

# PRIMAL HEALTH RESEARCH

## A NEW ERA IN HEALTH RESEARCH

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DISPELLING THE DISEMPOWERING BIRTH  
VOCABULARY

## First, we are mammals

Before considering what makes the birth of human mammals special, we must first understand universal mammalian needs in the perinatal period. These needs are easily summarised and interpreted in the current scientific context. When giving birth all mammals have strategies to avoid feeling observed: privacy is one of their basic needs. At the same time, all mammals need to feel secure. For example, in a wild environment, a female cannot give birth as long as there is a predator around. Physiologists easily explain that in such a situation the female releases hormones of the adrenaline family. This activation of the ‘fight and flight system’ blocks the release of oxytocin, the key hormone in childbirth: the birth is postponed until the time when the female can feel secure. We are in a position to claim that today the priority is to ‘mammalianize’ childbirth.

## Second, we are human mammals

While it is undoubtedly a priority to rediscover the universal mammalian needs, we must also keep in mind the differences between human beings and the other mammals. One of the main differences is that we speak. Because we communicate through language we create cultures. Language is the most powerful agent of cultural conditioning. Studying our vocabulary, including the roots of the words, is therefore necessary to realize at which point we were brainwashed where sexuality and childbirth are concerned. In order to analyse our collective programming we’ll take the example of a student in the period of transition between adolescence and adulthood. S/he is at a critical age in terms of curiosity for all aspects of sexuality, including childbirth.

We’ll consider the keywords this young student is exposed to. Since if s/he plans to become a medical doctor, s/he has to study anatomy. If s/he is studying in English, s/he will soon learn that *pudenda* is used as the scientific term for the external genital organs, which are innervated by the pudendal nerves and receive

their blood via the pudendal arteries. A Spanish-speaking student will learn about *nervios pudendos*, a Portuguese about *nervo pudendo*, in the same way that a German will learn the word *pudendus*. The root of these terms is the Latin verb *pudere*, which means ‘to be ashamed’. In French the word *pudeur* (sense of modesty) has a strong virtuous connotation, while *nerfs honteux* and *vaisseaux honteux* (‘honteux’ means shameful) are French anatomical terms referring to nerves and blood vessels supplying the genitalia. In German *Scham* (i.e. shame) is the first component of many words related to the genitalia and the pubic region: *Schamhaare* (pubic hair), *Schamlippe* (labia majoris), *Schamhaft* (genitalia), ‘*Schamberg* (mons pubis), ‘*Schamfuge*’(pubic symphysis), *Schambein* (pubic bone) etc. In Chinese the pubic bone is called *chigu*, which literally means ‘shame-bone’. The concept of ‘shame’ encompasses the concepts of guilt and low self-esteem. There is no doubt that such connotations associated with these parts of the body must be taken into account when considering how the cultural milieu can influence the way women give birth.

Our young student is already testing his or her interest in several medical disciplines, one of which is obstetrics. It is significant that the origin of obstetrics is the Latin word *obstetrix*, which means ‘midwife’. Its literal interpretation is ‘a female standing in front of’. The root of terms such as ‘obstetrix’ or ‘obstacle’ is the Latin verb *obstare* (to stand in front of). These etymological considerations suggest an ancient conditioning that a woman cannot give birth without somebody staying in front of her. Our daily modern language also translates and transmits such a conditioning. It is constantly suggested that the basic need of a labouring woman is the presence of another person, who is the more active participant in the birth drama. Most verbs related to childbirth are used in a passive form. Women ‘are delivered’ by a midwife or a doctor. There is no active verb in English for ‘being born’ (I had a problem of translation for my book *Bien Naitre*: it eventually became *Entering the World*). When skimming through medical textbooks or medical journals this attitude regarding pregnant women and labouring women as passive is obvious. Mothers-to-be are ‘patients’. It is commonplace to contrast the patients (passive) and the care-providers (active). Among health professionals ‘labour’ is

more often than not associated with ‘management’. In other words a woman cannot give birth by herself: she needs a ‘manager’. In the 20 line definition of midwife by the International Alliance of Midwives the word ‘care’ appears six times, suggesting that a woman cannot give birth without a ‘carer’ (in the same way the word *cuidado* is used in the Spanish edition) .

