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TRUSTING ENOUGH TO BE OUT OF CONTROL: A PILOT STUDY OF WOMEN'S SENSE OF SELF DURING CHILDBIRTH.

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ABSTRACT

The findings of a pilot study undertaken to determine what features of childbirth have a positive effect on women's sense of self are presented in this paper. This research contrasted the midwifery and medical models of maternity care using feminist constructivism, personal narrative and a thematic analysis. Using theory that is strongly grounded in empirical data this paper outlines the influence of features inherent in the woman's experience of childbirth that have been theoretically linked to how women feel about themselves. Primary focus was given to the internal characteristics that enable the woman to feel positive about herself during labour, birth and afterwards. The importance of the woman releasing mind control and allowing herself to move into an altered conscious state during labour is discussed in terms of women's subsequent enhanced sense of self. Results illustrate how women are more likely to trust enough to let go of mind control and release control of their bodies when supported within a midwifery model rather than when cared for in the medical model.

INTRODUCTION

The first author has been an independent homebirth midwife for over 13 years. Throughout this time I practised a midwifery model that has since been described as a partnership with women and is based on a view that childbirth as a healthy part of life (Wagner 1994, Guilliland and Pairman 1995). This is a woman-centred way of practising that involves providing continuity and utilising the principles of individual negotiation, informed choice and consent, and shared responsibility (Guilliland and Pairman 1995). I have consistently observed that these women tend to have positive feelings about themselves after the birth. This provides a sharp contrast to the observation, shared by both authors, that many women who birth in hospital do not express these same positive self feelings, particularly following a highly medicalised birth. The hierarchical medical model perceives childbirth as an illness; care is much more likely to be fragmented in that the doctor does not give continuous care during labour and often antenatal care is delivered by multiple providers. The medical model is largely guided by the concepts of control, predictability, efficiency and calculability (Wagner 1994, Bennett 1997). This study sought to illustrate the contrast between the midwifery and medical models and to theorise the impact of each by using the question 'What features of a woman's birth experience have a positive effect on her sense of self?'

The research literature relating the affect of a woman's birth experience on her sense of self is sparse, however for a discussion of the relevant literature the reader is directed to the review paper (Parratt 2002). Psychological studies undertaken throughout pregnancy and after the birth do illustrate the possibility that women can have feelings of well-being at this time (Astbury 1980, Elliot 1983, Littlefield and Adams 1987). Following a non-interventionist birth a woman's confidence may increase specifically related to the birth experience itself (Fisher, Astbury and Smith 1997).

In contrast, the experience of interventive childbirth practices such as caesarean section or forceps is more likely to lead to the woman's diminished sense of self (Cox and Smith 1982, Trowell 1982, Gottlieb and Barrett 1986, Trowell 1986, Garel 1987, 1988, Fisher, et al. 1997, Creedy, Shochet and Horsfall 2000). Additionally, some evidence that a woman's positive sense of self may decrease her likelihood of developing postnatal depression highlights the importance of this research to midwives (Fontaine and Jones 1997, Nieland and Roger 1997). Of further consequence is that postnatal depression can be long lasting (Brown and Small 1997) and can affect the woman's family (Boath, Pryce and Cox 1998), her approach to parenting, and the cognitive development of the baby (Winnicott 1964, Cooper and Murray 1998). Clearly any factors that give protective value to women are significant to midwifery theory, practice and research.

This study examined women's sense of self when they experienced natural birth and compared it with how women feel about themselves following medicalised childbirth. The aim was to explore the features of the childbirth experience that lead a woman to feel an enhanced sense of self. It was a preliminary research project undertaken as part of a Masters degree (Parratt 2000). The dissertation details three categories of features that have a positive

effect on sense of self. The primary focus of this paper is to present the features in category two that concern the internal features of childbirth that positively affect women's sense of self. Nonetheless, as all three categories of features affect each other, the first category of external features of childbirth as well as the third category of features that occur following childbirth will be mentioned.

METHODS

This was a feminist constructivist study, a methodology that is congruent with midwifery and the features of independent midwifery practice (Harding 1986, Fonow and Cook 1991, Stanley and Wise 1993, Guilliland and Pairman 1995, Fahy and Harrison 2000). For example, the research encompassed mutuality between the researcher and participants who were placed at the centre of the research. The participating women essentially 'constructed' their reality of the birth experience through negotiation with myself as the researcher. Personal Narrative was then used to structure the research (Polkinghorne 1988, Stivers 1993, Emden 1998b). Feminist constructivist methodology also enabled a good match between the research design and question.

