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Birth and spirituality.

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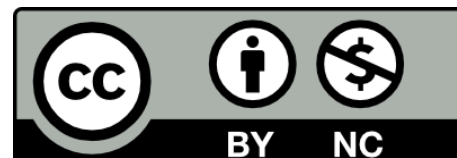
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Spirituality and healthcare is predominantly focussed on end of life care, the central concern of this chapter is spirituality at the start of life. Although there is emergent literature gesturing towards spirituality and healthcare (Puchalski et al. 2014, de Souza, Bone, and Watson 2016) there remains a paucity of literature that solely focusses on spirituality at the beginning of life and reproduction (Crowther and Hall 2015, Crowther, Smythe, and Spence 2015, Clark-Callister and Khalaf 2010, Hall 2001, Hall 2016). A systematic review of the literature using a hermeneutic (interpretive) lens found that what literature there is focussed on spiritual 'care', - the act of doing, whilst the lived-experience of spirituality at birth was often left as a cliché after thought, for example, 'it was so joyful when the baby arrived', and 'it is such a lovely special moment' (Crowther, Smythe, and Spence 2014a). Yet despite this paucity of published evidence birth is fundamentally experiential and involves and concerns us all: parents, those planning to be parents, people that do not have or plan to have children and health care professionals involved in maternity (e.g. medical staff, midwives and other allied health care professionals).

Spirituality is integral to who we all are (Lepherd 2014). This is no less true than those involved in childbirth, for example, mothers are deeply moved (Kirkham 2011), as are fathers (Lahood 2006), midwives (Kirkham 2011, Crowther and Hall 2015) and obstetricians (Lokugamage 2011). This chapter highlights how birth does concern us all, whether we are directly touched by birth or not, whether we are physically present at birth or not. Birth is fundamentally part of who we are as human beings and our relationship to life. Birth provides

purpose, possibility for transformation, is meaningful and overflows with spiritual significance.

1 The emergence of new life

The emergence of new life when an infant is born is often thrilling to parents, families and communities. This is not solely the case when births are straightforward, and all traverse the experience without psycho-social complexity or adverse biomedical outcomes. Indeed, the magnitude of grief when a baby dies mirrors the profundity of significance that new life holds for us. The birth of a baby who dies is still meaningful and transformative for all involved. When birth and death are juxtaposed, we can feel confused and marooned in a paradoxical world of emotions. When a baby is born into social complexities and is unwanted, we are touched deeply. Birth affects us all in myriad ways both materially and spiritually: whatever type of birth and wherever it occurs. Each birth is significant and meaningful in all circumstances, all types of births (with and without medical interventions) and in all locations.

Life's purpose and interconnectedness are highlighted at each birth. Ineffable meanings connected to birth often lie deep within our experience of the occasion and remain unspoken. At each birth our humanness confronts us. Anyone who has had the privilege to gaze into the face of a new born infant will attest to the specialness of that moment. Birth reflects back to us our humanness highlighting our natality. Our shared natality is a notion central to the philosophy of Hannah Arendt. She describes how being human is about our ability to be 'beginners' that is intimately entwined with everything we do (Arendt 1958). For Arendt birth is proof of our human ability to be creators of future possibilities. She argues that we are not only mortal beings we are natal beings. In my own research birth as celebration of our lives is richly woven with who we are in time, space, with others (seen and unseen) and our

shared embodied experiences (Crowther 2014a). We are unable to separate ourselves from birth, we are natal beings and whether we are in proximity to physical birth or not we are connected to each birth's possibilities. It is unsurprising that birth has potent psycho-spiritual effects on us.

Psychiatrist Stanislav Grof's offers a model for understanding the effects that birth can have throughout human life (Grof 1985). Grof's model is constituted of four distinct stages of birth or Basic Perinatal Matrices (BPM). These BPMs, he argues, give rise to different kinds of traumatic and positive experiences influencing our future development. Grof contends that these experiences may awaken religious conversion type events and spiritual insight in adult life. Following Grof's thesis it is plausible that spiritual experience in and around childbirth influences an individual's development, comportment and contribution to society. Our shared natality, as described by Arendt, is therefore of concern to human beings because it is central to appreciating how society functions collectively. Each birth brings possibility of new and better tomorrows and is part of the mystery of who we are (Crowther 2014a, Arendt 1958, O'Byrne 2010).