There are of course cultural differences. In Chinese they often use the term *jie Sheng*, which literally means ‘delivery carried out by others’. In Russian, on the other hand, it seems that the vocabulary is less disempowering. The main verb to have a baby (*rodit*) is active. The commonly used term *rodit’sa* implies that ‘I gave birth by myself’. The mothers say *rodila* (I gave birth). *Rodil’ny dom* is a place to give birth (with active connotation). Should we postulate an inverse relationship between the comparatively low rates of caesareans in Russia and the skyrocketing rates in Chinese cities?

Our curious medical student might also be tempted to explore some of the many books for the general public published during the second half of the twentieth century. The belief in an obligatory dependency on birth attendants has been reinforced during that period by the advent of schools of ‘natural childbirth’ that are directly or indirectly under the influence of the Russian ‘psychoprophylactic method’. This method was based on the concept of conditioned reflexes. The theoretical objective of the disciples of Pavlov was to get rid of cultural inhibitions by reconditioning women. This led eventually to the conclusions that women must learn to give birth and that they need to be continuously guided during labour.

The influence of such theories explains the emergence of ‘methods’ of ‘natural’ childbirth, as if the words ‘method’ and ‘natural’ were compatible—in fact they are oxymoronic. This is how an unprecedented and sophisticated form of culturally controlled childbirth suddenly developed. New fashionable words appeared, explicitly implying that a woman cannot give birth without the presence of a person bringing her expertise or her energy. For example the word ‘coach’ clearly indicates that the labouring woman needs the service of an expert. Those who have understood that the birth is an involuntary process would never use the word ‘coach’. In the same way the word ‘support’ clearly indicates that a birth

attendant must bring her energy. The conditioning power of the word 'support' is enormous. Many women assume that the more 'support' they will have, the easier the birth would be. The alleged need for 'support' has been instrumental in establishing the dogma of the participation of the baby's father in the event. This widespread dogma is a glaring example of a cultural lack of understanding of birth physiology.

The disempowering birth vocabulary involves the whole perinatal period. Our medical student had heard since childhood about 'cutting the cord', a phrase suggesting that rushing to separate the newborn baby from a passive and incompetent mother is a physiological necessity. Birth attendants follow rules and discuss the best time to 'put the baby at the breast'. Nobody knew until recently that during the hour following birth, when the baby is in the arms of an ecstatic mother still 'on another planet' after a 'fetus ejection reflex', there is a high probability that the newborn will be able to find the breast.

### Towards a cultural revolution?

This disempowering vocabulary requires that to give birth women must overcome strong negative cultural conditioning. We cannot dissociate the effects of the vocabulary from the effects of the deep-rooted invasive beliefs and rituals that also interfere with physiology. The combination of all these factors tends to magnify the difficulties of human births, to prevent the early contact between mother and newborn baby, and to delay breastfeeding.

Our analysis of the widespread cross-cultural disempowering birth vocabulary, and our knowledge of perinatal beliefs and rituals, lead to an inescapable question: What are the evolutionary advantages of routinely adding to the difficulties of human birth? We cannot avoid such a question at a time when we realize that giving birth, among all mammals, implies the release of a cocktail of love hormones, and when multiple scientific disciplines suggest the importance of the period surrounding birth in the development of the capacity to love. Furthermore, we are at a time when we have at our disposal basic physiological scenarios we can

refer to, regarding in particular the connections between birth and lactation. If such cultural interferences are so widespread we must ask if they have evolutionary advantages, in spite of their enormous cost.

