

**Andrea O'Reilly**

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## **Labour Signs**

### ***The Semiotics of Birthing***

Ten years ago when my three children were very young and while I was working towards my PhD, my spouse and I lived for seven years in a very tiny two-bedroom apartment on campus wherein our eight-by-ten bedroom served as both study, and sleeping room for my spouse, myself and the baby. In that cramped and crowded room, where books were stacked alongside the laundry pile, there used to hang from my bookshelf above the computer, and amidst the disorder of crumpled lecture notes, unpaid bills, and children's odd socks, a small picture of the Great Goddess Venus of Willendorf. I cut this picture from Merlin Stone's book *When God was A Woman* years ago when I was pregnant with my first child with the intention of having it framed one day. Well, Venus never got her frame. Instead, in a rare moment of organization, I hung the picture with a piece of scotch tape in front of my books and beside my daughter's discarded barrettes and my son's broken watch band where she stayed until we moved several years later. But, I think that Venus, the Goddess of Birth, Life and Nature, preferred to sit amongst the relics of my chaotic life rather than be entombed in a picture frame and isolated on a distant wall. She belonged with the dirt and disorder of my life. To confine Venus within a frame and to keep her clean behind glass would have been, I think, disrespectful to the life-force She embodies and represents. I used to like to watch my dusty Venus dance in the breeze alongside my books and my children's memorabilia while I worked. My dust and dancing Venus was both earth and spirit: beside my children's junk and my books this Great Goddess signified wisdom, as well as life. Wise and nurturing, strong and caring, free yet responsible, my Venus sustained, inspired, and empowered me.

I begin this article on the semiotics of birthing with this memory of my dusty and dancing Venus because She, ten years after she danced in my student

apartment, remains, in this culture of “high-tech” birth, a sign without a referent. The birthing woman today is the Venus behind glass within a frame, displayed as spectacle on a barren and distant wall. The sterilized, confined, and alienated Venus behind glass signifies the dominant discourse of birth as a medical event.

In her article, “Feminism, Medicine and the Meaning of Childbirth,” Paula A. Treichler argues that while the term childbirth signifies multiple and diverse meanings, both discursively and socially, the medical meaning of birth has, “through a complex cultural process ... come to constitute [the] official “definition” [of childbirth]” (1990: 122, 123). Similar to the frame that confines Venus, a definition, like the medical definition of birth, “sets limits, determines boundaries, distinguishes” (Treichler, 1990: 123). “Definitions,” Treichler continues, “claim to state what is” (1990: 123). The multiplicity of meanings which birth may signify are impoverished through the construction of an official—i.e., medical—definition of birth. Through the complex process of intersecting forces, economics, politics, cultural structures, medicine, or what de Lauretis (1987) would call “social technologies,” the medical definition of birth is codified as the official and only meaning of childbirth. A definition, as Treichler explains, “represents the *outcome* of [political, economic and ideological] struggle” (1990: 133). In turn, the definition through its inscription in laws, social policies, determines the material conditions of birthing.

The majority of women give birth in hospital because childbirth is defined as a medical event requiring technological intervention, “scientific expertise” and professional supervision. The medicalization of birth is the result of the medical meaning of birth accruing, in Treichler’s words, “linguistic capital—the power to establish and enforce a particular definition of childbirth” (1990: 116). It is because the “medical establishment” holds a monopoly on the social technologies that it is able to define the meaning of childbirth and determine its material conditions. To rephrase de Lauretis: the construction of birth is both the product and process of its official medical definition.

The dominant definition of childbirth as medical event empties birth as signifier of its multiple and diverse meanings. The birthing woman is the Venus behind glass within a frame. Childbirth is stirrups, internal and external monitors, oxytocin drip, epidurals, episiotomies, and last, but not least, forceps. Through the codification and mobilization of the official-medical-definition of childbirth the sign birth is emptied of its diversity of meanings and thus becomes, in Barthes’ (1972) process of signification, a signifier. The sign is appropriated by the official definition of birth, or what we may call the dominant ideology/mythology of childbirth. Through such appropriation the diverse meanings of birth are impoverished and the sign becomes an empty form that may be filled with a new medical definition/ideology of childbirth. Mapping Treichler’s Foucauldian analysis of now definitions of childbirth come to be constructed, codified, and mobilized on Barthes’ semiotic theory of myth as a process of signification allows us to trace the steps by which the

particular definition of birth is naturalized as the only—i.e., universal and real—meaning of birth.