Participants were recruited through networking with Maternal and Child Health Nurses and three previous clients of my midwifery service were asked and agreed to participate. There were six participants in all, three women who experienced natural birth at home and three women having medically managed births in hospitals. One participant receiving medical care felt negatively about her birth experience while the remaining women felt positively at the outset of the study.

The sample was structured in this way to provide maximum contrast between the medical model and the model that enabled natural birth, midwifery. For the purposes of the research the models were dichotomised as an heuristic device so that we could theorise about the significance of each model with regard to women's sense of self during childbirth. Women who had an obstetrician were assumed to be cared for in a medical model since the person providing the care was a doctor. Likewise, women who were provided care by a homebirth midwife were assumed to have care more closely aligned with the midwifery model as outlined in the introduction. The interviews that were subsequently carried out supported the notion that women did indeed receive care aligned with the model to which they had been allocated.

The university Ethics Committee provided ethical approval prior to commencement. Data was collected through probing in-depth interviews with each participant and then subsequent telephone interviews. Some participants also contributed written data during the validation process. Raw data was created into core stories containing the participant's actual words (Emden 1998a); these were compared and contrasted using thematic analysis (Holloway 1997). Each participant validated both their interview transcripts and their core story. Validation of the initial analysis was also obtained from each woman. The standards of rigor identified for constructivist and feminist research were adhered to, including the reflexive

process of journaling my own personal beliefs and biases (Hall and Stevens 1991, Lincoln and Guba 2000).

RESULTS

Thematic analysis indicates that there are a number of features of the childbirth experience that have a positive effect on women's sense of self. These features or themes can be divided into three related categories that are ongoing throughout the birth experience. The first was *the external milieu of midwifery partnership that empowers the woman's self-confidence*. These external features refer to the behaviour of the labouring woman's attendants, therefore, they are presented in terms that describe actions or an approach that can be taken to create this milieu. Category two was *an internal response by the woman that occurs during her birth experience* while adapting to the challenges of labour by relinquishing control of her mind and body. The third category is also internal to the woman but occurs subsequent to the birth. It was *the enhancement of her self-understanding and her sense of self*.

These categories and their related themes are shown in Table 1, while Tables 2, 3 and 4 summarise the salient points of each theme. Only an overview of the themes in category two, including excerpts from core stories, is given below due to word length considerations, which also limits the amount of qualitative data included. Excerpts from category two were chosen rather than those from one or three because they illustrate a previously un-presented perspective of childbirth. These excerpts also enable the theorising of issues highly significant to the practice of midwifery. The quotes are representative of others categorised within each theme, the reader is referred to the original dissertation for further excerpts (Parratt 2000). Core story excerpts are predominantly the participant's actual words; where words have been added for clarity they are indicated by [square brackets] and where words have been removed for brevity, they are indicated by the following '...'. This addition or alteration of words occurred as part of core story development and has been validated by each participant. Each excerpt is identified using the participant's pseudonym and either 'MID' or 'MED' according to which model, midwifery or medical, the woman experienced during childbirth.

As indicated in Table 1 and 2, the features of childbirth that are internal to the woman's sense of self consist of four interrelated themes that require the presence of the external milieu of midwifery to occur. These themes are 'relinquishing mind control', 'releasing the body', 'adapting to challenges' and 'balancing self and babe'.

Relinquishing mind control

During labour, women experience a struggle between the mind (or thoughts) and the feelings (or response) of the body to the bodily sensation of labour itself. The response to the sensations of labour, such as pain and pushing, may be predominantly with cognitive thoughts or with bodily feelings, consequently affecting how the woman sees herself in labour. 'Relinquishing mind control' enables the response to these cues of labour to primarily be a bodily one. With the mental release from thought and concerns about the external

environment, the conscious state alters, apparently functioning to smooth the progress of a drug free experience of the intense pain of labour.

...that felt right, [it] felt like the only thing that was helping... I tried not to think about the fact that it was pain, [I tried] not to think too much at all, I let go of those thoughts.

