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# Women's Leadership: A Study on Empowerment As Related to Midwifery

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**April, 1997** 

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# 17. Being a Midwife<sup>1</sup>

The wise leader does not intervene unnecessarily. The leader's presence is felt, but often the group runs itself.

Lesser leaders do a lot, say a lot, have followers, and form cults.

Even worse ones use fear to energize the group and force to overcome resistance.

Only the most dreadful leaders have bad reputations.

Remember that you are facilitating another person's process. It is not your process. Do not intrude. Do not control. Do not force your own needs and insights into the foreground.

If you do not trust a person's process, that person will not trust you.

Imagine that you are a midwife; you are assisting at someone else's birth Do good without show or fuss. Facilitate what is happening rather than what you think ought to be happening. If you must take the lead, lead so that the mother is helped, yet still free and in charge.

When the baby is born, the mother will rightly say: "We did it ourselves!"
-Lao-tzu

# Introduction to the Project

Leadership is an increasingly studied process in helping people achieve mutual goals. This project will address leadership and a competency known as empowerment as they can be applied to the practice of midwifery. The research will demonstrate that leadership and empowerment provide methods by which midwives and their clientele reach mutual goals. The aforementioned excerpt from Lao-tzu expresses the compelling relationship between leadership, empowerment, and midwifery. The quote speaks to the focus of this project, "Do good without show or fuss. Facilitate what is happening rather than what you think ought to be happening" (Lao-tzu). By empowering, the midwife facilitates and leads the mother and family to their goal. This is leadership.

<sup>&</sup>lt;sup>1</sup> Lao-tzu's Tao Te Ching in Wren, J. Thomas, <u>The Leader's Companion: Insights on Leadership</u> Through the Ages, The Free Press, New York, NY, 1995. p.70-71

Leadership can be defined as a process involving influence relationships where a group is motivated towards goals and an outcome is produced as a result of that interaction. Leadership is a process of change and action, dependent upon the nature of situations, leaders, and followers. The roles of the leader, follower, and situation weave the web of leadership and define the goals, values, missions and visions of the tasks at hand. Leadership is dynamic. It is a field of study which is examined and explored in multi-disciplinary settings. Therefore, scholars of leadership think critically in applying leadership theory to the world in which they live and to subsequent realities of life. Multidisciplinary study is the greatest strength and attribute of leadership studies. Scholars of leadership have free reign to examine leadership theory and practice across unlimited scholastic theories, disciplines, and also to other cultures. In essence, leadership scholars repeatedly venture into unexplored territory to search for applications and analyses of leadership within both specific and broad contexts. Leadership can be unconventional, and thus within this project is an impetus for investigating an unconventional space in which leadership exists.

Women's leadership is a subject of ambiguity to leadership scholars. Many stereotypes exist in regard to women as leaders, and research on this subject frequently reflects the lack of practical knowledge and exploration into this topic. Research regarding the leadership of women has often reflected a focus on managerial-oriented women, and has not explored various disciplines in search of other manifestations of female leadership. This project challenges this shortcoming in leadership research. It demonstrates that feminine leadership is manifested in areas other than managerial settings.

It fills the missing link in leadership research looking at gender differentiation, and asserts

that women do lead differently in the setting of midwifery. This paper will introduce scholars to a sociological locale in which women demonstrate incredible leadership skills. This locale is in the area of midwifery, and the exemplary leadership women exhibit in empowering their followers. "Leadership is 'an influence relationship among leaders and followers who intend real changes that reflect their mutual purposes." This influence relationship, change, and mutual purpose exists in leadership situations. As Lao-tzu said in 'Being a Midwife', leadership is "facilitating another person's process" while moving toward mutual goals. Midwives exhibit these qualities in their work, as illustrated by this research.

There has been little exploration into midwifery and its values as they can be studied and observed by the greater public. Midwifery is a topic which is considered alternative and thus taboo, in a sense, because it is not very well understood due to changes in the process of childbirth in the United States. Midwives assist women in childbirth, and are also healers, herbalist's, and spiritual leaders. They have been present in these roles in societies and cultures since the beginning of time, but were ousted as the primary care-givers of society by medicalization. Therefore, being in a subculture of American medicine, midwifery is often overlooked for its contributions to American childbirth. However, leadership studies provide a practical venue in which to analyze midwifery, as leadership studies focus on and seek to define and develop leadership in real life settings.

Traditionally, researchers of leadership studies have various opinions as to whether female leadership styles diverge from those of male leaders. Frequently, women leaders

are characterized as being more nurturing, supportive, relationship oriented, inclusive, patient, and empowering than their male counterparts. This "feminine model" of female leadership, as Loden calls it, can be applied to the practice of midwifery. There is much that can be learned about leadership through observing midwives. They are successful in the tasks and jobs that they have taken, and display many characteristics that are relevant to leadership studies.

The greater medical community could benefit greatly from the leadership of midwifery, which is something addressed within this project. Traditional American women lose much of their power and control during their pregnancy and birth experiences because the medical field treats pregnancy and childbirth as an illness, and the baby is a constant medical problem until it is born (see case studies-set 1). Midwifery takes a much different approach to pregnancy and childbirth, emphasizing birth as a natural process which is a phenomenal experience for the family. Midwives give control and power to women who are giving birth; they do not take it away. The goal of this research and paper is to draw the strong connections between female leadership and the success of midwifery as a medical practice. The project will serve to enlighten pregnant women about their roles as followers to take control and responsibility for themselves, as well as how they can enhance their participation in the process. The project will also present to the medical community the benefits that female leadership can bring to pregnancy and childbirth.

#### Literature Review



#### **Empowerment**

Empowerment is a key facet of the leadership process. This leadership competency can be defined in a number of ways. Power means control, authority, dominion. The prefix em- means to put on to or to cover with. Empowering then, is passing on authority and responsibility.<sup>3</sup> A second definition asserts that "Empowerment is increased involvement and participation, shared knowledge and decision making, plus encouragement for everyone to contribute their fullest." These definitions have common implications that empowering carries the connotation of giving, sharing, and distributing.

Dr. Klenke applies empowerment effectively to the leadership process. She says, "an effective leader is one who empowers others to act in their own interest, rather than one who coerces others to behave in a manner consistent with the goal of the leader." Empowerment is invaluable to transformational leadership, a theory identified by leadership scholars to move the twentieth century into the twenty-first century. Research which examines feminine leadership often documents women as exemplary performers of empowerment in their leadership styles. Loden observes, "they see themselves primarily as empowerers, the individuals responsible for encouraging greater autonomy among group members and, thereby, improving the quality in the team output."

<sup>3</sup> Wellins, Byham & Wilson, 22

<sup>&</sup>lt;sup>4</sup> Merritt, CPO, "Becoming an Empowered Organization" in <u>Leadership and Management School</u>
<u>Bulletin</u>, USCG Leadership Institute, http://www.tcpet.uscg.mil:80/tli/lams/noframe/bltn9512.htm. p.1

<sup>5</sup> Klenke, Karin, <u>Women and Leadership: A Contextual Perspective, Springer Publishing Co., New York, NY, 1996, p.155</u>

<sup>&</sup>lt;sup>6</sup> Loden, Marylin, <u>Feminine Leadership or How to Succeed in Business Without Being One of the Boys</u>, Times Books, New York, NY, 1985. p.118

Bennis and Nanus ascribe empowerment to helping followers meet their needs, elevate their purposes and visions, and motivate them to higher levels of consciousness.<sup>7</sup> Empowerment correlates with midwifery specifically as described here. The goal of midwives as they work with pregnant women is to assist them in meeting the needs of themselves, their families, and responsibilities. With the help of midwives, women are able to elevate their purpose and vision for their individual births. Eakins states, "The medical profession asks women: What do you want: a healthy baby or a good experience"8 Midwives ask women to have both things. A good experience will help to make a healthy baby. Empowerment is utilized by midwives to raise pregnant women to higher levels of consciousness. Bennis and Nanus describe leading as "influencing, guiding in direction, course, action and opinion." Midwives guide and influence women so that they realize the steps which will ensure them of an effective pregnancy and how to make their childbirth a powerful and autonomous experience. It is in this manner that midwives demonstrate the effeciency of feminine leadership in employing empowerment to assist individual followers.

Individuals know when they are empowered, even if they might not be able to construct a concrete definition themselves. Wellins, Byham & Wilson conclude that empowered individuals know that their jobs belong to them, they feel increased responsibility, and show initiative in their work. Merritt and Wellins, Byham & Wilson both cite constant and continual improvement and involvement as being integral

<sup>7</sup> Bennis, W. & Nanus, B. in Klenke, 76

10 Wellins, Byham & Wilson, 22

<sup>&</sup>lt;sup>8</sup> Eakins, Pamela S., Ed., <u>The American Way of Birth, Temple University Press, Philadelphia, PA, 1986.</u>

Bennis, W. & Nanus, B. in Klenke, 87

characteristics of empowerment. Merritt contends that if this continuum takes place, that "the prime role of the leader is that of coaching". 11 If the leader is coaching, that means that the subordinates or followers are accepting the bulk of the responsibilities. Concurrently, if the followers have accepted and accomplish their responsibilities, they are for the most part autonomous. Wellins, Byham & Wilson declare that "the way to empowerment is to create a work system based on principles that enable people to take charge". 12 With followers in charge of their own leadership or group processes, they have ownership and accountability to themselves as well as their leader. Empowerment can have significant effects upon both leaders and followers, creating stonger relationships, more effective organizational structures, and increased productivity.

