tax cuts for the wealthy and social cuts for the poor (Beauchesne, 2003; Meissner, 2004). Marginalized women have been particularly hard hit. “The policies of the past 15 years (cutbacks, privatization, deregulation and tax

cuts) have significantly widen the material gap between middle class and poor women, able-bodied and disabled women and white and aboriginal women" (Rebick, 2003, p 81). Trickle-down economics and the growth of low paid, service-sector 'Mcjobs', have done little to close the wage gap. Women in this province can still expect to earn only 64% of male wages which leaves 70% of single mothers and their children to live in poverty (Payne, 2003; GPI Atlantic, 2002). Since poverty is the most reliable indicator of poor health, premature death and disability, single mothers are experiencing higher rates of hospitalization, chronic disease and mental illness (GPI Atlantic, 2003).

The loss of "almost all" of the state funding for the organized women's movement compounded by the growing division of economic interests among women, has crippled the protest against the feminization of poverty (Rebick, 2003, p 81). It should come as no surprise, however, that powerful, rich women have remained silent. Those who prosper under a system, are also those least likely to demand change of it. Women as a group, are simply the victims of their own economic integration and, of the oldest trick in the book, divide and conquer.

Women's Bodies

The pursuit of equality has not only led to greater economic inequality between women, it has led to the deferment of liberation on another front that is very dear to the hearts of midwives. It is the deferment of women's right to their physical integrity. This right is central for women. As Greer puts it, "A woman's body is the battlefield where she fights for liberation. It is through her body that oppression works, reifying her, sexualizing her,

victimizing her, disabling her." (Greer, 1999, p 135) Rather than champion women's right to control their own body, assimilated feminists have, instead, led the assault. Using their newly acquired wealth, women are increasingly paying men to carve them into a reduced notion of female, one that looks remarkably like Barbie. From her origins as the Arian porn doll, Lilli, the ever popular Barbie has swept the world, leaving a wake of dissatisfied women and a beauty industry ever ready to provide a quick-fix (Greer, 1999). From breast implants to liposuction, capitalist men are making "a bundle out of women's carefully cultivated disgust with their own bodies", a disgust that has led some women to sacrifice their health or even their lives for a fleeting grasp on youth (Greer, 1999, p 26).

The assault on women's bodies goes more than skin deep, however. Every aspect of women's reproductive cycle has now come under patriarchy's biomedical control. From hormonal contraception at menarche to Hormone Replacement Therapy at menopause, women's physiology is first defined as pathological then pharmacologically altered. One theory holds that women on artificial hormones are placed in permanent nurture mode and kept perpetually mothering men. Others have suggested, given the lack of evidence of any benefit and known "life-threatening" risks, HRT is actually an "unethical medical experiment of an unprecedented scale," (Pearson, 2003, p 12).

The Status of Birth

No group is the subject of more biomedical experimentation than pregnant and birthing women. They have earned the right to be wary. Obstetric care has a dark history of iatrogenic (physician caused) problems. One intervention after another was introduced

without evaluation, only to be reluctantly discarded after it was found to be harmful (Enkin et al, 2000). There is a long list. X-rays in pregnancy caused fetal deformities; Thalidomide prescribed for nausea caused shortened fetal limbs; Diethylsilbestrol prescribed to prevent miscarriage caused fetal reproductive changes; shaving women's pubic hair caused infections; giving laboring women enemas and doing rectal examinations caused unnecessary pain; surgically enlarging women's vaginal opening at birth with episiotomy caused serious anal tears; continuous fetal monitoring in normal labors caused unnecessary cesareans; and delivering women in lithotomy position caused unnecessary forceps deliveries.

The obstetric community has not only been cavalier with the introduction of unproven technologies, they have resisted all efforts to humanize their services. Every sociologically positive change in the care of birthing women, has been the result, not of a caring maternity professional but of a determined consumer. Women and their partners have had a hard battle, even suffered arrest and imprisonment, for the right of fathers to attend the births of their own children, for the right of women to have other female support people present and for the right of babies to stay close to their mothers. The fact is, the vast majority of obstetric surveillance, testing, treatment and procedure even today, is based on assumption rather than fact and is probably not enhancing the health of women and their babies (Enkin et al, 2000; Wagner, 2000).

