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Including the nonrational is sensible midwifery

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Title

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Abstract

Since the subordination of midwifery by medicine and nursing in the 19th and 20th centuries the standard approach to childbirth has been dominated by rationality. This approach proceeds by creating dichotomies and then prioritising one half of the dichotomy whilst rejecting the opposite term. Rationality itself is prioritised, for example, by contrasting it with the rejected opposite: irrationality.

Expert clinical practice is, however, increasingly identified as being inclusive of more than merely rational ways of knowing and behaving. This paper is based on a post-structural study concerning changes to women's embodied sense of self during childbearing. We expose the limitations of pure rationality in the context of childbirth and use the concept of safety to exemplify the limitations that pure rationality imposes. The paper draws on philosophical and spiritual theory to present an analysis of ideas about mind, body, soul and spirit. The standard rational/irrational dichotomy is critiqued and contrasted with the embodied reality of *non*rational experiences that are individual, contextual and 'in-the-moment'. *Non*rational experiences are identified to be inclusive of power and knowledge that are both rational and *non*rational. This revised conceptualisation provides a theoretical basis that allows for and promotes more possibilities and thus more holistic ways of knowing in midwifery.

Our thesis is that midwives and women need to take conscious account of *non*rational knowledge and power during the childbearing year. We argue that pure rational thinking limits possibilities by excluding the midwife's embodied ways of knowing along with the ways of knowing embodied by the woman. The inclusion of women's and midwives' *non*rational ways of knowing in childbearing situations opens us up to knowledge and power that provides for a more complete, and therefore a more optimal, decision-making process.

Introduction

Rationality is at the base of Western medicine and the way in which maternity services are structured and function. Yet midwives and women also experience and take action based on *non*rational ways of knowing. Indeed a hallmark of midwifery practice as distinct from obstetric practice is that midwifery is based on respect for women's *non*rational knowledge and power. We are claiming that when the midwife is fully engaged in 'being with' the woman this has the effect of support her empowerment when she can access her internal capacity to birth. Simultaneously, the midwife, herself is drawing from her own, internal, *non*rational source (1-7). What we mean by *non*rational power and knowing links to the embodied self, the spirit and the soul. *Non*rational is not the opposite of 'rational' (irrational is) thus in using the term *non*rational we are positioning this paper outside these usual dichotomies.

This paper explores how it is that rationality has come to be so dominant in Western philosophy and science. From a standard, scientific perspective both the soul and the mind are considered to be separate from the body. In biomedical science the body is nothing more than a disconnected biological entity. This paper begins by elaborating what we mean by *non*rational power and knowing. This involves linking the notion of *non*rationality to the embodied self: encompassing both the spirit and the soul. The scientific prioritising of rationality over all other ways of knowing limits the thinking and action of all people who accept the Western concepts of the rational, autonomous 'self'. The negative impact that prioritising rationality has on how 'safety' is perceived in birth is then discussed. Our argument is that rational thinking alone is not sufficient grounds for knowing how to be or what to do. Midwives and women need to include the *non*rational aspects of life when they are planning for, experiencing and responding to the many situations that arise during the childbearing year.

The *non*rational: ordinary and extraordinary experiences of reality

Much of life cannot be apprehended or comprehended on a purely rational basis. Intimate, personal, sometimes nonsensical experiences are the ones that seem most important because they bring most meaning to life. Consider, for example, the sensations that may arise when watching a sunset, hugging a loved one, hearing a bird's song or delighting in a sense of bodily capability. 'Connectedness',

'timelessness', awesome' 'beauty' 'powerful' and 'love' are some of the relatively inadequate words often used to communicate these types of experience. Although such experiences are ordinary they may be felt as extraordinary. Similarly a midwife's ordinary practice of being with the woman can be experienced by the midwife in quite extraordinary – *non*rational – ways. Equally, the woman can have a sense of herself as being quite extraordinary when labouring with such a midwife (1; 4; 6-8).

