In this talk I will describe three paradigms of health care that heavily influence contemporary childbirth, most particularly in industrialized nations, but now increasingly all over the globe. I call these three paradigms the technocratic, humanistic, and holistic models of medicine. I will also speak about the importance of preserving midwifery around the world and most especially in Japan.

THE TECHNOCRATIC MODEL OF MEDICINE

Like all health care systems, the medical systems of the industrialized world embody the biases and beliefs of the societies that created them. The word I use to describe such societies is “technocracy.” A technocracy is a society organized around an ideology of technological progress. What most people call “the medical model” I call “the technocratic model of medicine,” or “the technomedical model,” to make clear the connections between this model and the core values of the industrialized societies that created it. The main value underlying the technocratic paradigm of medicine is separation. The principle of separation states that things are better understood outside of their context, that is, divorced from related objects or persons. Technomedicine continually separates the individual into component parts, the process of reproduction into constituent elements, and experience of childbirth from the flow of life.

(1) Mind-body Separation and (2) The Body as Machine. The technocratic model separates the human body from the human mind and defines the body as a machine—a metaphor that reflects the technocracy’s emphasis on the importance of machines. This metaphor sees the female body as inherently defective and dangerously under the influence of nature, which due to its unpredictability, is itself regarded as in need of constant manipulation by man. As the factory production of goods became a central organizing metaphor for social life, it also became the dominant metaphor for birth: the hospital became the factory, the mother’s body became the machine, and the baby became the product of an industrial manufacturing process. Obstetrics was thereby enjoined to develop tools and technologies for the manipulation and improvement of the
inherently defective process of birth, and to make birth conform to the assembly-line model of factory production.

(3) The patient as object, and (4) Alienation of practitioner from patient. Mechanizing the human body and defining the body-machine as the proper object of medical treatment frees technomedical practitioners from any sense of responsibility for the patient's mind or spirit. Thus, practitioners often see no need to engage with the individual who inhabits that body-machine, preferring instead to think of and talk about a patient as "the C-section in room 112." It is rare to see technocratic obstetricians touching laboring women, holding their hands, or soothing them in an embrace.

(5) Diagnosis and treatment from the outside in. When most machines break down, they do not repair themselves from the inside; they must be repaired from the outside, by someone else. Thus in technomedicine, it follows that one must attempt to diagnose problems, cure disease, and repair dysfunction from the outside. The most valued information is that which comes from the many high-tech diagnostic machines now considered essential to good health care. Such technologies are pervasive in pregnancy and childbirth, from ultrasounds in early pregnancy to electronic fetal monitoring during labor. Treatment too is outside in—when labor slows, the amniotic sac is pierced and oxytocin administered; when a baby seems stuck, it is pulled out with forceps or cut out with a knife. The routine administration of IVs to women in labor is a good example of the massive overuse of this outside-in approach. The IV places the woman in the same relationship of dependence on the institution for her life as the baby in the womb is dependent on her for its life.

(6) Hierarchical organization and standardization of care. Technocratic medical systems constitute a microcosm of technocratic society. They routinely subordinate individual needs to standardized institutional practices and routines. IVs, electronic monitoring, periodic vaginal exams, and oxytocin are routinely administered, without scientific justification. As the moment of birth approaches, the woman is placed in the lithotomy position, covered with sterile sheets and doused with antiseptic, and an episiotomy is performed. After the birth, she is handed the baby for a certain amount of time, her placenta is extracted if it does not come out quickly on its own, her episiotomy is sewn up, and finally, she is cleaned up and transferred to a hospital bed. Or she may have a cesarean section, which in countries like Brazil and Mexico is rapidly becoming routine.

(7) Authority and responsibility inherent in practitioner, not patient and (8) Supervaluation of science and technology. In line with its hierarchical structure, the technocratic model invests authority in physicians and in institutions and their personnel. When the doctor is the authority, the patient abdicates responsibility. In childbirth, one of the most graphic demonstrations of the power of "doctor's choice" is the lithotomy position, used not because it is physiologically efficacious, but because it
enables physicians to attend births standing up, with a clear field for maneuvering. We know that this position complicates childbirth, but the many good physiological reasons to allow women to give birth in upright positions (which include increased blood and oxygen supply to the baby, more effective pushing, and wider pelvic outlets) are far less important to most physicians than their own comfort, convenience, and status. In technocracies, “up” is good and “down is bad”: the person who is “on top” has the status and the power, and rarely gives it up for the good of the laboring woman and child.

