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Jennifer A. Parratt
University of Newcastle

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THE IMPACT OF CHILDBIRTH EXPERIENCES ON WOMEN'S SENSE OF SELF: A REVIEW OF THE LITERATURE

Jenny Parratt RM IBCLC BHlthSci MMid FACM.

Independent Midwife Consultant, Mandurang, Victoria.

Doctor of Philosophy Candidate, University of Newcastle.

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ABSTRACT

This paper presents the literature review of research undertaken to determine what features of childbirth have a positive effect on women's sense of self. The control experienced by labouring women cared for in the medical model is contrasted with the empowered approach of midwifery's partnership model. How these models effect women's environment during childbirth, their formation of mutually trusting relationships, and their consequent self-confidence and self-awareness are discussed along with the mother/baby connection. The implications of being out of control yet retaining decision-making capacity are considered, while the self-understanding gained through a self-empathic, instinctual response leading to an altered conscious state during labour and natural childbirth is described.

INTRODUCTION

As an independent midwife my experience has been that women who are able to face the challenges of childbirth, giving birth powerfully and naturally, feel good about themselves. I have observed that women having these empowering birth experiences are then more able to cope with their role as mother. Based on this observation I studied these issues for women having standard medical care as well as those experiencing the midwifery model where the woman has a one to one relationship with the same midwife across the duration of their pregnancy, birth and early postpartum period (Parratt, 2000). This paper presents a review of the literature from that study which explored the features of childbirth that have a positive effect on women's sense of self.

The Australian health system, as well as the public in general, currently deems childbirth to be a medical event generally undertaken in an institution and managed by doctors. Situating childbirth within this medicalised paradigm designates birth as an illness, which results in high levels of intervention such as caesarean sections even for low risk healthy women (Roberts, Tracy, & Peat, 2000; Wagner, 1994). This hierarchical medical model, combined with institutional limitations on time and place, allow the woman little opportunity to form a relationship with midwives who are the primary attendants throughout her labour.

Labour and childbirth are significant, sacred and even spiritual events in a woman's life but the psychological implications of this are barely recognised in the medical model (Bergum, 1989; Mauger, 1998; Rabuzzi, 1994). Women are more likely to have a diminished sense of self following childbirth interventions such as forceps or caesarean section (Cox & Smith, 1982; Creedy, Shochet, & Horsfall, 2000; Fisher, Astbury, & Smith, 1997; Garel, 1987, 1988; Gottlieb & Barrett, 1986; Trowell, 1982, 1986). The medical model's approach to childbirth may cause difficulties with woman's transition to motherhood; the concept that childbirth is a rite of passage goes unnoticed although it is honoured as such in other societies (Kitzinger, 1992; Oakley, 1980).

The transforming or initiating possibilities of childbirth are however, known to women and midwives (Broncher, 1992; Davis & Leonard, 1996; England & Horowitz, 1998, for example). Feelings of power or strength can be experienced during and after childbirth (Lundgren & Dahlberg, 1998) and a woman's confidence may be raised following a non-interventionist childbirth experience (Fisher et al., 1997). The observation that labour is a potentially sexual, erotic or pleasurable experience illustrates how positive and womanly the experience can be at the time (Bergum, 1989; Rabuzzi, 1994). Self-change leading to growth is identified as occurring throughout life, but during childbirth the transformation can be intensified, creating a substantial adjustment in the sense of self (Davis & Leonard, 1996).

CONTROL: OF WOMEN OR WITH WOMEN?

The features of childbirth that seem to have a positive affect on a woman's sense of herself are primarily identified in the literature as those related to her feelings of control over and satisfaction with the experience (Berg & Dahlberg, 1998; Berg, Lundgren, Hermansson, & Wahlberg, 1996; Campero et al., 1998; England & Horowitz, 1998; Lundgren & Dahlberg, 1998; Simkin, 1991, 1992). These feelings relate less to the woman's decision-making capacity than to her sense of control over other aspects of the experience such as control over her environment (J. Green, 1999; J. Green, Coupland, V. and Kitzinger, J., 1990; Hall & Holloway, 1998; Halldorsdottir & Karlsdottir, 1996; Hodnett, 1989; VandeVusse, 1999).

