

## **Women's Use of Complementary and Alternative Medicine in Pregnancy: narratives of transformation**

### **Abstract**

**Background:** Pregnancy and childbirth constitute a time of transition in women's lives. Many women turn to complementary and alternative medicines (CAM) during pregnancy. However, little is known about women's experiences of CAM in relation to their pregnancy and childbirth journey.

**Methods:** a narrative study aimed to gain insight into the experiences of women who use CAM in pregnancy and to explore the contribution CAM made to their pregnancy and childbirth journey. Interviews were conducted with 14 women who had used a range of CAMs during pregnancy and birth. Data analysis focussed on the meaning and significance of CAM use in pregnancy and a number of core themes emerged.

**Results:** This paper presents some findings from this research which reveals a narrative genre that can be defined as transformational. CAM has a positive transformational effect on women's experience of pregnancy and childbirth.

**Conclusion:** Women's narratives illustrate the positive impact of CAM on the subjective experiences of pregnancy and childbirth.

**Key Words:** complementary and alternative medicine, pregnancy, holism.  
narrative

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## **Introduction**

Pregnancy and childbirth constitute a time of transition in women's lives. Many women describe their experience as one of 'an emotional rollercoaster' reporting mixed feelings of happiness, excitement, anxiousness and vulnerability (DH 2011). In the UK recent reports highlight many women receive poor quality maternity care as there is little time available to support women with their individual experiences of pregnancy or to provide emotional support. <sup>1. 2.</sup>

In addition, studies report that many women turn to complementary and alternative medicines (CAM) during pregnancy. <sup>3,4,5,6.</sup> CAM is defined as 'diverse health care systems, practices, and products that are not generally considered part of conventional medicine' <sup>7.</sup> However, much of the research is limited to exploring the prevalence of CAM use and as such does little to deepen knowledge and understanding of women's experiences of CAM use in relation to their pregnancy and childbirth journey. Qualitative studies which seek to gain insights on women's experiences of CAM suggest women seek CAM to prepare themselves for labour and increase their chance of having a normal birth, to aid relaxation and to retain control over health decisions <sup>8,9.</sup> but in-depth understanding of the meaning of CAM use is neglected.

This paper presents some findings from recent empirical qualitative research that explored women's motivations and experiences of CAM use in pregnancy. The focus of this paper is to present some findings which reveal that CAM use has a positive transformational effect on women's experience of pregnancy and childbirth.

## **Methods**

Narrative inquiry is an approach within qualitative research which involves the collection of narratives. <sup>10</sup> Narrative researchers such as Mishler and Frank suggest the significance of stories lies in their ability to reveal human emotions and experiences. <sup>11,12.</sup> Czarniawska suggests the underlying premise of narrative inquiry is the belief that individuals make sense of their

world most effectively by telling stories.<sup>13</sup> Experiences, thoughts and feelings come to consciousness through the telling of stories. Individual's personal stories are always influenced and constrained by wider societal discourses.<sup>14</sup> Thus, Riessman argues that the strength of narrative research lies in its ability to reveal different levels of meaning, often contradictory in a way in which the individual and society can be better understood.<sup>15</sup>

**Sample:** 14 women aged between 26-46 living in the SouthWest of England participated in the study. Participants used at least one CAM modality in a past pregnancy. All women were educated to tertiary level and all self-funded their use of CAM. CAM use was extensive with participants reporting the use of 21 different CAM modalities.

### **Data Collection Methods**

Face to face interviews were carried out on 2 or 3 occasions. The narrative approach to interviews was one which encouraged participants to tell their stories of pregnancy, birth and CAM use in a way that was meaningful and appropriate for them. During the first interview the focus of the story telling was on how participants came to use CAM both before and during pregnancy. The second or third interview served as an opportunity for women to either continue telling their story or as an opportunity to question and seek clarification. Most interviews lasted about 1.5 – 3 hours.