At the first level of signification, language, the relationship between the signifier and the signified is born from linguistic convention. When we hear the word book, the image of standard-sized paper bound in cloth or paper comes to mind. Parents with young children experience daily how such associations are learned. At a restaurant once when a waiter served my two-year old daughter her coleslaw at the same time he said to my spouse “Here is your lobster.” During the meal my daughter pointed to the few strands of coleslaw on her plate and said that she had eaten all of her lobster and wanted more. Because she heard the word lobster at the same time as she was given her coleslaw she thought that the word lobster signified coleslaw. For many years, whenever my daughter heard the word lobster, an image of green cabbage and not a red hard-shelled fish would come to mind. Such a mixed up association become all the more amusing when this same daughter at the age of six decided to become a vegetarian, which she is still today at the age of 14.

At the second level of signification, however, the relationship between the signifier, the first level sign emptied of meaning and the signified is not defined by linguistic convention, but is rather ideologically overdetermined. Moreover, though the relationship of signifier and signified in language is dictated by linguistic convention, the relationship is not stable or fixed: slippage occurs because the signifier may signify diverse conceptualizations. The word birth for some may signify “natural” birth at home while for others the word brings to mind caesarean delivery or a “high-tech” hospital birth. At the level of myth, however, the relationship between the signifier and the signified is not conventional yet fluid but is rather arbitrary and rigid. There is no connection, linguistic, logical or otherwise, between the signifier birth and the concept medicalized “high-tech” in hospital childbirth. The two merge, become one as a sign, through the process of signification which is myth. This signification, like the frame which confines Venus, contain the slippage of signifieds by constructing boundaries that restrict and control meaning. Birth, at the second level of myth, now signifies only one of the many conceptualizations of birth, that being childbirth as a medical event. The particular ideologically overdetermined definition or re-presentation of childbirth as a medical event, however, inscribes itself as the normal and the real. Through the process of signification the official definition of childbirth is able to suppress its own construction as an ideology and therefore can naturalize its specific medical treatment of childbirth as the universal “natural” birthing experience.

By overlapping Treichler's (1990) Foucaultian argument and Barthes' (1972) semiotic approach, we can better understand how one meaning of childbirth enters discourse as a constructed definition and how this definition enforces and reinforces its monopoly on meaning through signifying practices. The interplay of social technologies both produces and reproduces an official definition or dominant ideology. Again to rephrase de Lauretis (1987): the

official definition/dominant ideology of birth is both the product and the process of its social technologies. Thus we must ask not only how the official definition of childbirth as medical event comes into being but also how this definition operates as a sign to enforce its meaning of birth and erase all others. In other words, we must track both the cultural process of the definitions' construction and the signifying practices of its re-presentation.

The official definition/dominant ideology of birth as the product of cultural (trans)formations and in the process of its signifying practices inscribes the birthing woman as object, rather than subject, her labour as an automated procedure rather than a natural process. In her book, *The Woman in the Body: A Cultural Analysis of Reproduction*, Emily Martin persuasively documents how, in her words, "reproduction is treated as a form of production" (1987: 57). Obstetrical literature Martin describes the birthing woman as a machine, her labour as a form of factory production that must be supervised, managed and controlled. The scientific and mechanical metaphors which pervade medical discourse result in the discursive erasure of the birthing woman as an active subject and facilitate her objectification in actual obstetrical policies and procedures. The uterus is defined as a machine which produces "efficient or inefficient contractions." Labour, as any mother can tell you, is divided into many stages and substages. The first stage includes the latent phase, the active phase and transition. The second stage, commonly referred to as the "pushing" stage, involves the birth of the baby, the third stage involves the separation and delivery of the placenta. Each stage and substage, as Martin (1987) notes, is assigned a rate of progression: the latent stage should progress at 0.6 cm/hr; the active phase at 1.6 cm/hr for a first labour. If the woman's labour does not meet the medical rate of "normal" progression, the doctor, as supervisor, manager, or foreman, must intervene and "speed up production" through the implementation of "time-saving" equipment and "short cut" methods: breaking the amniotic sac, applying an oxytocin drip, using forceps, performing an episiotomy or delivering the baby by cesarean. The mechanistic metaphors of medical discourse suggest that the achievement of technological intervention is not so much improved safety as increased productivity. Thus, as Martin concludes, "[the] complex process[of birth] that interrelates physical, emotional, and mental experience [is] treated as if it could be broken down and managed like other forms of production" (1987: 66).

