Spiritual Expectations and Experience of Women with Newborns

by

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Abstract

This hermeneutical phenomenological analysis of the lived experience of women with newborns was conducted to search for a clearer understanding of their perception of a spiritual connection, awakening or encounter during the childbirth experience.

Having reviewed the literature, I concluded that the time of pregnancy and childbirth is a physically and emotionally challenging time for most women. It can also be a transformative, life changing experience for women. The literature also indicated that the experience can also represent a time of deep spiritual reflection.

This study looked at eight women, each expecting their first child. The participants volunteered from two sources: the Pickering Presbytery of The Presbyterian Church in Canada, and Prenatal classes held in the same geographical area. Each participant was interviewed in their third trimester of pregnancy, and again six to eight weeks post-partum.

The research was organized into five emerging themes: community, reality of becoming a mom, sense of wonderment, control, and response to labour outcomes and five spiritual needs: support of family,
recognition, encouragement and acceptance, support of spouse/partner, presence of mom’s mom, and scripture, prayer and worship.

The findings demonstrate that each of the women experienced a spiritual connection with the divine at some time during the childbirth process. This thesis concludes with outlining how these findings can be applied in the pastoral setting.
Autobiographical Statement

I was born in raised in Canada, the only child of immigrant parents. My earliest understanding of God and worship was formed by my experiences in India, a country full of intense smells, sounds and sights. What I remember most vividly are my experiences in the Sikh temple when visiting with my family. Children were visible, heard and welcomed into the worship service. Soon after becoming a Christian in my late teens, it became apparent that in the Christian churches I attended, children were not only absent from the worship service, they were discouraged from being there. This was startling. Where were all the children in the church of my new faith? Did Jesus not say, “let the little children come to me?” (Mat. 19:14). There began my interest in “family” ministry.

This interest in the “family” most certainly intensified after becoming the mother of two. I returned to school to become a certified Childbirth Educator (a credential I still maintain). I began teaching Lamaze classes in the hospital and privately through a company I created called Expectations. Between 1993 and 2005 I taught an average of three nights a week – seeing over 250 couples a year. Over the course of 12 years of regular teaching (classroom and private) I taught well over 2,000 couples.

I was able to share my expertise on a variety of television programs, including CityTV’s Breakfast Television; and Take Five on the Woman’s Television Network. In 2002, Expectations produced a video called Ready for Delivery that was designed as a resource for women unable to attend a prenatal classes in their community.
As a DONA International certified doula¹, I had the privilege of attending births and providing support to both the labouring mother and her partner. The power of birth and its transformative effects on couples during labour and post delivery was nothing short of witnessing a “family” spiritual experience.

While continuing to teach I took on the ministry role of Youth Director at Grace Presbyterian Church, West Hill (2000-2008). In this role I worked closely with the youth and, perhaps because of my more advanced years and my own growing family, I had the opportunity and privilege to work not only with the youth but their families as a whole. This began a move to a more integrated approach to ministry.

In 2008 I was ordained into the Ministry of Word and Sacrament in the Presbyterian Church in Canada and was called to serve as the Assistant Pastor at Grace Church, West Hill. I was called to preach, teach, counsel, administer the sacraments, oversee ministries, staff and volunteers and did so with a “family” filter. Not surprisingly, families come in many configurations including new parents, parents of adolescents, empty nesters (when grown children leave the home), single, married, the aging and the aged. In all that I did, the question that lay before me was: “How can the whole of the church family encounter God?” The desire to integrate ministries with the purpose of serving the whole family of God was and continues to be a priority for me.

In 2012 I accepted the call to Amberlea Presbyterian Church where I joyfully serve as Lead Minister. My passion for the family continues to undergird my ministry.

¹ The word 'doula' is a Greek word meaning 'woman servant or caregiver'. More recently, it refers to someone who offers emotional and physical support to a woman and her partner before, during and after childbirth.
Acknowledgments

To my Mom

You are undoubtedly the most spiritual woman I know. You constantly show me what it is to be a woman of faith and grace, and you have taught me what it means to be an amazing mom. Thank you!

To Brian

You are my soul mate and best friend. Thank you for your never-ending support, encouragement and love. I am so grateful to you and for you!

To Emily and Tyler

I had no idea that I was capable of so much love until the two of you! Each year on your birthday, I tell you the most amazing story… the story of your birth. And I love that, even in your twenties, you still let me tell it! I remember it like it was yesterday because on those two special days, God not only brought you into our lives, but God made me your mother. You are God’s greatest gifts to me. I am honored and blessed to be your mom!
Table of Contents

Autobiographical Statement ........................................................................................................... iv

Acknowledgments ........................................................................................................................ vi

Table of Contents ......................................................................................................................... vii

Introduction ................................................................................................................................ xii

1 Introduction ............................................................................................................................... 1

1.1 My Context of Ministry ........................................................................................................ 3

1.2 Relationship Between Theology of Ministry and Research Interest .............................. 4

2 Literature review of the Spirituality of Birth ......................................................................... 8