### **Data Analysis**

Interview data were transcribed verbatim. Transcripts of the interviews were shared with participants and research supervisors to ensure trustworthiness of data recording and interpretation. One phase of analysis concentrated on identifying the genre of the narrative. The concept of genre is defined as a pattern of narrative and imagery that forms a recognizable and conventional story line.<sup>16</sup> It is argued that analysing the genre of a narrative can provide insights into the meaning of events.<sup>10</sup> Lieblich et al<sup>17</sup> suggest that all narratives can be classified as of a 'progressive, regressive or static' genre. The concept particularly of a progressive genre could be readily applied to the participant's narratives of CAM use in this study. However, I argue that a more apt description would be of a

'transformative' genre: one which displays the potential of CAM to facilitate changed perspectives, a transformation of ideas or a ways of being in the world, a transformation of experiences to positive life events. The findings which focus on the theme of transformation are presented and discussed.

## **Ethics**

Permission to undertake the study was granted by the University Ethics Committee. A leaflet outlining the study was provided and a consent form was signed by participants at the outset but also at each interview consent was rechecked. Participants were informed they could opt out of the research at any time. To protect anonymity participants chose their own pseudonym. Support services were available through a 'Birth Reflection' service if required by participants.

## **Findings**

### **Narrative disruption, pregnancy and CAM:**

Pregnancy for all the participants signalled a period of transition and although in a positive sense, a life disrupted. The concept of narrative disruption was evident in all participants' stories. Erin had not planned her pregnancy and faced difficulty coming to terms with her feelings around this and her ensuing troubled relations with her partner. She reports early pregnancy as '*a really difficult time*'.

Even when pregnancy is planned, events may not unfold as anticipated. Alexandra also struggled to deal with her feelings during pregnancy.

*'I didn't think it (pregnancy) would be such a hormonal upheaval.  
It's just.... your resources are gone, you feel so exhausted with it. I  
really didn't expect that. I needed help,*

A number of other participants talked about the unexpected impact of pregnancy on their emotions and shared their feelings of anxiety and vulnerability. Even for a second time mother, Riley describes '*my hormones were all over the place, making*

*me feel really vulnerable and emotional*'. Clarissa explains the origins of her vulnerability:

*'now I feel somehow more vulnerable than ever before, about life and your whole existence and its just ... all of a sudden, it wasn't just about me, it was about somebody else and you have to think about somebody else and what that means....yeh definitely nerve racking'*. (Clarissa)

These feelings of vulnerability could also be viewed as narrative disruption described by Becker<sup>18</sup> as a 'period of life reorganisation'. This generates anxiety and stress and calls for a reevaluation of life as it is currently experienced, an apt description for participants in this study. Thus the imperative for participants in their actions was to fend off feelings of vulnerability and anxiety. They often cited a reluctance to discuss their worries or concerns with professionals providing maternity care:

*'The midwives they were often running late when it was my turn they are like, the blood pressure is OK, no sugar in your urine, right OK, is there anything else and you know they just want to hear no or fine and then you are out again. There were often times when I just wanted to talk to someone but never felt when I could because there was just so much time pressure on them'*. (Alexandra)

Participants' desire for the holistic, more personal orientated approach of CAM led them to choose this option in seeking health and wellbeing. Erin the first of her peer group to become pregnant talked about the need to '*surround herself with other women*' who could support her through the process of pregnancy and childbirth, she chose hypnobirthing, healing and massage from female therapists. Star felt she '*needed someone to guide her, someone who knew about pregnancy and birth*'. She sought this through attending a hypnobirthing class. These narratives provide evidence of narrative disruption. Engagement with CAM enabled participants to deal with their feelings during this time and achieve emotional

equilibrium. Once participants engaged with their chosen CAM modality their narratives revealed a transformation in their experiences and perceptions.

### **A Transformational Genre: 'life dramatically and fundamentally changed'**

(Riley)

Erin reported the healing therapy she and her partner engaged in as '*transformative*'. Riley's also commented that in receiving acupuncture '*life dramatically and fundamentally changed*' illustrating her belief in the transformational impact of CAM. The transformative genre was also evident in other participant's narratives in a number of ways. In the subsequent section I attempt to show how this transformation was mediated.