A leader begins and contributes to the empowerment process. Keller and Dansereau note that "empowerment involves giving subordinates resources and increasing their self-worth". The process of empowering gives subordinates control, or at least the perception of control, these researchers assert. 13 Again, having control of something ensures the accountability and responsibility of those who are involved in that situation. Empowerment can make organizations, people, and situations much more effective, and can have positive and lasting effects upon the personal and cooperative attitudes of those included. "Empowerment is in what we do as much as what we say; in giving away power, creating ownership and accountability, building collaborative teams, and constantly communicating with everyone in the organization". 14

<sup>11</sup> Merritt, 1

<sup>12</sup> Wellins, Byham & Wilson, xviii

<sup>&</sup>lt;sup>13</sup> Keller & Dansereau, 127

<sup>14</sup> Merritt, 2

Empowerment is a component of leadership which can increase the efficiency and effectiveness of organizations, people, and situations. This process makes subordinates and followers feel important, acknowledged, and responsible for their actions and input. Empowering people can increase their self-worth, increase accountability, and distribute the leadership process. Feminine leadership has strengths in instilling and effectively utilizing empowerment in leadership situations. The characteristics of empowerment focused on within this study are: encouraging autonomy and responsibility, participation and involvement, sharing of knowledge and decision making, and an increase of self-worth and control. The research questions posed of the case studies regarding empowerment are enumerated in appendix 3.

# Feminine Leadership Research Patterns

Researchers in many disciplines have aimed empirical studies at discerning sexdifferentiated behaviors between women and men. "To analyze the problem of
male/female leadership in it's full scope it would be necessary to cross the boundaries into
a number of other fields, with biology, sociology, anthropology, and history as the most
important neighboring areas."

The field of psychology analyzes gender differences in
relation to socialization and physchological factors, sociology looks at the different
behaviors of men and women, historians look at men and women in historical contexts and
biology looks at anatomical and physiological differences between men and women.

Leadership studies also follow this pattern, attempting to locate characteristics which are
inherent to each sex or diverging styles of leadership between women and men. In



addition, leadership studies, being interdisciplinary, focuses on finding leadership within a wide range of contexts and fields. However, much of this leadership research on sex differentiation has become devoted more to managerial differentiation's between women and men, and not to biological differences between them. This project challenges the limited field scope in which women leaders and feminine leadership are researched. It takes a more sociological approach to discovering patterns and charicteristics of women leaders and feminine leadership.

The research analyzing gender differences in leadership is very limited in quantity. Dr. Karin Klenke comments, "In reviewing empirical research on gender differences in leadership, surprisingly few studies have tried to test simultaneously the role of power in both the construction of gender and in gender differences in leadership." She also notes the degree to which gender stereotypes affect the way in which women are viewed in leadership research. Consistently, she asserts, consideration or relationship-oriented leadership is seen as being associated with feminine leadership and task and initiating structure aspects of leadership are associated with male leadership. The majority of leadership research investigating gender has been concentrated in two areas; one analyzing task and interpersonal styles, and the other analyzing democratic versus autocratic styles. Leadership research in gender is also accomplished in two major settings; in laboratory and experimental environments and in organizational environments. Eagly and Johnson cite a difficulty in analyzing feminine leadership even within those settings, declaring that

<sup>16</sup> Klenke, 154

www.manaraa.com

<sup>&</sup>lt;sup>15</sup> Graumann, C.F., and S. Moscovici, <u>Changing Conceptions of Leadership</u>, Springer-Verlag, Inc., New York, NY, 1986. p.174

there is "a severe underuse of available research on gender and leadership style." Here. research in gender is constructed within real-life environments, looking into the experiences and accounts of women.

Introduction to Theories of Female Leaders and Feminine Leadership

Feminine leadership, as defined by Loden, is characterized by a concern for people. interpersonal skills, intuitive management, cooperation, empowerment, and creative problem solving. Loden sees these characteristics as being important qualities for the future success of formal organizations. 18 Feminine leadership and female leaders have possessed these traits and characteristics throughout time, and have been successful using them in many contexts. Although it is important to note that within most leadership research, feminine leadership and female leaders have not always been viewed as successful. This is because leadership research is mainly accomplished in limited contexts. usually within formal organizations and management. There are reasons for these views of feminine leadership and female leaders, largely based in history, enumerated within this literature review. Modern research dealing with feminine leadership has expressed a renewed confidence in the value of feminine leadership for formal organizations and management, claiming that this style is akin to transformational and transforming leadership, and will effectively move organizations into the twenty-first century. However, this paper asserts that leadership research must look past the contexts of formal organizations and management to accurately define and study female leaders and feminine leadership.

18 Loden, p.61, 119, 120

<sup>&</sup>lt;sup>17</sup> Eagly, A.H., and B.T. Johnson, "Gender and Leadership Style: A Meta-Analysis", in Psychological Bulletin\_108, (1990), p.49

Throughout contemporary American culture, women have been stereotyped with the impression that they are incapable of leadership. Collins, prefacing the work of Dr. Klenke comments, "prejudices, beliefs, and habits have made it virtually impossible for women to hold leadership positions." Many of these impressions are historically constructed and have been handed down from generation to generation over the years. Leadership, like history, has been an area recorded for the most part by male leaders. Thus, the story of leadership reflects the interpretations of a specific gender. During the goddess era, women were chosen leaders in most aspects of life. However, the development of large scale agriculture and a market economy changed society such that men became the dominant gender. Women became submerged in a patriarchal society which regarded them as inferior to men, rendered women powerless, and excluded them from leadership. 121

As women in the twentieth century began to enter leadership roles, they fought to find their own voices and places in leadership within American society. Contemporary women encounter the historically based attitudes of women as leaders continually when in positions of leadership. Their expectations are set higher than those of men, their roads to the top of their careers are longer, and the glass ceiling prevents many women from ever achieving successful leadership careers. Graumann and Moscovici comment that "It is commonly believed that attributes and behaviors typically ascribed to women are just the opposite of what is usually expected from a leader [within the context of formal

19 Collins, Susan, in Klenke, ix

<sup>21</sup> Gadon, xiii-xiv

<sup>&</sup>lt;sup>20</sup> Gadon, Elinor W., The Once and Future Goddess, Harper: San Francisco, CA, 1989. p.xii

organizations, thus], women go unrecognized as leaders."<sup>22</sup> In addition, Dr. Karin Klenke points out that in leadership research, women are evaluated depending on what types of leadership styles they are employing. Women are often placed in leadership positions and expected to act out male leadership styles, she says. This type of behavior can skew the leadership styles women could or would actually utilize in their work or inherent nature as leaders. Eagly and Johnson support this gender role spillover quoting Gutek and Morasch who explain the phenomenon as "a carryover into the workplace of gender-based expectations for behavior."<sup>23</sup>

Modern studies of leadership frequently report common traits of female leaders and feminine leadership. As leaders, women are characterized as having tendencies towards cooperativeness, collaboration, problem solving based on intuition, empathy and rationality. Women leaders are reported as acting emotionally and basing decisions on feelings more than on concrete information and data. Common interpretations of feminine leadership criticize women for being "...less goal-directed and more interpersonally oriented". Early studies of leadership reported that women in supervising positions were "more likely to display consideration than initiation of structure." Translated, these terms again imply that women are more concerned with consideration, or relations with others, than with the initiation of structure, or task structure. These characteristics of feminine leadership are supported by most leadership literature. The argument arises as leadership scholars seek to determine if this style of leadership is effective in application usually in the contexts of formal organizations and management.

<sup>22</sup> Graumann & Moscovici, 175

<sup>&</sup>lt;sup>23</sup> Gutek & Morasch in Eagly & Johnson, 50

It is not the goal here to suggest that these traits and characteristics of feminine leadership are inefficient, but merely that leadership studies research has not yet analyzed feminine leadership in sufficient contexts. Leadership research has based the majority of its studies on managerial leadership styles of women within formal organizations. In these contexts, the aforementioned characteristics and traits of feminine leadership are not always effective in the eyes of some many scholars who perform empirical research in these areas. Although there are some scholars such as Loden, who have come to believe that feminine leadership will be the most effective leadership style for the twenty-first century. There is evidence that the traits and characteristics of feminine leadership and female leaders are extremely valuable to the leadership paradigm. Feminine leadership is effectively applied within the context of midwifery, specifically, as this research will demonstrate. If leadership research would shift it's scope of empirical study to a more practical focus, there would be more contexts and opportunities in which to assess feminine leadership and female leaders.