In order to suggest answers to these new and fundamental questions we must first recall that all societies share the same basic strategies for survival. These strategies include the domination of nature and the tendency to dominate—even to eliminate—other human groups. It is therefore easy to accept that successful societies are those that develop to a high degree the human potential for aggression. When the domination of both nature and other human groups is a strategy for survival, it is an advantage to develop the capacity to destroy life. Likewise, it is an advantage to moderate the development of several facets of love, including the respect for Mother Earth. Thus multiple ways to interfere in a critical period for the development of the capacity to love may have evolutionary advantages..

These considerations are vital at the dawn of the third millennium. We are suddenly realizing that there are limits to our domination of nature. We understand the need to create unity within the planetary village. At this turning point in history, humanity must invent radically new strategies for survival. In order to succeed we need more than ever the energies of love. This is why the cultural negative conditioning that has interfered with physiological processes for thousands of years is rapidly losing its evolutionary advantages. As a result, we have new reasons to re-discover the basic needs of labouring women and newborn babies.

We must be aware of the enormous difficulties facing us in order to rediscover such basic needs and to realize that in the birth drama there are only two obligatory participants: the mother and the baby. It can help to acknowledge that the concept of birth attendant is probably more recent than one commonly believes. Films of childbirth among the Eipos in New Guinea (Schiefenovel 1978), written documents about pre-agricultural societies such as, for example, the !Kung San (Eaton 1998), and word-of-mouth reports from Amazonian ethnic groups (in particular reports by the Brazilian midwife-anthropologist Heloisa Lessa) suggest that there has been a phase in history when women used to isolate themselves when giving birth, like all mammals.

**In spite of difficulties, urgent action is needed. The caesarean is safer than ever; it has become an easy and fast operation. We also have at our disposal effective and reliable pharmacological substitutes for the natural hormones labouring women cannot release, particularly intravenous drips of synthetic oxytocin and epidural anaesthesia. Such technical advances, associated with negative cultural conditioning and a deep-rooted lack of understanding of physiology, have led to an unprecedented situation. Until recently, in spite of cultural interferences, a woman could have a baby only by relying on the release of her own ‘cocktail of love hormones’. Today, all over the world, the number of women who can give birth to their baby, and to the placenta, thanks to the release of such a hormonal flow is continuously declining. All over the world the rates of caesareans are continuously increasing, while women who give birth by the vaginal route seem to require ever-more pharmacological substitutes. Not only do these drugs interfere with the natural hormones but also they don’t have the same behavioural effects. Love hormones are rendered redundant. Questions must be raised in terms of the future of our civilisation.**

**One objective should be to moderate the powerful negative cultural conditioning. In other words, we must first examine our vocabulary. The needed cultural revolution will be accomplished when ‘privacy’ and ‘protection’ will be the keywords in conversations, books, articles, conferences and media intervention about childbirth.**

## Meanwhile

**Whatever the intentions, we must accept that thousands of years of culture cannot be erased overnight. Furthermore, whatever the cultural milieu, women will always be subject to unequal personal conditioning when reaching adulthood. This is why any attempt to dispel the disempowering birth vocabulary must be combined with an awareness of the solution the evolutionary process found to overcome specifically human handicaps. Language and cultural conditioning are related to the huge development in our species of the neocortex. In other words, during the birth**

**process (or any sort of sexual experience) most inhibitions are related to neocortical activity. The solution Nature found to overcome this human vulnerability is easy to explain in the current scientific context: during the birth process the neocortex is supposed to reduce its activity. From a practical perspective this means that a labouring woman needs first to be protected against any stimulation of her neocortex. This crucial aspect of birth physiology among humans had not been understood by the theoreticians of the twentieth century. This is the ‘original sin’ at the root of the cascade of mistakes transmitted by most schools of ‘natural childbirth’.**

**Today, where childbirth is concerned, we are like a traveller finding out that s/he is on a wrong path. In this case, usually the best action is to go back to the point of departure before it is too late and to take another direction.**

**Let us be optimistic and act as if it is not too late.**

Michel Odent

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