Experiencing the *non*rational may include sensations of inner power and/or inner knowing. Often, however, the experience can seem too strange, awesome or wondrous to put into words. Yet the very wondrous or strange nature of the experience can lead us to want to communicate it to others. These experientially grounded, *non*rational aspects of life have been described variously as mysterious, sacred, spiritual, and intuitive. Such descriptions can seem quite abstract and hard to translate into the reality of day to day midwifery practice or the actual experiences of childbearing. This is because, while *non*rational experiences feel very real that realness is difficult to express in standard rational ways (9). Experiences that are *non*rational are experiences of unity and wholeness; however in order to place such experiences into language some contrasts are required (10). Thus, a person's 'in-the-moment' experiential reality is different to the reality that the person ascribes to that experience once they have thought about it and put into words (11; 12). Thinking and talking about an experience can change what we feel about the experience and how we perceive the experience. These changes occur because we construct the reality we think about from many different perspectives, such as: our current and past experience; what we know of other people; our expectations and ideas; and the expectations and ideas of others (12; 13). Thus, what the embodied self experiences and what the person expresses verbally are not the same.

People as embodied selves

We consider people to be 'embodied selves' who are continually changing in relation to the various contexts of existence (9; 13-19). This is an holistic understanding of the 'self' as an integrated body/soul/mind. In this section we first discuss what we mean by 'spirit; the discussion of soul follows.

Spirit is the animating energy of the embodied self. The energy of spirit underlies all that is in the world and the cosmos: ever moving; idiosyncratic; creating, sustaining

and breaking connections; and crossing rational boundaries of time, space and matter (9). Spirit is animating, inspiring and gives vitality; it is even enshrined in our English words of 'in*spir*ation', 're*spir*ation' and 'ex*pire*', (20). In its essence, spirit is power. Spirit power has been given other names, for example Universal Energy and the subtle yet vital energy called *qi* (said 'chee') which is the Chinese way of expressing the idea of spirit (21; 22). As an expression of the absolute and beyond *qi* is all that can be thought of as well as all that cannot even be imagined (23; 24). Spirit power is ethically neutral, *non*rational and paradoxical; it is the milieu from which conscious existence arises (9; 12; 13; 25).

Our soul is our own particular organic expression of the spiritual milieu of *non*rational power. The soul moves in parallel with spirit: thus soul is *non*rational, ethically neutral and idiosyncratic (9). Soul is the unifying force of the whole embodied self, but it also impacts on parts of the self as an intrinsic starting-point of change. Thus, the soul has been conceived to have physiological, sensory and intellectual components including aspects that influence desire (26). As such, soul may also be considered the all-inclusive breadth and depth of who we are and what we make of ourselves (9). Through our soul we may interpret and experience the power of spirit in diverse and contrasting ways: e.g. liberating, oppressive, joyous, peaceful or challenging. Soul and spirit, however, are free of what we rationalise as, for example, good or bad, possible or impossible, happy or sad.

We use the power embodied in our souls to shape understanding of ourselves and the world according to the contexts in which we live. Those same contexts, including other people and ideas, also work to shape us (12; 13; 25; 27; 28). That ongoing activity of shaping corresponds with our activities of living, being, thinking and feeling. These activities then create what we think of as 'the reasons' for our subsequent actions and thoughts. But paradoxically those reasons, because they limit our thinking to what is rational, also cloud our awareness and comprehension of the *non*rational (29).

The body disconnected from soul

We have been arguing that the soul is marginalised and denied in dominant scientific discourse. How did rationality become entrenched as dominant in Western philosophy and science? During the Middle Ages the visionary writings, music and healing acts

of Hildegard of Bingen (1098-1179) and other women were a powerful influence on Western spirituality (30; 31). The health of the physical world and the fruitfulness of spiritual life were core aspects of Hildegard's theology (30). She portrayed the soul as an ever moving interconnecting force variously dwelling in the heart, in the nature of creation and in the mingling between humans (30). However, in the 17th century some theologians began to take a contrary view. To them the body was more like a corpse that was animated by the soul; this view was consistent with the philosophies of St Augustine and of Plato, (17; 32; 33).

