There are people dedicated to improving the way we eat, and people dedicated to improving the way we give birth. A Bun in the Oven is the first comparison of these two social movements. The food movement has seemingly exploded, but little has changed in the diet of most Americans. And while there's talk of improving the childbirth experience, most births happen in large hospitals, about a third result in C-sections, and the US does not fare well in infant or maternal outcomes.

Katz Rothman, an internationally recognized sociologist named 'midwife to the movement' by the Midwives Alliance of North America, turns her attention to the lessons to be learned from the food movement, and the parallel forces shaping both of these consumer-based social movements. The book traces the food and the birth movements from the early 20th century era of scientific management, to the consumerism of postwar era and the late 20th century counter-culture midwives and counter-cuisine cooks, to today's world of risk management in both food and birth. A Bun in the Oven brings new insight into the relationship between our most intimate, personal experiences, the industries that control them, and the social movements that resist the industrialization of life and seek to birth change.
A WORD FROM THE AUTHOR

Year after year, literally decade after decade, I have stood before classes of undergraduates and tried to inculcate bits of sociological imagination, enabling them to understand their own lives and lived experiences through the sociological lens. But this is the first book that I have ever written that is specifically aimed at those undergrads.

My other work was aimed at what I think of as a ‘larger’ audience, a more general audience, that hard-to-imagine ‘educated public.’ Some of it was written to help people think through issues and moments in their own lives with that sociological imagination – for people thinking about birth (IN LABOR and LABORING ON); for those thinking about what prenatal testing means in our largely disability-hostile world in which motherhood itself isn’t much valued (THE TENTATIVE PREGNANCY); at a broader audience in response to complicated social issues that grow out of that way of thinking about motherhood, including child-care, so-called ‘surrogacy,’ and abortion (RECREATING MOTHERHOOD); and at the broadest audience, those of us who were living through the era of the human genome, where every morning’s newspaper assured us of yet another human characteristic that was genetically determined (THE BOOK OF LIFE). One book was aimed at a much smaller audience, those ‘touched’ by adoption and/or mixed race families (WEAVING A FAMILY).

But this time: I wrote to our students. I am asking them to look critically and thoughtfully at a social movement that has touched their lives, and use that to understand a different social movement they probably haven’t thought much about – and through those lenses, to hone their own sociological imaginations.

What I will do here, in this instructor’s guide, is offer some suggestions of ways to use this book in particular courses, enabling your students to start with the specific, the breakfast cereal before them, the bodega or McDonalds on the corner, the offerings at the college cafeteria, and help them move onward to a sociological understanding, growing their own sociological imaginations.

Some of you will be sociologists – of social movements, of health and illness, of family, of gender and sexuality. Some will be in Psychology, Anthropology, other social science related fields. Some of you will be coming at this from particular area studies – food studies, women’s studies, maybe Public Health or other areas.
Interdisciplinarity is both a joy and a challenge, and I hope to show you ways to experience more of the former and less of the latter as you work with your students. I am very much a sociologist – I often say I’m more a sociologist than I am a Jew, that sociology is truly my cultural identity, my stance in the world. But I’ve spent most of my career and life addressing people who are not sociologists, who do not think that way at all – so you will find this book largely free of the jargon of the discipline. It makes me a ‘better writer,’ as most people understand that, makes it easier for your students to understand what I am saying. I will show you ways to connect the points made here to the vocabulary of the disciplines which we must instill when we teach at the college level. Having that vocabulary enables the student to do what all vocabularies do – recognize something when you see it, talk about it, question it, reimagine it. Part of what you may do as an instructor is draw the links between the language of sociology in particular and academia more broadly, and the concepts described here.

There are four main content areas addressed in this book: Health and Illness, which includes Medical Sociology, Sociology of the Body, Public Health and related disciplines; Gender, including Women’s Studies, Sexuality, and the Family; Social Movements; and Food Studies. The book can be used to further explore any and all of these although some come to the fore more in some chapters than others. The issues fit into the four main subject areas that are most likely to be using this book for courses, but the book could also be used to raise these issues in any general Introduction to Sociology. Any one of these areas regularly crosses over into discussions of the others – one cannot teach a course in Medical Sociology without thinking about Gender; or a course in Gender without thinking about Social Movements, and so on. Each of these areas intersects with the other, and this book, this study of the birth and the food movements, plays right at that point of intersection.