Jane MID

I didn't really look at anybody towards the end I was just squeezing their hands and had my eyes closed, [I was kind of inside myself]. ...I tried to focus, thinking of something pleasant ... I tried to really to let go. It did help, definitely ... *Faye MED*

Releasing the body

The process of 'releasing the body' occurs spontaneously and progressively throughout labour, but it is easily disturbed and is not simple to achieve because such a total bodily release is necessary. These difficulties are related to the self-control that is necessary to function in the social world, yet which needs to be released entirely to give birth spontaneously and naturally. The depth of mental and physical surrender a woman may achieve can be dependant on various elements of the labour such as its length and intensity, but paradoxically, as Anne describes below, the release of bodily self-control can require the use of some personal discipline to achieve. The total release of the body that enables childbirth to be experienced naturally is closely related to the way the external features of labour are experienced.

[I use self-discipline to] **let myself focus on myself and not [on] what's going on around [me]. [This is] being in control enough to let myself be out of control and give in to the pain.** *Anne MID*

I let [all that was left of] my inhibitions go. I didn't care what my body did and that was a freedom too. I just had no choice - I had got to the end of being able to cope, and I had nothing to lose. I couldn't [have] given birth without letting go [so totally]. *Tanya MID*

Adapting to challenges

The changing and unpredictable nature of labour presents challenges to the labouring woman requiring her ever-deepening surrender of mind and bodily control. Her responses to these challenges can influence the way she feels about herself. 'Adapting to challenges' without letting fear or the need to control take over, enables the woman to experience herself as able to live in the moment. The altered conscious state acts to blur the cognitive perspectives of time and fear. It combines with an awareness of bodily cues, responses and subsequent releases providing self-affirmation that all is well. Endurance through labour, adapting to its various challenges is a time of personal courage.

Once I let go and focused; the worry of labour going on for 15 hours really didn't even come up as an issue. It was like a fleeting thought, not really a conscious one that would

pass through my head. My headspace would not let me get ahead of myself and worry too much about what was to come. *Anne MID*

Balancing self and babe

A connection with the baby is exemplified by excited anticipation over the approaching birth and expressions of love after the birth. However, for this to be a positive feature a balance within the relationship is necessary. 'Balancing self and babe' is a balance between the woman's focus on herself and the focus she directs towards her baby. Although the challenges of labour may provide difficulties in finding a balanced connection with the baby, when women are able to achieve this balance, they may be more able to appreciate their baby's individuality.

I tried to look at [labour from the standpoint] that it was me and the baby working together so that I didn't look at *me* so much as controlling the whole thing but I looked at it as an interaction of both of us. *Jane MID*

[When she was born] **I wanted to see her straight away but it took a few minutes to actually be able to get into a state of consciousness [where] I could appreciate that here [she was]. *Tanya MID***

ANALYSIS AND INTERPRETATION

The external features of the woman's labour (Tables 1 and 2) make up the milieu that can empower her positive sense of self both during the labour experience (Table 3) and afterwards (Table 4). These features explore how the woman's relationships with doctors, midwives and other attendants as well as her interaction with the general labour environment affect her self-feelings. In considering these features or themes it is important to note that it is the experience of the entire milieu rather than specific isolated areas that has the most effect on the woman's sense of herself. The participant's stories and their analysis indicate that labour is a challenging experience, no matter how it is approached, and it is through women's response to these challenges that they experience their sense of self during labour. However, women experiencing medicalised childbirth have a limited sense of themselves, possibly lessened according to the degree or type of their medicalisation. These women also have minimal experience of the features incorporated in the external milieu, whereas the women experiencing this milieu as a midwifery relationship are primarily the participants experiencing themselves positively in labour.

The trust of partnership allowing mind and body release

In the mutually trusting relationship of midwifery partnership, when the challenges of labour cause the focus of 'relinquishing mind control' to be disturbed, a resumption of the bodily response is eased. In contrast, the medical model's structure means that any altered state that is achieved may not be respected or encouraged to continue. When 'relinquishing mind control' does not occur a cognitive rather than bodily response occurs making medicalisation necessary. The cognitive focus of the medical model means that the woman is not able to use

her internal resources to induce and/or maintain the altered conscious state and external awareness then increases, as does the pain. If the woman is not empowered in her labour, and responds with the assistance of drugs, she risks the loss of her bodily awareness that is her bodily cues, and responses. When drugs remove bodily sensations almost totally, a cognitive understanding of the labour dominates. Conversely, a cognitive understanding of labour can become the woman's focus, marring any bodily reaction and interfering with instinctual birthing.