2.1 Physical and Psychological Dimensions of Pregnancy and Childbirth ......................... 9

2.1.1 Pregnancy and Childbirth: The Physical Experience .................................................. 10

2.1.2 Women’s Psychosocial Development in Pregnancy and Childbirth ......................... 13

2.2 Spirituality and Spiritual Needs .......................................................................................... 14

2.2.1 Understanding Spirituality .......................................................................................................................... 14

2.2.2 The Spiritual Needs of the woman in Childbirth .......................................................... 17

2.2.3 Woman’s Faith Development and Spiritual Awakening .............................................. 18

2.2.4 Defining Spirituality, Spiritual Needs and Spiritual Awakening for this Study ......... 24
2.3 Maternal Identity and Maternal Experience ................................................................. 25

2.4 Biblical Literature Review for Spirituality and the New Mother .................................. 29

2.4.1 Body, Mind (Soul) and Spirit ..................................................................................... 30

2.4.2 Biblical view of Pregnancy, Childbirth and Children .............................................. 31

2.5 Narrative and Meaning Making in First Pregnancy and Childbirth ......................... 37

2.6 Conclusion .................................................................................................................... 43

3 Method .......................................................................................................................... 44

3.1 Phenomenological Research ......................................................................................... 44

3.2 The Research Group .................................................................................................... 47

3.3 The Interview ............................................................................................................... 49

3.4 Data Analysis ................................................................................................................ 50

3.5 Validity of Findings and Analysis ................................................................................ 52

3.6 Recording and Storing Information ............................................................................. 52

3.7 Summary and Conclusions .......................................................................................... 53

4 Results ............................................................................................................................. 54

4.1 Description of the Participants ....................................................................................... 54

4.1.1 The Interviews ......................................................................................................... 56
4.2 Codes................................................................................................................................................................. 57

4.3 Five Main Emerging Themes of Pregnancy, Childbirth and Spiritually........................................ 59

4.3.1 Response to labour outcomes ....................................................................................................................... 59

4.3.2 Community ..................................................................................................................................................... 62

4.3.3 Reality of Becoming a Mom .......................................................................................................................... 65

4.3.4 Sense of Wonderment .................................................................................................................................... 70

4.3.5 Control ............................................................................................................................................................ 71

4.3.6 Summary .......................................................................................................................................................... 74

4.3.7 Conclusion ...................................................................................................................................................... 77

4.4 Spiritual Needs During Pregnancy and Childbirth ..................................................................................... 78

4.4.1 Recognition, Encouragement and Acceptance .............................................................................................. 78

4.4.2 Support of Spouse/Partner ............................................................................................................................ 79

4.4.3 Support of Family .......................................................................................................................................... 80

4.4.4 Mom’s Mom ................................................................................................................................................... 81

4.4.5 Scripture, Prayer and Worship ...................................................................................................................... 83

4.4.6 Conclusion ...................................................................................................................................................... 84
5 Conclusions ......................................................................................................................... 88

5.1 Interpretation and Implication of Research Findings ......................................................... 88

5.2 Limitations to the Study .................................................................................................. 91

5.3 Contributions of the Study ............................................................................................. 93

5.4 Pastoral Contributions .................................................................................................. 93

5.5 Further research ............................................................................................................. 96

5.6 Summary and conclusions ............................................................................................. 97

Bibliography .......................................................................................................................... 99

Appendices ............................................................................................................................. 103

Appendix A: Advertising Flyer ................................................................................................. 103

Appendix B: Agreement with Durham Lamaze Association ..................................................... 104

Appendix C: Information Letter ............................................................................................. 105

Appendix D: Interview Protocol: Spiritual Expectations ........................................................... 106

Appendix E: Consent Form .................................................................................................... 111

Appendix F: Nodes/Coding ..................................................................................................... 111

Appendix G: Photo, Image and Description ............................................................................ 114

Appendix H: Ethics Approval ............................................................................................... 115
# Appendix H: Thesis Proposal

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Background and Context of my Applied Research Thesis</td>
<td>117</td>
</tr>
<tr>
<td>Statement of the Research Problem</td>
<td>120</td>
</tr>
<tr>
<td>Defining Spirituality, Spiritual Needs and Spiritual Awakening</td>
<td>121</td>
</tr>
<tr>
<td>The Theoretical Framework and Assumptions Involved in the Study</td>
<td>122</td>
</tr>
<tr>
<td>Assumptions Operative in the Study</td>
<td>133</td>
</tr>
<tr>
<td>Action Research Component</td>
<td>134</td>
</tr>
<tr>
<td>Qualitative Research Methodology Operative in the Action Research Component</td>
<td>137</td>
</tr>
<tr>
<td>Ethics Review for Research with Human Subjects</td>
<td>138</td>
</tr>
<tr>
<td>Risks and Limitations of the Study</td>
<td>138</td>
</tr>
<tr>
<td>Contributions of the Study</td>
<td>139</td>
</tr>
</tbody>
</table>
Introduction

Does the process of childbirth - pregnancy, labour, delivery and postpartum - create an environment for women to experience a spiritual connection or awakening to an experience of transcendence? As Minister of Word and Sacrament in the Presbyterian Church, I frequently see families coming back to church to have their babies baptised, but is there a spiritual connection that occurs for the new mom even before that time?

Research in the area of spirituality, pregnancy and childbirth is growing as health care professionals recognize the importance of treating patients holistically - body, mind and spirit. There is considerable research from the perspective of health care professionals. There is still limited research, however, pertaining to the spiritual development and spiritual needs of the childbearing woman. In an attempt to fill the gap, this thesis explores the lived experience of eight women who recently gave birth to their first child. This thesis investigates whether these women experience a spiritual awakening during the childbirth process and, if so, what spiritual needs might need to be met in order for them to have such an encounter.

The first chapter describes my context of Ministry. Chapter two offers a theoretical and research foundation for this study. Chapters 3, 4 and 5 describe and discuss the study: the participants, methodology and methods used, analysis and discussion of the data resulting, and finally the conclusions and application of the study.
Chapter 1
Theology of Ministry

1 Introduction

In a dimly lit hospital room equipped with the features of home, Maria\textsuperscript{2}, stood hunched over a side table as her husband stood beside her, one hand on her arm, the other rubbing her back. Maria had her deep brown eyes shut as she methodically breathed through the intensifying pain. As the contraction gave way to the natural lull in her body’s rhythm, she leaned into her husband. She opened her eyes and looked beseechingly at him saying, “Owww…that was a tough one”, referring to the contraction. “I can’t do this.”

“You’re doing great”, he replied lovingly as he looked over to the nurse and me for assurance. I had been asked by the couple to come in to the labour as support.

“I can’t do this, it’s too hard,” she cried.

“You’re doing great Maria,” we both chimed in.

Before the next contraction Maria decided to move back to the bed hoping the change in position would give her some relief from the tremendous pressure she was now feeling.

With the next contraction she erupted with a deep and forceful groan. It had become clear to all that the baby was making his way down the birth canal. At the end of the contraction the nurse and I positioned

\textsuperscript{2} All names have been changed.
Maria’s legs preparing for the delivery. With the next contraction Maria’s deep groan became a high-pitched scream, “I can’t do this, God help me! Make it stop!”

The doctor arrived in the room, quickly assessed the situation and with calm assurance said, “Maria, you’ve progressed very well. Your baby would like to see you now, so on the next contraction I want you to give me a push”.

“I can’t do it, it hurts too much”, she cried. She looked to her husband who was standing close to the head of the bed, his hand holding hers. The doctor said, confidently, “You can, Maria,” as she palpated Maria’s belly for a sign of the next contraction. “Now push”.

Maria complied, a groan coupled with a scream. She pushed to see her baby. For the rest of her labour, Maria responded to her body’s cues all the while desperately clutching her husband’s hand. First the head emerged, and then with one more big push Maria pushed the rest of the body out. “It’s a beautiful baby boy,” the doctor said.

The doctor placed the still wrinkled and wet baby on Maria’s chest. She marvelled at the life she brought into the world. Exhausted, Maria lay back and looking at her husband said, “I did it… we did it. Thank God.” She looked down at her son and began to examine her new baby. “You are so beautiful. You are such a precious gift”, she said.

After Maria’s husband cut the cord, the placenta was delivered, and the baby swaddled. It was moments later that the excited family members began to emerge. Out from the waiting room they came with offers of love and congratulations to the little boy, just half an hour out of his mother’s womb.

I have witnessed many, many births like Maria’s.

Through my experience as mother, childbirth educator, doula, minister and as researcher of this study, I have been listening to women tell their birth stories, stories like Maria’s. I have listened to their personal stories of pain, fear, joy, excitement and brute determination. And through the years, I have listened to
their stories with an ear tuned to how their birth experience might link to spirituality or religiosity. This study is a culmination of vocation, education and passion for the area of pregnancy, childbirth, and spirituality.

1.1 My Context of Ministry

In October 2012, I was called to the position of Lead Minister at Amberlea Presbyterian Church in Pickering, Ontario. A new thing was birthed and, like my research topic of interest, there was pain in the transition but that pain gave way to something beautiful.

Amberlea is a thriving, joyful church with a desire to serve families, of all configurations, in their community. One of my greatest joys has been the honour of baptizing our youngest members into God’s fold. What a privilege it is for me to speak with young parents, to discuss the holy sacrament of baptism, and to have the church come alongside the family on their faith journey.

Since assuming the role of Lead minister I have found it difficult to teach prenatal classes on a regular basis. Every once in a while, however, I have the opportunity to teach a private class. The thrill of teaching this remarkable subject area is not gone; it has only taken on a different life.

I have journeyed a most interesting path from Youth ‘guy’ to Childbirth Educator to Lead Minister in the Presbyterian Church. The transition from one vocation to another has been fluid and organic, almost as though the connections were symbiotic.

My desire to find the connection between pregnancy, childbirth and spirituality is rooted in my journey to my present ministry context. It also stems from the information (i.e. Doctor of Ministry core classes, readings and research) that has informed me in this subject. For example, I have investigated the faith formation theories as described by James Fowler, Nicola Slee and Carol Gilligan. To better understand the role of mother and motherhood, I have looked to the maternal identity and mothering research of Reva Rubin and Ramona Mercer. I have also examined the work of researchers Dyson, Cobb and Forman;
Sharon Moloney; and Swinton and Pattison pertaining to spirituality and spiritual needs. The synthesis of this investigation has informed my inquiries.

1.2 Relationship Between Theology of Ministry and Research Interest

Theology of Ministry refers “to the theological beliefs and practices that inform the student’s ministerial vocation and practice.” My first understanding of God was in the home of my Sikh parents. My mother, still a devout Sikh, instilled in me the importance of faith in God and obedience to God in doing good. Growing up, and even today, she shares her love of God openly and uses God language in the mundane of everyday. I grew up knowing no different. This Sikh woman is still the most spiritual woman I know. I became a Christian in the mid 1980’s when the evangelical movement was sweeping through the protestant church. My new faith and new understanding of God required sacrifice, commitment and surrender to a God that had now captured my heart. Today, I pray that like my mother I share my love of God openly and that my language reflects that love. I hold firmly that God is a powerful presence in my life. Although my love and understanding of God was not formed in a Christian church, it was through the mystery of Christ and the power of the Holy Spirit that I was brought to a place of revelation. My theological beliefs are grounded in my history and the belief that all that we do, we do to the glory of God and, that human life is sacred and a gift from God.

In my role as Childbirth Educator and Minister, my connection to the area of pregnancy, childbirth and spirituality is both personal and vocational. Steeped in time, my role as mother, teacher and minister has only deepened my passion for this subject matter.

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3 Doctor of Ministry Handbook, Toronto School of Theology, Doctor of Ministry Program (Toronto: May, 2006), 34.
4 Mona Scrivens, Jesus: According to Sikhism (Focus Infinity: Toronto, 2012), 9.
During my many years of teaching prenatal classes, I came across hundreds of women who experienced a spiritual connection during their journey to motherhood. Each woman would describe it differently, but what was consistent was that somewhere along the childbirth experience was a holy moment. Slee describes spirituality in birth as being opened up to a relationship with God, which couldn’t happen any other way. She adds, “awakening is not something new so much as something present as potential within one but unrealized until now.” That was true, not only in my own childbirth experience, but for so many of the clients I served.

As minister, I am aware of the “potential” Slee speaks of as I meet with families who desire to have their babies baptized. My role as minister is to support, guide and encourage, it is also to ask the hard questions, like “why do you want your baby baptized?” It may be familial pressure, or a desire to be connected to something bigger, or perhaps the reason lies somewhere in between. Whatever the reason, they come to me. Each time they come into my office, particularly if I never seen them before, I wonder, “How can we (the church) best engage with you?” “How can we support you in guiding this new life into a relationship with God?” I also wonder, “What could we have done during your pregnancy to encourage or solidify a connection to the Divine?”

The literature indicates that pregnancy and childbirth can be a transformative, life-changing experience for a woman. From the moment a woman discovers that she is pregnant she enters into a time of transition, waiting and preparation. Whatever the circumstances surrounding the pregnancy, and whatever the outcome, pregnancy has the potential to change a woman profoundly, for good or otherwise, for a few weeks or for the rest of her life. For some women, pregnancy and childbirth can be equated with a time of deep spiritual reflection. It may also be a time of emerging spiritual needs as explored in this thesis. The

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7 Ibid., 112.
literature would contend that meeting spiritual needs of an expectant or new mom is an essential part of providing holistic care\(^9\) and is significant in ensuring positive pregnancy outcomes.\(^10\)

My experience both vocationally and personally affirms these positions. This for me is the relevance and importance of this study. It is for these reasons I have embarked upon this research.

This thesis explores the connections between pregnancy, childbirth, spirituality and the spiritual needs as described by eight women, from two sources, expecting their first child. I have specifically chosen to look at the first childbirth experience, as it is considered to be “especially formative”\(^11\) particularly regarding the woman’s physical changes, emotional life, status and female identity.\(^12\)

This study will seek to discover if women experience a spiritual “awakening”\(^13\) or spiritual connection during their childbirth experience. Has pregnancy and motherhood altered her sense of God or the Divine in any way? What, if any, are the spiritual needs of these women? For this thesis the research question is:

**Have first time mothers with newborns experienced a spiritual connection or “spiritual awakening” during the childbirth experience? And what, if any, are their spiritual needs?**\(^14\)

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\(^12\) ibid

\(^13\) Nicola Slee in her book Women’s Faith Development suggests that the developmental change posed by the experience of impasse or crisis may lead, some women, to the liberating experience of awakening, breakthrough and a reconnection to their own power of selfhood as well as to a their deeper awareness and connectedness to God.

\(^14\) After a more extensive review of the literature and the work of this study I have added to the approved thesis proposal question the words “And what, if any, are their spiritual needs?” This addition to the question is to reflect the significant connection between spiritual awakening and the meeting of spiritual needs. This extension is important to the author as both researcher and pastor. The additional statement addresses the practical opportunity for the church to respond to the spiritual needs of expectant and new mothers at a time when they may be more open to the things of God.
The following chapter will discuss the research literature that has informed this thesis. Ultimately, this thesis will demonstrate how these collective findings regarding pregnancy, childbirth and spirituality might affect the church, and how as minister I do what I am called to do.
Chapter 2
Research on the Spirituality of Birth

2 Literature review of the Spirituality of Birth

This study will seek to discover if women who have given birth to their first child experience a spiritual “awakening”\(^{15}\) or spiritual connection during their childbirth experience. Has pregnancy and parenthood altered her sense of God or the Divine in any way? What, if any, are the spiritual needs of these women?

In order to lay a theoretical foundation for this research of Spirituality and birth, this chapter will look briefly at the physical and biological experience of pregnancy and childbirth. Understanding that not all pregnancies are the same and, further, that not all pregnancies are positive or have positive outcomes, this chapter will look at both a normal and high-risk pregnancy. Abortions, miscarriages, stillborns or infant mortality will not be discussed in this study. The experience of pregnancy and childbirth is not merely a physical experience but an emotional one as well.\(^{16}\) Therefore literature pertaining to the emotional and psychological dimensions of pregnancy and childbirth will be discussed.

This chapter will then focus on the spiritual dimensions of pregnancy and childbirth. I will look at the broad and often nebulous term, “spirituality” and define it for the purposes of this study. Likewise, I will look specifically at the term “spiritual needs” and provide a theoretical understanding of this term.

\(^{15}\) Nicola Slee in her book *Women’s Faith Development* suggests that the developmental change posed by the experience of impasse or crisis may lead, some women, to the liberating experience of awakening, breakthrough and a reconnection to their own power of selfhood as well as to a their deeper awareness and connectedness to God.

Following that, I will look at Nicola Slee’s work in Women’s Faith Development based on the faith development theory of James Fowler, as it relates to women, pregnancy and childbirth.\textsuperscript{17} This will create the underpinning for our understanding of the term spiritual awakening.

After reviewing spiritually, spiritual needs and spiritual awakening we will review the literature that focuses on the development of the maternal identity. When does a woman become a mother and what is involved in that transition?

Then to provide a theological foundation, the Biblical perspective of the nature of humans, and what Scripture has to say about pregnancy and childbirth will be discussed. Because the accomplished purpose of pregnancy and childbirth is a child, the Biblical perspectives of children as found in the Old and New Testament will be considered.

Finally, this chapter will look at the birth story narrative and its connection to spirituality, and the physical and psychological experiences of pregnancy and childbirth. I will suggest how the practical, and natural tendency of story telling or in this case telling one’s birth story, might be utilized as a method of better understanding spirituality and the spiritual needs brought about the process of pregnancy and childbirth.

\section{Physical and Psychological Dimensions of Pregnancy and Childbirth}

The event of conception, the development of a pregnancy, the process of birth, and the transition into parenthood mark a year of exceptional significance for a woman and her partner. The experience of pregnancy often becomes all-consuming as it can influence and alter all aspects of life. Pregnancy and

\textsuperscript{17} The author acknowledges that the use of Nicola Slee’s feminist perspective of faith development may presuppose essentialism based on an implicit binary of female and male. However, because this thesis focuses on women and childbirth the author has intentionally chosen to use this particular theory to undergird her discussion of faith development and spiritual awakening in women in their childbearing year. Further, the use of Fowler’s Faith Development theory is in no way proposing a hegemonic normative that marginalizes non-conforming experiences.
childbirth are not only physical experiences but also holistic experiences that influence the psyche. In this section I will look at both the physical and psychological aspects of pregnancy to provide a context in which to understand when a woman may or may not experience a spiritual connection.

2.1.1 Pregnancy and Childbirth: The Physical Experience.

The World Health Organization defines a normal birth as:

Spontaneous in onset, low-risk at the start of labour and remaining so throughout labour and delivery. The infant is born spontaneously in the vertex position between 37 and 42 completed weeks of pregnancy. After birth, mother and infant are in good condition.  

Pregnancy begins when a sperm fertilizes an egg. For approximately nine months, a pregnant woman’s body provides a protective, nourishing environment in which the fertilized egg can develop into a fetus. Many researchers of Maternal Health care suggest that “pregnancy can be a time to contemplate the miraculous nature of the experience and to deepen or renew spiritual connectedness.”

Pregnancy ends at delivery, when a baby is born. How a woman experiences this pregnancy, however, is as unique as the women who are pregnant.

Like pregnancy itself, not all labours are the same. In this section the phases and stages of a “normal” un-medicated delivery have been documented.

The birthing process is divided into three stages. The first stage is divided into three phases: latent (or early), active and transition. In the early phase of labour, contractions can be mild or moderate (and even painless), last anywhere from 30 to 45 seconds, and spaced 10 to 20 minutes apart. The contractions maybe irregular and may even stop and re-start again. During this latent (or early phase) of labour most women will dilate three cm. Most women will be able to talk and function relatively normally during this

phase. It is generally the longest part of the birthing process and may last anywhere from one to three days.

During the second phase of labour, the active phase, contractions are generally more intense than during early labour. The contractions now increase in length, strength and frequency. They are now three to five minutes apart and last 50 to 70 seconds. Women experience significantly more discomfort or pain during the active phase of labour, as the cervix to dilates from 3 to 7 cm. It is also common for the bag of waters to break in this phase.