Spirituality as applied to childbirth involves transformational experiences, relationships with others near, far, seen and unseen and a relationship with mystery that is transgenerational and in and beyond linear time (Crowther, Smythe, and Spence 2015). Birth is thus an uncanny event in our lives. Spirituality at birth arrives unexpectedly and touches people in different ways. The event seemingly holds a power to unite what often feels impossible to bring together. For example, my own research highlights how conflicted family members come together for the occasion. Birth also brings seen and unseen realms together in ways that cannot be contrived. Likewise the physical place of birth becomes special, in a sense the place becomes a sacred space and different to other spaces in our world (Crowther 2013).

Birth is sacred in quality due to its inherent ability to connect physical and transcendental realities. The mundane realms of births' overwhelming physicality meet with the overwhelming intensity of spiritual feelings such as love, joy, generosity of life, gratitude to deities, the universe and an unfathomable mystery. Birth thus gathers together a multi-layering of existential experiences that illuminate our shared humanness confronting us with a profound mystery '*where did we come from and why are we here?*' This all-encompassing 'feel' to birth permeates into each of us in known and unknown ways. It is surprising that spirituality in and around childbirth remains relegated to the less important in 21st century childbirth practices despite mention of its presence in position papers, professional documents and policy papers (e.g.NMC 2010, NZCOM 2015, ICM/WHO/UNFPA 2014).

There is an ecology of birth comprised of six qualities:

- Place/space in which birth unfolds
- Relationships with others (near, far, seen and unseen)
- Background influences (changing contexts) e.g. models of care, social political
- Mystery, ineffable
- Time: both lived felt time, clock time and Kairos (holy temporality)
- Embodied (physical touch, our senses, visceral emotional responses, e.g. crying)

These qualities are not separate units but made up overlapping non-hierarchical qualities that coalesce into a felt sacred joyful mood around birth (Crowther, Smythe, and Spence 2014b, Crowther 2016). This ecology of birth is more fully explored elsewhere (Crowther 2016; Crowther, 2017: In press). For now I will draw attention to the notion of 'mood' at birth.

The notion of mood in this context is congruent with Heidegger's (1995) interpretation of attunement or mood. A mood informs all the situations we find ourselves thrown into, in this case childbirth. Mood comes from within us and from out of us, seemingly coming from everywhere and nowhere at the same time colouring our world guiding and influencing how

we interpret and understand the world. This idea of mood is embedded in our language, 'mood of our times', 'mood of a party'. So mood in this context is more than personal feelings. Mood is more pervasive and influences our understanding of the situations we live through. For example if we come to birth with a fearful mood then birth becomes understood as risky. It is this mood of fear that informs our understanding, interpretation and subsequent actions at birth and ways of speaking about birth. Conversely if we come to birth with a mood of joy then birth becomes an expansive celebratory experience holding sacred meaning which informs our actions and ways of being there in around birth (Crowther, Smythe, and Spence 2014b). Mood thus arrives from within and around us at the time of birth whether we attune to a fearful or joyful mood. I therefore contend that sacred joy at birth is always possible yet we can attune to that mood or not, cover it up, ignore it or forget it is there (Crowther 2014a). To choose to attune in a certain way may seem simple yet it is not. The sacred mood of joy is always possible yet 21st century childbirth is arguably attuned to a variety of seemingly paradoxical moods.

2 Apollonian Dionysian dance

The result of a pervasive mood of fear and subsequent need to avoid all risk has enabled an increasingly risk adverse birthing culture to grow with subsequent high medical intervention rates (Downe and Dykes 2009, Kitzinger 2012). Despite childbirth being the safest it has been for many women in the middle to high income nations fear dominates and is leading to iatrogenic concerns due to over medicalisation. The ubiquitous mood of fear in and around 21st century birth has led many women and families, as well as health care professionals to feeling safer when near modern medical facilities and fearful when distanced from the highly structured world of bio-medical assistance.

Current approaches and practices of childbirth and how they address, deny or ignore spirituality continue to be a challenge. There is ongoing tension between felt experiences and risk management processes in childbirth which can leave the profound meaningfulness of birth for society obscured. This can be depicted in the Apollonian and Dionysian dance that occurs at birth. Maternity care provision in around the world is a tale of paradoxical tensions. This tension is between the need to let go into the uncharted yet inspiring territory of what may lay beyond the imagination of our own experiences while taking heed to the Apollonian structured world of the modern maternity systems when 'things' are made controllable, measurable, timed, charted and documented.