During this 'Enlightenment' period of history (17th and 18th centuries) great interest was being taken in the anatomical study of dead bodies (17; 34). However, it was heresy to research bodies, living or dead, while they could possibly include the spiritual aspect of the soul (35). In order to enable his anatomical interests and achieve certainty for science the philosopher Rene Descartes argued for a clear separation between the soul, the body and nature (9; 32; 33; 36). He insisted that the body, as a corpse, was not animated by the soul but by yet to be discovered mechanisms (17; 34). This analogy with machinery paved the way for our contemporary physiological understandings of the body.

However, this was not a purely mechanistic approach. Descartes had constructed the soul body separation because it suited the scientific interests of the time, but he was also intensely religious. Descartes therefore also argued that what made life meaningful for humanity and what made us different from animals was a power associated with a dematerialised, abstract soul that related to his Christian god (18; 36; 37). This then allowed the physical world of nature and bodies, without soul, to be examined as if they were objects (17; 36). An awareness of the *non*rational as an idiosyncratic, connecting force within and between embodied beings began to decline in Western philosophy.

The mind disconnected from the body

The material, physical world of the body was defined by Enlightenment thinkers as if it was clearly distinct from the abstract world of the spirit, even though the disconnection was a fiction. As Descartes was a scientist, his bid for body soul disconnection was far more successful than the efforts made by theologians. The church did not resist Descartes' because his clear distinction between individual

bodily experience and the omnipotent god-head protected the power of Christianity as an institution (33; 35; 38). But the conceptual disconnection between body and soul was resisted by philosophy and medicine (39; 40).

Descartes therefore created another powerful but equally fictional disconnection between the material physicality of the body and conceptualisations of the mind (36). To Descartes the mind and body disconnection was absolute. All knowledge was argued to reside in the rational processes of the mind and its dichotomous opposite, the body, was perceived to know nothing. Although the mind was not Descartes' 'supremely perfect' deity, it acquired a sense of omnipotence (33; 41, p.32). With the rational mind in this hallowed place of invincibility, further rationality and increasing certainty became all that was possible. To Descartes the rational processes were so all powerful that he believed his theorising could not be faulted. With this perspective Descartes personalised the arguments of his dissenters, criticising their rational capabilities (42). In doing so Descartes made making their disagreement a fault of their own, implying they were being irrational, when what they were insisting of were the *non*rational capacities of the embodied self (39; 40).

The rational well-defined self

During the Enlightenment, not only did rationality come to be seen in absolute terms but analogies were also made between the self and the atom as a separate, essential and stable unit of reality (35; 43). With the emphasis on the mind's rationality, self-awareness became a defining feature of the self (44). This created the idea of a stabilised, rational, autonomous self that had well-defined, though fictional, boundaries. As social norms and values were believed to have the potential to contradict the development of this pure self, the individual needed to purify themselves of distorting social influences; thus separation from what was other than this fictional 'pure' self was perceived as positive (45; 46). This way of thinking about the self involved the view that we are and should be disconnected from other people and from the environment.

The concept of a supposedly more 'mature', well-defined, independent self underpins the standard concept of the self today (43). For example the humanist theories of the self see development in terms of increasing separation, self-sufficiency and independence (47-49). There is, however, a paradox in this standard concept of the

self; although the self is expected to be stable and independent, it is also expected to conform to social norms. As a consequence of thinking about the self in this standard Western scientific way we limit the possibilities for understanding selves. We also limit what is possible for a self to experience and express without facing social exclusion. For example, when a self is not being stable, or when it is not being rational, it can only be considered unstable and irrational. Instability and irrationality is associated with madness and badness (29). The effect of this thinking is that people who want to be seen as 'sane' and 'good' have to appear to be rational which means hiding the *non*rational parts of self and all *non*rational experiences. Furthermore, continuing to appear rational requires an ongoing maintenance of the self's fictional, stable and well-defined boundaries.

