

“Natural” Birth

An Adoptee Becomes a Mother

On November 30, 1999, I gave birth to my son Griffin. Wanting a “natural” birth, I was proud of the fact that I had gone into labour on my own just hours before I was scheduled for an induction. (I’m not sure whether that was result of psychology or the tennis I played that day—physically and mentally, I’d had enough of pregnancy.) I quickly found out, however, that my willful baby had turned upside down sometime within the previous week and refused to present head first (maybe tennis wasn’t the best idea). Since my labour was unusually fast and furious, there was no time to coax him back into position. We had an emergency cesarean-section. So much for “natural.” I was poked with needles, attached to an epidural, and wheeled into the O.R.

It was relatively quick and painless, and Griffin emerged pink and round and beautiful. Needless to say, I was relieved when it was over and delighted by the results. I admit, I wasn’t too disappointed to have had a labour that lasted only one hour. The steady drip of pain killers seemed like a bonus. My fantasies of a low-intervention birth had gone by the wayside, as they do for many pregnant women who encounter even minor complications these days. I was shocked to learn later that out of ten women in my childbirth class, *six* of us had had c-sections. I was disappointed that, for whatever varied reasons, we had become part of a statistical rise in high-intervention births.¹ I began to see the rhetoric of our local hospital’s commitment to “choice” in childbirth methods as just that, empty rhetoric.

This is not an essay about the pros and cons of medical intervention, however, but more an examination of the way we code and understand birth and delivery in language, in what becomes the legends of our origins, our birth stories. For me, the idea of giving birth “naturally” was tied-up emotionally with the fact that I was adopted as an infant. In giving birth to Griffin, I was—

on a cognitive level—experiencing my own birth, an event I had been “unnaturally” distanced from as an adoptee. The word “natural” takes on almost mystical connotations for adoptees who, in the great nature/nurture debate, are encouraged to leave nature behind, to understand that social identities are made and not born.

What’s in a hole

In her book *Journey of the Adopted Self* (1994), psychologist and adoption rights advocate Betty Jean Lifton describes the “unborn” feeling shared by many adult adoptees. She attributes this sensation to a system of closed records that seals and amends original birth certificates, effectively rescripting adoptees’ birth narratives, omitting their point of entry into the world: “Without concrete information about the circumstances of your birth, especially about the woman who gave you life,” she explains, “the adoptee often has the sense of not having been born at all” (46). Lifton is concerned primarily with the psychological state of adoptees cut-off from their “origins”—a condition that psychologist H.J. Sants labelled “genealogical bewilderment” as far back as 1964 and that Lifton now calls “cosmic loneliness” (1994: 47). The sense of feeling adrift, they both claim, comes from repressing the pain of abandonment as an infant, and emerges again and again in stories that describe the adoptive experience.²

Lifton goes on to discuss the controversial topic of “infant splitting” or the possibility that adopted infants, traumatized by a separation from the birth mother, cope by “splitting” off and repressing the suffering part of themselves, a practice familiar to older children and adults. While some professionals claim that infants are developmentally incapable of “splitting,” Lifton argues “that adult adoptees often speak as if they have split off a part of the self back in those preverbal days: they speak of feeling unborn, having a dead space in the center like a hollow core, of carrying ‘a dead baby inside’” (1994: 33). The vocabulary for loss in adoption responds to the rhetoric of birth and evokes stillbirth, miscarriage, abortion. Adoptees sometimes refer to their own lives as having absorbed the alternatives *not* taken by their birth parents. They are the otherwise happy adoptees haunted by the rejected fetus they sometimes imagine themselves to be. As Siu Wai Stroshane so eloquently puts it, “In so many ways I am still an unborn song” (1999: 234).

When I was young, I used to ask my mother impossible questions as children often do. My favorites and most persistent include: “Where is the universe?” and “What’s in a hole?” The first evokes Lifton’s “cosmic loneliness,” what she labels “a terrifying free-fall through the universe” (1994: 28). If adoptees are floating in space, where *is* that space, I seemed to want to know. Of course, as a child, I didn’t connect these questions with my adoption of which I was aware only on an elementary level. Nor did I feel overtly lost. I was perfectly happy and secure in my adoptive family. Yet I persisted—did the universe exist in some great warehouse, meaning there was a reality *outside* of the universe? My cosmological probings were maddening at times and often

met with an exasperated “I don’t know” or “Go ask your father.” Did I need to locate the universe to locate myself?

More pointed was the “What’s in a hole?” query. My mother’s attempts to revise my question with her own, “Which hole? It depends on the hole,” failed to focus my need for information. “*Any* hole,” I would reply. As I matured, I internalized my obsession with the hole, experiencing low-grade ulcers and an empty pit in the base of my stomach whenever I encountered stress in my life. While holes may be archetypal (and ulcers widely symptomatic of unhealthy living), they bear added significance for many adoptees. Lifton cites the example of Rachel who

remembers that whenever she passed a construction site where some huge gaping hole had been carved out of the earth ... would feel both fatally drawn to it and terrified, “It was as if any physical void would see its own nature reflected in me and, recognizing me as an ally, sweep me into its vortex,” [she claims,] “ ... To openly acknowledge the void ... as my true progenitor would have been the most honest statement I could make about myself.” (1994: 53)

The hole, I understand now, was the portal to my own existence—as obvious as it seems—but since that “portal” was lost, quite literally, so was I.