The power of the technomedical paradigm is such that physicians will rapidly accept procedures and technologies in keeping with it, while rejecting those that do not. When a doctor uses a “low-tech” tool like a fetoscope, he listens with his own ears to the baby’s heartbeat and arrives at a diagnosis that depends in large part on his physical senses. When the same doctor uses an electronic fetal monitor (EFM), only the machine touches or interacts with the patient during the procedure. The physician’s role is to interpret the mechanically mediated results, which are regarded as more objective and reliable than his perceptions. The introduction of this machine in the US in the early 1970s resulted in the cesarean rate skyrocketing from 4% in 1970 to 23% by 1980. Rapid diffusion and acceptance of a new technology often has more to do with its symbolic value than its actual efficacy. Once machines like the EFM exist, any decision not to use them begins to look like substandard care—a reality that reflects the supervaluation of technology in technocratic medical systems. Such machines serve the powerful symbolic purpose of “upgrading” medical care in keeping with our notions of evolutionary progress; indeed, our newest cultural value is the flow of massive amounts of information through sophisticated electronic systems—just the kind of option that the electronic fetal monitor provides.

(9) Aggressive intervention with emphasis on short-term results, and (10) Death as defeat. Since the dawn of the Industrial Revolution, Western society has sought to dominate and control nature. The more we controlled nature, including our bodies, the more we feared the aspects of nature we could not control, leading to what anthropologists have labeled the “One-Two Punch” of technological intervention. For example, take a natural process like reproduction. Punch One: With industrial pollution, lower sperm counts in men living in polluted areas. Punch Two: Recommend artificial insemination for the wives of such men—in other words, fix the problem created with technology with more technology. While most people see Punch Two as an accidental byproduct of Punch One, the deeper truth is that Punch Two is the point. We in technocracies have become convinced that altering natural processes makes them better—more predictable, more controllable, and therefore safer. This One-Two punch of mutilation and prosthesis clearly applies to birth—a process that seems to us to be chaotic, uncontrollable, and therefore dangerous. First we deconstruct it into identifiable segments. Then we control each segment with obstetrical technologies. When the unfortunate byproduct of this One-Two Punch is a baby in distress from a now-dysfunctional labor, we rescue that baby with more technologies. Then we congratulate ourselves on a job well done. The One-Two Punch is a powerful motivating
force in technocratic societies—I call it the technocratic imperative. This impetus to improve on nature through technology has as its ultimate aim to free us altogether from the limitations of nature. The more able we become to control nature, including our natural bodies, the more fearful we become of the aspects of nature we cannot control. Death becomes the ultimate signifier of defeat and thus the ultimate enemy. The underlying ethos behind the routine application of so many unnecessary procedures to birth is fear of death. Technological procedures keep fear at bay by giving both practitioners and birthing women the illusion of safety: they appear to minimize risk while in fact they often generate more problems than they solve.

Technomedical hegemony: (11) A profit-driven system; and (12) Intolerance of other modalities. The word “hegemony” refers to an ideology espoused by the dominant group in a given society. In economics, the hegemonic ideology is capitalism, and in health care, it is the technomedical model. When an ideology is hegemonic, all other competing ideologies become “alternative” to it. Thus in the US, healing modalities such as midwifery, chiropractic, homeopathy, naturopathy, acupuncture, and so forth have been viewed as alternative to allopathy, which still sets the standards for care. Its hegemonic status works to ensure its profitabity: pharmaceutical and medical technology companies constitute by far one of the most profitable industries in technocratic societies. Any system that gains sociocultural ascendancy and then rigidifies, shutting out new information and refusing to incorporate contradictory evidence, is in mortal danger both to itself and to the public it serves.

THE HUMANISTIC MODEL OF MEDICINE

In the United States and elsewhere, the excesses of technomedicine have long been the subject of heated discussion and debate. Humanism arose in reaction to these excesses as an effort driven by nurses and physicians working within the medical system to reform it from the inside. Humanists wish simply to humanize technomedicine—that is, to make it relational, partnership-oriented, individually responsive, and compassionate. This caring, commonsensical approach is garnering wide international appreciation and support. Clearly less radical than holism, clearly more loving than technomedicine, this humanistic paradigm has the most potential to reform the technocratic system from the inside.

The basic principle underlying the humanistic approach is connection: the connection of the patient to the multiple aspects of herself, her family, her society, and her health care practitioners.

(1) Mind-Body Connection and (2) The Body as an Organism. The humanistic approach recognizes the influence of the mind on the body and advocates forms of healing that address both. The implications for childbirth are profound, fostering an understanding that the laboring woman’s emotions can affect the progress of her labor, and that problems in labor may be more effectively dealt with through emotional
support than through technological intervention.