### **Transformative: ways of thinking about pregnancy and childbirth.**

Participants expressed a clear desire for a natural birth and minimal medical intervention. However, for some the belief in their ability to achieve this was undermined by medical and scientific discourses of childbirth. These participants recounted how their CAM practices supported the philosophy of birth as a natural event, one in which the female body is well designed to do. As a result of engaging in these practices a transformation in their way of thinking emerged. Daisy recounts how her engagement with yoga became '*the single most valuable thing I did in pregnancy*'

*That class that was very much about natural, pregnancy being a natural experience and not something to be frightened about and how it can be over medicalised....and it kind of makes you think about it in a different way. It took me from being frightened about childbirth to thinking of it in a completely different way. (Daisy)*

Daisy had a long labour but achieved a normal birth without any pain relief. She remembers it being quite traumatic at the time because the unit was busy and they did not have a room for her. The skills she learned from yoga were instrumental in helping her cope and in establishing for herself an identity that moved from a '*stressy*' person to one of being calm and controlled as she explains below:

*She (yoga teacher) used to say what ever happens even if you are having an emergency caesarean you can choose to relax and you can choose to be calm. That's the one thing I can remember during labour I am choosing to be calm and I am not going to panic and that was really helpful. I amazed myself because I am quite a stressy person. So I think going to that class really helped. (Daisy)*

Stephanie described herself as having an intense fear of childbirth but talked about the transformation in her thinking as a result of her engagement with hypnobirthing.

*With my first son, with hypno-birth I went from.... I am going to have to go to the.. (District Hospital) and have an epidural to actually there is no way I am going into the ...(District hospital) to have this baby, there is nothing that would make me go. You know it was that big a swing for me and I thought about everything I could do to make sure that I didn't have to go to the ... (District hospital) (Stephanie).*

Stephanie achieved her birth in a community birth centre and described it as *'just perfect. It was lovely and it was very positive and I have a warm glow about it. The birth left me quite happy. I would do it all again'*. Stephanie's changed perception contributed to her positive birth experience. Other participants too discussed how their use of CAM contributed to a positive birth experience.

### **Transformative: birth experiences**

Alexandra describes herself as having *'quite an anxious, stressy personality'* but with the help of hypnotherapy she experienced a very positive birth experience and reflected upon her belief that maybe without the hypnotherapy she would not have achieved this.

*'It was so easy during labour. It was a bit like fleeing into that other world which was full of calm and serenity.....I was so calm. Without the*

*hypnotherapy I would have definitely felt a bit more out of control and a bit more scared and not so confident in my own abilities. (Alexandra)*

A number of participants recognised the transformational power of positive birth experiences. Both Riley and Alexandra commented on their feeling of empowerment which resulted from their sense of achievement following their positive birth experience. Riley's comment encapsulates this belief 'wow if I can do that I can do anything'. Alexandra talked about having a better relationship with her son and more confidence as a mother

*'I just felt really relaxed with him because I had such a good birth experience. I felt because I had been able to give birth to him that well that I am a good mother in some way. That I am this earth mother and it is in my blood. I felt instantly connected with him. Perhaps also because he just fell out and he didn't cause me so much pain perhaps I am not having any grudge towards him. It was perfect in every way and I definitely think I have a much better relationship with .. (baby) because it was so nice.(Alexandra)*

These narratives highlight the impact of positive birth experiences both in the immediate and long term adjustment to motherhood.