Rational dichotomous thinking

When the self is understood to be centred on the rational mind, boundaries are created around both the irrationally perceived elements that are inside the self (conceived as the unconscious) and what is outside the self (the surrounding situation). Both the surrounding situation and the unconscious can act to challenge the rational functions of the mind, prompting the mind to reinforce those rational boundaries and further shield itself from the uncertainty of *non*rational power and knowing (12; 13). Thought is based on language which in turn uses binary or dichotomous thinking (12; 13; 50). Rational, dichotomous thought places alternate options in any situation in opposition to each other, they are then deemed as mutually exclusive and collectively exhaustive (28; 51). Such thought conceives the *non*rational as impossible because all thinking is envisaged to occur only according to the contrasting terms of rationality or irrationality.

We use rational dichotomous thinking because we perceive it to be protective of the fictitious 'self' that we have created (12; 13). Rational dichotomous thinking helps us to believe that the definitions we have given to our self and to our world are real and true. When anything does not fit within the rational dichotomous boundaries we tend to either manipulate it to fit, hide it or ignore it, often unconsciously (13). Such thinking, however, is personally limiting because when these manipulations don't work the self feels guilt and/or lays blame on itself and suffers. Alternatively the self tries hard to make every sensation and experience fit within the rational world view

then it may blame people and/or the environment which makes the self suffer and also causes suffering for others (50; 52). Rational dichotomous thinking therefore not only limits awareness of the *non*rational aspects of life but also diminishes a person's capacity for an holistic sense of wellbeing.

Enhancing safety by including the *non*rational

Much of rational thought's power is in the dual ability to disconnect from the environment and then to prioritise using dichotomies. It is a perspective that has meant that the generation of all new knowledge, whether theoretical or empirical, has traditionally been seen to require absolute, rational, objectivity (44). Science is a model of rationality because it proceeds with an agreed scientific method that gathers and evaluates evidence based on sense data alone. The aim of the traditional scientific method is to produce knowledge that is generalisable to all by de-contextualising specific instances of the phenomena of concern and reducing these to a few common and measurable factors.

From a rational perspective it is 'impossible' to conceptualise people as ever changing, holistic embodied selves. This is because, aside from the valuing of the mind over the body, the mind and body are perceived as opposites so rationally they cannot occur together. Similarly, the soul is perceived as abstract whereas the body is seen as concrete; as abstract and concrete are rationalised as opposites, they can only be considered either/or. Therefore, in the dominant scientific view, the soul and the body are also perceived as opposites that cannot rationally occur together, contrary to the holistic concept of 'embodied self'.

When the concept of 'safety' is considered in childbearing it can illustrate how insensible rationality can be and how negative consequences can occur. Safety is an abstract concept because it is difficult to define and can only be considered in general terms. Rational dichotomous thought, however, provides 'safety' with the following defining boundaries:
- 'safe' has a precise opposite called 'unsafe',
- every situation/person/thing must be either be safe or unsafe,
- a situation/person/thing cannot be both safe and unsafe, and
- it is not possible for a situation/person/thing to be anything other than safe or unsafe.
But the certainty and stability that this definition provides can only remain while we

think in this rational, dichotomous way. What is deemed as safe is aligned with what is rational and what is unsafe is aligned with what is irrational. As irrationality is not acceptable this essentially forces the definition of safety to be thought of as 'true' even though it may not fit with personal experience and all situations.

For example, standard considerations of childbirth judge that every birth environment must either be safe or unsafe. Without a shift in thinking environments cannot be *both* safe and unsafe; nor can they be anything other than safe or unsafe. As the standard birth environment is the medico-technical environment of the hospital this is presumed to be the safest. Its 'opposite', the home environment, is therefore rationalised to be unsafe. To argue otherwise would define the rational person as irrational. Similarly when an objective stance is held by professionals, the clear, rational boundaries of a disconnected physiological focus are prioritised as safe. In the purely rationalist way of thinking there is no other option except to consider that honouring the *non*rational variabilities of individual bodily experience is irrational and unsafe.