A weakness in the scope of leadership research on feminine leadership prevents scholars from adequately defining feminine leadership and its application to other disciplines. Feminine leadreship needs to be explored in areas where such characteristics are actually of value to the people, organizations, or situations involved. Situations where traditional feminine leadership attributes are valuable are in areas such as transformational and transactional leadership, in non-profit organizations, and in many diverse professions and situations. Judy Rosener is one leadership scholar who has based her research on locating such information. She says "a second wave of women is making its way into top management, not by adopting the style and habits that have proved successful for men but

by drawing on the skills and attitudes they developed from their shared experience as women."<sup>25</sup> Rosener supports female leaders as being successful due to their unique socialization as women. Rosener ascribes the feminine leadership attributes as being characteristic of "transformational leadership--getting subordinates to transform their own self-interest into the interest of the group through concern for a broader goal."<sup>26</sup> This is just one scholar providing a modern study which has broadened the conceptualization of feminine leadership within the leadership paradigm.

#### Research Exploring Feminine Leadership

Although the research exploring gender based leadership is not overwhelming in quantity, there have been studies which strive to determine how gender affects leadership styles, traits, and theories. Possible sources of gender differences in leadership could be biologically, psychologically, historically, or sociologically based. Feminine leadership has been examined with consideration to other disciplines such as these, to some extent.

Eagly maintains that "Approaches based on childhood socialization have provided the most popular interpretations of sex differences." Sex differences in socialization such as behavioral tendencies and personality traits are common influences for interpreting feminine leadership. Eagly and Johnson note sex differences cited by social psychologists in the social behavior of women such as "aggression, helping, and conformity as well as numerous nonverbal and communicative behaviors" which affect their leadership styles.<sup>28</sup>

Loden believes that women utilize their natural talents and abilities learned in socialization

<sup>25</sup> Rosener, Judy B., "Ways Women Lead" in <u>Harvard Business</u> Review, November-December 1990, p.

<sup>119-125.</sup> p.119 26 Rosener, 120

<sup>&</sup>lt;sup>27</sup> Eagly, A.H., "Gender and Leadership" in <u>The Foundations of Leadership</u>: A Reader, Copley Publishing Group, Acton, MA, 1993, p.63

within feminine leadership. "It is an approach to leading that is linked to gender differences in early socialization and the unique set of life experiences from early childhood on." References to distinctions of feminine leadership, such as those caused by socialization, are used in support of managerial studies. Thus, research on the leadership of women is not reserved exclusively to organizational and managerial studies, but does incorporate material from other disciplines.

Argument for non-differentiation in feminine/masculine leadership styles

Victoria Schein, in writing "Would Women Lead Differently?" presents an argument rejecting difference between male and female leaders. Schein argues that differentiating between male and female characteristics suggests femininity might be a contributor to leadership style. She acknowledges that highlighting gender differences indicates "indeed, women would lead differently...a feminine leader would be oriented toward cooperation, teamwork, and concern for others." However, she asserts that more often than not in performance situations, women and men do not differ much in their managerial leadership styles. She believes that there should be efforts to eradicate the notions that women and men lead differently, and concentration should be placed on seeking the most qualified leaders to deal with our changing society.

Morrison and Glinlow in their article "Women and Minorities in Management" focus on the sexual and racial differences which exist within management. They express that research has been done to investigate sex differentiation in management, acknowledging that some differences have been noted, but that overall there is not any

<sup>&</sup>lt;sup>28</sup> Eagly & Johnson, 49



noticeable difference between the styles of men and women. Morrison and Glinlow commented that "Women's traits, behaviors, attitudes and socialization are said to make them inappropriate or deficient as managers because of such factors as their alleged fear of success or their unwillingness to take risks." This result confirms historically based generalizations concerning the difference in managerial styles of men and women.

Argument for differentiation in feminine/masculine leadership styles

Judy Rosener, in her article "Ways Women Lead", reports characteristics which show similarities between men and women leaders as well as differences. Her work is extremely valuable to my focus on empowerment and female leadership for the following reasons. Rosener believes that women have a non-traditional leadership style which sets them apart from men. She found that women view and describe themselves in ways which characterize transformational leadership, while men usually describe themselves as transactional. This is a major description if one is talking about leadership styles, or leadership in general. Transformational leadership raises followers to higher levels of morality and increases their motivation and concern for commen goals and purposes. Transactional leadership involves exchanges between the leader and followers, and is

The women Rosener interviewed "ascribe their power to personal characteristics like charisma, interpersonal skills, hard work, or personal contacts rather than to organizational stature.<sup>32</sup> Rosener found that women leaders make frequent reference to their efforts to encourage participation and the sharing of power and information in their

usually hierarchical in nature.

<sup>&</sup>lt;sup>30</sup> Schein, Virginia, "Would Women Lead Differently" in <u>Leader's Companion</u>: <u>Insights on Leadership</u>
<u>Through the Ages</u>, by J. Thomas Wren, The Free Press, New York, NY, 1995. p.161-167. p.161

<sup>31</sup> Morrision & Glinlow, in Wren, p.171

leadership. She also found that women make attempts to enhance other people's sense of self-worth and to energize followers.<sup>33</sup> Rosener terms these characteristics of female leadership as 'interactive leadership', of which she claims "participation and inclusion' are central. "The women's use of interactive leadership has its roots in socialization, and the women interviewees firmly believe that it benefits their organizations."34 This theory of interactive leadership demonstrates how women utilize their non-traditional ways of leading successfully and to what extent they empower their subordinates and followers through the distribution of power, resources, and participation in organizational goals and visions.

Research by Loden echoes the conclusions of Rosener. Both researchers agree that feminine leaders demonstrate concern for empowering followers to do their best and encouraging followers to invest in the vision, mission, and goals at hand. Loden says, "Cooperation and empowerment, or the ability to make people feel they are capable of doing the best work possible" are inherent traits of feminine leadership. Loden claims the people oriented skills which women leaders possess are fundamental to feminine leadership. Loden states, "These skills constitute a non-traditional, yet highly effective approach to managing which I call feminine leadership."35 This scholar holds that feminine leadership retains qualities which utilize emotional and rational data, building connectedness and networks, and place leadership in a central position rather than in

<sup>32</sup> Rosener, 120

<sup>&</sup>lt;sup>33</sup> Rosener, 120

hierarchical positions.<sup>36</sup> Loden has formulated a Feminine Leadership Model which addresses the aspects that women leaders seem to adhere to. It is the following:

### FEMININE LEADERSHIP MODEL

OPERATING STYLE
Cooperative
ORGANIZATIONAL STRUCTURE
Team
BASIC OBJECTIVE
Quality Output
PROBLEM-SOLVING STYLE
Intuitive/Rational
KEY CHARACTERISTICS
Lower control
Empathetic
Collaborative
High Performance Standards<sup>37</sup>

Dr. Karin Klenke is yet another leadership scholar whom investigates gender differentiation in leadership. In her work, Klenke acknowledges the infrequent analysis of gender in application to leadership, and offers that most research on the topic is incomplete in nature. She views gender as a barrier contextually and culturally to leadership research. This suggests that women's leadership is interpreted in different ways than the leadership of men. Klenke also reinforces a point made by Rothschild, in that "women view power as energy, potential, competence of oneself, rather than power over others. Women will seek to achieve and maintain such power through personalized and cooperative means." Dr. Klenke supports differentiation in feminine/masculine styles within the leadership process.

<sup>36</sup> Loden, 61, 119

<sup>37</sup> Loden, 63

<sup>38</sup> Klenke, 155

# Conclusions from the Literature Review on Feminine Leadership

A literature review has given the insights that leadership research in the area of gender is focused on differences in styles of leadership: task versus interpersonal and democratic versus autocratic. The literature review has also enumerated that this research takes place in one of two environments: laboratory or organizational settings. Dr. Klenke contends, "Gender bias may systematically enter empirical investigations according to certain methodological decisions made in the design of empirical research", especially in relation to the research environment.<sup>39</sup> The limitations placed on the environment in which leadership can be observed and the two major dichotomies used as variables for leadership research confine the scope of leadership which can be defined and observed.

Herein lies the dilemma of the limitations placed upon leadership research focused on gender. "Shorthand explanations of sex differences have often focused on 'sex roles' or 'gender roles', without much specification of the content or functioning of such roles." Leadership research in this area would benefit from expanding the scope of inquiry and broadening the areas of leadership styles, characteristics, and strengths observed and investigated. As more and more women ascend to leadership roles, the research and investigations into gender differentiation in leadership will increase.

Rosener says in reference to women managers, "These second generation managerial women are drawing on what is unique to their socialization as women and creating a different path to the top." Feminine leadership in the future will most likely emerge and become extraordinary in many areas, as women find their styles of leadership

<sup>&</sup>lt;sup>39</sup> Klenke, 149

<sup>&</sup>lt;sup>40</sup> Eagly, 63

<sup>&</sup>lt;sup>41</sup> Rosener, 119-120

complementing popular theories of leadership which organizations are just beginning to adopt, such as servant, transforming and transformational leadership theories. "For many of the characteristics being touted as critical for future success--concern for people, interpersonal skills, intuitive management and creative problem solving--are qualities that women as a group are encouraged to develop and rely on throughout their lives." Therefore, women possess the skills necessary to provide sought after leadership in the future as well as skills which are vital to changing leadership for the twenty-first century. This study concentrates on the feminine leadership model and delineates the issues and questions which this research contains in reference to the subsequent case studies.