Though genetic inheritance is increasingly quantifiable, everyone, adopted or not, is forced to articulate themselves in language and thus experiences that post-structuralist “gap” between sign and referent, between the social self and the *original* self. The fantasy of reclaiming an inexpressible origin fuels what Dorothy Nelkin and M. Susan Lindee (1995) have deemed the “DNA mystique,” a *cultural* longing for innate connections, for an essential “nature” that somehow works beyond the shadowy intransigence of language to shape and define us. Nelkin and Lindee recognize the power of DNA not just as literal biogenetic “stuff” but, ironically, as a cultural construct. The *language* of DNA, of genetic inheritance, is perhaps even more potent than the “stuff” itself:

If scientists can decipher and decode the text, classify the markers on the map, and read the instructions, so the argument goes, they will be able to reconstruct the essence of human beings, unlocking the key to human ailments and even to human nature—providing ultimate answers to the injunction “know thyself.” (1995: 6-7)

This cultural perception conflicts with the very American ideology of the self-made individual, an ideology that many adoptees cling to out of necessity and many others accept as a default because they are left out of another conversation in which all non-adopted folks freely participate. A tantalizing, “preverbal” facet of identity is finding expression in the language of the new genetics. Whether or not adoptees really “split” off a part of themselves in their

"preverbal" infant days, they are denied access to their own biogenetic narrative, their own human genome project.

Becoming a mother

As a pregnant adoptee, the requisite flurry of questions, stories and advice around the subject of birth seemed to affirm my fetus's connection with the human race and simultaneously deny my own place in the universe. If I hadn't felt "cosmically lonely" before, I did when people asked about my own birth weight, the length of my mother's labour, about genetic predispositions for twins, gestational diabetes, a million different traits, habits, and proclivities. At the time, I was also researching an academic paper on a reproductive technology called embryo adoption, in which a woman gives birth to a child to whom neither she nor her partner are genetically related. The benefit of embryo adoption, everyone seemed to say, was the ability to experience the child's birth—embryo adoptees would have birth stories. These children would actually be *born*, while traditional postnatal adoptees ... who knows where they come from?

Many adoption professionals recognize the impact that pregnancy and birth can have on adopted adults. In fact, any life transition can trigger the need to search for those elusive origins. The authors of the book *Being Adopted*, for example, cite a young woman who was reticent about her pregnancy until she was able to locate her birth mother: "I finally feel able to be a mother myself ... which I couldn't even consider until I found my birth mother," she claims (Brodzinsky, *et al.*, 1992: 144). In my case, I *did* know my birth mother, having successfully searched seven years prior to this momentous life transition. Through several phone calls, I was able to piece together a brief narrative of my own birth: I weighed over eight pounds; I was the product of a long labour; I was several weeks overdue; I gave her stretch marks. Still, there was something "unnatural" about the gap between the casual question about genetic inheritance and the phone call it would take to provide the answer. As a result, my own birth seemed somehow unnatural, even though I arrived without the aid of painkillers or any major medical intervention. For this reason, perhaps, I was eager to experience a "natural" birth.

I was never quite sure, however, what a "natural" birth was, exactly. To a friend at work, it clearly meant an episode of searing agony, *sans* medication, drenched in sweat, hurling profanity at my helpless husband who, made small by the experience, would forever after marvel at my womanly power. To my mother-in-law, "natural" birth meant a vaginal delivery, with or without medication—apparently, she just can't say the word "vaginal." To a friend from back East, it meant a home birth with a midwife. To a friend in California, it included herbs of some kind.

Of course, the meaning of the term "natural birth" within the larger culture has been subject to shifts and variations. Feminist scholars like Susan Squier (1996) have analyzed these discursive fluctuations to reveal the politics behind

the rhetoric of birth. Squier notes that our society has redefined what is considered “natural” to normalize medical intervention, reproductive technologies and the surveillance of pregnant women. She writes:

From conceptualizing both gestation gone right and gestation gone awry as natural (because both outcomes were found in nature), we have come in our era to policing the outcome of gestation medically. Now, increasingly ... we accept only “successful gestation”—whether carried out by technological intervention or not—as natural. (1996: 530)

While no one can deny the benefits of ensuring a healthy birth, to label all such births “natural” implies that, conversely, “unhealthy” births (and even aborted births) are “unnatural.” Proponents for the rights and dignity of the disabled, like Martha Saxton, point out that such rhetoric creates monsters out of those who fail to conform to the terms of “successful gestation,” that someone born with a congenital “defect” is less “natural” than a test-tube baby, for example. Likewise, for advocates of reproductive choice, such rhetoric implies that abortion is monstrous, despite its presence in nature and the history of human reproductivity.