Although in some ways the human body is like a machine, it is a fact of biological life that the body is not a machine but an organism. Such a conclusion has powerful repercussions for treatment, as the way the body is defined will shape the way it is treated by a culture’s health care system. Defining the body as an organism charters the development of an array of treatments that may be irrelevant to a machine but matter a great deal to an organism. Unlike machines, mammalian organisms feel pain and respond emotionally to interactions with others and to changes in their environment. Most mammals respond positively to the comfort of a loving touch and shrink from contact that is harsh or punitive. Thus a paradigm of healing based on a definition of the human body as an organism logically stresses the importance of kindness, of touch, and of caring. These dimensions have special significance for the care of laboring women, from the ways they are treated during labor to the need of mother and baby to remain together after birth. The best analog for the term humanism in the medical literature is the term bio-psycho-social, which acknowledges that this model takes in to account biology, psychology and the social environment.

(3) The Patient as Relational Subject and (4) Connection and Caring between Practitioner and Patient. Humanism requires treating the patient any human being would want to be treated—with consideration, kindness, and respect. Humanists work to establish strong connections with their patients and to come to know them as individuals. Starting in the 1970s, childbirth activists in large numbers in various countries began to demand that fathers and significant others should be allowed into delivery rooms, that mother and baby should not be separated after birth, that friends and relatives be allowed to remain with the laboring woman if she wished. The effect of the presence of caring others during childbirth does far more than simply work toward a more pleasant labor experience; it can be central to the positive outcome of that experience. In childbirth the strongest evidence of the power of relationship-centered care comes from the doula research. A doula is a female companion especially trained to give labor support. Various researchers have compared the results of normal hospital labors with labors of women attended one-on-one by a doula. They found that doula support dramatically reduced problems of fetal asphyxia and labor dystocia, shortened length of labor, and enhanced mother-infant interaction after delivery.

(5) Diagnosis and Healing from the Outside In and from the Inside Out and (6) Balance between the Needs of the Institution and the Individual. Humanistic practitioners elicit information from deep within the patient and combine it with objective findings. They find that how to listen is as important as knowing what to say, as a patient’s story can provide important keys to treatment. And humanism counterbalances technomedicine with a softer approach, which can be anything from a superficial overlay to profoundly alternative methods. It is superficially humanistic to decorate a technocratic labor room so the machines don’t stand out so much; it is deeply humanistic to provide women with flexible spaces in which they have room to move.
The Technocratic, Humanistic, and Holistic Paradigms of Childbirth

around as much as they like, to be in water if they wish, to labor as they choose. Most medical institutions are designed to support and implement technocratic principles, and it is often not possible for individuals to effect significant change. So sometimes humanistically inclined midwives and doctors must content themselves with superficial improvements; but very often, committed individuals find they can do more. In the US, nurse-midwives have gained a reputation as the practitioners who try the hardest to provide deeply humanistic care within hospitals. Thus two humanistic changes often sought by American birth activists include convincing hospitals to hire midwives and to provide one-on-one doula care.

(7) Information, Decision-making, and Responsibility Shared between Patient and Practitioner and (8) Science and Technology Counterbalanced with Humanism. In the technocratic model the discussion of options outside of conventional medicine is generally impossible due to the doctor’s allegiance to technocratic approaches and ignorance of alternatives. But in humanism, open discussion of treatment choices leads naturally to an exploration and sharing of values. Humanistic physicians take science as their standard and use virtually the same tools and techniques as technomedica doctors. The difference lies in timing and selection. Humanists are more willing to wait, to be conservative, more open to mind/body approaches. They use technology, but emphasize caring and relationship alongside it, a combination captured in the phrase “high tech, high touch.”

A whole new class of birth technologies has been developed that can be considered humanistic, from portable tables that allow babies in distress to be resuscitated at their mother’s sides to sophisticated birthing chairs that allow women to birth in upright positions. But for such interventions to be truly humanistic, they should be used at a patient’s request or desire and their use should be soundly evidence-based. For example, epidural anesthesia can be considered a humanistic intervention because it takes away pain while allowing women to be “awake and aware.” But there is nothing humanistic about forcing epidurals on women who don’t want them, and as you know they carry significant risks, including stalled labors, maternal fevers, and increased length of second stage. Humanistic obstetricians and midwives try to evaluate the evidence and to make decisions that reflect the balance between what science shows to work and the needs and desires of the women they attend.