The proliferation of obstetric ritual has led to a proliferation of technological birth and all of its associated risks. Cesarean section rates, for instance, have risen nationally from 2%

at the turn of the century to nearly 30% in this province today (NLCHI, 2003). This has occurred despite almost twenty years of warnings from The World Health Organization that no benefit is seen when cesarean rates exceed 10% to 15% (WHO, 1985). The truth is, surgical birth carries "substantial risks" (Enkin et al, 2000, p. 407). Women are two to four times more likely to die following cesarean section (Enkin et al, 2000). They are more likely to suffer infection, injury, hemorrhage, hysterectomy, blood clots and pneumonia (Goer, 1995; Enkin et al, 2000). Women who have had a cesarean birth are more likely to develop infertility, endometriosis, tubal pregnancy and life threatening complications of the placenta in subsequent pregnancies (Goer, 1995). Cesarean babies have more difficulty initiating breathing (Enkin et al, 2000) and their siblings are more likely to die. Recent research has found that the babies of women who have had a previous cesarean, are twice as often stillborn as those whose mothers had vaginal births (Smith, 2003).

The trend toward cesarean birth is a complex interplay of physical, psychological and sociological factors. It is in large part the result of a cascade of interventions imposed on pregnant women including the use of epidural anesthetic to relieve pain in the majority of labors which is known to increase the risk for cesarean section (Enkin et al, 2000). There are, however, no finite answers here, only theories. Some have suggested it is a knee-jerk reaction by obstetricians to the economic threat imposed by the natural childbirth movement (Davis-Floyd, 1994), or, merely a step up the control ladder, from routinely cutting open the vagina at birth, to cutting open the abdomen instead (Greer, 1999). Whatever the reasons, liberation feminists need to begin to see unnecessary cesareans as

a physical assault, which, like any other wide-spread form of violence against women, is done for only one reason, to demonstrate power and control (Greer, 1999). The work of social anthropologist, Dr. Roberta Davis-Floyd supports this theory.

The Technocratic Model of Birth

When Davis-Floyd (1994, p 4) studied North American childbirth culture she recognized the belief system as having a "technocratic model of reality". This model incorporates biomedical beliefs about health, beliefs which are implicit in the assumptions and approaches to management of childbirth throughout the west. These beliefs are so dominant and pervasive, that those who operate under them, are not even aware of their influences at a conscience level (Rosser, 2001).

Davis-Floyd (1998) traced technocracy's origins back to the Renaissance and the Industrial Revolution. Its imperative, she discovered, was to control nature and free us from 'her' limitations through the use of science and technology. A basic principle of this model follows Descartes 16th century view of the body as a machine, separate from the mind, a machine whose prototype is male. Since women were thought to be closer to nature, they were considered inferior and their changing and cyclical body-machine, automatically defective and in need of surveillance and control (Davis-Floyd, 1998).

Davis-Floyd (1994) found that technocracy facilitated the transference of its belief system chiefly through the performance of obstetric ritual. Birth presents an excellent opportunity for this. It is a time of psychological vulnerability for women, a brief period

when they are particularly open to the transference of sociological programming. Ritual at birth acts to transform a woman into a "mother who has internalized the core values of society. Such a mother believes in science, relies on technology, and recognizes her own inferiority (either consciously or unconsciously) and so at some level accepts the principles of patriarchy. She will tend to conform to society's dictates and meet the demands of its institutions, and will teach her children to do the same." (Davis-Floyd, 1994, p17).

Technocracy also works to maintain its socio-cultural ascendancy by shutting out contradictory evidence (Davis-Floyd, 1998). For instance, obstetricians have sheltered themselves from the results of their work by ignoring the research showing that 80% of childbearing women suffer from serious post natal illness of one kind or another (Bick and MacArthur, 1995; Brown and Lumley, 1998). Without the ability to objectively evaluate its shortfalls, technocracy is forced to blame its own victims for any failures (Bastian, 1996). Dr. Shapiro noted this trend when she studied the encounters between obstetricians and their female patients. She found that women's "preferences were so manipulated that they act against their own interests but remain content with their choices" which she felt was "an abuse of power of the worst kind" (Shapiro, 1993, p 144).