The third phase of labour is called transition. This is where contractions become more severe as the baby moves further down into the birth canal. The contractions again increase in length (90 to 120 seconds), strength and frequency every one to three minutes, causing the cervix to dilate to 10 cm. Woman will often feel the urge to push, or bear down.

The first stage of labour ends when the dilation of the cervix reaches 10 cm and the second stage of labour is the delivery. This is the “push” stage. This stage may be long or short. For many first time moms this pushing stage can last two to three hours, although I have witnessed some women push for only a few minutes before their baby is born.

The third and final stage of labour occurs when the placenta detaches from the uterine wall and is delivered. Though not as exciting as the delivery of a baby it is still a important part of the labour and delivery process.

This is generally the process of an un-medicated labour and delivery.20, 21

20 The measuring times and cervical dilation indicated are presented by Lamaze Childbirth Education instructors as a guideline for low-risk, uncomplicated, unmediated deliveries. The author is aware that many childbirth experiences, particularly those that are high-risk or considered complicated deliveries may not fall within this guideline.

21 In the province of Ontario, Canada where this research study is situated, 81% of births are in hospital. The 2015 BornOntario (www. bornontario.ca) study indicates that an Obstetrician attends 83% of births, 6.9% are attended by a Midwife, and 8.8% by Family Physician. Midwifery was regulated in Ontario in 1994.
In a report into birthing in Queensland, Hirst reported that childbirth is a healthy physiological process in which the mother’s emotional and spiritual needs are significant in securing optimal outcomes.\textsuperscript{22}

As mentioned earlier, not all labours are the same. The increased use of technology and medication alters the phases and stages of labour and delivery. Valerie El Halta, a midwife writes:

The modern birth has been so managed, arranged, choreographed, augmented, drugged, sliced and diced that many of us have forgotten its very nature. What I do know is that when we free ourselves to love women unconditionally, establish relationships of trust, learn everything we can about the physiological process, take care to ensure the prenatal course runs smoothly, pay attention (by our physical presence) to situations before they become complications or emergencies, and relearn to use our hands to calm, massage, encourage (and sometimes adjust those little heads), our minds and hearts may once again remember that birth itself is a normal event. Birth is truth.\textsuperscript{23}

Moloney suggests that medical intervention “has the potential to divest the moment of birth of its spirituality … because birth is so commonly experienced as a techno medical event, no one guesses that the depression and spiritual distress that often follow are reflective of a system at odds with women’s physiology and needs”.\textsuperscript{24}

Though birth itself is a normal event, there are risks that sometimes lead to a high-risk pregnancy. Women who have been diagnosed with high-risk pregnancies may be required to alter their diet and activity level, they may require bed rest or early hospitalization and during the time of labour and delivery they may require more medical intervention.

Not unlike a normal pregnancy, emotions in a high-risk pregnancy run high. However, the mother’s feelings of fear, anxiety, guilt, and doubt may be exacerbated by concerns about the health of their unborn child, their own health, as well as the impact on their partners and children by their early hospitalization. What is clear is that in either a normal or high risk pregnancy the experience of pregnancy and childbirth

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is more than a physical experience. To better understand the place of spirituality in the childbirth process, the psychological development of women in pregnancy and childbirth will be examined in the following section.

2.1.2 Women’s Psychosocial Development in Pregnancy and Childbirth

Though viewed primarily as a physical experience, as seen above, pregnancy is also experienced psychologically. The process of childbirth involves considerable emotion that rises and falls throughout the pregnancy, labour, delivery and for weeks, even months, after delivery.25 Emotions are affected due to the vast neuroendocrine and biological changes occurring within the woman’s body. For example, women in the first trimester will experience feelings related to the physiological changes that are occurring, like fatigue and nausea. In the third trimester a woman is likely to experience feelings of anxiety, even fear, related to the impending birth.26 Furthermore, a woman’s socioeconomic status and her personality type can affect the extent of those emotions as well as her ability to cope.27 The emotional state of women will alter throughout the pregnancy.28

Obstetrician and author Sarah Buckley links the physiology of birth to the hormonal, emotional and psychological aspects of childbirth by suggesting that if the birthing experience is undisturbed by medical interventions this allows for:

the smoothest hormonal orchestration of the birth process, and therefore the easiest transition possible; physiologically, hormonally, psychologically, and emotionally, from pregnancy and birth to new motherhood and lactation, for each woman. When a mother’s hormonal orchestration is undisturbed, her baby's safety is also enhanced, not only during labour and birth, but also in the critical postnatal transition from womb to world.29

27 Ibid.
Buckely further states that these changes brought about through pregnancy and childbirth “give the new mother a sense of empowerment, physical strength and an intuitive sense of her baby’s needs”.

Childbirth itself is a physically time-limited event. However, the time a woman spends in childbirth has an effect long after the physical experience is over.

2.2 Spirituality and Spiritual Needs

In Section 2.1 we looked at the physical and psychological dimensions of pregnancy and childbirth. In Section 2.2 we will look to the literature to define spirituality for the purpose of this research study. We will then look at what the literature asserts as the spiritual needs of the woman during childbirth.