A good example of counterbalancing science and technology with humanistic principles stems from a birth in which a mother laboring in a hospital supported by her husband and a doula rejected the delivery table and asked to be allowed to give birth on the floor. The nurse-midwives attending her asked themselves what science truly demanded in that situation. The answer was that there was nothing scientific at all about giving birth flat on one’s back on a delivery table; it was in fact much more evidence-based to give birth upright on the floor. What science did demand was a clean area for the delivery. The midwives took the sheets off of the table and put them on the floor, and the woman, propped with pillows, cheerfully sat on top of them to give birth. Ideally, humanistic care should be evidence-based care that reflects real science and not
medical authority or tradition.

(9) Focus on Disease Prevention and (10) Death as an Acceptable Outcome. In childbirth, where death usually arrives suddenly, the technocratic approach to the death of a baby is to whisk away the body, leaving the parents with empty arms. The humanistic way is to allow the parents all the time they need with that baby, so that the pain of death is not augmented by the pain of sudden separation.

Most proponents of humanism are also strong proponents of science-based public health initiatives. They point out that a clean water supply will do far more good for the health of far more people than building high-tech hospitals, as will ensuring clean air, adequate nutrition, and access to primary health care. Thus the public health paradigm, which stresses long-term, large-scale disease prevention, public education, and health promotion, corresponds closely to the humanistic paradigm, which stresses long-term individual and family disease prevention and health promotion. Humanists often leave private medical practice for work in the wider arena of public health. They see that effective prevention of complications in childbirth means addressing the problems that lead to maternal and fetal deaths at their source. Technomedicine identifies hemorrhage, toxemia, anemia, and the like as the causes of maternal death. But the underlying sources of these problems around the developing world are the interrelated factors of poverty, overwork, poor nutrition, contaminated food and water, and the lower status of women. Initiatives that try to solve the problem of maternal mortality by building more hospitals and stocking them with machines fail to address these core sources; instead, they perpetrate the agenda of technomedicine. The public health paradigm takes a broadscale, population-wide approach to disease prevention, while the humanistic model focuses more specifically on the individual relationships between family, patient, and provider, and their effects.

(11) Compassion-Driven Care and (12) Open-Mindedness toward Other Modalities. The driving ethos of the humanist is compassion—the ability to sense and care about the needs of others. When they hold a woman and breathe with her through a contraction, humanistic practitioners are working to re-create a place in medicine for the human values of partnership, relationship, and caring.

Most humanists have no intention of learning alternative healing techniques, although in general they are open-minded and support patients who chose to use alternatives—as long as the overall treatment program includes conventional care. Physicians and midwives seeking to practice humanistically need not undergo any noticeable change in beliefs about what causes or cures disease. Simply being nicer, more caring, more willing to touch and communicate repositions them in the humanistic model. Most will not undergo the radical shift in values that permits them to go beyond compassion to employ the healing power of that mysterious thing called energy in overcoming disease. This is the realm of the holistic midwife and physician.
THE HOLISTIC MODEL OF MEDICINE

The principles of connection and integration that underlie the holistic paradigm arise from the fluid, multi-modal, right-brained thinking that, after centuries of devaluation in the West, is finally beginning to regain lost ground. It is thinking of, with, and through the body and the spirit—holistic thinking, fluid thinking that transcends logical reasoning and rigid classifications and encompasses the unpredictable relationship, the unexpected connection, the revealing intuition—that so often constitutes a prime element of holistic healing.

(1) Oneness of body-mind-spirit; and (2) The Body as an Energy System Interlinked with Other Energy Systems. A large part of the initial impetus for seeing mind and body as one in holistic healing was the realization that the brain, the physical seat of the mind, is not located only in the head but in fact extends throughout the central nervous system. Understanding this makes it much harder to think of body and mind as separate entities. If the mind is the body, and the body is the mind, then addressing the psychological states and emotions of the pregnant or laboring woman is the essential aspect of care. The holistic paradigm also insists on the participation of the spirit in the human whole. In incorporating spirit or soul into the healing process, holistic healers bring medicine back into the world of the spiritual and the metaphysical from which it was separated during the Industrial Revolution.