What I will do here is summarize each chapter, and provide one simple question for discussion, to be sure that students understand the concepts. At the end, I offer a list of questions for more discussion or for student writing, that draw on points made repeatedly in the book.
CHAPTER ONE:
A TALE OF TWO SOCIAL MOVEMENTS

This brief chapter introduces the food movement and the birth movement as social movements, discusses their relative successes, and introduces the rest of the book. When I talk to people in the food movement, presenting at Food Studies conferences and such, they are reasonably critical of how I present the food movement as successful. One quick glance at the obesity and diabetes rates in the US, one quick look at our food production and distribution systems, makes it quite clear that the movement has hardly achieved the successes it seeks. On the other hand, for our students, this movement has been relatively successful: many of them will have thought about the issues raised, will have made changes in their own food habits in response to the food movement. It is often best with students to start where they are and work from there.

This chapter sets up the key issues in the book, and is a particularly good place to raise the question of what constitutes a social movement.

*Keywords*: birth, food, social movements

**DISCUSSION QUESTION**

1. What is a social movement?
This chapter discusses expertise and craft, the skills that are involved in both birth and food work. Americans have a complex relationship with the idea of work of the hands, often dismissing any work that manipulates objects in the world as ‘blue collar.’ Even work that manipulates the physical body is arranged in a social hierarchy: the lowest paid workers are expected to deal with excrement, cleansing; and the highest paid work with scalpels and lasers. In its early days, surgeons wore their blood stained uniforms as a mark of their elite work. Now the preparatory work and the cleanup work are done by lesser-valued workers and the surgeon steps in for selected targeted bits of work. Similarly with food, we have used the very lowest paid and least valued workers to harvest, to herd, and to kill and to butcher; more elite workers to supervise later stages of food preparation. In both the food and the birth world, these hierarchies are being challenged.

This chapter also brings the discussion of the issue of safety, addressed through historical and contemporary analyses of home birth.

**Keywords:** home birth, expertise, craft

**DISCUSSION QUESTION**

1. How does any particular form of work gain social status?
CHAPTER THREE:
NO PLACE LIKE HOME

We use the word ‘home’ in so many different ways – to be ‘at home’ is to be comfortable, home is where the heart is, home is a place (oops, where I left my keys this morning) and home is a state of mind. This chapter explores the changing meaning of “home” in its relationship to individuals, family, gender relations, and medical care. The book takes a bit of a detour by offering comparison of home birth with care in death and dying.

Keywords: home, death and dying, housing, gender relations

DISCUSSION QUESTION

1. What can we learn about gender, race and class by observing the ways homes are built in any given society?
CHAPTER FOUR:
LIVING THE EMBODIED LIFE

The social sciences have come to a study of ‘the body’ relatively recently. It is almost as if we were ‘selves’ housed in bodies, bodies as locations rather than our being. But we are embodied, and cultures and societies must establish social institutions, like the family, medical/health services, and food production, to meet the needs of those bodies. This chapter explores the ways that we use ideas about what it means to be a woman or a man, the way we talk about ‘women’s ways of knowing,’ and contrast women as the embodiment of ‘nature and men as ‘culture.’ The chapter analyzes the ways that we use “science” and “taste” to distinguish ourselves from other mammals and sometimes from each other.

Keywords: culture, science, taste

DISCUSSION QUESTION

1. How have ideas about ‘nature’ and ‘culture’ been used to limit women’s lives?
The middle portion of the book, this introductory chapter and the three that follow, explore key cultural moments in contemporary American history and social movements. With a focus on the 19th and 20th century, these chapters look at how our ideas about ‘the good life’ and how we can achieve that, have shifted. This brief introductory chapter introduces the historical comparison of birth and food over the 20th century. It goes back in time to present the history of midwifery and birth care, to show how midwifery was driven out not over safety issues, but as a result of competition with the developing profession of medicine.

*Keywords:* midwifery, safety, history

**DISCUSSION QUESTION**

1. How have other professions expanded by ‘professionalizing’ the work that was traditionally done by women?
This chapter introduces the early-20th-century development of “science” as a politics and as a value. It examines how both birth and food were moved into the realm of “scientific” management. The word ‘scientizing’ was coined at the end of the 19th century, as more and more spheres of life were brought under the scientific gaze. Science became the only legitimate way to know anything.

**Keywords:** science, management, birth, food

**DISCUSSION QUESTION**

1. In what other areas of life has ‘science’ surpassed traditional knowledge without necessarily creating improvements for people?
CHAPTER SEVEN:
PHASE 2: CONSUMER SOCIETY

This chapter looks at the growing consumer movements of the post-WWII era, as ideas about “nice” ways of doing things developed. There was a marked turn toward the French in both the birth movement and the food movement. Creative, thoughtful, sometimes elegant, sometimes ‘cozy’ consumption marked middle-class life.