2.2.1 Understanding Spirituality

In their literature review of spirituality and spiritual needs, researchers Dyson, Cobb and Forman proposed that meeting the spiritual needs of patients is an essential part of providing holistic nursing care. However, their study showed that the assessment and ability to meet those needs is hindered by inadequate definitions and understanding of spirituality.

In finding the meaning of spirituality, Dyson, Cobb and Forman state that the literature reveals the strong emerging themes of self, others and God.

The self, others and ‘God’ provide the key elements within a definition of spirituality. Other emerging themes namely meaning, hope, relatedness/connectedness, beliefs/belief systems and expressions of spirituality, can be articulated in the context of those three key elements.

The study of the literature also indicates that the nature of “God” may be associated with deity and religious system, but can also include a less sacred concept. God to an individual may be whatever an

30 Ibid.
33 Ibid., 1184.
34 Ibid.
individual takes to be the highest value in their life. What was clear in Dyson et al.’s literature review is the centrality of the relationship between self, others and God.

Researcher Robert Baumiller speaking of the spiritual development of women during a first pregnancy, writes:

Bringing a new person into the world for whom one has responsibility must cause a great feeling of closeness with God and the infinite love that is co-creating a human being whose destiny is in God’s hand and her hands.

Researcher Sharon Moloney contends that research into spirituality poses challenges because it is a phenomenon that lends itself to imposed boundaries, and yet is deeply personal and unique to each person. Though spirituality is difficult to measure, she has discovered many women “for whom the experience of spirituality is a vibrant and manifestly obvious fact.” In my work in pregnancy and childbirth, I too have encountered countless women for whom the childbirth process has been a “manifestly obvious” spiritual experience.

A very clear example of this for me was in conversation with a young pregnant woman named Bridget. She and her husband were expecting their first child. Bridget was not a regular church goer and considered herself, as “someone who is searching”, thus making her words all the more powerful. She said, “Sometimes I can hardly believe it, this tiny living human is being formed in my body, and I am in awe. I am in awe that I am working with God in the creation of a living soul!”

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36 Dyson et al., 1185.
37 Ibid.
40 Ibid., 2.
Researchers Crowther and Hall state that “spirituality is quintessential to childbirth”.\textsuperscript{41} Moloney asserts, for some women, and certainly for Bridget, the experience of spirituality is a “manifestly obvious fact”. Certainly not all responses to pregnancy communicate such a clear connection to the divine.

Moloney adds,

Even if the pregnancy does not continue to term for whatever reason, something has changed forever in the life of that woman. She can never return to her pre-pregnant state. To be pregnant is to be touched by the creative power of something infinitely greater than self and such proximity with the divine is transformational.\textsuperscript{42}

Moloney admits that spirituality is difficult to define. However, using three different qualitative research methods of data gathering, (focus groups, in-depth interviews, and self reports) she contends that research in the area of pregnancy and spirituality, is by no means un-researchable.\textsuperscript{43} Moloney boldly states, “I have found a useful way of understanding the phenomenon by making a clear ontological assumption: namely, that spirituality is implicit in our humanity.”\textsuperscript{44} Moloney bases this assumption on the archaeological discoveries of symbols and rites, which to her provide evidence of an evolutionary experience of the sacred.\textsuperscript{45} She refers to the work of Julien Ries who in his book, \textit{The Origin of Religion}, uncovers the presence of a religious sense in humankind from our very first appearance on earth and where he shows that an inner religious structure is in fact an essential characteristic of our being human: homo religiosus.\textsuperscript{46}

Researchers Swinton and Pattison give systematic attention to analyzing the development of the concept of spirituality in healthcare. They explain that,

“Spirituality”, is often used as a more inclusive substitute for the word religion. Definitions are various, fluid and imprecise. Spirituality can be understood as that aspect of human existence which

\textsuperscript{42} Moloney, Dancing, 6.
\textsuperscript{43} Ibid.
\textsuperscript{44} Ibid.
\textsuperscript{45} Ibid., 2.
\textsuperscript{46} Julien Ries, \textit{The Origins of Religions} (Grand Rapids: Eerdmans, 1993),134.
relates to structures of significance that gives meaning and direction to a person’s life and helps them deal with the vicissitudes of existence.\textsuperscript{47}

The researchers conclude with a very succinct and helpful definition of spirituality. Spirituality, they say, “is associated with the human quest for meaning, purpose, self-transcending knowledge, meaningful relationships, love and a sense of the holy. It may, or may not, be associated with a specific religious system.”\textsuperscript{48} For the purpose of this study I will use this as the operating definition of spirituality.

### 2.2.2 The Spiritual Needs of the woman in Childbirth

In looking to spirituality and spiritual needs the seminal work of Maslow, and his concept that humans have a hierarchy of needs, is one that requires noting. In Maslow’s model, self-actualization occupies the tip of the pyramid while our basic physiological needs form the base. Safety, love, belonging and esteem lie somewhere between. Maslow regarded that in most human beings there is an active will towards health, and a drive towards growth, or towards the fulfillment of human potentialities. Maslow introduced the concept that people cannot engage with questions of meaning and spirituality – what he calls “self-actualization” – until basic needs are met. Self-actualizing people have experiences of transcendence that may be intensely spiritual.\textsuperscript{49} Women expecting their first child will have basic intrinsic needs which, when met, can lead to an experience of the Divine. In this research we hope to address what some of those needs might be.