The holistic paradigm moves far beyond the narrow view of the body-as-machine, past the humanistic view of the body as an organism, all the way to a limitless view of the body as energy. Defining the body as an energy system provides a powerful charter for the development and use of forms of medicine and treatment that work energetically such as acupuncture, homeopathy, intuitive diagnosis, Reiki, hands-on healing, magnetic field therapy, and therapeutic touch. “Energy medicine” acknowledges that an individual’s health can be influenced by such subtleties as the vibrations of anger or hostility. Many midwives I have studied define themselves as holistic and consciously seek to work with what they call “birth energy.” Indeed, they believe that the primary intervention a midwife can make is at the energetic level. Intervening to “redirect the energies” can ensure that no other type of intervention will be needed. If a labor stalls and a cesarean seems imminent, a midwife who has a feel for the power of energy may throw open the window, put on some music, and get the mother up to dance. Or she might leave the room to allow the birthing couple some privacy, so that the loving energy of their relationship can infuse the birth experience. The important point is that for the practitioner who works at the level of energy, these sorts of interventions will not be afterthoughts or overlays, but will be basic and primary—the first line of care.

(3) Healing the Whole Person in Whole Life Context and (4) Essential Unity of Practitioner and Client. As we have just seen, the holistic model offers the possibility that the midwife and the mother are not separate but are fundamentally one. If the body

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is an energy field, then as they interact the energy fields of client and practitioner can merge. For example, the midwife in this slide entered a labor room to find a young woman rocking on the bed and whimpering “Oh God, Oh God” in a high-pitched voice. The midwife simply climbed onto the bed and held the laboring woman in her arms, rocking with her and whispering in her ear in deep tones, “Oh good, oh good,” until the woman began to chant with her and soon her sounds deepened to “Oh, goo-oo—ood” because suddenly, as she released her fear, her body opened and she was ready to push.

Holism acknowledges that no single explanation of a diagnosis, no single drug or therapeutic approach, will sufficiently address an individual’s health problems; rather, such problems must be addressed in terms of the whole persons and the whole environments in which they live. It is no accident that the most commonly asked question in holistic health is “What’s going on in your life?” This question expresses the holistic view that illness is a manifestation of imbalance in the bodymindspirit whole. Holists note that the health of the immune system, or the process of pregnancy and birth, can be impeded by exhaustion, depression, and emotional stress. And they believe that a healthy immune system, as well as a healthy pregnancy and birth, can be facilitated by multiple means, from dialogue to dream analysis to dance, from massage to exercise to organic food.

(5) Diagnosis and Healing from the Inside Out and (6) Individualization of care. While they may, if appropriate, order “outside-in” diagnostic tests, holistic practitioners will primarily diagnose and treat from the inside out—in other words, they will rely to a significant extent on their own intuition and the inner knowing of their clients as primary sources of authoritative knowledge, along with the books and the machines. Their willingness to rely on intuition comes from their deep understanding of the body as energy and their trust in right-brained, gestaltic kinds of thinking that do not rely on logic but on that sudden flash of insight from which healing can arise.

Holistic practitioners are often trained in technomedicine and have seen the damage standardized hospital policies and hierarchies can do to individuals. In general, they do their best to not to standardize their care but to respond to individual circumstances in individual ways. They will encourage a laboring woman to eat and drink and move about at will, and to give birth in the place of her choice attended by the people and practitioners of her choice, allowing her unique needs and rhythms to be paramount in the unfolding of her birth. A recent study carried out by Japanese anthropologist Etsuko Matsuoka shows that a number of Japanese midwives choose to practice in this holistic way. Some Japanese midwives disturbed by the detrimental effects of technocratic birth leave hospital practice to open birthing homes and run home birth practices, while others are creating beautiful alternative birth centers inside hospitals, complete with futons on the floor.

(7) Authority and Responsibility Inherent in the Individual and (8) Science and Technology Placed at the Service of the Individual. A basic tenet of holistic healing is that ultimately, individuals must take responsibility for their own health and
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wellbeing. Holistic practitioners in general tend to see themselves as part of a healing team, of which the patient the most significant member. Holistic healers in general do not reject technology; rather, they place it at the service of their clients. Usually their technologies are not invasive, nor do they produce the toxic effects of many of the technologies of conventional medicine. In childbirth, they range from administering oxygen to a laboring woman in need of extra energy, to birth balls that facilitate changes in position, to jacuzzis with overhead ropes to pull on as the woman bears down. Such technologies do not dominate and control; rather, they work with physiology to empower the woman to give birth.

(9) A Long-Term Focus on Creating and Maintaining Health and Well-Being and (10) Death as a Step in a Process. Technocratic practitioners often express extreme frustration over the patient's failure to follow doctor's orders. In contrast, holistic practitioners most frequently voice frustration over patients who make no long-term commitment to improving their health but want the doctor to provide them with a quick fix. Holistic practitioners want their clients to make long-term changes in their diets and lifestyles that will not simply prevent illness but will actively generate good health. Giving up sugar, caffeine, and highly processed foods, taking vitamin supplements, eating nutrient-rich organic vegetables, exercising regularly, and dealing with stress through meditation are examples of the kinds of long-term changes that are often necessary to the creation of wellness. Holistic midwives and physicians know that pregnancy is a crucial time for making such changes, not only for the health of the baby but also to ensure the long term health of the mother. Of course, many people are resistant to such lifestyle alterations. Holistic practitioners must engage in a great deal of client education, and must maintain a great deal of patience, in order to support people in making this kind of change.