Contemporary birth is surrounded by protocols and guidelines that dominate and attempt to construct and hold the world together within a finite appreciation of birth. This is not to infer that modern medicine is at fault, for indeed it does reduce suffering in many cases when used judiciously. The intention here is to point out the dangers of positioning ourselves within a purely technocratic environment at all births to the exclusion of meaning beyond the current rhetoric that tells us that birth is risky and only normal in retrospect. Ironically there are many who feel safer to be in low intervention places to birth, such as at home, yet they often demonised as reckless by some who believe access to medical interventions is always preferable compared to any alternatives, for example place of birth continues to be a contested area (Gilkison, Crowther, and Hunter 2011, Crowther, Gilkison, and Hunter 2010, De Jonge et al. 2013). The risk of not conforming to the bio-medical view and guidance can lead some midwives to feel fearful of reprisals and can alter their midwifery practice (Dahlen and Caplice 2014, Seibold et al. 2010).

This dichotomous thinking denies how birth is meaningful for us all, in all circumstance, including the mother who requires an emergency caesarean section under general anaesthetic to save her life, or the baby who is compromised who required a forceps birth to

survive. These births are meaningful, significant – they are equally sacred. Birth is a paradox; a play of the Apollonian control and order and the wild freedom of Dionysus eating the abundance of intoxicating fruits of life's goodness. For example the splitting of ways in the normal vs abnormal, home vs hospital debates makes these fruits unpalatable. It is thus important to acknowledge and appreciate that as human beings we are always somehow in the Dionysian and Apollonian dance.

Statistics at times can be used as weapons to prove “being right” and be held up to be the sole voice of reason. Conversely an emotional charged flow of words from an advocate of homebirth can imply “rightness” and they can be accused of being chaotic, unreasoned and therefore their voice becomes less valued and silenced. However both viewpoints can be fired upon us like arrows of righteousness striking us wherever we are situated in our beliefs and preferences. This battle of ideas only leaves the magic of birth's meaningfulness hidden in polemic discourses. The mood of Apollonian thinking may appear at odds with the intoxicating freedom of Dionysus. The dance is a paradox pointing to the ineffability of being alive. Both the Apollonian and Dionysian ways of attuning at birth speak to us as humans. It is about this AND that, not this OR that. Spirituality and birth resonates with a unifying mood as suggested by my earlier description of the ecology of birth.

Attuning to mood with wonder and joy enables the Dionysian intoxication to wrap around us and awaken the mood of joy. There is an artistry of being in and around birth whatever role you are in: partner, health care professional, relative and friend. Being at birth is being prepared to be in the unknown and dance between Dionysian and Apollonian qualities. Attuning to such openness at each birth highlights our creativity releasing us from our constraints.

Birth has a central concern to human being's continuous and unfolding possibilities that are always and already a vast tapestry of interconnectivity. There is a deeper spiritual meaningfulness to birth and society that needs to be foregrounded. This is a meaning beyond the medical and professional discourses; a sacredness often hidden and forgotten in current technological and industrial focussed maternity. Opposing dichotomies only serve to alienate us further from spirituality and birth. We must be cautious not to privilege one 'kind and style' of birth over another.

The current, often fragmented models of maternity care, especially in the western context, can deny and potentially prevent relational continuity with self, others and otherness and deny attunement to the sacred mood of birth. An expansion of current practice that appreciates a whole-person holistic approach that acknowledges the collective and individual spiritual experience of birth is required lest we as society forget the profound significance of birth. Contemporary systems of maternity care and the formulaic approach to 'spiritual care', as often advocated, highlight the paucity of lived experiential encounters with spirituality in and around childbirth (Crowther and Hall 2015). Yet once again caution is needed to avoid alienating what appears to be different ideological camps. To dichotomise is to dwell in the domain of inflexible thinking that seeks rightness and disregard of the other; such inflexibility is uninvited to the birthing room.

Birth is a moment of transformation; a moment in which we find ourselves able to go forward into new understandings and break free from our worldly mundane concerns. This is Rudolf Otto's holy-other as Dionysus the ecstatic liberator from worldly concerns "*... something that captivates and transports ... with a strange ravishment, rising often enough to the pitch of dizzy intoxication...*" (Otto, 1917/1923, p. 31)." To be at birth is be reminded that life is always far more than we can predict and order. It is a moment that needs to be protected as it is vulnerable, it is a moment that needs to be safeguarded so that it continues to 'be' special

and valued. It is a profound moment of recognition of life's value. In this recognition something awakens our collective responsibility to safeguard life as it births into more life. Birth initiates concern and protectiveness, as Jonas (1984) reminds us a newborn is not an object or merely a biological entity but a living 'being' having existential value that beckons us to take care of it. Just by gazing at a newborn we begin to feel duty bound to respond to its needs.