#### **Midwifery**

One such instance where the use of empowerment is evidenced by female leaders is in the practice of midwifery. Midwives are women who assist in pregnancy and childbirth, and are healers and diviners. They form a small, non-traditional group in the health care profession which seeks to give women a healthy, safe, and empowering childbirth experience outside of the hospital environment. Midwifery can mean different things for different people. Simply defined, the word means "with woman". For many, midwifery is "an attitude of giving and sharing information, of empowerment, and of respecting the right of a woman and her family to determine their own care."

From the beginnings of humanity, women have been midwives and assisted society as healers, diviners, and birth attendants.<sup>44</sup> However, the medicalization of childbirth and

<sup>42</sup> Loden, 61

<sup>43</sup> Midwifery Today, http://www.efn.org/-djz/birth/midwifefaq/intro.html

<sup>44</sup> Midwifery Today, http://www.efn.org/-djz/birth/midwifefaq/intro.html

health care forced midwives from their primary role in society. Childbirth became a medical process and illness rather than a natural event, and the midwives were left to attend a fewer number of women who still believed that birth was a natural, life-altering event. In the past one hundred and fifty years, "childbirth changed from a home-based activity undertaken primarily with the assistance of female healers and friends to an activity defined as the province of medical professionals." Birth was no longer an event which took it's course, but one which could be defined and directed in many ways. "[F]or those women who chose physicians instead of or in addition to midwives, birth became a less natural, immutable process and more an event that could be altered and influenced by a wide selection of interventions" due to medicalization. Midwives were left to practice in a culture which became unconducive to the range of their abilities and knowledge.

## What Do Midwives Do?

Midwives accomplish their unique care over the span of a woman's pregnancy, in optimal situations. During prenatal care they familiarize the woman with what she needs to do in order to have a safe pregnancy. Sometimes they give massages, advice on dietary matters, general do's and don'ts, and prepare the mother for birth by educating her about the birth experience. Lay midwives, who practice in traditional manners and are not Certified Nurses, often employ alternative techniques when working with mothers in the form of homeopathy and other rituals, journeying, for instance. "Midwifery offers an

<sup>&</sup>lt;sup>45</sup> Stanworth, Michelle, Ed., <u>Reproductive Technologies: Gender, Motherhood and Medicine, University of Minnesota Press, Minneapolis, WI, 1987, p.10</u>

<sup>&</sup>lt;sup>46</sup> Leavitt, Judith Walzer in Happlin, Shira, "Women and Obstetrics: The Loss of Childbirth to Male Physicians". http://www.gatech.edu/nar/win95/shira.html.

emphasis on education. It makes patients a part of their own health care."<sup>47</sup> During the birth process, midwives give women choices, power, and control over their birthing experience. Midwives educate women on motherhood, and on the "empowering nature of birth".<sup>48</sup> They encourage the mother to do what is comfortable for her during labor and the birth, letting her eat, sleep, walk, rest, position and move however she desires (see appendix 1-2). In essence, the midwife is simply a guide for the birth. After the birth, the midwife continues to educate the mother as is necessary. In cases of new mothers, midwives "help the new mother/mother, especially if there is no one else to do so."<sup>49</sup> Midwives treat mothers for depression, if need be, and also counsel on post partum birth control and mothering.

The birth experience as assisted by midwives aims at designing a natural, empowering experience for women. "The ability to respond (responsibility) to life emerging empowers us tremendously", says one woman. Women who are assisted in pregnancy and childbirth by midwives receive education about birth and motherhood--they are given knowledge, the root of power. Rather than being "dependent patients" in a hospital environment, where their birth is controlled for them by doctors and obstetricians, women become "co-creators of the birth" with the knowledge they gain from midwives. According to Eakins, research suggests that the "three most important factors determining

<sup>&</sup>lt;sup>47</sup> Piccininni, Ann, "Nurse/Midwife Builds Confidence with Choices", Chicago Tribune, Chicago Tribune Co., May 5, 1991. p. D1

<sup>&</sup>lt;sup>48</sup> Parvati Baker, Jeannine, <u>Prenatal Yoga and Natural Birth</u>, North Atlantic Books, Berkeley, CA, 1986.

<sup>&</sup>lt;sup>49</sup> Steiger, Carolyn, <u>Becoming a Midwife</u>, Hoogan House Publishing: Portland, OR, 1987. p.141

<sup>&</sup>lt;sup>51</sup> Parvati Baker in Simonetti Odhner, Linda, Ed., <u>Birth Oriented Resource</u> Network, Huntingdon Valley, PA, 1995-1996 Issues. p.7

the quality of the birth experience for the mother are control, awareness, and support".<sup>52</sup> Midwives are able to provide all three of these components. By giving control to the mother, they empower her, increase her self-worth and self-confidence, and give her the resources to shape her birthing experience.

# Methodology

The impetus for this project was from a semester long research project I completed during the fall of my senior year investigating the connections between witchcraft and midwifery. For the fall semester's project, I conducted extensive interviews with both women who used midwives for their births and with midwives themselves. For a student like myself, with a double major in both leadership and women's studies, this topic was fascinating. Rich information pertinent to leadership studies emerged throughout the interviewing process. A strong connection between the activities of midwives and leadership theory and practice was presented. The testimonies from the interviewees revealed the ways in which they were empowered through their experiences with midwives. The midwives also provided information about their own leadership techniques as females and the way in which they practice. Thus, the basis for the current project was born.

The data for this project was yielded from field work and research. The research material was generated from different sources. The internet contributed considerable information on this topic. Much of the research material on leadership was extracted from textual sources. As previously mentioned, the interviews supplementing my research were with women who have had birthing experiences with both midwives and doctors, and also

<sup>52</sup> Eakins, 12

three practicing midwives. A good portion of the fieldwork was completed during my past research project, but these women were re-interviewed to gather additional information on this new topic; female leadership and empowerment as it applies to the practice of midwifery.

The integration of theory and practice were central to this study. The research process for this project will explore the topic of feminine leadership and empowerment and the manifestation of these topics in the practice of midwifery. The essential proposition is that there will be a strong correlation between the aspects of feminine leadership and empowerment suggested in the literature and the methods midwives use that make their work so effective and successful. In examining the facets of women's leadership and empowerment as they are complementary to the practice of midwifery, it is imperative to structure the research so that it reflects the interdisciplinary and exploratory nature of the project. In order to test this proposition, traditional research into the appropriate literature is combined with detailed case studies to assess its validity. In general, my research investigated how and why feminine leadership and empowerment techniques make the practice of midwifery so successful. After the fundamental components of feminine leadership and empowerment had been investigated, the case studies became an important tool for applying those topics to midwifery.

The tactics involved in this research are multiple case study interviews and a structured research design. Basically, a research design involves developing "an action plan from getting here to there", and is the "logic that links the data to be collected to the



questions of a study". 53 Five basic components guide the research design of case studies: questions, propositions, units of analysis, logic linking the data to the propositions, and criteria for interpreting the findings.<sup>54</sup> Adherence to these components of the case study research design provide the methodology of this research. As previously stated, the proposition of this study is that feminine leadership and techniques of empowerment are manifested in the practice of midwifery. Questions which address this proposition are: How does feminine leadership use empowerment? Why is empowerment such a great strength of women leaders? How can feminine leadership be seen in the practice of midwifery? How is empowerment evidenced in the practice of midwifery? How do midwives use empowerment in their practice? How are the three connected, meaning feminine leadership, empowerment, and midwifery? The units of analysis will be multiple case study interviews held with midwives and women who have had childbirth experiences in both hospitals and with midwives. The logic that was used to link the data (interviews) was "pattern-matching" which is an analysis collecting common traits in the research. The criteria for interpreting the conclusions of this pattern-matching will stem from the commonalties which arise through the interviewing process. Midwives will be able to answer some of the questions of the study, such as how feminine leadership and empowerment are applied and utilized in their work, and these responses will determine criteria for analysis.

In researching the topics of feminine leadership, empowerment and midwifery, case studies were uniquely valuable. The project seeks to explain and give validity to feminine leadership skills, specifically that of empowerment. Empowerment is an aspect of

<sup>53</sup> Yin, R.K. (1989) <u>Case Study Research: Design and Methods.</u> Newbury Park, CA, Sage. p.27-28

leadership which is difficult to quantify in experimental or research settings. Studies of leadership which analyze empowerment and feminine leadership are accomplished mainly in organizational or experimental settings which are motivated by profit or business goals. This project re-directs the focus of research from experimental and organizational settings to a real life setting (midwifery) in which feminine leadership and empowerment are practiced. Midwifery is a relatively uninvestigated area, but holds valuable information about how empowerment can be applied in many situations, and how leadership can be strengthened in different ways. Therefore, the case study approach to research will fit perfectly the goal of this research, since traditional investigators who utilize case studies are goal-oriented toward expansion and generalization. They attempt to "expand and generalize theories (analytic generalization) and not to enumerate frequencies (statistical generalization)". So Case study research is the most appropriate for non-traditional settings.