### **Transformative: health and wellbeing**

Women report high levels of satisfaction with a number of therapies, such as yoga, meditation, aromatherapy, chiropractic, massage and herbal treatments. <sup>19.20.21.</sup>

Being satisfied does not seem a fitting description of the sometimes extraordinary and significant transformations of health and wellbeing that participants attributed to their CAM practices. For example, Norma describes an unsettled period of her life where she experienced social upheaval and a lack of support during pregnancy. Following the birth of her third child she developed postnatal depression which she describes as:



*'After my daughter was born I just couldn't stop crying, everywhere I went I was crying, crying in shops, crying when I went to pick up the children, crying when I was waiting for the train and I was just a mess.*  
(Norma)

Norma sought cranio-sacral therapy and homeopathy. She described the treatment she received as follows:

*'I went to see .... (homeopath) and told her my whole spiel. She listened to everything I said and then she gave me this remedy, she gave me one in the office and she gave me one to take home the next day. I went off to the train station with this little remedy under my tongue. The train must have taken about 20 minutes to come and in that 20 minutes I had dissolved into a puddle. I was just a mess, I wasn't just crying I was like completely out of control., It wasn't like little tears like sniff sniff, I was just like just everything just fell out of me. I went home and I went to sleep I woke up the next day and I just felt really safe and happy and warm and I never felt like that again, I never felt that depression, I just never had it again. I just never ever felt like that again it was like over. That was really amazing'* (Riley).

The narrative repetition reveals the significance of Norma's emotional turmoil and her interpretation that homeopathy helped her to 'never' feel that that again.

Stephanie also recounts a very difficult and traumatic time as her newborn son *'began to cry and he cried for 6 months'* by which time he was diagnosed with oesophageal reflux. Stephanie describes her *'life as hell'*. She received little support from health professionals who she felt labelled her *'as a neurotic mother'* and did not listen *'they just say oh its colic or it's... but they never actually listen to you, nobody listens to what you are saying'*. Stephanie developed postnatal depression, she received some counselling but refused a GP prescription for antidepressants. A second pregnancy ensued but this was unplanned. Stephanie had still not recovered fully from her postnatal depression. She describes this as a particularly *'horrible time'* as she was *'really scared about*

*everything happening again*'. She sought help with hypnotherapy and attended 3 sessions with a professional hypnotherapist who was also a midwife. This therapy was instrumental in transforming Stephanie's outlook.

*'the hypnosis gave me some strategies to be able to deal with my experiences keep those bad things out: tamed, blocked up and outside and got me to build a different outlook. She taught me how to do self-hypnosis. The pregnancy was pretty much uneventful and I became much more positive about it and I was looking forward to everything being good this time. The hypnotherapy really helped it really made me feel completely different, really restored the energy levels and I was able to carry on'*

Stephanie had a second very positive birth experience and an uneventful post natal time. She reflects on her experience as one in *which 'I am sure if I didn't have what I had to sort myself out then there would have been very different experiences'* She has become a strong advocate for CAM.

### **Transformative: future health care practices.**

For many of the participant's engagement with CAM became a journey of continuing use and the development of a set of values and beliefs about CAM, and biomedicine. Interestingly, some were sceptical about CAM but this belief changed to one of confidence and faith through continued use. This is supported by other research in this field as CAM consumers experience improvements in health and wellbeing.<sup>22.23.</sup>

Clarissa began using homeopathy during pregnancy but has plans to continue to supporting her own health and that of her baby's.

*I will continue (homeopathy) because it's a holistic approach as opposed to seeing everything in isolation. It kind of takes the whole essence of what I need and the baby needs (Clarissa).*

Rose, Star and Daisy both talked about how they would use CAM again in a future pregnancy, potentially commencing them earlier than they had with the most recent pregnancy. They also projected the desire to use further therapies should the need arise e.g. Daisy felt she would definitely use moxibustion if her baby was in a breech position.

*If the same thing happened again I probably would. I would also if I had a breech baby would definitely try it for that as well because I heard from some of the girls. They used to bring some of the girls back in the yoga class to talk about their birth stories and a couple of them said they had it and the baby had turned so I would definitely have it for that*

A number of the participants talked about how the skills they learned and the strategies they developed as a result of their CAM practices gave them a set of life skills they could use in other circumstances. Star explains that '*once you have learned those skills you don't need to do it (hypnobirthing) again, if you learn the skills you learn it for life.*' Stephanie too talked about how hypnotherapy helped build coping strategies:

*'I used it as well for the dentist because I am a phobic, I was a phobic. I can now go to the dentist. I had a tooth extracted just in the chair, I could never ever have done that before. Even before I got close to the dentist I was in tears and they couldn't do anything because I was just crying the whole time but using the techniques that .. (midwife hypnotherapist) taught me I was able to have all the treatment without the tears.'* (Stephanie)

### **Transformative: connecting relationships.**

The participants in this study seemed to develop an empowering, reassuring and emotionally supportive relationship with their CAM practitioners rather than midwives or other health professionals. A number of participants discussed the personality and demeanour of the therapist as being a significant factor in their experience of CAM and the contribution it made to their pregnancy. Clarissa

recently diagnosed with coeliac disease describes the relationship she developed with her homeopath during pregnancy.

*The first session was two hours. She looked at my whole personal history and me becoming a coeliac because that was freaking me out. We talked a lot about things which in itself were really helpful. She gave me a remedy and I just started to feel so much better within a month of seeing her, physically, mentally everything started getting stronger. We built up this relationship and we would talk about how she would help me with the birth and how I felt about the birth. She was just so encouraging with going along with how I felt as I was so scared.*

Rachel described the special relationship she had with her shiatsu therapist in particular due to the time they had to develop a relationship. .

*'I feel like I have almost been through a journey with her because I saw her through quite a few life events and all the way through my pregnancy and birth. I think it was the conversation before and after the shiatsu, which is quite unique. So it was a treatment as well as a kind of off loading as well I suppose, almost in a counselling way yea... and it was like a therapy session. She had quite an intuitive sense and I felt nurtured. She was a very open and very sort of warm person and someone I felt I could trust. I also feel like she had seen quite a change in me from when I first started seeing her right the way though in terms of being aware of myself and putting my needs first sometimes. As a person I was becoming a lot more assertive, especially in pregnancy. I felt there was a real power to be more assertive it just came out rather than having to think no I must say no and it was really refreshing. She saw quite a change in me and it was nice to have that support to kind of adjust.*

Rachel attributed her developing growth as an individual and her ability to assert herself to ensure her needs were met to the support of her therapist. Rose too recounts also the therapeutic nature of her treatment encounter.

*The osteopath was very reassuring. She was absolutely lovely and I used to see it almost as a therapy session going to see her. She was so lovely, in fact I think I burst into tears the first time I went to see her. I had so many problems with my back and it was really getting me down. She really helped me actually, not just the treatment. I cried when I left her because it was such a sense of relief that she understood that I was in pain and that she was going to help me the way I wanted to be helped. I needed the help and she was just there to listen and to talk but not to judge me, yea, definitely, definitely gave me hope and just I don't know just so smiley and nice and kind' (Rose)*

The relationship participants developed with their practitioners was highly valued and seemed to contribute not only to improvement in their physical symptoms but also to an overall reduction in their anxieties. Rachel describes the benefit she derives from shiatsu as '*providing a protective cocoon*' which shields her from the stresses and worries of everyday life. Participants did not have an opportunity to develop this relationship of trust with midwives and many described feeling let down

*'I did feel a real lack from the midwifery team in the sense that I wasn't given any guidance on the experience of pregnancy and it was very routine. There's that kind of treadmill thing. It doesn't support you in your journey with pregnancy and I think that is a shame. (Erin)*

*'I think that I had been expecting a bit more of a personal relationship with the midwife. I was surprised not to have that. A little bit more time so that you do feel like you are an individual. It is a really special time so I think probably just 5 minutes of how are you really feeling and do you want to have a chat about anything.(Ladybird)*

When midwives work within systems constrained by obstetric ideology and risk dominated policies they find it impossible to develop connecting relationships with women. They no longer have the option or the time to provide individualised care.<sup>24.25</sup> This is in direct contrast to the relationships described by participants. The characteristics of choice, mutual benefit and emotional communication described was influential in transforming participant's experiences. Rachel and Stephanie both commented that their therapists let them '*into their lives*' and through their personal disclosures a mutual connection was developed. Both parties work together motivated by a desire for recognition of authentic selves what Thompson<sup>26</sup> refers to this as 'recognition of authenticity'. Participants did not experience this with their encounters with midwives or other health care professionals. Indeed there was little evidence of midwives and women working together as women did not discuss their CAM practices with midwives. Although some participants had reciprocal arrangements with friends all paid for their services from CAM therapists. Participants exercised their consumer tendencies by shopping around to find the right therapy and therapist to best met their needs. For participants in this study their relationship with CAM practitioners were valued highly compared to the medicalised midwifery encounters they experienced.