3 A new paradigm and approach

What is to be done in the 21st century to safeguard and protect the childbirth which is sacred? A new paradigm of thinking and doing in around childbirth is called upon in response to the gift that joy brings at births across the world. This new approach is not solely focussed on vital physical skills and management to ensure safety but one that appreciates and engenders the holistic psycho-spiritual dimensions of childbirth to individual and society. Maternity care requires an openness, empathy, tact, receptivity and trust (Moloney and Gair 2015, Smythe et al. 2014, Smythe et al. 2016, Hunter et al. 2008). The apogee of a "good birth" being a certain type of birth or particular location for birth can be challenged. The good birth is a birth in which all attune in an appreciative way and recognise the significance of the sacred moment wherever and however birth unfolds (Crowther, Smythe, and Spence 2015, Smythe et al. 2016). This approach honours the experiential wholeness of birth's sacred quality and requires sensitive approaches and solutions that enhance maternity care provision.

There are strategies that can help awaken the sacred mood at birth, for example, upscaling of relational models of care across the continuum of pregnancy, birth and the postnatal.

Relationships are part of the ecology of birth. Evidence shows that relationships with care providers built upon over time is desired by both families and practitioners. So too is place of birth important. It is beholden on service providers, policy makers and practitioners to

facilitate sensitive, tactful attuned environments for birth – that includes hospital environments as well as community birth centres and homebirths. Recent health policies are beginning to appear, e.g. The Scottish Neonatal and Maternity Review, 2017, which embed core strategies such relational care, comfortable inviting birth spaces, and community hubs where maternity care can be provided in communities for improving maternity care. Medical care need not deny presence of tenderness in any environment or whatever the circumstances. There is no excuse for brutish practice and behaviour in and around any birth. Keeping the woman and her family at the centre of care decisions and tailoring birth practices to the uniqueness of each birth re-orientates maternity away from an institutional and purely biomedical position. For example the haste in which the labour and birth room is to be ‘emptied’ in order for it to be prepared for the next woman can inhibit the unfurling of those precious moments after birth.

The role of health care providers at birth is to enable those in their care to feel safe and cared for so they can be free to flourish in the sacred mood at birth and freely attune to the spiritual gifts at birth. Teaching our future medical staff and midwifery workforce through contextual narratives about childbirth may contribute to greater empathy, compassion and art of midwifery practice (Gilkison, Giddings, and Smythe 2015). Drawing our future practitioners into more holistic thinking will inform their practice and help address an overzealous tendency towards use of bio-medical approaches. Likewise, for prospective parents provision of educational strategies that foreground spirituality and childbirth could help re-attune future women and birth companions to what has been presented in this chapter (Crowther 2014b).

At the same time it is imperative that we draw attention to how birth in the media and entertainment is often depicted as dramatic and scary. Sensationalising birth in such a way risks stripping birth of meaning which may have a long term impact on society’s feelings and meaning about birth. The consequences of intergenerational fear and risk orientation about

birth remains unknown. What is currently apparent is the escalating unprecedented medicalisation of birth which may be influencing how we birth our future human society. The mood of fear and subsequent risk aversion orientation at many of today's births can leave birth denied its ecological wholeness and be unsustainable long term.

4 Looking forward

This chapter is a call to honour and treasure the spiritual experiences at childbirth and safeguard the sacred quality that unfolds at each birth. Childbirth concerns us all and is not purely a physical event, it always holds and gifts profound significance and meaning for us all. If we compare middle to high income western childbirth practices in the 1970s and 1980s to contemporary practices it is evident that much has improved. We no longer routinely shave a woman's perineum, women are not given enemas, babies now stay with their mothers and in many places the partner can stay too. Yet there is much we do not know about childbirth despite our extensive bio-medical understandings and our increasing focus on provision of choice. Any researcher, educator, practitioner and maternity care policy maker concerned with childbirth needs to be humble and recognise that childbirth will constantly resist any attempts at a final comprehensive understanding. For example does psycho-spiritual experiences in and around birth impact on subsequent maternal mental health, bonding, attachment and infant long term health? Does attuning fearfully to childbirth affect the unborn child in the short and long term? One Maori midwife expressed her concerns when people speak loudly and use unpleasant language at the time of birth. She felt that past and future meet at that moment of birth with unseen others arrive to the gathering. She works towards creating a gentle, tender, welcoming and loving feeling in the room lest harm to the spirit occurs (Crowther 2014a).

At best we can attune to openness and wonder at the mystery of birth and allow the gift it brings to touch us and influence our actions. Childbirth and spirituality are inseparable. Birth may bring sorrow for some and joy to others, in both instances birth is significant. Each birth is a remembrance of our humanity, bountiful creativity and our shared natality.

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