Case studies are useful for interdisciplinary approaches to research because of the information they are capable of gathering. As a research method, they contribute to information regarding individual, organizational, social and political phenomena, and allow the researcher to preserve the "holistic and meaningful characteristics of real-life events". Once the essential elements of feminine leadership and empowerment were established, case studies provided the data and forum for which the activities of midwives and their leadership were examined. Case studies allowed the midwives and the women who have

54 Yin, 29

<sup>55</sup> Yin, 21

<sup>&</sup>lt;sup>56</sup> Yin, 14

employed midwives for childbirth to give testimony to their experiences and to the existence and impact of feminine leadership and empowerment in real-life settings.

#### Discussion

The hypothesis stating empowerment is a competency displayed within feminine leadership and manifested in the practice of midwifery is proven through the research of this project. The case studies and literature review both provide the evidence to make this conclusion. Researchers Loden, Klenke, and Rosener are proponnents of feminine leadership, and whom support the style of feminine leadership as one which will be vital in the coming century. The midwives and mothers whose testimonys are secured within the case studies also advocate the importance of feminine leadership and the competency empowerment as being present in their experiences, ensuring success. Within this discussion I hope to enumerate my findings and also construct the enduring connection between feminine leadership and empowerment.

Loden expressed in her research that feminine leadership is a style utilizing "natural talents and abilities", a "reliance on emotional as well as rational data", creating "connectedness" and building non-hierarchical networks. She expressed that feminine leadership was also characterized by a "cooperation and empowerment", "concern for people, interpersonal skills, intuitive management and creative problem solving." In relating Loden's theory to practical application within the framework of midwifery, there are sound connections. The case studies reflected each of these characteristics of feminine leadership as enumerated by Loden in some manner.



All of the women commented to some extent on the concern of midwives for the emotional well-being of the mother and the emotional facet of the birthing process. Specifically, Bobby Coyle, Joanne Dozier, and Dr. Flood both reflected that their midwives had focused on the "psychological" aspects of birth, and how things such as "journeying and spiritual clearing" were performed to prepare women mentally for birth. The women focused heavily on the importance of the relationships which were formed between the mother and midwife, and even between the midwife and family, reflecting the use of interpersonal skills and concern for people Loden mentions. The use of creative problem solving skills are demonstrated through the frequent use of homeopathic treatments mentioned by both the mothers and midwives, acupuncture therapy Dr. Flood utilized, or by the journeying which midwife Joanne Dozier performs for her clients. The midwives build non-hierarchical networks, "enabling clients to make decisions and having them assume responsibility for those decisions", midwife Vicki Embiscuso says.

The research held conclusive results demonstrating support for Loden's Feminine Leadership Model. This model, enumerated within the literature review, expresses that feminine leaders posess a cooperative operating style, team oriented organizational structure, quality output as the main objective, possess an intuitive/rational problem solving style, and have four key characteristics: lower control, empathy, collaborative, and retain high performance standards. The midwives demonstrated these characteristics perfectly in their descriptions, and the mothers also attested to these same traits in their reflections. Linda Delbusso's experience gave evidence for the characteristic demonstrating the cooperative operating style of feminine leaders. "Before the birth the

<sup>57</sup> Loden, 61 and 119 الرات

due had come to see my house to determine what type of environment they would be working in and then we went to lunch. How often is it that you would ever get to know your doctors that well?"

Midwives are very focused on quality output as their objective for a woman's pregnancy and childbirth. "It is more than just a birth", midwife Vicki Embiscuso asserts. "You engage people in necessary conversation during pre-natal visits, answer questions, give mothers whatever information they want...the birth is only a small part of it." Dr. Flood adds to this, commenting, "The main concern should be parenting, not the birth itself. The more the idwife helps formulate issues of authority, responsibility, and resources the more empowering the process." Vicki Embiscuso also adds, "The birth is about changing the relationship with one's body, partner, family, and transition after birth."

The organizational structure under which midwives work is a team structure. The midwife couples with the mother, family, and anyone else who may be involved with the birth to ensure that everything will go smoothly. Dr. Flood explains about the team structure which midwives work with. Providing support, answering questions, giving compliaments, and teaching her to trust her instincts...this is empowering—where the mother receives information and can continue on her own—not through situations where a mother constantly needs to get the answers from someone else."

Midwives use a problem-solving style which is unique and also tied specifically by leadership research to feminine leadership. It is an intuitive/rational style which Loden describes as women's intuition. Loden says the term is "used to describe the quick in

<sup>&</sup>lt;sup>58</sup> Loden, 63

sights and [rational] approach women seemed to favor more than men in attempting to psych out situations and people as well as to make decisions and solve problems."59 Midwife Vicki Embiscuso says that in her practices, she often "feels things intuitively about the baby and the mother." She says that physical manifestations in a pregnancy can alert her to what is wrong. Vicki has had "many situations where I have been sleeping and woke up right before my beeper has gone off--I can feel the energy coming towards me."

Midwives and mother's consistently described the key characteristics Loden attributed to feminine leaders as well, which are lower control, empathy, collaborative, and high performance standards. Jen Benedict commented that her midwife was "very understanding" of her pain and needs during the birth. One woman expressed her views about her midwife in B.O.R.N., a midwifery magazine in the Philadelphia, Pennsylvania area. "My midwives, one who was my 'rock' to lean on as I pushed the baby out, taught me real compassion when she towel-dried me after a hot shower and gave me strength when she told everyone during my labor that I was a strong woman."60 Linda Delbusso expressed that her midwife "allowed me to chose where I was going to give birth, who would be there, let me decide whether or not to have an episiotomy, and left many other decisions up to me", demonstrating the distribution of control which midwives give their clients. Midwives view themselves positioned as individuals who "have the knowledge and skills which help the client get from point A to point B and finally the goal", Vicki Embiscuso says. There is not a hierarchy in the relationship between the midwife and mother, but a relationship of mutual respect.

<sup>&</sup>lt;sup>59</sup> Loden, 182

<sup>60</sup> Mason in Simonetti Odhner p. 10

This relationship of mutual respect is vital to the success of midwives and central to feminine leadership, as discussed by Rosener. Women, in their leadership, make people feel important, included, and energized, Rosener asserts within her research. This gives followers the confidence to believe in themselves and buy into the vision and mission, making it their own. Relationships are also central to the process of empowerment for this reason. Empowering involves instilling confidence and autonomy by doing the things Rosener asserts in her work. Within the context of their work, midwives instill confidence and autonomy within women. Midwives empower women in the process of pregnancy, thereby increasing the confidence and autonomy of their clients once the actual birthing process begins.

In building relationships, Rosener describes how "women leaders made frequent reference to their efforts to encourage participation and share power and information", and how "inclusion is at the core of [this] interactive leadership [style]." Midwives share power with mothers. They allow women to "dictate the events", as Linda Delbusso commented. Vicki Embiscuso regards her role of midwife as that of a "guardian angel". She provides knowledge and information for the mother, but Vicki herself "adapts to [her] role according to the situations at hand." In the stages of the interaction and relationship with the mother before birth, Vicki says she is relationship oriented. As midwife, Vicki's "main purpose is to serve the mother in any way I can so that the mother will be able to make her own decisions." It is by acting in this manner that midwives demonstrate the feminine leadership traits of inclusion, interaction, sharing of information and power, and encouraging participation from their followers (the mothers).



Midwives are continually involved in leadership activities through their daily work and positions in society. Specifically, midwives focus their leadership on empowerment. They empower women in a number of ways. Midwives allow women to make decisions during the development of pregnancy and in the time of childbirth. Women who use midwives are encouraged to make decisions about what types of information they want to gather in researching pregnancy and childbirth. Women who use midwives meet regularly with their midwife so that the two form a working relationship, and can together make both the birth and pregnancy a success. The midwife goes to her client's home to familiarize herself with the environment in which she will be working during the birth. The midwife knows about both medical and psychological histories of her client which could assist or hinder the birthing process. Midwives encourage women to do what feels right for them at any time during birth. If a woman wants to walk around, she walks. If she wants to get into water, she does. If she wants to eat during the birth, she may. If she feels uncomfortable in any specific birthing position, she is encouraged to change to a new one. The presence and assistance of a midwife at their birth made them feel "safe", "secure", "trusting", "freer", "comfortable", and "empowering". The midwives commented that they went to great lengths to make the women they work with have good experiences, giving the women "choices", "alternatives", "options", "freedom", and a "friend and coach" throughout the pregnancy and birth. Midwives empower women with choices and with relationships for a powerful experience which women do not get from a doctor and hospital.

