

As I discussed last month, euphemisms are substituted in place of other words or phrases, often in the interests of propriety, to reduce embarrassment, to avoid causing offence or to soften something that may sound harsh, unpleasant or offensive. As midwives, we have an ever-increasing range of words from which we can choose when talking with women or others about health and related issues and I believe that the use of euphemisms in midwifery raises some important questions, not least of which is: when we use euphemisms, what is it that we are trying to achieve, hide or reveal?

### Is Softer Better?

As Nicky Leap (1992) pointed out in her seminal article on midwives' language, health professionals have long tended to use words like *hop* and *pop*. Such terminology is arguably intended to soften the meanings of what we are asking women to do - or, perhaps more pertinently, what we are asking to do to women. The term *hop* is often used, for example, to indicate that we want women to get onto beds or examination tables or into certain positions, and *pop* is a slightly more wide ranging term, often preceded by the word *just*, that may be used in an attempt to soften any number of clinical procedures which are routine but which individual women might not consent to if it was made explicitly clear that she had a choice; *Just pop this thermometer in your mouth for me ... I'm just going to pop the monitor on again for a bit ... I'll just pop my fingers inside to show you where to push* (ouch, on so many levels, but it still happens...)

The use of euphemisms as a way of softening language might be considered *somewhat less than ethically ideal*; by which I might be implying that this is potentially disempowering or even wrong but, hey, why be accurate when euphemisms enable us to apply a nice thick sugarcoat to whatever it is we want to say? Indeed, a trend towards linguistic spin and sugarcoating seems to have become a fact of life. Within the modern world, politician's lies have become *disinformation* or *categorical inaccuracies* and errors made by surgeons are *therapeutic misadventures*, perhaps partly as a result of Western medicine having become so *litigation-conscious* (by which I perhaps really mean fear-based) and in an effort to direct the blame away from whoever was wielding the instruments.

### Words and Power

The use of this kind of softening language is not always intentional; we all pick up language from

those around us, and it is easy to adopt terms and phrases unthinkingly and without having considered their meaning and implications. If we do take time to think about the words we use, one of the important questions for midwifery concerns the way in which language relates to power. From my own (personal and biased) perspective, I cringe when I hear caregivers using childish-sounding words such as *twinkie* or *foo foo* instead of *vagina* because I am concerned that such terminology has the potential to infantilise women at a time when we need to help them find their inner strength. Yet I am just as prone to softening medical or other language that I feel is potentially disempowering. I avoid using medical terms that I perceive as fear-filled (haemorrhage, risk factor) and choose words which I perceive to be less hormonally and emotionally upsetting to women (bleeding, challenge). I also quite like that some midwives call sanitary towels *bunnies*; which at least removes the connotation of dirtyness that the euphemism *sanitary* carries. All of these words in themselves, of course, are neutral; it is the meaning that we attach to them that is the issue.

One of the first modern texts to illustrate examples of intentional changes in midwives' language was *Spiritual Midwifery* (Gaskin 2002), which tells how The Farm's midwives rejected the word *contraction* and replaced it with *rush*. This was a deliberate attempt to remove a word which was felt to be unhelpful and introduce another word which conjured a different set of meanings and mental images and was thus more empowering. Many midwives, however, do not feel comfortable using the word *rush*, and the search for a better alternative to the term *contraction* (sensation? surge?) is not dissimilar to the debate around whether it is more appropriate to replace the word *deliver* with *catch*, *receive* or *attend*.

There exist differences in opinion even between those who have thought about their language; some midwives seek to find out what words women use themselves, and then follow suit, while others tend to stick to their own preferred terminology. These midwives might feel that, if they are comfortable and unembarrassed with particular words, then women will be more likely to feel that way too, even if they are not the words that they would use at home. At the end of the day, there are no absolutes. Perhaps it is not the use of euphemisms per se that is the real issue, but the intention with which we use them?

Gaskin IM (2002). *Spiritual Midwifery*, 4<sup>th</sup> Edition. Summertown, TN: The Book Publishing Company.

Leap N (1992). The power of words, *Nursing Times* **88**: 60–61.