Characteristics of the environment that can affect the woman's feelings of control include her freedom to move and feel comfortable; her access to knowledge; the limitation of medication and/or obstetric interventions, and the behaviour of her birth attendants (Annandale, 1987; Fowles, 1998; J. Green, Coupland, V. and Kitzinger, J., 1990; Halldorsdottir & Karlsdottir, 1996; Hodnett, 1989; Ogden, Shaw, & Zander, 1998). The woman's ability to feel control over these characteristics is, however, determined by medicine's control over childbirth as well as its control over midwifery practice (Annandale, 1987; Bennett, 1997; Berg & Dahlberg, 1998; Berg et al., 1996; Bluff & Holloway, 1994; Campero et al., 1998; Fowles, 1998; J. Green, Coupland, V. and Kitzinger, J., 1990; Hall & Holloway, 1998; Halldorsdottir & Karlsdottir, 1996; Hodnett, 1989; Hundley, Milne, Glazner, & Mollison, 1997; McCrea & Wright, 1999; Ogden et al., 1998; VandeVusse, 1999; Wagner, 1994).

The four principles of control, predictability, efficiency and calculability guide modern medicine (Bennett, 1997) so that the woman giving birth as well as all those who attend her are expected to conform to these principles (Bennett, 1997; J. Green, Coupland, V. and Kitzinger, J., 1990; Hodnett, 1989; Wagner, 1994). The medical model of childbirth can therefore undermine women's ability to experience control in their birthing environment. In contrast to this model, the midwifery partnership views control in terms of empowerment within a relationship, a concept that is inherent in the title 'midwife' meaning 'with woman' (Fahy, 1998; Guilliland & Pairman, 1995). Empowerment encompasses the notion that all action is *with* the woman rather than that actions exert power *over* the woman (Miller, 1991a, 1991b). For example, women have increased feelings of control when guidance is provided to the women in their own terms using positive affirmations within a trusting relationship (Berg et al., 1996).

TRUSTING RELATIONSHIPS

An effective relationship is a dynamic process encompassing the elements of empathy, mutuality and self-empowerment with the outcome being a mutually enhanced sense of self (Jordan, 1991a, 1991c; Surrey, 1991b). When women are unable to have an effective relationship with their attendants because of medicalisation and/or minimal continuity of

care, they may trust their attendants over themselves in order to preserve any type of relationship (Miller, 1991a, 1991b). Although women may trust their attendants enough to enable them to relinquish decision-making responsibility during intense labour, often this is not within a mutually trusting relationship, causing the woman to hold back other parts of herself for fear of shame brought about by judgement (Annandale, 1987; Bluff & Holloway, 1994; Campero et al., 1998; Hall & Holloway, 1998; McCrea & Wright, 1999; Ogden et al., 1998; Walker, Hall, & Thomas, 1995).

The mutually trusting relationship of the midwifery partnership is achieved through continuity, which facilitates the commencement of a relationship between the woman and her midwife during pregnancy and enables its growth into partnership (Guilliland & Pairman, 1995). Integral to the trusting relationship is the midwife's underlying philosophy that birth is a normal part of life, leading to trust in the woman's body and the birth process (Guilliland & Pairman, 1995).

Trust and self-confidence, enhanced through positive affirmations, are essential to the woman's experience of unmedicated labour (Berg & Dahlberg, 1998; Berg et al., 1996; Campero et al., 1998; Lundgren & Dahlberg, 1998; Simkin, 1991). Considering the suggestibility of women in the altered conscious state of labour (Taylor, 1995) effective communication is also imperative within the midwifery/woman partnership (Berg et al., 1996; Guilliland & Pairman, 1995). Such communication fosters the flexibility of individual negotiation that further empowers the relationship with feelings of self-affirmation for both the woman and the midwife (Guilliland & Pairman, 1995; Jordan, 1991c; Surrey, 1991b).

BALANCING SELF-EMPATHY: PROMOTING SELF-AWARENESS

Healthy relationships start with self-liking and self-respect. A healthy relationship requires the empathic process of oscillation between testing out of an experience with regard to the self and with regard to the other in the relationship (Jordan, 1991a; Surrey, 1991b). Within the self this oscillatory empathy occurs by a mutual interaction between the woman's mental self and the sensory or bodily elements of herself. This mutuality of self-empathy balances these aspects of the self, leading to self-knowledge and self-awareness (Jordan, 1991a, 1991b; Leonhardt-Lupa, 1995; Surrey, 1991a, 1991b).