The holistic paradigm's redefines death not as any kind of final end but as an essential step in the process of living. This view stems from holists' definition of the body as an energy field, and from their deep-seated understanding of the transmutable nature of energy. Because of their integrated views on the essential oneness of body, mind, and spirit, it is only at the moment of death that holists grant these a conceptual separation. At death, in this view, the energy of the body decays and returns to earth, while the energy of the spirit or the individual consciousness continues on. Many holists accept some version of Eastern philosophies of reincarnation that see death as an opportunity for continued growth into a new kind of life in spirit and then perhaps again in flesh. While this positive view does not lead holists to rush to embrace death, it does tend to give them a strong sense of trust in the essential safety of the universe and in the wisdom and worth of its ways.

(11) Healing as the Focus and (12) Embrace of Multiple Healing Modalities. While holistic practitioners are conscious of the need to earn a living, it follows their personal commitment to work rather than drives it. Recognizing that healing occurs not in response to their actions but in the support and stimulation of the vital force, in the
exchange of energy between individuals, or in the long slow progress toward health that often rewards serious lifestyle changes, holistic doctors and midwives are keenly aware of their partnership with patients. Money is part of this exchange. Unlike technomedical practitioners who are apt to live stressful and harried lives wherein they are unable to care for themselves adequately, holistic doctors find that their own healing often accompanies that of their patients, as it is impossible to fully espouse a holistic philosophy without applying it to oneself. In the mutual appreciation that often arises between holistic healer and patient, a deep experience of value replaces the focus on money.

As we have seen, the holistic paradigm's definition of the body as an energy field in constant interaction with other energy fields makes possible its embrace of multiple modalities that remain unacceptable to proponents of technomedicine. The holistic model encompasses a rich variety of approaches, ranging from nutritional therapy to traditional healing modalities such as Chinese and Japanese medicine to various methods of directly affecting personal energy. Some holistic practitioners study a particular modality while others employ an eclectic approach. The ultimate holistic vision entails a profound revolution in health care that would replace the dominance of the technomedical model with a multiplicity of approaches. Midwifery, homeopathy, naturopathy, acupuncture, and other modalities would take their places as respected and legitimate disciplines. Practitioners of each modality would know enough about the others for appropriate referral. Above all, the public would be educated in the techniques of self-care, healthy lifestyle and the appropriate use of a variety of approaches to healing.

As a society's medical system mirrors its core values in microcosm, so the evolution of medicine can influence the evolution of the wider culture. We must ask, Who do we want to make ourselves become through the kinds of health care we create? Contemporary obstetrical practitioners have a unique opportunity to weave many elements together. Information is available about indigenous childbirth practices from many cultures, some of which (such as massage and upright positions for birth) are highly beneficial and should be incorporated. More information than ever is available from scientific studies that inform us about the physiology of birth and the kinds of care that truly support women to give birth. And technologies exist to support every kind of labor choice. If we could apply appropriate technologies, in combination with the values of humanism and the spontaneous openness to individuality and energy chartered by holism, we could in fact create the best obstetrical system the world has ever known.