## **Discussion and Conclusion**

The participants in this study experienced pregnancy as narrative disruption in both positive and challenging ways. This contributed to feelings of vulnerability which impacted on their emotional wellbeing. The biomedical discourses of pregnancy, the focus of care orientated around physical wellbeing and the perceived lack of time from professional carers were influential factors in women's motivations to use CAM. The high level of participant education coupled with the financial ability contributed to their ability to engage with CAM. Participants made reference to the accessibility of CAM and also to the normative view of CAM among their peer group. The commercialisation of CAM has resulted in increased acceptability and availability. As Becker<sup>18</sup> argues people use cultural resources to make sense of their lives when a disruption happens. Thus from early pregnancy many participants were immersed in a culture where CAM is viewed as acceptable.

Evidence that CAM use contributed to changed perspectives is illustrated by participants' accounts of altered beliefs about birth as a natural event, a reduction in fear and anxiety and increased confidence in their ability to cope with the pain of labour. There is much evidence that fear of childbirth is associated with more complications during birth.<sup>27.28.29</sup> This it seems that these changes perspectives contributed to positive birth experiences. Participants also recognised power of positive birth experiences on their long term health and wellbeing and the relationship with their baby. In addition many participants' adapted skills and techniques learned to other areas of their lives.

For some women pregnancy and childbirth may be experienced as healing and life changing particularly when the quality of care they receive is empowering, reassuring and emotionally supportive. Despite long standing government policy promoting the need for continuity of care and improved mother-midwife relationships few women in the UK have the opportunity to benefit from such a relationship with their midwives.<sup>30</sup> Only three of the participants knew the midwives that attended them during birth.

It could be argued that many of the transformational changes experienced by participants was mediated via the relationship their developed with the therapist rather than the specific CAM modality. MacKereth et al<sup>31</sup> have demonstrated how CAM practitioners create an environment within which people feel safe to discuss their worries and concerns and to receive advice and reassurance. Certainly the therapists seem to be using strategies and behaviours that improve client trust, communication and rapport. Indeed Mitchell and McCormack<sup>32</sup> suggest this rapport is fundamental to achieving positive outcomes and improvements in health and wellbeing of those receiving CAM. The therapeutic relationship is demonstrated when CAM practitioners value the client perspectives and promote the active role of the client's self management.<sup>33</sup> Lupton<sup>34</sup> suggests trusting relationships provides a "cocoon of invulnerability" that allows individuals to get on with their lives without being paralysed by their choices and fear of risks. From expert and personal relationships this trust must be won and is open to continual negotiation. Since women were well aware of the shortcomings of the maternity services NHS provision and lacked the opportunity to develop trusting relationships

with midwives thus they turned to others such as CAM practitioners for advice and support during this time. Sointu<sup>35</sup> argues that people turn to CAM as a result of the recognition that practitioners place on subjective experiences. This is important for understanding the appeal of CAM. The therapeutic relationship is one which supports and encourages agency which is experienced as empowerment by consumers. Recognition of the individual may also come from the trust that develops between practitioner particularly when physical touch is required or a sense of belonging achieved through CAM group practices.

There is some evidence that people may initially use CAM for symptom relief or out of desperation but then experience transformational change that leads to new experiences, a change in their world views, life style and further use CAM<sup>35, 36</sup>. However, this has not been documented before in relation to pregnancy and CAM use. CAM use transformed women's beliefs in the normality of birth, taught them practical strategies to use as a defence against unnecessary medical intervention, but more importantly put them in control over their birth experiences.

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