The information from the case studies exploring feminine leadership, empowerment and midwifery support my hypothesis that there is a strong correlation that empowerment is a competency displayed within feminine leadership which is manifested in the practice of midwifery. As feminine leaders, midwives contribute to the empowerment process in much the same way as feminine leaders described by Klenke, Loden, and Rosener in their research within formal organizations. Feminine leaders in formal organizations and midwives both seek to be inclusive, form relationships, empower people, encourage autonomy and responsibility, share power, knowledge, and decision making. The details as to how midwives and feminine leaders apply these characteristics and traits differ, but their intentions are very much the same.

Empowerment is a flexible competency of feminine leadership and can be applied within many contexts. Contemporary organizations also seek to utilize the empowering of followers and employees as a way to strengthen the leadership of organizations, and to unite organizations with a common purpose and adherence to vision, mission, and goals. Midwives utilize empowerment to give the mother autonomy in her birthing experience. By empowering their followers, midwives allow women to become united with their experience, their families and their babies.

Used in either setting of research, whether in formal organizations or in a non-traditional context such as midwifery, empowerment is an effective competency practiced within feminine leadership which contributes to the success of feminine leaders.

Leadership research has not widened it's environmental scope to observe empowerment and feminine leadership outside of the contexts of formal organizations or experimental situations. This research challenged the limited research environment looking at gender

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differentiated leadership as well as delving into an area unexplored by leadership scholars. Within the context of midwifery, leadership has been observed and qualified in a non-traditional research setting, demonstrating that feminine leadership and the competency empowerment play a major role in the success of feminine leaders, specifically midwives. As Lao-tzu says in *Being a Midwife*, "The wise leaders does not intervene unnecessarily. The leader's presence is felt, but often the group runs itself." Midwives, as feminine leaders, empower their followers so that often their presence and leadership are not felt. In the end, mothers can rightly claim their experience as their own. This research is unique in that theory and practice have both contributed to the construction of generalizations and conclusions about feminine leadership and empowerment as it is applied to the practice of midwifery. Midwifery is so valuable for women, not only in the assistance it can provide during childbirth, but also in the empowering tradition it provides.

## Appendix 1. Presentation of Data--Empowerment

# Case Study 1--Linda Delbusso

Linda Delbusso is from Phoenixville, PA, and a mother of three girls who is studying to be a midwife. When asked to define empowerment, Linda replied that "feeling empowered would necessitate a impression that she could make decisions for herself and have the decisions she made be supported because they were her decisions". She feels that "strength, support and love are very empowering". Linda was also asked how she felt she had been empowered by her midwife during her births. "The midwife allowed her to chose where she was going to give birth, who would be there, let her decide whether or

not to have an episiotomy, and left many decisions up to her". The midwife was respectful of Linda's decisions and her feelings as well as those of the family, who were involved in the births. She felt that through the activities of the midwife such as theraputic touch, that a "close relationship and bond" was formed, and "this relationship was empowering". Linda asserted that when she gave birth she "did it on her own, not with a doctor" who ordered her around, but on her own, and "she dictated the events". She found this very empowering, to be able to accomplish such a feat as giving birth on her own. A difference she noted (Linda has given birth both in a hospital and with midwives) was that the "midwife asked her permission" when doing things. She said that "the doctors did not ask, they just did things".

### Case Study 2--Vicki Embiscuso

Vicki Embiscuso is a Certified Nurse midwife and a mother of two children. "One of the things which drew her to midwifery was that it was an important role to empower families and women". She maintained that in all aspects of midwifery, in the gynecology and in caregiving, midwives provide choices for women and their families". In relation to midwifery, Vicki asserts that there "are so many levels to empowerment" within the midwife/client relationship. She notes as important to this relationship the factor of "enabling clients to make decisions and having them assume responsibility for those decisions." These decisions and choices a woman has are based on "the client's needs and what will effect their family most beneficially." Vicki maintained that a midwife was not necessarily a leading person in the sense of being directive, but a "person with historical background in certain situations, a person with information."



The relationship which is formed between the woman and the midwife is "an interesting" one, she comments. The clients need to "trust" the midwife. During the process of pregnancy and childbirth, the woman and midwife form a strong relationship. But the relationships the family forms are also important. The midwife at times, she says, often "becomes a big part of the family circle, and this allows the woman to trust". The midwife does all within her power to "help her client to feel successful in their endeavor (of childbirth)". She sees the midwife in a position where she has the "knowledge and skills which help the client get from point A to point B and finally the goal". The job of the birthing woman, once empowered, "is to believe in herself and in the power of the birth". Vicki cites the relationships that are formed between the midwife and mother as "everything in relation to empowering the birth—these relationships have everything to do with how things happen".

In regards to her role as a midwife, Vicki "thinks of herself as a guardian angel". She adapts to her role according to the situations at hand. In the stages of the interaction and relationship with the mother before childbirth, she is relationship oriented. Only sometimes does she think "she becomes dictatorial, but for the good of the client". Vicki also feels her main purpose is to serve the mother in any way she can so that the mother will be able to make her own decisions. There are three questions which guide her interaction with the birthing mother and the family: "What is it that the family needs? What is it that the family needs to help them believe in themselves?" By assisting the woman and the family, Vicki feels that she is effectively doing her job, which is to aid in the "transformation of a woman to an



### Case Study 3--Dr. Jean Flood

Dr. Flood is a trained physician from Kimberton, PA who has experience in midwifery and delivering babies from her residency at Cook County Hospital in Chicago. Dr. Flood defines empowerment as a "situation, the result of which gives a person the sense of having choices, knowing how to make a choice and support those choices". She felt that the most important role of the midwife (she had for the birth of her second child) was that this woman gave her "choices about how I wanted to give birth. I had constraints on my ability to give birth at home (midwives will only attend births which occur within their dated time, they will not attend a birth where the mother has passed her due date and is thus potentially placed in need of medical assistance because of potential complications)--I almost passed my due date." The midwife worked through with Dr. Flood what she could do in the advent of passing her due date, because this was a big issue for her. She had wanted desperately to have her baby at home after a horrible birthing experience in a hospital with her first child. The midwife "educated" her on the choices she had if she was not able to stay home, and would help in implementing those choices, if necessary.

In her experience with childbirth, Dr. Flood has seen three types of styles when dealing with childbirth. The first is the doctor, "some who are very directive in the process" and have an "I know more than you do and you will follow my rules or you will not be here" attitude. She claims in these situations, the mother is not in control. The second style of dealing with childbirth occurs with a birth center and some home births. Here, the midwife or doctor is in a "life-guard role". The woman in labor is "completely in control of the situation, and the medical attendant is a supporter of the birth,

encouraging, but does not interact very much with the events, and has a sort of hands-off approach". The third model is the "midwifery model", which is "very hands on and very touchy feely". Midwives give total attention and assistance to mothers, "applying compresses, massaging, giving acupuncture, and being very supportive". In this model, the "woman is taking responsibility for the choice she made, and how much involvement she wants people to have in her birth". Dr. Flood sees the role of the medical professional as one who reacts to the cues of the mother and takes on the "active management of labor". She says that midwives take on a very different approach in that they practice "passive management of labor, where they just let things happen and let the situation evolve". Here, midwives "lead through example, the midwife has the ability to set the tone for the labor events, but allows events to occur".

Dr. Flood acknowledges that relationship forming between mothers and midwives "can have a strong effect--especially with women who give birth for the first time". However, she says that often, the forming of close relationships actually must be discouraged to some degree. In some cases, midwives practice together, and the woman who assists in prenatal care during pregnancy may not be the midwife who is on call the night of a mother's birth. She says many women think that their birth will not be effective without this individual they are attached to, which is completely false. Dr. Flood says, "the quality of the birth depends on the mother and the things she can control. People need to be led through this process of realizing that they are in control of how their birth goes". Although, she adds, it would be optimal to have a one to one relationship between the midwife and mother, it is just that this can not always occur. Dr. Flood also adds that the strength of the mother/midwife relationship depends additionally upon the how strong

the other relationships are between the mother and other people who are at the birth. In her own case, she is an individual who finds strength from within, and the majority of her support for her birth came from the other women who were with her, not so much from the midwife.

She believes that the ongoing relationship between the mother and midwife is a very empowering one. Throughout prenatal and postpartum care the relationship is especially important. The midwife, through "answering questions, making recommendations about the birth, pregnancy, and breastfeeding is where the relationship becomes empowering". It is here that the midwife provides "support, questions, compliments, and helps the mother", teaching her to "trust her instincts". This is empowering—where the mother receives information and can continue on her own—not through situations where a mother constantly needs to get the answers from someone else. Dr. Flood cited the authority issue as being important. She said, if "you are the birth attendant, knowing where to intervene so that the couple and woman can set out on their own is important. The more empowered they are, the more responsibility they can take on".