The Midwife

What ever else it is, the western phenomena of medicalized childbirth certainly speaks to the status of the professional expert in normal childbirth, the midwife. Midwives in

Newfoundland and Labrador continue to be excluded from the health care system despite the evidence. The Oxford Data base of Peinatal Trails found that, “Industrialized countries in which midwives are the primary caregivers for healthy child bearing women have far more favorable maternal and neonatal outcomes, including lower perinatal mortality rates and lower cesarean delivery rates, than countries in which many or most healthy women receive care from obstetricians during pregnancy.” (Enkin et al, 2000, p 21). The evidence matters little when obstetrician’s authority over midwifery and birth is absolute, a legacy it claimed from the patriarchal Christian church.

The right of Christianity to interfere in matters of birth was established by the doctrine of ‘original sin’ and reinforced through religious symbolism and ritual. The American feminist, Gloria Steinem, offers her “belated” discovery of this fact in the forward of “The Vagina Monologues” (Steinman, 1998, p xvi). It was while conducting research at the Library of Congress in the 1970’s that Steinman “found an obscure history of religious architecture that assumed a fact as if it were common knowledge: the traditional design of most patriarchal building of worship imitates the female body.” (Steinman, 1998, p xvii). The inner and outer entrance represents the labia majora and minora; the central isle, the vagina; the two side chapels, the ovaries; and the central alter, the uterus. Steinman suggests that Christianity’s primary purpose for baptism, a ritual where men in skirts, sprinkle imitation birth fluid, is to give men back the power of creation. She saw baptism as a symbolic washing away of the sin of being born of woman and a re-birth into patriarchy, conditional, of course, on the worship of an omnipotent male god who claims himself as the sole creator of all life.

The parallels of baptism ritual to cesarean section are striking. During a cesarean, a male (or assimilated female) physician, dressed in a gown, removes the infant from the mother so that the baby is born, not through her own power but through the power of technology. As with all religious ritual, when this particular obstetric ritual falls to bring about the desired result, it is not abandoned but rather, elaborated. Therefore cesarean is promoted as 'safer than ever" and midwives are made irrelevant to good care.

Midwives "connection with conception, pregnancy and parturition (birth)" made her "of vital concern to the church." (Donnison, 1988, p 14) A midwife's obedience to the patriarchal dictates of the Roman Catholic and then the Protestant Church, on matters concerning abortion, illegitimacy, stillbirth, congenital deformity, baptism and infanticide, was strictly enforced (Donnison, 1988). Leniency on behalf of her clients was labeled as heresy, and she was punished by torture, until she confessed to the practice of witchcraft, then, executed (Donnison, 1988). In three centuries, nine million women were murdered as witches (Elworthy, 1996). Midwives were common victims, singled out as "the most dangerous to the faith" (Donnison, 1988, p 17; Elworthy, 1996). According to the secular "Malleus Maleficarum" (literally translated as: The Hammer of the Evil-Doing Women) written in 1485, women were weak of spirit and easily seconded to the devil's plan to over throw Christendom. It was, however, "'witch-midwives who surpass all other witches in their crimes.'" (Donnison, 1988, p 17). European anti-midwife sentiment carried over to the new world. In 1648, a Charlestown midwife was the first person to be executed in the American colony (Donnison, 1988).