It has been scientifically shown that the most powerful determinant of a woman's birth outcome is the ideology of her practitioner. Around the world, midwives are the birth practitioners who are most committed to approaching birth humanistically and holistically. For these reasons and many others, midwifery around the world must be preserved and fostered. I have heard that the Japanese nursing association is developing a plan to eliminate midwifery as a unique specialty, and to create category of advanced nursing that would include training in various specialties and only three...
months of training in midwifery, instead of the full year of training that you presently have. I urge you not to let this happen, as it would be the end of midwifery as an autonomous profession in Japan. Right now you are in the fortunate position of attending the majority of Japanese births. You must not let yourselves lose ground. Several Japanese midwives have told me that they feel powerless to do anything about this nursing initiative, as there are 985,000 Japanese nurses and only 24,202 midwives. But you are not powerless. You have two national associations of midwifery and you can join forces to fight for your rights, as the midwives in the Netherlands, Denmark, Germany, and New Zealand have successfully done. In the US, there are hundreds of thousands of nurses and only about 10,000 practicing midwives. Yet the members of the American College of Nurse-Midwives have been able to raise the number of nurse-midwives in the US from under one hundred in the 1950s to over 8000 today, and to raise the percentage of midwife-attended births from almost zero in the 1960s to ten percent today. Their ultimate goal is “a midwife for every mother.” They are succeeding because they are well-organized, passionate, and determined. They have been carefully documenting the outcomes of all nurse-midwife attended births since the beginning of their profession in the US in 1925, and they have consistently demonstrated excellent outcomes published in professional journals. Armed with this evidence, with a committed national organizational staff, and with ACNM local chapters in every state and region of the US, they managed to get themselves legal, licensed, and insurance-reimbursed in all 50 states by the 1980s. To achieve this seemingly impossible goal, they had to fight national battles with the American College of Obstetrics and Gynecology and the American Nursing Association, and local battles with legislatures and nursing regulatory boards in every state. If a few thousand nurse-midwives in the US can succeed in revitalizing their profession, I assure you that if you bring the same kind of commitment, determination, and documentation of your good outcomes to your struggle, you will be able to preserve autonomous midwifery in Japan and thereby keep open for Japanese women the full spectrum of choices in childbirth. With all my heart, for the sake of the mothers and babies of Japan, I beg you to accept this challenge and to accomplish this goal. Thank you.

**HANDOUT: THE TECHNOCRATIC, HUMANISTIC, AND HOLISTIC MODELS OF MEDICINE**

**The Technocratic Model of Medicine**
1. Mind/body separation
2. The body as machine
3. The patient as object
4. Alienation of practitioner from patient
5. Diagnosis and treatment from the outside in (curing disease, repairing dysfunction)
6. Hierarchical organization and standardization of care
7. Authority and responsibility inherent in practitioner, not patient
8. Supervaluation of science and technology
9. Aggressive intervention with emphasis on short-term results

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10. Death as defeat
11. A profit-driven system
12. Intolerance of other modalities

Basic underlying principle: separation
Type of thinking: unimodal, left-brained, linear

The Humanistic (Biopsychosocial) Model of Medicine:
1. Mind-body connection
2. The body as an organism
3. The patient as relational subject
4. Connection and caring between practitioner and patient
5. Diagnosis and healing from the outside in and from the inside out
6. Balance between the needs of the institution and the individual
7. Information, decision-making, and responsibility shared between patient and practitioner
8. Science and technology counterbalanced with humanism
9. Focus on disease prevention
10. Death as an acceptable outcome
11. Compassion-driven care
12. Open-mindedness toward other modalities

Basic underlying principles: balance and connection
Type of thinking: bimodal

The Holistic Model of Medicine
1. Oneness of body-mind-spirit
2. The body as an energy system interlinked with other energy systems
3. Healing the whole person in whole-life context
4. Essential unity of practitioner and client
5. Diagnosis and healing from the inside out
6. Networking organizational structure that facilitates individualization of care
7. Authority and responsibility inherent in each individual
8. Science and technology placed at the service of the individual
9. A long-term focus on creating and maintaining health and well-being
10. Death as a step in a process
11. Healing as the focus
12. Embrace of multiple healing modalities

Basic underlying principles: Connection and integration
Type of thinking: Fluid, multimodal, right-brained


(逐次通訳 篠田穎子)
技術主義的なお産・人間性あふれるお産・
ホリスティックなお産
—お産をとりまく3つのパラダイム—

テキサス大学人類学研究教授　ロビー・デイビスフロイト博士

今日は、現在のお産をめぐって保健・医療ケアに深く関わる3つのパラダイムについて話します。これらのパラダイムは、「技術主義（テクノクラティック）モデル」、「人間性あふれる（ヒューマニスティック）モデル」、「ホリスティック・モデル」と名付けました。

技術主義的なお産のモデル
多くの保健・医療ケアシステムがそうであるように、医療システムはそれを作った社会の人々の先入観や信条によって形作られています。特に工業国は科学技術の発展によって社会がまとまるというイデオロギー（観念）で成り立っています。

そうした社会で支配的な技術主義的な医療の根底に流れる主な価値観は「分離」です。ある事柄がその流れや、とりもなおさず人々から切り離された状態のほうが、よりよく理解できるとされるのが分離の原則です。技術主義モデルは人間を心から体験に分け、からだを機械とみます。機械であるからだを医学的療法の対象にするならば、医療技術者である医療関係者は患者の心や精神といったところに気を払う必要がありません。機械が故障した時のように問題を診断し、病気を治し、機能不全を防ぐことができます。