Dr. Flood also says that an important "part of empowerment is to get people to realize their priorities". "Birth is a passage", not the end all be all of pregnancy and childbirth. "Being emotionally and physically ready and having resources in place" are the most important concerns at birth. The main concern should be parenting, and what the couple is going to do about being a parent, not the birth itself. She says, "the more the midwife helps formulate issues of authority, responsibility, and resources, the more empowering the process". In conclusion, she cited that the intensity and productivity of

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birth are fascinating to her. Having a leadership role and aiding in forming relationships are key aspects of midwifery. She also says that the "energy of being with a woman in labor is so sensual and energizing", that birth is a captivating process.

## Case Study 4--Jen Benedict

Jen Benedict is a student in Bethesda, MD who had her first baby with a midwife. She had actually planned to give brith in the hospital, but "didn't decide to use a midwife till she was actually pushing." She was in the hospital, and her water had not broken after 15 hours of labor. The doctor on call had 10 other birthing mothers to attend to, and he sent a midwife to break her water. When the midwife came, Jen said she knew instantly that she wanted the midwife to help her with the birth. Jen explained that Joan, the midwife, was so "gentle, friendly, explained everything, she had delivered more babies than the doctor had, and she felt so comfortable because the midwife was open and honest about the birth and prepared her for all the problems." Jen mentioned the competency of the midwife as being very important to her. "She was quick about things--she delivered me differently than the doctors would have-she laid me on my side in a butterfly position to deliver." The midwife stayed for four hours following the delivery, and answered all the questions Jen had, she said. Jen said that the midwife "gave me decisions to makeand gave me positive and negative information to make those decisions." Jen emphasized how "honest" the midwife was, and that she didn't "feel forced to do anything". The relationship she developed was a positive one, Jen claimed. She said the midwife "got to know me, told me about herself, was very personal, friendly, and took care of me." "I felt like rshe really cared about me because she was very sympathetic, helped me through the

pain and was very understanding." The midwife even came back to check on her the next

day, which she didn't have to do, Jen stated. Overall, Jen said that she would definately recommend delivering with a midwife, and that her birth was a great experience.

## Case Study 5--Bobby Coyle

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Bobby Coyle is a mother of three boys. She sought a midwife for her first and second births, and accidentally ended up in the hospital for her third. When asked to define empowerment, Bobby said that empowerment is "having enough strength within oneself to believe in one's convictions and believe that it is the right way and not to be swayed from that belief." In relation to her birth experiences with midwives, Bobby said that she felt strength from "doing my own research and not listening to current western medicine's constructs about birth" or listening to her family members who were skeptical about her choices. She said it was "empowering to gain knowledge on my own and learn as much as I could to make decisions about what was the best for me." In the end, Bobby commented that she felt like "I've done the work and taken the responsibility for my own medical experience." When asked if she felt empowered by the midwife, Bobby asserted that she "got the feeling from my midwife that she respected my experience too and was willing to let me lead the way." She feels as if midwives "approach birth from more of a apsychological experience rather than a medical experience-they know that you are in control." Bobby felt that relationship formation affected the process of empowerment. She said that the midwive was "supportive, respectful, there to do whatever she could to give her a good experience." The support and relationship she felt was generated with the midwife occurred on different levels. If Bobby needed assistance in making tea or the bed, or needed medical attention, the midwife helped. The midwife also helped her learn how to nurse the baby (the first time) and gave her tips on how to do things like changing

diapers or bathing the baby. What Bobby cited as being very important to the midwife/mother relationship was the fact that it was "woman to woman", rather than medical practitioner to patient, as her experience would have been had she been in a hospital.

Appendix 2. Presentation of Data—past project on midwifery and witchcraft Case Study 1--BOBBY COYLE is a working mother, who lives in Malvern, Pennsylvania, and is a mother of three boys. She sought a midwife for her first and second births because she had done research while pregnant and decided that the atmosphere of the hospital was "too sterile" and looked "uncomfortable" to her, with all "the machines they hook you up to". In addition, she claimed that a woman's body is her own, and that when "you go to the hospital there is no control--you have to do what the doctor tells you--you are so powerless that you believe what they say is right and what you say doesn't matter". At the time, home births were not popular, and she "had a hard time finding someone, finally encountering a lay midwife, which is what she wanted, but everything had to be hush hush" (lay midwives do not have medical insurance). At her first birth, the midwife came and "stayed the whole day", and they "drank tea, she was supportive, personal, and like having a friend there". Bobby said that the midwife acknowledged that it was her birth, and that it was "a different experience because it is your own process". She said that she had met the midwife a few times and even went over to her house prior to the birth, that they "formed a bond, and she gained trust and respect for the midwife's knowledge". After the birth, since it was her first, the midwife stayed and helped Bobby with the baby, answering questions about nursing, bathing, and changing diapers. Her

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second child was born with an Amish midwife, and she had to go to a birthing center because the Amish woman could not go into a house that wasn't Amish. There was a doctor who was associated with the midwife who came and checked on Bobby and then left the midwife to do her work. Bobby said the midwife had massaged her perineum before the baby was born, and that she had manipulated her spine during the pregnancy. For her third birth, she had secured a midwife, but when she went into labor two weeks early the midwife was on vacation and she ended up going to the hospital, which was a "nightmare". Bobby said that the doctors tried to give her things during the birth which she knew she didn't need. She kept refusing the drugs, the episiotomy, and they gave her a hard time. Finally, once the baby was born, they took him away and wouldn't let her have him, so she demanded to leave. They had to make the doctor come in during the middle of the night to sign a release form. She said the first two births were "wonderful", but the hospital experience was terrible.

Case Study 2--LINDA DELBUSSO is from Phoenixville, PA, and a mother of three girls and is now studying to be a midwife. She had her first baby in a hospital, the second in a birthing center with a midwife, and the third at home with a midwife, and said that "it got better each time". Linda told me that her hospital experience was "horrible". She was not allowed to get out of the bed even to go to the bathroom, and they put a pan in the bed with her. They had given her an episiotomy and she couldn't sit for a week or so without a donut to sit on. The doctor who did her birth was in a rush--he was going on vacation--when the baby was slow to come he used forceps which broke the baby's clavicle. She did not see the baby until two to three hours later, because it had to be whisked off to



intensive care for the clavicle and another problem. Linda is sure that "the birth hurt both she and the baby psychologically".

The hospital experience drove her to "seek a midwife or different birthing practice". Her second birth in the birthing center was assisted by two midwives who were "fabulous". She was allowed to be "freer--and they gave her lots of educational material". For the third birth, her Certified Nurse midwife was assisted by a lay midwife, and "they were fabulous". Before the birth the duo had come to see her house to determine what type of environment they would be working in and the three went out to lunch. Linda asked me "How often is it that you would ever get to know your doctors that well?" She also commented that the midwives gave her "a lot of options, choices, and the freedom to make her own choices". With the midwives Linda told me she "felt secure, trusting, and safe".

Case Study 3--EILEEN McALINEY is a mother of four from Pughtown, PA, who has a degree in engineering and was working as an electrical engineer prior to the arrival of her children. For the first two children Eileen gave birth in a hospital, and for the third and fourth she had midwives. Eileen said that they "control everything in the hospital". She had "an IV, was put on a fetal monitor, they gave her pitosin, and threatened to give her a cecerian of she didn't take the demerol. In the end they gave her an episiotomy even though she did not want". In addition, the doctor gave her a blood test in the middle of her labor which made her fall out of labor and she said "she wanted to walk out so badly". With her two hospital births Eileen felt "helpless, scared, powerless, and felt like she had no alternatives or choices". What Eileen liked about the midwives was that she "was

involved in the choices and understood what was going on". She said the midwives spent

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more "time talking to you than the doctor, concerned if I was having this or that symptom, and showed videos". At home for her third birth, Eileen and her midwife herbally induced her labor with blue kohash and nipple stimulation. An acupuncturist also triggered contractions for her and she had an angle massage to trigger contractions as well. Eileen had a difficult time with her third labor because her hospital experiences had been so awful. During this labor, the midwife allowed her contractions to be as far apart as they occurred (5 minutes). While she was in the hospital, she had mentioned that the doctors insisted that her contractions be 2-3 minutes apart. She said that the midwife also gave her dandelion leaves and watercress which had been boiled in water because she needed more iron to increase her blood volume and that was a method of getting iron which did not cause constipation. She said that with her third birth she was squatting on a bed and for the fourth she squatted on the floor and the midwife caught the baby. The midwives did not have to give Eileen an episiotomy. Eileen's experience with the two different midwives for births three and four were a little different. The first midwife was a "little more controlling because her husband was an obstetrician and she was more medically oriented". The second midwife was not as "useful for her labor" because she was in labor during and ice storm and the midwife was not there for the majority of the time. Eileen slept in between contractions and used music tapes of songs/sounds she liked to relax. In the end, she found birth "not the terrible experience we have been taught".