Midwifery means “with woman” and its professional status is a direct reflection of the status of the women they serve (Jeffery and Jeffery, 2000; Jordon, 1993). Midwives have given patriarchy a reason to worry about their grasp on power. The most famous story of defiance is in the bible, Exodus, Chapter 1, Verse 19. Egyptian midwives refused to surrender Jewish first born baby boys to the Pharaoh. These midwives told him that Hebrew women always delivered before they could come. Midwives have not only directly challenged patriarchy’s authority, they continue to dispute technocracy’s authoritative belief that every woman needs science and technology, doctors and hospitals, to give birth (Bennet and Brown, 1999; Olsen, 1997). They know, as Dr. Marsden Wagner, former WHO Chief Maternity Officer, does, that making birth a “fulfilling and empowering” experience “makes women strong and therefore makes society strong.” (Wagner, 2001, p 213). Midwifes also know that their own professional liberation will not be served by assimilating into the health system without aligning their interests “with woman” (Reed, 2002; Stafford, 2001). The happiest and healthiest mothers and babies are those cared for by midwives who practice autonomously, midwives who forge strong connections with women through continuity of care and who promote informed choice making about where and how they will give birth (Benjamin et al, 2001; Leap, 1996; McCourt and Page, 1996; O’Brien, Harvey and Beischel, 2003; Saunders et al, 2000).

Birth and Peace

The redemption of birth, for midwives, is not only about the liberation of women, it is about a commitment to give babies their best start in life. It is an, often unspoken, understanding among autonomous midwives that they are helping to make the world a more peaceful place, one gentle birth at a time. These midwives intuitively accept that "…the manner of birth will influence the manner of life, that babies born into loving hands, and gently treated after birth, will have a better chance at becoming gentle and loving people." (Davis-Floyd, 1998, p. 273). Dr. Michele Odent, obstetrician and founder of The Primal Health Research Centre in London, would agree. His research suggests that because, "the capacity to love is determined to a great extent by early experiences", the most peaceful societies have the most peaceful beginnings (Odent, 1999, p 23). Conversely, Odent found that "The greater the social need for aggression… the more intrusive the rituals become in the period surrounding birth." (Odent, 1999, p 56) The North American hospital birth experience is a lesson in how to intrude on birth and a lesson in how to interfere with the attachments between babies and their mothers, fathers and siblings. But then, that is the point of technocracy. Noisy wards, exhausted techno birthers and disconnected babies in plastic bassinets are all part of the agenda of, "a society whose central organizing mythology constellates around a technological progress that will culminate in the transcendence of all natural bonds, including both biological and planetary limitations." (Davis-Floyd, 1998, p 260).

To pursue transcendence of connections between humans is to deny the basic facts of human nature. Attachment is an essential task of infants, one that is pivotal to their

subsequent psychological and sociological development (Lindzey, Hall and Thompson, 1978). Experiments on primates by Harlow and Harlow in 1970, demonstrated that when connections were not made and maintained, chronic fear, helplessness, isolation and aggression resulted (Lindzey, Hall and Thompson, 1978). That is why technocracy and transcendence is bad for women, bad for emancipation, bad for birth, bad for midwives, bad for society and bad for peace. Nature should not be the enemy. When we work against her, we threaten our very survival. When we champion aggressive capitalism then export it to the world, we threaten our environment as well as world stability and peace. These are the lessons of global warming and 9/11, lessons we better start to heed.

Our world, more than ever, is in need of an alternative vision, one that can come only when women's unique contribution is valued. This vision would unite science and nature, mind and body, intellect and spirit. It requires, however, a new kind of feminism, one focused on the liberation of all humanity. This new feminism must be prepared to make "a frontal assault on the idea that a privileged elite can run society in its own interests with little care for those who get left behind [as] collateral damage" (Rebick, 2003, 81). It must also be a "motherhood feminism" and work to liberate birth (Wolf, 2001, p 243), only then, will feminism make its full contribution to world peace and harmony.

Conclusions

The western world is lingering under an emancipation myth when, in fact, the assimilation of women into the economic status quo has not been a liberating experience. Women have traded away much of the control they had over their own bodies, especially

at the time of birth. For this reason, birth, is in particular need of liberation, as is, its age old guardian, the midwife. Technocracy's hold on women, birth and midwifery must be challenged, especially given that its goal is to eventually deconstruct all of our social bonds. Liberating birth will help to liberate women. It is a necessary step towards the emancipation necessary if the world is ever to get on with the task of reconciling differences, finding just the right balance between technology and nature and learning to live in peace. Greer says we are in luck. A "second wave of feminism" is "out to sea, slowly and inexorably gathering momentum" (Greer, 1999, p 425) and this midwife plans to be on the beach to welcome its arrival.

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