And what about all those c-sections amongst my childbirth classmates? One of these occurred two days before mine, and the child remained in intensive care due to dangerously low birth weight. I took a slow postpartum walk down the maternity ward hallway with the worried mother. Was her birth experience less “natural” than mine because it was fraught with lingering complications, because she couldn’t breastfeed her daughter or hold her free of tubes and monitors? Was my invasive operation and protracted recovery period “naturalized” by Griffin’s fortunate health? I remember in the delivery room being amazed when the nurse first walked by with him. I thought, “Why is someone bringing a baby in here?” Then I realized, “Oh, that’s *my* baby.” He was so big, round and beautiful; for a split-second, I had mistaken him for an older infant, such is the advantage of a full-term c-section. Though I had dutifully performed my Kegel exercises throughout my pregnancy, with Griffin weighing it at 8 lbs. 7 oz., I was glad that the trauma to my body had been medically shifted upward. But what had the c-section done to my desire for a “natural” birth?

Susan Misao Davie is another adoptee whose first child was born via c-section: “I did not see or feel my baby’s birth,” she writes, “I had a baby, yet because she was born by Caesarean section, the connection I’d been waiting for was not there. I loved her, but was she really mine?” (1995: 237). Davie’s story is complicated by her obscure origins. While she bears obvious Asian features, her daughter turned out to be blonde-haired and blue-eyed. Not being able to see or feel her daughter’s birth triggers Davie’s own rootlessness as an adoptee and reemphasizes her inability to connect, innately, with another human being. In my case, Griffin turned out to be a fair composite

of my features, and I was still able to feel his birth, masked by the epidural—it felt ... funny. My body had responded to my brief but very intense labour with violent shaking that lasted through the operation. Physically, the ordeal grounded me in the fierce reality of birth. Mentally and emotionally, however, I had missed out on the reenactment of my own birth, a fact that my birth mother is quick to point out, may be a blessing. For while my birth experience might be considered “unnatural” by some because of medical intervention, hers was deemed “unnatural” by others because of social stigma and the shadow of an impending adoption.

Conclusions

The very cosmic act of giving birth may not, in fact, cure “cosmic loneliness.” The “little bang” that occurs in the delivery room is, indeed, universal, but it’s the web of stories spun from our birth experiences that serves to bind or alienate us. Birth narratives mediate between the impulse to craft ourselves and the longing for innate connections. The language of birth reflects the contradictions in our culture. Becoming a mother requires a redefinition of self, something at which adoptees are already adept. It also requires a sense of self to begin with, and no matter how self-possessed we are as adoptees, pregnancy and birth can’t help but throw our court-approved, amended lives into question. For here we begin to weave stories for our own children, stories we never had, using language we never heard, and we know this is something precious, no matter how precious the stories of our adoptions might also be. By the time I was ready to phone a girlfriend after Griffin’s birth, I was asked immediately, “Tell me the whole story.” And while neither Griffin nor I can ever truly capture his “origins,” I live as a speaking witness to the beginning of a life.

¹Fuchs reports: “The American Society for Anesthesiologists presented data showing that in large hospitals birthing women opting for spinal or epidural anesthesia tripled from 1981 to 1987. In smaller medical facilities, it doubled from 1992 to 1997 (21 to 42 percent)” (2000: 54). In my childbirth class publication, Amis and Green cite the following statistics: “Data from the National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention (CDCP) show that the cesarean rate in the United States steadily increased from 1965 through 1986. From 1986 to 1991, it leveled off to these estimated figures by region: Northeast 22.6%; Midwest, 21.8%; South 27%; West 19.8% ... a national health objective for the year 2000 is to reduce the overall cesarean rate to 12 or fewer per 100 deliveries” (1997: 42). According to Eisenberg *et al.*, your chances of having a c-section “are nearly 1 in 4 (higher in some hospitals), and if your pregnancy is in a high-risk category, as high as 1 in 3” (1991: 243). They explain, however, that increased rates are not due to “bad medicine, but *good* medicine,” that the rate of forceps

use is down, increased technology enables doctors to detect potential problems with vaginal deliveries, that women are gaining more weight during pregnancy, producing extra large babies, and that a trend toward “natural” childbirth has led to “stalled” labours (1991: 243-44). While Northrup writes: “In 1993 ... 22.8 percent of live births in the United States were by cesarean section, a number that has remained about the same since 1985, according to the American College of Obstetrics and Gynecology. Though cesarean sections are sometimes necessary, many experts in the field feel that a rate of 15 percent plus or minus 5 percent is more reasonable” (1998: 473).

²Sants (1964), for example, uses Hans Christian Andersen’s *The Ugly Duckling* and Sophocles’s classic story of *Oedipus Rex* as fictional representations of the adoptive condition.

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