Case Study 4-DR. JEAN FLOOD is a trained physician from Kimberton, PA who has experience in midwifery but has not delivered babies since the birth of her first child. In telling me about her internship with Cook County Hospital in Chicago, Dr. Flood said she delivered 40 babies in the traditional American manner--"the women had to have an



episiotomy and she was supposed to catch the babies from the lothodomy position, take a clamp and pull out the cervix and inspect it. Things are still done this way, believe it or not", she says, and "it was horrifying and a nightmare and I didn't want to have any part of it". Her own first baby was born in the hospital and it was a "terrible experience". She was given pitosin to induce labor which gave her "horrendous contractions" and then they had to give her an episiotomy, which was "miserable" and "pretty brutal". She said she felt very "beat-up" and "drained" after her daughter's birth. Dr. Flood said animatedly that "birth is supposed to be a wonderful, cathartic, fabulous experience, but you are lying there in this lothodomy position having your butt sown up--strussed up like a turkey-while your baby is being examined and it is an unfortunate experience which is exclusively negative". Dr. Flood expressed that her second baby with the midwife was an "extraordinary contrast". She was still having trouble psychologically with her horrifying birth experience from her first birth after fourteen years, and this impeded her ability to get into labor. In order to prepare for labor she did a spiritual clearing so that she was mentally ready for the birth. She was approaching two weeks past her due date, and midwives have a rule that if a woman is two weeks past her due date than she has to go to a hospital or birthing center. To induce labor the midwife separated the amniotic membrane from the uterine lining which in turn created the prostaglandin's which caused her labor to start. The midwife supplemented this process with castor oil and PN6 (herbs), and she had some acupuncture done also. She had been able to make choices about what she wanted while she was fully aware of the situation, not only in the time of her greatest vulnerability, as it had been in the hospital. During labor she got into the hottub which "was amazing-the water was so soothing-it made such an amazing differencethe contractions were like bad menstrual cramps". During this birth Dr. Flood felt "fabulous, terrific, supported, good". It was a physically "much better experience" and she was "back to normal in a week".

Having delivered babies, Dr. Flood said that "what a person who delivers a baby brings to the birth has to do with the patient/client relationship. Midwives are sensitive, yet the mother brings much to the birth. The midwife will not impose her rituals upon the mother, and the mother creates her own environment and the characters for her script". She commented that "our culture is so against all this stuff--even if you know something intellectually--culture tells us that I was lucky nothing happened [to her baby]. We have to have the strength to go against the cultural norm". Dr. Flood also insightfully proposed that "birth is a very political thing in this country and it is controlled exclusively by male obstetricians and sets up very strict rules about birth which have kept midwifery from being what it could be--or at the least accessible to the amount of women it should be. The medicalization of birth takes what should be a normal process and considers it a pathological event which is only resolved by the baby being born. When the obstetrician sees a pregnant women he sees it as a disaster--a medical problem which is not solved until the baby is out-the process is not something they enjoy-it's just a constant worry for them--the rules influence how things end up".

Case Study 5--VICKI EMBISCUSO is a Certified Nurse midwife and a mother of two children. Vicki is a Certified Nurse midwife with a masters in Public Health. She attended a baccalaureate program in nursing at the Jefferson Nursing School in Philadelphia, PA. She has worked in the Frontier Nursing Service, in an Indian health service program in

Arizona, in South Carolina in black churches to reduce the incidences of teen pregnancy,

in birthing centers in Downingtown and Allentown, PA, and currently works at Planned Parenthood. Her first baby had been born in a hospital in Georgia, and was awful because her membrane ruptured and she had to take medicine to induce labor. However, her second child, who was born with the assistance of a midwife was "completely different because I trusted my environment more". Vicki feels that midwifery is unique because it allows one to "really get to know people through long visits". "It is more than just the birth", she asserts. You "engage people in necessary conversation during pre-natal visits. answer questions, give mothers whatever information they want...the birth is only a small part of it." The birth is about "changing the relationship with one's body, partner, family, and transition after birth." Not only does she attend to the physical birth, but also "builds into the wisdom of the family". She says that labor connects facets of a person's life, the woman learns to trust her body, trust the experience, tie things together, and feel the empowering force of birthing a baby. In her practices, Vicki often "feels things intuitively about the baby and the mother." She says that physical manifestations in a pregnancy can alert her to what is wrong. "She has had many situations where she has been sleeping and woke up right before her beeper has gone off--she can feel the energy coming towards her." Vicki acknowledges that there is "definitely a place for hospital births when there is a high risk baby, if the mother needs medicine to control her blood pressure or seizures. However, the more intervention is allowed the more it is used." She thinks that fetal monitoring should only be utilized in cases where there is a problem with that baby. "The data is often interpreted wrong which leads to intervention which can be contrary to the clients well being." Vicki asserts that people who are in caregiving positions think that



they are in power, but they are not. She says that the work she does is in teaching people how to shift the perceptions of power.

Case Study 6--JOANNE DOZIER is a mother of three, from Kimberton, PA, and has a degree in Psychology, thirty graduate credits in special education and an RN degree. She became interested in midwifery 21 years ago as a result of her own birthing experiences. For her first delivery, Joanne was in a hospital, then had her second with an Amish midwife, and her third at home with a midwife. The "hospital birth was a nightmare, she was drugged, her husband could not come in and she didn't see her baby for eight hours. They gave her an episiotomy and she felt very frightened and isolated." Her second two births were "exhilarating and empowering". Joanne is now a lay, or traditional midwife. She usually only does home births, but also goes with other midwives as a support person. In commenting on her education as a midwife, Joanne says that it is a constant process of learning. She has had traditional apprenticeships and seminars and has done a lot of home study. Not being a Certified Nurse midwife means that she is not connected with the medical profession, and practices midwifery by the traditional ways of learning and doing by empirical knowledge and testing. However, being a lay midwife denies her access to insurance. Through her work, she gives women "personal care and develops a kinship, friendship with each individual person". Joanne employs homeopathy in her bag of tricks to deal with pregnancy and birth. For fear she gives women aconite or arsenicum. Enhancing or inducing contractions is done with blue kohash (caullophhylum) which helps the body to produce oxitosin. If the baby is in a breech position, she gives them pulsatilla, and says that all babies are a 'pulsitilla type', and she has found that this remedy works.

Black kohash is used to induce or stop contractions, which would be needed for

premature labor. Arnica is used for the baby and mother--it is a healing herb which can help muscle soreness and bruises. If a baby is white or blue, indicating trouble breathing, she gives it carboveg. For fluid on the lungs she administers antimonium tart. Joanne runs spiritual yoga workshops for women about three times a year, and most of her patients fall into one of these classes. Other midwives clients also attend. Joanne said that sometimes massage work helps align a woman for a home birth, and chiropractors can be used for this. Therapeutic touch is also good, she says. This is a type of massage energy work which helps to open the uterus and is a way of relaxing. It opens the woman to the energy of the birth. What the performer of therapeutic touch does is not actually to touch the client, but to run one's hands over the body, pretending to massage and guiding energy. Joanne believes that birth should be "treated like a natural process and not a sickness. Every woman can give birth naturally but we have inhibitions and fears that get in the way. All parts of us are connected--mind and body have to be united in birth." A second technique which Joanne uses during her births is journeying and drumming. Journeying and drumming are used to put either herself in an altered state to prophecy things to the woman, or to put the woman into an altered state in order to take her on a journey herself. What either she or the mother find on these journeys are spirit animals or guides, and these guides answer questions about what is going on and give them the ability to relax. Joanne literally drums on a drum to send the mother into an altered state if that is the case, and then would guide the mother through her journey. She specifically recalls one woman who she did a journey for had said that she just "couldn't get connected to her birth", and was having a difficult time. In the journey she sought an animal guide while in a hole (Joanne says one either goes into a hole-the underworld-or up into the air on a journey).

This woman could not find her way out, she was having trouble because she had fallen into the hole backwards, but finally she found her way out of the hole and her labor began. As it turns out, this woman had been a breech birth and her child was also in the breech position. Joanne also employs movement and imagery to help women connect to their birth energy, and sometimes certain sounds, words, or movements are effective. She claims that women need to surrender, open, and release during birth. "Surrender to the pain, not fight it, open one's body, uterus, and vagina, and release the energy and the baby"

## Appendix 3. Empowerment Questions for Case Studies

- 1. How would you define empowerment?
- 2. Do you feel that you were empowered by your midwife?
- 3. (For midwives only) How do you feel that you empower your patients in your midwife practice?
- 4. (For midwives only) Do you feel that any of your success in practicing midwifery stems from gender socialization or relationship forming with your clients?
- 5. (For midwives only) In what way does relationship formation affect the process of empowerment for you?



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### **Interviews**

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- 2. Vicki Embiscuso (610) 287-6281
- 3. Bobby Coyle (610) 889-7470
- 4. Linda Delbusso (610) 933-0855
- 5. Eileen McAliney (610) 489-3885
- 6. Dr. Jean Flood (610) 970-9811

### Web Sites:

- 1. UR homepage
- 2. Information by subject
- 3. Women's Studies
- 4. Women's Studies sources on Internet
- 5. InforM's Women's Studies database
- 6. Women's Health List (wmn-hlth)
- 7. Women's Health Action and Mobilization List (Wham!)
- 8. Nurses List (nursenet)
- 9. Academic Topics in Gynecology List (gyn-docs)