技術主義的な医療システムは、常に個人のニーズよりも標準化された施設のやり方やルーティンを優先します。科学的正当性がない処置でも、ピラミッド状の階層構造に沿って医師や施設とその中のスタッフに権限が与えられていますから、患者は責任を放棄し、標準化されたケアが続きます。

人間性あふれる（ヒューマニスティックな）医療モデル
人間性を求める行動は、医療システム内で働く医師や看護婦などが、なんとか内部から変化をもたらしたいという気持ちに端を発しています。ヒューマニスティックモデルは技術主義の医療を、血が通ったものにしたいと願っていますから、技術主義的なシステムを内部から見直ししていく可能性を最も秘めているといえるでしょう。

ヒューマニスティック・ケアの基本的な原則は「結びつく」または「関係を持つ」ことです。患者が自分のあらゆる側面を自分に結びつけたり、家族や社会と結びつけること、そして、医療関係者とも結びつくことです。これらの状態がからだに影響をおよぼすことを知っ
しているので、心身どちらにも働きをもたらすケアの形態を提唱します。産婦の感情がお産の進行にも影響を与え、陣痛中の問題が技術的にも関わりの支援で効果的に対処できることへの理解を深めていくのです。人間のからだを有機体として療しを基本に置く場合、論理的にも優しさ、接触や気遣いが重要となります。こうした側面で、陣痛中どのように産婦を扱うかや、産後赤ちゃんとお母さんが一緒にいる必要性にいたるまで、産婦をケアする上で特に重要な意味を持ちます。

人間性をあふれるケアをするために、医療関係者は患者と強い人間関係を形成し、相手を個人として知るようになります。患者からの客観的情報と、深い内面から引き出された情報の両方を結びつけていきます。技術主義的なモデルでは従来の医療の枠組みの外にある療法を使うことはありません。なぜなら、医師達はすでに技術主義的なやり方に忠誠を尽くしていったり、代替療法については無知だからです。しかし、ヒューマニストの医師は心身一如の考え方、技術は使い当てがそれと同時に、いわゆる「ハイテク、ハイ・タッチ」とも呼べるケアをすることや結びつに重きを置いています。

医療のホリスティック・モデル

つながりとまとまりの原理がホリスティック・モデルのパラダイムの基礎です。からだと精神を、からだと精神をとおして、からだと精神とともに考えるホリスティック（全体論的）かつ、流動的な考え方で論理的な分別や厳格な分類の枠を超えるものです。

ホリスティックなパラダイムは、からだとエネルギーとえられます。それにより、鍼灸、ホメオパシー、直感的診断、手当て療法、磁界療法、タッチ療法など、エネルギーが作用する療法や医学体系を使ったり開発するという道が開かれていくことになります。1つの診断、1つの薬剤や治療法が患者の健康問題を十分に説明できないとし、むしろその人全体、さらにはその人が生きる周囲の環境全体が問題を説明するのに必要です。

ホリスティックな医療関係者は、自分の直感やすぐに患者について感じていることを、本や機械からの情報と並んで主な知識源だと認識しています。ケアは標準化しないよう、個別の状態により個別のやり方で接しています。その産婦独自のニーズとリズムに応じることこそ、お産の展開にもっとも重要だとしています。

ホリスティックな施設の基本にあるのは、究極的には自分の健康や幸せは自分の責任で勝ち取るものという考えです。一般的には技術を否定せず、むしろ患者のために利用しますか、医療技術のもたらす害は避けます。胎児の健康のためだけでなく、母親の長期的な健康のためにも、妊娠期に食事や生活を長期にわたって変え、単に病気予防に留まらず、積極的に健康を勝ち取ることを望んでいます。お産では、生理学的に産婦に産む力をつけようとします。

医療システムは、その社会の核となる価値観を映し出す小宇宙であり鏡です。私たちの創造するヘルスケアを通してどんな人になりたいのか、私たちは自問自答しなければなりません。お産の結果にもっとも強く影響を与えるのは、介助する人のイテロロジーです。世界中
でもっとも産を人間性あふれるものとし、ホリスティックにとらえているのは助産婦ですから、助産婦職を守り育てていかなければならない。本当の意味で日本の女性の産の選択肢を広げるために、助産婦の自律を心の底から願っています。

表: 技術主義的・ヒューマニスティックな、そしてホリスティックな医療モデル

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*このスピーチの内容は、From Doctor to Healer : The Transformative Journey (Davis-Floyd and St. John 1998) と Birth as an American Rite of Passage (Davis-Floyd 1992) に詳しく書かれています。どうかご参照ください。

（翻訳 戸田律子）