Making room for the *non*rational in midwifery

With the disconnected 'either/or' stance of rational dichotomous thinking, caregivers are led to presume that it is impossible to respect both physiological management *and* women's experience. Likewise the baby's safety may be seen in opposition to the labouring woman's experience (53; 54). The action of prioritising the baby's safety over the woman's experience is assumed to be rationally necessary because to do the reverse would let in uncertainty. Uncertainty is rationalised as potentially compromising to the baby because in order to believe that the situation is safe, the rational mind has to believe that techno-medicine can control the situation. This rationalisation evolves from and also maintains the generalised assumptions about safety. These assumptions do not allow for the perception that safety can be assessed holistically from one moment to the next according to the experiences and wellbeing of *both* the woman and the baby who are, individually *and* as a unit, fully embodied beings. Although this alternative option is merely an unbiased *non*rational perspective, it is perceived as irrational because it challenges the way a person using rational dichotomous thinking sees the world (9; 13).

Despite the prevalence of rational dichotomous thinking, allowance for the particularities of individual clinical situations is an aspect of expert midwifery practice (55). For example, when a woman and midwife have agreed to use expectant management of third stage, but bleeding begins unexpectedly, the expert midwife will respond with either or both rational and *non*rational ways of thinking. Depending upon all the particularities of the situation the midwife may focus on supporting love between the woman and her baby; she may call the woman back to her body; and/or she may change to active management of third stage. It is sensible practice to respond to in-the-moment clinical situations in this way. Trying to plan and control all future clinical situations by, for example, imposing standard care on all women, means excluding knowledge of the particularities of individual women and their contexts. Imposing a pre-agreed standard care protocol is irrational because protocols do not allow for optimal clinical decision-making which requires that we consider all relevant variables prior to making a decision. In our view all relevant variables include *non*rational matters of soul and spirit.

In this paper we challenge the rational dichotomous form of thinking. Although the power of being rational occurs through generalisations and assumptions, rational thought is also a very personal process; it only occurs because individuals think in limited rationalistic ways. We suggest that midwives and women make room for the *non*rational in thinking and action. Thinking that allows for the *non*rational does not insist on absolute dichotomies; indeed we purposefully italicise the 'non' to emphasise it as an alternative to the tendency to dichotomise words such as rational/irrational (9). Such thinking is not biased by rationalised priorities because it recognises that there is more that one way of seeing concepts (50). It is a non-judgemental form of thinking that is open and forgiving of the differences between people as well as the unpalatable aspects of the self. This approach accepts the self as holistically embodied, always changing and uniquely interacting with others.

Being open to the *non*rational in midwifery practice makes room for midwives to self-reflexively acknowledge aspects of themselves, such as their fears, in a way that does not interfere with their practice (56). During birth, making room for the *non*rational broadens both midwives' and women's knowledge about trust, courage and their own intuitive abilities including the changing capabilities of bodies (7). And by including

the *non*rational midwives can then most honestly be with the woman's own fears as she opens her embodied self to her own unique process of childbearing.

Conclusion

Rational thinking can be very powerfully productive; indeed all science and technology has depended upon it. However, pure rational thinking, excludes the experientially grounded *non*rational aspects of being human. While we may make rational assessments and shape our actions according to rational mores and social norms, as embodied selves we also have sensations and experiences that are *non*rational. These *non*rational experiences influence our ways of being whether we acknowledge them or not. These *non*rational aspects of life are important to women, to midwives and to the broader community.

The Western concept of the separate self is so clearly not helpful for the childbearing woman. Where does the pregnant woman begin and end in relation to her baby? In seeking the optimal mental and physical health for women and babies, midwives and society don't want women to have to try to normalise themselves as separate independent entities as soon as possible after birth. Instead, we want them to feel connected with their babies in a mother-baby dyad with a blurred boundary that goes on at least for the duration of breastfeeding.

As a consequence of the rationalist philosophising that has dominated Western thinking the standard view of the body is that it knows nothing. It contrasts with our view of midwifery where the woman's embodied experience is a major source of what the woman knows. When the woman shares that knowing with us then it becomes a source of midwifery knowledge. Believing that the *non*rational is important and should be considered in decision-making is not the opposite of rational i.e. 'irrational'. Considering the *non*rational is an expansion of thinking that takes *both* the rational *and* the *non*rational into account. We therefore believe that inclusion of the *non*rational is, indeed, sensible midwifery.

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