The mechanistic metaphors which inscribe labour as a mode of production are often, as I discovered with my third pregnancy, deployed in the language of militarism. Into the forty-second week of pregnancy the doctor during a prenatal "check-up," (a term which also requires unpacking in its inscription of the boy as machine) outlined to my spouse and I the procedure to be taken now that I was "overdue." After drawing up the itinerary for the week—today a visit to the antenatal clinic for a NST (Non-Stress Test), tomorrow, the booking of the induction, Wednesday, an appointment with an obstetrician, ("overdue" I became a "high-risk" patient that required the supervision of an obstetrician), and

Friday the seven o'clock arrival at hospital for the birth—my doctor sat back and announced that *the situation demands that we take action and become aggressive*. The word aggressive jolted me from my wandering thoughts: “late” with my two earlier pregnancies I had sat only half-listening, bored rather than shocked, by the week’s agenda. But the word aggressive horrified and stunned me. The word conjured up images of the militarism of the corporate world and battlefields and not the emotions of joy, pride, and triumph I would experience in the birthing of my child. The word also signifies competition, hostility, hate and even death and not the cooperation and harmony of spirit and body, the intimacy of mother and father, and the parent-child love which birthing creates in its giving of life. But for my physician such language is accurate and appropriate because of the medical discourse’s inscription of the female body as an unreliable machine and labour as a mode of production which needs to be organized, controlled, and conquered. Through its signifying practices medical discourse empties the sign birth of its plurality of referents and erases, in the process, my meaning of childbirth. My stunned response is more than just an instance of linguistic incomprehension: his speech and my silence is a moment of ideological collision between the dominant enforced “legitimate” definition of birth and one marginal erased “illegitimate” meaning of it.

Medical discourse, like all language, is never innocent, neutral or secondary. “The word childbirth,” as Treichler explains, “is not merely a label, provided us by language, for a clear-cut event that already exists in the world: rather than describe, it inscribes, and makes the event intelligible to us. We cannot look through discourse to determine what childbirth ‘really’ is, for discourse itself is the site where such determination is inscribed” (1990: 132). The militaristic language of my physician and the mechanistic metaphors of his medical discourse do not describe my birthing experience but rather determine it as a condition of submission and a mode of production. Medical discourse defines rather than reflects the “reality” of birth: language is the opaque rather than transparent glass that frame my dusty and dancing Venus.

The fight against the medicalization of childbirth must, therefore, be waged in language. “[T]he best weapon against myth,” Barthes writes, “is perhaps to mythify it in its turn, and to produce an *artificial* myth: and this reconstituted myth will in fact be a mythology” (1972: 135). Since the late ’60s, various “alternative” movements—feminism, midwifery, lay health-care organizations—have challenged the official definition/dominant ideology of childbirth as a medical procedure through contesting definitions, alternative mythologies of birth as a “natural” process. The discourses of feminism, midwifery and the lay health-care movement appropriate the dominant myth of birth and, in Barthes’ words, “use it as the departure point for a third semiological chain, to take its signification as the first term of a second myth” (1972: 135). At this third level of signification childbirth is re-presented as a natural experience rather than a medical event in which the birthing woman controls, rather than is controlled by, the material conditions of her labour.

Those of us who have read the literature of the home-birth movement or attended a Lamaze class realize how ideologically subversive and politically liberating this counter discourse of childbirth can be. It frees Venus from her frame and lets her dance on the earth once again. Choreographed by the labouring woman in rhythm with the natural motion of her own body, birth becomes a dance of joy and triumph which exhilarates and empowers the birthing woman.

The counter-discourse of birth is indeed subversive in its de-stabilization of the official definition/dominant ideology and liberating in its inscription of childbirth as an empowering female defined and controlled experience. However, this is alternative mythology because it is constituted from the form of the dominant mythology contaminated and contained by the hegemonic sign which creates it. As the alternative mythology is conceived by and in “sleeping with the enemy,” the deviant definition of birth, as Treichler explains, “lives a double life... it has grown out of a struggle with a dominant structure which continues to shape it, even cannibalize it” (1990: 132). Counter discourses such as deviant definitions and alternative mythologies do not, as Treichler explains, “arise as a pure autonomous radical language embodying the purity of a new politics. Rather it arises from within the dominant discourse and learns to inhabit it from the outside” (1990: 132). Because counter discourses are born from the form of a dominant mythology in signifying practices or grow out of a struggle with a dominant structure, they, like Kristeva’s semiotic language, must always exist within the dominant discourse, resisting, but never replacing it. The natural mode of childbirth as a product of cultural struggle and in the process of its mythic signifying practices is thus always framed by the discourse it seeks to dismantle.

