CHAPTER IV

RESULTS: PHILOSOPHICAL ORIENTATIONS OF DOULAS

In examining the differences between doulas in this study, it became clear that there were philosophical differences between doula participants that did not cleanly divide between hospital-based doulas and independent practice doulas. When examining passages that reflected on their feelings and thoughts about doula care, they revealed what appeared to be the doula's own internalized model of birth. This internalized model seemed to encompass the personal meaning of childbirth in a woman's life and the doula's role in contributing to another woman's birth experience. These models coalesced into two different philosophical orientations: an emotional support-focused orientation and an empowerment-focused orientation. These philosophical orientations seemed to come from a place deep inside the woman herself, which she then brought to her role as a doula. There was also evidence of a mixed orientation for a doula who was conflicted. When viewed with this perspective, the doula's internal model and resulting philosophical orientation were not dependent on being an independent practice doula or a hospital-based doula – their philosophy transcended those job descriptions. There were independent practice doulas with both orientations. Although most hospital-based doulas had an emotional support-orientation, one doula was mixed.

It is important point to clarify that these orientations seemed to be concerned with the doula's own internalized model of birth and what she found fulfilling about her role and her job. In this study, doulas with either support orientation were emotionally supportive and empowering of mothers during their labors. It was not about the doula's support behaviors, but about what gave the individual doula a feeling of purpose and meaning about her care work.

This model is considered to be internalized because it was not overtly expressed to the mother or her partner. It may be expressed through her behaviors, however the focus appeared to be concerned with the doula's level of satisfaction with her own care and support.

Emotional Support-Orientation

In this study, doulas with an emotional support-orientation valued that mothers were not alone during labor. What seemed most important was that women deserved emotional support as they labor. While they wanted mothers to make informed decisions whenever possible, doulas with an emotional support philosophy appeared to be just as satisfied when mothers followed the dictates of their care provider without question. The doula's purpose was to help the mother through all of the challenges of birth. She did not withhold information but only gave it in service of the mother's support needs. Shenise got at the crux of the matter. She observed that when a doula has an emotional support-orientation, it is easier "to remain nonjudgmental and never to bring her beliefs or wishes or desires into it…we don't need to do anything, we don't need to fix anything, we don't need to say anything, we just need to be."

Seven of the eight hospital-based doulas in this study had adopted an emotional support orientation (one was conflicted). The mother's involvement in shared decision-making was not of primary value. This was indicated by the lack of empowerment as an important concept in the effective labor support by hospital-based doulas model. Naomi said, "A birth process means you are there for the mom." Tracy also alluded to this when she said, "Because I think every woman is entitled to a doula, every woman. I don't care if she's having a planned cesarean. If she wants a doula, she should have one."

One independent practice doula with an emotional support focus did not feel a need to interact with medical caregivers beyond introducing herself briefly. As Carmen said, "When a

physician walks into the room I try to physically make myself smaller...Rather than even be looking like I'm participating in the conversation, sometimes I'll just like turn over and look like I'm doing nothing." Other doulas concurred that they do very little or no advocacy. Their medical staff interactions focused on comfort measures and positioning. Doulas in this group described that they did not see the need to interact with physicians because they did not expect to be doing much advocacy on the mother's behalf. Advocacy was the responsibility of the mother and her birth team. The doula provided assistance as needed, but empowerment was not the main focus of the birth for this mother. Emotional support-oriented doulas were satisfied working in a medical model or technocratic model environment (Davis-Floyd, 2001) (See Appendix C). The emphasis was on helping the mother get through her labor by using her doula support strategies and caring skills.

Mothers in this study who sought out the care of an emotional support-focused doula were usually satisfied with allowing their careprovider to make most of their medical decisions. They did not seem to describe themselves as subscribing to a shared power model of decision-making nor a woman-centered model of childbirth. All of the 16 mothers in the South Carolina samples expressed that they wanted their doula there for emotional support. In addition, Melissa from the Midwest sample fit in this group. While April and Ariel both indicated that they felt the labor and birth could also be a possibility for personal development, neither indicated that they expected their doula to have much of a role in that.

Empowerment-Orientation

Doula participants who valued empowerment of mothers seemed to believe in a strong advocacy role for themselves, prefer to work with mothers who were involved decision makers,

and spent time prenatally preparing their clients for an advocacy role. It was a part of their core belief system that childbirth could be a major life experience for women. Another important concept seemed to be that women did not have to be passive participants of the hospital system, but could actively make choices to help them get the birth experience they wanted. Lani, an independent practice doula, called it, "taking responsibility for your birth". Doula participants in this group felt most fulfilled when the mothers they supported spoke up for themselves and empowered themselves as active agents in creating their own birth experience. Empowerment-oriented doulas valued emotional support and encouragement, however they also wanted to help mothers to get what they wanted.

Mothers who hired a doula with an empowerment philosophy were more likely to have goals that were harder to achieve in a hospital environment. Nine of the ten mothers in the Midwest sample hired doulas for reasons to do with personal empowerment. They wished to avoid certain interventions or taking pain medication. They worked with their doula prenatally to whatever extent they were willing to commit to in order to accomplish those goals. The doula needed to adopt the mother's vision for herself to help her to achieve it. In this way, the mother's goals became the doula's goals. Mothers working with empowerment focused doulas were likely to have birth plans, and more likely to change care providers.

Empowerment-oriented doulas appeared to be more frustrated with the medical system than emotional support-oriented doulas. The independent practice doulas in this study with an empowerment-orientation stated they were emotionally involved with the mother's choices. They felt that fitting in to their client's lives and personal involvement were part of the package. Jo Ann said, "We become emotionally attached. And to affect the change and to affect my client, we have to. That's part of the doula thing is having to be emotionally attached." However this

emotional attachment to clients also came with a price. If the mother made choices that were less likely to help her accomplish those goals, the doula described that she needed to mask her feelings and adjust to the new agenda. As Lani said, "You cannot have an agenda. You can't. It's not your birth. I mean it's not your birth, it's not your birth, it's not your birth, [sometimes I say it] like a million times over and over again."

Mixed Orientation

A mixed orientation was revealed when a doula appeared to be conflicted. The doula who appeared conflicted seemed unsettled and revealed competing ideas. Previously Tracy stated that all women should have a doula including those planning a cesarean. She felt comfortable providing doula support for the multitude of women who she met as a hospital doula. However Tracy also expressed that her internalized model of birth encompassed empowerment when she commented, "I just really want to be satisfied that they know what's going on because so often they don't. I just think that's so important. And that they know they have a choice. I don't want to seem like I'm pushing them, like you have a choice not to do this, I'm not saying that at all." Later on in her interview, Tracy explained the differences about the information she can give about eating and drinking in labor. Her conflict was between what she believed and the hospital's policies, but it could also be seen as between her two orientations. "So then I worry, 'Okay, so what do I do?' Do I follow my belief as a doula and say, its better you make, they always say it's your choice…That's very frustrating. But it all works somehow. Those women still deserve a doula."