An effective self-empathic relationship can enable appreciation of the separate entities of the self as well as an appreciation of the self as a whole (Jordan, 1991a, 1991c). Additionally, a connective balance between women's sexual and reproductive selves can promote self-awareness in the same self-empathic way as the relationship between women's mental and bodily selves (Jordan, 1991a, 1991b; Leonhardt-Lupa, 1995; Surrey, 1991a, 1991b). This link between women's sexual and reproductive selves is often disturbed by society's rationality so that women's femaleness is suppressed causing loss of self (Leonhardt-Lupa, 1995; Rabuzzi,

1994). Natural labour can reforge this connection to womanliness through the experience of an instinctual bodily awareness (Leonhardt-Lupa, 1995).

SELF-UNDERSTANDING THROUGH AN INSTINCTUAL RESPONSE

The instinctual and primal in all animals is directed by the hypothalamus and this needs to be the dominant brain activity in labour (Beischer, Mackay, & Colditz, 1997; Hung, 1987; Odent, 1984, 1986, 1992, 1999). Unfortunately it can be suppressed, in varying degrees, if the rational neocortex dominates. The instinctive response is illustrated when women labouring in a favourable environment lose self-control, self-consciousness and make spontaneous noises (Balaskas & Gordon, 1992; Odent, 1984). This release or alteration of control of the mind is recognised as an internal focus or altered conscious state that is potentially healing (England & Horowitz, 1998; Grof, 1988; Odent, 1984).

The internal focus, immersed in the experience of an altered conscious state, makes possible the woman's growth by providing her with a new frame of reference for understanding herself (Grof, 1988; Taylor, 1995). This new framework enables a state of bodily-awareness to be achieved through the endurance of labour, demonstrating childbirth as a self-transition (Bergum, 1989; Lundgren & Dahlberg, 1998). The altered state enables the woman to approach labour from a sensory perspective rather than a cognitive one (Bergum, 1989; Dwinell, 1992; England & Horowitz, 1998; Gaskin, 1990; McDonald, 1992; Odent, 1984; Simkin, 1992). This sensory approach is exemplified by the descriptions of women 'listening' to and 'hiding' in their bodies in response to labour pain (Lundgren & Dahlberg, 1998, p.107). Growth in self-awareness can then occur through the self-empathic process of balancing an understanding of the link between the bodily aspects of the self with the psych (Jordan, 1991a, 1991b; Leonhardt-Lupa, 1995; Surrey, 1991a, 1991b).

ALTERED CONSCIOUS STATES

The internal focus can be understood as an awareness of internal resources, obstacles and inhibitions; whereas altered states in general are described as occurring through a concentrated attention or focus on something in particular so that there is less awareness of anything else (Davis, 1989; England & Horowitz, 1998; Taylor, 1995). An alteration of consciousness can occur spontaneously in labour, but is also seen to deepen as labour continues (Davis, 1989; England & Horowitz, 1998; Odent, 1999; Taylor, 1995). The alteration of normal sensory boundaries that is an outcome of the altered conscious state of labour can change perceptions, including that of time so that a feeling of universal wholeness may occur (England & Horowitz, 1998; Grof, 1988; Kitzinger, 1984; Odent, 1999).

Altered conscious states may not always be positive or healing, possibly due to drugs and/or the environment in which they occur (Grof, 1988; Taylor, 1995). For women who are survivors of sexual abuse or women who have complications during labour, an altered state

may be achieved for ego defence purposes to decrease awareness of negative bodily sensations and to thereby gain control of their situation (Bass & Davis, 1988; Berg & Dahlberg, 1998; Christensen, 1992; Gray, 1992; Parratt, 1994; Rose, 1992; Taylor, 1995). A negative altered conscious state can also occur, to varying degrees, when attendants do not behave ethically, as people who are in these deeply altered states are highly vulnerable and suggestible (Taylor, 1995). In addition, some drugs administered during labour can induce an altered conscious state, however, such states are unlikely to be positively healing because with these drugs there is no concurrent self-awareness possible (Grof, 1988; Taylor, 1995).

CHILDBIRTH: FEELING OUT OF CONTROL

It is through the relinquished mind control that an altered consciousness state allows, that a woman experiences an unmedicated labour and natural birth (England & Horowitz, 1998; Lundgren & Dahlberg, 1998; Odent, 1984). Indeed, women's perception of pain during childbirth has been found to be unrelated to how they assess the experience as a whole, which can even be seen to be pleasurable or erotic (Bergum, 1989; Lundgren & Dahlberg, 1998; Niven, 1988; Rabuzzi, 1994; Salmon, Miller, & Drew, 1990; Waldenström, Bergman, & Vasell, 1996). Labour is therefore an internal experience and part of that experience is that the woman's body functions outside her control (England & Horowitz, 1998; Lundgren & Dahlberg, 1998; Simkin, 1992). However from published birth stories it is also possible to surmise that some labouring women paradoxically gain control of their labours by allowing their bodies to take over control (Nona, 1994; Payne, 1998; Sass, 1997).

Challenging periods during the labour are identified as transitions where the woman may describe herself as being out-of-control and/or that the attendant may define her as such (McKay, 1990; Nona, 1994; Payne, 1998; Sass, 1994). Lack of control over pain in particular, is understood to cause a lack of control over how women experience their birth and a subsequent decrease in their satisfaction with it (J. Green, Coupland, V. and Kitzinger, J., 1990; Hodnett, 1989; Simkin, 1991, 1992). The recognition of these out-of-control sensations by the woman or her attendant as requiring pain relief is evident in the medical model, however the effects of pain-relief, can cause women to feel more out of control during labour (Mander, 1992, 1998; Renee, 1997; Warfield, 1997). In addition, the hormonal consequences of the escalation of out of control feelings that narcotics induce may mean a longer labour or a compromised baby (Moore, 1997; Odent, 1986; Simkin, 1986). Women experiencing these transitions within the midwifery model may also contemplate someone taking control (Payne, 1998; Sass, 1994). However, being in an effective relationship with their midwife means that the midwife is challenged to respond with empowerment rather than to respond by control (Miller, 1991b; Surrey, 1991b). For example the midwife, rather than offering pain relief may suggest a change of position and provide positive affirmations.

THE MOTHER/BABY RELATIONSHIP

The positive affirmation directed towards women experiencing the midwifery model may enable these women to balance a relationship between their own self-appreciation with their appreciation of the baby, a characteristic evident in some birth stories and research (Burch, 1993; Campero et al., 1998; Dooley, 1993; Kyval, 1993; Payne, 1998). In contrast, other birth stories where women experience control by the medical model of care, and/or experience no affirmation, reveal that they tend to focus solely on their baby rather than on their achievement as well (Campero et al., 1998; Nellie, 1997/8; Ohlson, no date; Renee, 1997; Whelan, 1993).

This observation can be explained by the understanding that when a woman has problems making a connection with her inner self she is also likely to have trouble connecting with her baby (Leonhardt-Lupa, 1995). In addition, the woman appears to be empowered to have a closer connection with her baby by enduring the pain of childbirth (Lundgren & Dahlberg, 1998). This may specifically be because she experiences an altered conscious state and becomes much more aware of her inner self. Paradoxically, labour also leads to a gradual separation between the woman and child as well as an appreciation of the wholeness of their relationship, illustrative of the need to appreciate separateness as well as wholeness within any empathic connection (Bergum, 1989; Jordan, 1991a).

CONCLUSION

In conclusion, the available literature does indicate that a woman's childbirth experience can have an impact on her sense of self. Features of the childbirth experience such as having control over her environment, receiving positive affirmations, effective communication with care-givers and experiencing mutually trusting relationships are identified as influencing how the woman feels about herself. These are characteristics of the midwifery partnership which is recognised to empower the labouring woman to respond instinctually, using an altered conscious state. This self-empathic intuitive response then leads to enhanced self-understanding. The possible relationship between how the woman experiences her labour and her subsequent connection with her baby with regard to herself illustrates the necessity for research into women's sense of self during childbirth.

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