The political liberation of birth promised by the counter-discourse is also compromised by its discursive inscription of birth as “natural” experience. The “natural” mode of childbirth, as Treichler observes, “[is] as tyrannical and prescriptive as the medical model—perhaps more so, because it pretends to be ideologically free and supportive of individuality” (1990” 130). If the labouring woman chooses an epidural for the relief of pain or must deliver her baby by caesarean is the birth, therefore, “unnatural?” In its inscription of birth as “natural,” the counter-discourse constructs an impasse between the discursive ideal and the “real” circumstances of birth.

With my first pregnancy I “prepared” for “natural” childbirth, (an oxymoron that foregrounds the ideological contradictions of the counter-discourse—preparing for something that is constituted as natural), by attending Lamaze classes. Drilled in breathing exercises, disciplined in “coping strategies” I, along with my spouse—now a trained coach, entered hospital armed with all the required equipment—a paper bag for possible hyperventilation, a picture to focus upon during contractions—determined “to beat the odds” and succeed in “natural” childbirth. We were not prepared for “haemorrhaging during labour” which sabotaged our plans for a “natural” birth by necessitating technological

intervention. After many hours of “managing” my labour, I, overwhelmed by fear and exhausted by the pain, “broke down,” conceded “defeat” and asked for an epidural. (This militaristic language of “natural” childbirth—coping strategies, trained coach, beat the odds, etc. signals a discursive contamination and an ideological contradiction.)

Because birth is natural in the counter-discourse, I saw my medicalized technological birth as unnatural and illegitimate. I felt not joy and pride in birthing my child but shame, guilt, sorrow and loss: I had failed, let my spouse down, deprived my child of a “gentle” birth and denied myself the promised exhilarating empowerment of a self-determined “natural” labour. All the women I spoke to after the birth of my son expressed similar emotions: our conversations always returned to our feeling of disappointment, guilt, grief, and anger. Because the counter-discourse of “natural” childbirth grounds the reality of birth in what is often an impossible to attain labour experience, it becomes a tyrannical and prescriptive master discourse which belittles and oppresses the very women it claims to empower and liberate. Between the discursive ideal and the “real” circumstances of birth is inscribed the shame, guilt, and sorrow of the labouring woman.

As an alternative mythology that is constituted from a dominant mythology, and as a deviant definition which comes from the struggle with an official definition, the counter-discourse of birth will, perhaps, never cleanse itself of its inevitable contamination. The counter-discourse of birth is polluted with the medical discourses’ language of militarism. Birth is inscribed as a competitive sport or battle in which the birthing woman, drilled and disciplined in self-control, conquers her pain and proves she can take it (like a man). It is a testing-ground or rite of initiation which separates the women from the girls. The “natural” mode of childbirth also, as discussed above, positions itself, like the medical model of birth, as a tyrannical and prescriptive master discourse.

If alternative mythologies and deviant definitions ultimately result in the containment, contamination and cannibalization of feminism, how do we displace the official definition/dominant ideology of birth, and define a truly liberating discourse of childbirth. For Treichler, discursive omnipotence is possible only in and through political power. She writes: “[W]e need to strengthen *feminist political aims*: Women’s right to economic resources, information, self-determination, strategic alliances across race and class, access to appropriate resources, and participation in decision-making about the reproductive process” (1990: 133). With equal access to the social technologies, feminists may be able to codify and signify their own discourse of childbirth. Perhaps in a fair “contest of meanings,” (equal access to the social technologies), we could construct an official definition of birth which could, turn, as a dominant ideology, re-present itself as the first sign in the mythological process of signification.

Is such a discourse possible? Not in my lifetime, but perhaps in the lifetime of my children. But since official definitions of birth and their re-presentations

as mythologies are constituted, codified and mobilized on political terrain, it is on this turn that we must fight. Challenging, changing, and someday claiming, political power, we are empowered to discursively inscribe and, in turn, socially determine a truly feminist mode of reproduction. Then and only then will Venus truly dance to her own self-composed song of birth.

## References

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