The midwifery milieu, by enabling mental relinquishment of external aspects of labour, empowers the woman to begin the internal surrender of mind control that continues through labour. The woman can then carefully listen to and experiment with her body to find, without conscious thought, the right response to the sensation (for example, pain or pushing) that she is feeling. Her response is thus an instinctive bodily one in the form of noise or movement that is the behaviour of the primal brain. It is unclear and perhaps irrelevant which comes first, the internal release of mind control or the bodily response, however it is evident that they are provoked by the sensations of labour and that both are intimately related, each causing, and being caused by, each other. Therefore it is the joint awareness of these physical and mental aspects of the self that may lead to the altered conscious state of childbirth being seen as a positive experience.

'Releasing the body' can be challenging as its spontaneity causes perceived loss of bodily integrity, the woman's response may be to tighten control of her body rather than to release it. When the woman is not empowered by the midwife to accept uninhibited behaviour, the woman may also not accept the spontaneity required in the bodily response that allows 'releasing the body' during labour. Bodily release has to occur in tandem with the release of mind control. 'Relinquishing mind control' is unlikely to progress to a deeper level without the concomitant release of the body; likewise, 'releasing the body' will require the further release of another level of mental control. That 'releasing the body' occurs in concert with 'relinquishing mind control' is supportive of the oscillation of mutual self-empathy that is a healthy internal experience of the self. The observation that women allow their bodies to take control during labour is reflective of the simultaneous release of mental control required to release self-control of the body.

Being out of control: adapting to challenges

Women's maintenance of sense of self during labour is reliant on 'adapting to challenges' through the oscillation of 'relinquishing mind control' and 'releasing the body'. The medical model's approach toward labour's challenges is by control using drugs and intervention. Medicalisation can create further fears and does not support the altered conscious state that functions to provide an altered perspective on such fears. The outcome for some women experiencing medicalisation is that, because they are unable to focus internally during labour, they resort to an external focus of enduring for their baby, for example, to help them get through. In this way the medical model promotes their loss or alteration of the sense that women have of themselves during labour.

In the midwifery model, labour's challenges can be seen as out of control moments when the woman's labouring body presents something new to her that she has to learn to accommodate to. The woman's adaption to challenge is reliant on her midwife's response to the challenge and therefore the ability of the midwife to empower her adaptive response rather than to resort to controlling it. This shared experience of 'adapting to challenges' during labour illustrates the mutuality of the woman's relationship with her midwife. It explains the consequent mutual empowerment experienced within the midwifery partnership when adaption is achieved.

Balancing connection

'Balancing self and babe' is also problematic within the medical model due to its lack of support for women's internal focus and bodily awareness during labour. Women's sense of themselves may be so reduced by their medicalised experience that they tend to focus on their baby, rather than themselves, both during labour and afterwards. Alternatively, a focus on concern for the baby may overshadow any possible focus on the self and therefore awareness of the self during labour. After the birth, focus on the baby continues due to reduced experience of an internal focus and it may externalise further by focusing on other people's relationship with the baby.

The consequent unbalanced regard for her baby over herself may present the woman with difficulties in subsequently making the mutually empathic connection that is an effective relationship. Within the midwifery model this mutually effective relationship is commenced through the oscillation between the woman's self-consideration and her connection with the baby that is described in 'balancing self and babe'. This relationship is further enhanced through the woman's appreciation of herself and baby as separate, and therefore that the baby is a person with whom a recognised emotional connection is made. This empathic connection is tested in the woman's first conscious experience of the need to balance her sense of self with her baby during physiological third stage of labour. It follows then that when a woman is able to experience herself through all the challenges of labour, she is more able to balance a regard for herself with one for her baby.

Empowering growth in sense of self

The internal features of women's childbirth experience (Table 3) leading to their enhanced sense of self are the immediate result of the action or approach by the woman's attendants as described by the themes of category one (Table 2). However, the internal features of childbirth are given in terms of an action or approach that the woman herself takes. This is because the internal features are emphatically ones that come from the woman; she cannot be assisted by someone doing them for her. This illustrates why the strategy of empowerment is a vital component of the entire milieu of the midwifery partnership described by the external features. Empowerment means that women can trust themselves enough to be able to use whatever resources they have within themselves to adapt to the challenges of labour and achieve a natural birth.

When the labouring woman does not have to concern herself with the features of her experience that are external to herself she is then able to focus entirely on the internal features of her experience. The effective self-empathy identified as occurring during labour for those women in a midwifery partnership appears to continue on after childbirth, enabling women's enhanced sense of self (Table 4). The internal features and consequent self-empathy are difficult to achieve with medicalisation, indicating women in the medical model are unlikely to experience a growth in sense of self. It is through the combination of external and internal features that the woman is able to gain a positive sense of herself subsequent to her birth experience. Women experiencing the midwifery milieu of childbirth are able to experience the self-empathic relationship between their body and mind, enabling their instinctive bodily awareness to link with their femininity and enhance their self-awareness.

DISCUSSION

The review of the literature provided in a previous paper (Parratt 2002) illustrates the impact that a woman's childbirth experience can have on her sense of self. This review identified positive factors including control over her environment, receiving positive affirmations, effective communication with care-givers and experiencing mutually trusting relationships. These features are congruent with the external features of childbirth that positively affect sense of self found in this research (table 2). The literature review adds support for the current findings that link characteristics of the midwifery partnership as enabling the labouring woman to achieve an altered conscious state and thus empower her to respond instinctually in a fully embodied way (Parratt 2002). Furthermore, the literature provides support for the notion that a level of personal growth is possible and desirable as a result of a woman's experience of childbirth (Fisher, et al. 1997, Parratt 2002). The literature review also suggests a possible relationship between how the woman experiences her labour and her subsequent connection with her baby, emphasising the need for further research in this area (Parratt 2002).

The limitations of this research are centred on its restricted size, which means that further work exploring the links between bodily awareness, childbirth and sense of self are needed. In addition, the size limitations mean that the desired diversity of participants was not accomplished. This was particularly so with those women who experienced the midwifery model from the same midwife. Nonetheless, the other feminist values of this research were rigorously adhered to. The researcher's attitudes, values and beliefs were declared at the outset. The work was conducted in a reflexive manner, the participants were allowed to speak for themselves and their own words have been honoured in the report. The interpretation provided here is transparently grounded in data that was freely validated by the participants. Finally, this research did not delve into the specific relationship that the women held with their labour attendants prior to labour. It can only be deduced through an understanding about relationships in general as well as knowledge of the two models of care, that prior contact with attendants is important to the development of a relationship with them during labour.

This study lends a subjective focus to the way that midwives practise, providing guidance on how midwifery can be structured to better meet women's and possibly midwives' needs. It adds to the theoretical body of midwifery knowledge by increasing practical understanding of how to actually use the partnership model of midwifery within an institutionalised work place and the consequences of this. Education of midwives can now be more clearly directed toward the partnership model of midwifery with the aim that students can provide autonomous, caseload midwifery once education is complete. More specifically, education of midwives can focus on honing of communication and relationship skills, understanding the strategies necessary to protect the woman's labouring space, and toward less interventive action in general. This approach is supportive of the separation of midwives' education from that of nurses.

The implications of the project for further research are both broad and deep. The need for increased depth into this area of research has been noted above. The other areas of research into women's sense of self and their childbirth experience are numerous and diverse. This could be achieved through a concentrating on a particular feature of childbirth, or perhaps focusing on the women's partners' sense of themselves according to their experience. Finally, because of the mutuality of the relationship between midwife and woman it is imperative that research is undertaken on the affects of the features of the childbirth experience on midwifery and on midwives' sense of self.

In conclusion, this study provides a beginning understanding of the intricacies of women's bodily knowledge, the influence it has over the process of childbirth and its affect on women's subsequent sense that they have of themselves. It illustrates the empowering nature of the midwifery model's ability to be with women in a way that enables women to trust enough to be out of control, to birth under their own power without the need for medical intervention. Finally, the study shows how women who experience a midwifery partnership during childbirth can grow in self-awareness and self-confidence to a greater degree than those experiencing a medical model.

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Table 1: The features of childbirth that can enhance women’s sense of self; the categories and their themes.

The milieu of midwifery partnership: empowering self-confidence	Adapting to the challenges of labour by relinquishing control	Self-understanding: enhancing the self
<ul style="list-style-type: none"> • Protecting the personal birthing space • Trusting relationships • Effective communication • Empowering self-confidence: affirmation and flexibility • Being there, being with 	<ul style="list-style-type: none"> • Relinquishing mind control • Releasing the body • Adapting to challenges • Balancing self and babe 	<ul style="list-style-type: none"> • Expressions of self-appreciation • Growth in bodily understanding • Increased self-confidence • Affirmation of womanliness

Table 2: Category One, External features of childbirth that positively affect sense of self. The milieu of midwifery partnership: empowering self-confidence.

Feature or Theme	Salient Points
Protecting the personal birthing space	<ul style="list-style-type: none"> • Attendant's role is to respect and protect birth environment, it is not paternalistic • Promotes feelings of safety and control and enables uninhibited response to labour
Trusting relationships	<ul style="list-style-type: none"> • Achieved through mutual understanding and respect of subjective experience • Promotes feelings of unconditional acceptance, comfort and security • Enables a distinction between maintaining women's personal control within the birth space and surrender of decision-making during labour
Effective communication	<ul style="list-style-type: none"> • Giving time to listen and determine the individual's subjective experience • Unhurried, unobtrusive observation and explicit, honest communication • Facilitation of woman's decision-making skills
Empowering self-confidence: affirmation and flexibility	<ul style="list-style-type: none"> • Flexible attitudes and communication of positive affirmations enhance self-confidence • Demonstrates trust in the woman's body, knowledge and respect of her bodily processes
Being there, being with	<ul style="list-style-type: none"> • Attendant's continuous physical and mental presence • Diminishes actions of 'doing to' the woman and increases actions of 'being with' her • Achieves a moment-to-moment perspective

Table 3: Category Two, Internal features of a positive sense of self during childbirth, which primarily occur with the external features (Table 2). Adapting to the challenges of labour by relinquishing control.

Feature or Theme	Salient Points
Relinquishing mind control	<ul style="list-style-type: none"> • Mental release from thought including concerns about people and the environment • Alters the conscious state • Enables a bodily response to the cues of labour
Releasing the body	<ul style="list-style-type: none"> • Bodily release is spontaneous and progressive throughout labour • Easily disturbed but necessary to give birth naturally • Involves release of self-control but may require personal discipline to achieve
Adapting to challenges	<ul style="list-style-type: none"> • Labour is challenging because it is changing and unpredictable • Requires ever-deepening surrender of mind and body control • Blurs the cognitive perspectives of time and fear • Provides self-affirmation that all is well
Balancing self and babe	<ul style="list-style-type: none"> • Balance between the woman's focus on herself and the focus she directs towards her baby • May be made difficult by the challenges of labour • May be more able to appreciate their baby's individuality

Table 4: Category Three, Internal features of a positive sense of self related to childbirth and which primarily occur where the experience of childbirth includes the external features (Table 2). Self-understanding: enhancing the self.

Feature or Theme	Salient Points
Expressions of self-appreciation	<ul style="list-style-type: none"> • Pleasure and recognition of own achievements, not entirely under own control • A personal, private expression of self-appreciation rather than a public one • Humility tempers the expressed feelings of satisfied pride, pleasure, and completeness
Growth in bodily understanding	<ul style="list-style-type: none"> • Stimulated by adaption to the very physical, bodily, challenge of natural childbirth • Caused by and causes increased bodily awareness as well as increased corporeal comfort • Promotes self-acceptance and bodily trust, confidence and the increased ability to self-nurture
Increased self-confidence	<ul style="list-style-type: none"> • Occurs because of bodily understanding and self-confidence • Experienced and/or expressed as an added sense of power, an increased ability for self-expression, greater self-efficacy and a decreased performance anxiety over future births • Includes an increased confidence in parenting through an enhanced intuitive awareness
Affirmation of womanliness	<ul style="list-style-type: none"> • Occurs when feelings identified in the above three features combine to assist understanding the significance of birth in the lives of other women. • Affirmation and broadening of the understanding of herself as a woman • Through awareness of other women’s experiences affirms sense of self as a woman among women and to see her childbirth experience as an initiation into motherhood.