*Keywords*: consumerism, birth movement, food movement

**DISCUSSION QUESTION**

1. In what other arenas of life has ‘creative consumption’ enabled the growth of industrialization?
CHAPTER EIGHT:
PHASE THREE: THE COUNTERCULTURE

This chapter looks at how the 1960s counterculture movement affected both food and birth. The rise of “countercuisine” on the one hand, and the home birth and midwifery movement on the other, were both enabled over the next decades by the growth of second wave feminism. The same tensions that are recognized in more general feminist activism are clear in both birth and food: Is the most ‘liberated’ of women living her life indistinguishably from a man, or are the values and ways of being that were constrained to women’s worlds becoming increasingly respected and available to men?

**Keywords:** counterculture, countercuisine, feminism, home birth

**DISCUSSION QUESTION**

1. How does ‘womanism,’’ or Black Feminist approaches, connect to radical second wave feminism?
This chapter explores the relationship between “risk society” and both the food and the birth movements. The risks of industrialized food, the obesity epidemic, food-borne illnesses, and the image of the ever-endangered fetus have driven a new approach to both food and birth as problems in “risk management.” The limitations of population and actuarial approaches to the complex problems of food and birth are addressed.

*Keywords:* risk society, risk management, obesity, fetus

**DISCUSSION QUESTION**

1. In what other arenas of daily life are there major distinctions between ‘being safe’ and ‘feeling safe’? How does industrialization and mass production use that distinction?
CHAPTER TEN:
GREAT EXPECTATIONS: A CHILDBIRTH MOVEMENT FOR NOW

The book concludes with what can be learned from the food movement for the birth movement, and how both movements can work together in changing American ideas about safety and risk, about gender, and about industrialization.

Keywords: industrialization, safety, risk, gender

DISCUSSION QUESTION

1. What are the key barriers to progress in each of these two movements?
ADDITIONAL QUESTIONS FOR DISCUSSION

The following questions are in no particular order, and draw upon issues discussed in different places in the book – see what works best for your class subject matter.

1. Look around your home, and think about the organizing principles. Why is medicine in the bathroom where we excrete and wash, rather than the kitchen where we usually prepare things to swallow? Where are the public and where the private spaces where you live, and how are they demarcated?

2. Students are often surprised to learn that ‘evidence-based medicine’ is a new concept – what, they ask, did medicine used to be based on if not evidence? What is the relationship between clinical knowledge and scientific evidence, and how does the concept of ‘artisanal’ knowledge fit into that?

3. Both food and birth care have traditionally been highly gendered. How are the barriers women faced in becoming chefs similar to, or different from, the barriers they have faced in medicine?

4. We mostly think of social movements in terms of the varied ‘civil rights’ movements: movements of categories of people – Blacks, women, gays, disabled people, trans people – to achieve full personhood and respect. In contrast, this book presents work on two consumer movements. How does social movement theory address consumer movements?

5. This book looks at the industrialization and the resistance in food and in childbirth. Similar movements occur in other life arenas. Clothing, for example, can be mass produced, or personally made. And that might happen at the top of the social class system, as rich people hire personal tailors; or at the bottom, as grandmothers refashion and repair outgrown clothing for younger children. Housing might be mass produced, or personally designed by an architect for the rich, or constructed out of leftover shipping crates at the edge of garbage dumps for the poor. In these, and in what other arenas of social life can you find both industrialization, and consumer movements to resist that industrialization?

6. The ‘turn to the French’ in food and in birth reflect stereotypical thinking about French culture. Think about the ways other cultural stereotypes are used in understanding how to ‘live the good life.’ Consider for example the contemporary use of Asian vs Northern European culture in creating a home.
– minimalist and neat; or warm and cozy. What other cultural stereotypes do we draw upon in creating home life? And in thinking about the body?

7. In consumer movements, individual choices are called into question. There is a long history of women being shamed for their choices. Some women talk about feeling ‘bullied’ into their choices, by authorities like physicians, but also by other women who are defending their own choices. How can one open up new ‘choices’ for people without making them feel pressured into making particular choices? Think about this in larger questions, like whether or not to have children at all, and in specific instances, like particular food choices in public space.

8. Much has been written about ‘risk society,’ and how all of our behaviors are constantly being evaluated in terms of risk. One departure the book makes from food or birth is to look at how dying is managed: in dying the issue of health and safety risks are taken off the table and yet management often follows much the same industrialized principles. Why is that? How much is ‘risk management’ a value which permeates other areas than those of actual risk?

9. Feminist theory distinguishes Liberal feminism from Radical feminism, in the kinds of social changes they demand. Both feminisms have been critiqued as being centered on white-women’s perspective. The concept of “Womanism” has been used to focus on the intersectionality of oppression experienced by black women. How do the food and birth movements deal with these tensions?

10. Finally, -- Look at the cover of the book – a lot of attention was paid to race and gender presentation. What ‘stories’ are told in that cover, compared to our usual presentations of gender and of race in the world of medical management and of food preparation: