What is a paradigm and why does it matter? How does each paradigm define the human body, and how does this definition affect the kind of healthcare you give and receive? How can we find ways to treat birth humanistically and holistically in an increasingly technocratic world? This article presents the results of an anthropological study (which I carried out with Gloria St. John) of models of healthcare and of the paradigm shift made by increasing numbers of healthcare practitioners. The presentation begins with a description of three major paradigms of healing available today—the technocratic, humanistic and holistic models of medicine. The profound differences in belief, practice and worldview among practitioners of each of these three paradigms are delineated, so that birth practitioners can understand the consistency of these models and evaluate their own choices in terms of where they wish to stand on this spectrum.
The ability to identify under which paradigm a given practitioner or client is operating gives a maternity care practitioner a set of tools she can use to communicate with that practitioner or client. Understanding the subtle differences between humanistic and holistic practitioners can be of great use, as what is easily understandable and workable to a holistic practitioner may be well outside the tolerance range of a humanist (and completely unacceptable to a technocrat). Maternity care practitioners should be aware that a major catalyst for a given practitioner’s (or client’s) paradigm shift is often direct exposure to alternative systems. Additionally, practitioners can use the chart at right for self-evaluation and introspection: Are they practicing under the paradigm they choose?

As a society’s medical system mirrors its core values in microcosm, so the evolution of medicine can influence the evolution of the wider culture. We must ask: Who do we want to make ourselves become through the kinds of healthcare we create? Contemporary obstetrical practitioners have a unique opportunity to weave together elements of each paradigm to create the most effective system of care ever designed.

Information is available about indigenous childbirth practices from many cultures, some of which (such as massage and upright positions for birth) are highly beneficial and should be incorporated. More information than ever is available from scientific studies that tell us much of what we need to know about the physiology of birth and the kinds of care that truly support women giving birth. Technologies exist to support every kind of labor choice. If we could apply appropriate technologies, in combination with the values of humanism and the spontaneous openness to individuality and energy chartered by holism, we could in fact create the best obstetrical system the world has ever known.

## Technocratic Model

- Mind/body separation
- The body as machine
- The patient as object
- Alienation of practitioner from patient
- Diagnosis and treatment from the outside in (curing disease, repairing dysfunction)
- Hierarchical organization and standardization of care
- Authority and responsibility inherent in practitioner, not patient
- Superevaluation of science and technology
- Aggressive intervention with emphasis on short-term results
- Death as defeat
- A profit-driven system
- Intolerance of other modalities
- Basic underlying principles: separation
- Type of thinking: unimodal, left-brained, linear

## Humanistic Model

- Mind-body connection
- The body as an organism
- The patient as relational subject
- Connection and caring between practitioner and patient
- Diagnosis and healing from the outside in and from the inside out
- Balance between the needs of the institution and the individual
- Information, decision-making, and responsibility shared between patient and practitioner
- Science and technology counterbalanced by humanism
- Focus on disease prevention
- Death as an acceptable outcome
- Compassion-driven care
- Open-mindedness toward other modalities
- Basic underlying principles: balance and connection
- Type of thinking: bimodal