The review of the literature in the area of spirituality, spiritual needs and childbirth is growing. At present the literature predominately looks to the important role of the health care professional,\textsuperscript{50} and childbirth educators,\textsuperscript{51} to understand the importance of spirituality and its relationship to the well being of the

\textsuperscript{47} Swinton and Pattison, “Come all ye Faithful,” 24.
\textsuperscript{48} Ibid.
\textsuperscript{50} There are studies that also point to the spiritual effect of the childbirth event on the spiritual experience of the caregiver. (See Crowther and Hall, \textit{Spirituality and spiritual care}, 2).
mother. This literature also points to how these health care professionals and educators can best serve and respect the spiritual needs of childbearing women.

A study by researchers Berg, Lundgren, Hermansson and Wahlberg investigates how women recognize the importance and presence of elements of spiritual care as demonstrated by their midwife. These elements were: competence, attentiveness, encouragement and support, respect, effective communication, giving of her or himself, cheerfulness, positive attitude, reliability, trustworthiness, being considerate and understanding. Though this list is specific to the spiritual care needs demonstrated by the midwives attending women, one might extrapolate that this list, as identified by Berg et al. may also apply to the attending nurses, doctors and other support people, including spouse/partner or family members.

In my literature review, I was unable to find research that specifically investigated the reported spiritual needs of women, by women during their first experience of labour, delivery and postpartum. This study attempts to fill a gap.

### 2.2.3 Woman’s Faith Development and Spiritual Awakening

Nicola Slee in her book, *Women’s Faith Development*, looks at the patterns and processes of women’s spirituality and faith development. She dialogues primarily with the faith development theory of James Fowler, as well as other theories of human development in which Fowler’s work is situated (for example, Piaget, Kohlberg, Erikson). Slee believes that Fowler has contributed greatly to a rich and multidimensional understanding of faith. She says;

> Fowler invites us to see faith as a human universal which, whatever a person’s beliefs, is exercised as part of the meaning-making journey. He invites us to recognize that faith is dynamic and changing

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over time, involving cognitive, affective and behavioral aspects. He proposes that, despite its many manifestations in many different contexts, faith possesses certain formal characteristics at the deep level of structure. These are described in terms of a hierarchy of qualitatively distinct developmental stages.\(^{57}\)

Though not specific to the spiritual and faith development of women, Fowler established a systematic and deliberate theory of a person’s faith development throughout the life cycle. Fowler states that faith is a “human universal”\(^{58}\), and that faith and religion are not synonymous, and should not be considered as such. Fowler defines faith as “a generic feature of the human struggle to find and maintain meaning”\(^{59}\) and that meaning does not necessarily have to be found in religion.

In his contribution to *Faith Development in the Adult Life Cycle*, Fowler quotes Wilfred Cantwell Smith’s contrast of religion and belief with faith:

> Faith is deeper, richer, more personal. It is engendered by a religious tradition, in some cases and to some degree by its doctrines; but it is a quality of the person, not of the system. It is an orientation of the personality, to oneself, to one’s neighbours, to the universe; a total response; a way of seeing whatever one sees, and of handling whatever one handles; a capacity to live at more than a mundane level; to see, to feel, to act in terms of a transcendent dimension.\(^{60}\)

The pregnancy and birth of a first child can be a significant turning point in a woman’s life.\(^{61}\) Slee states that, “for both men and women, becoming parents is one of those major life changes which may well precipitate qualitative, structural change, but for women these changes are often more profound and dramatic.”\(^{62}\) The profound biological change and the emotional experience in combination with the social and cultural expectations of a new role as mother can be for the woman a time of crisis.\(^{63}\) It is a point after which things are not the same.

\(^{62}\) Ibid.
In his book *Faith Development and Pastoral Care*, Fowler discusses the area of developmental change. Developmental transitions, Fowler suggests, can be long-lasting and can affect our sense of self, ways in which we relate to others, and our understanding of the basic conditions of our existence. Furthermore, Fowler states that developmental transitions “may also bring the need to develop new skills, attitudes, or beliefs, or to find new symbols and stories to us in our action or response.”

Fowler names three sources and types of change that can occur in our lives:

1. Developmental Change: change that results from maturation and formation of self;
2. Reconstructive Change: change as breakdown and rebuilding, restoration and healing, conversion and transformation; and
3. Change as response to intrusive marker events: disruptive events that affect our lives pervasively. An intrusive marker event is one after which, in some significant sense, one’s life is never the same again.

Pregnancy and the birth of a first child would certainly fall into this last category. Intrusive marker events can be joyous celebrations, like marriage, or graduation or the birth of a child, or they can be devastating events, like the death of a loved one or a critical illness. There are some marker events that are more disruptive than others. In the case of the birth of a child, even though this event might follow an expected or anticipated flow in life, it may still create more disruption in one’s life than initially predicted. “It is at such times,” states Fowler, “we find ourselves in need of space and help to do deconstructive and reconstructive work in our lives.”

In spite of the significance of Fowler’s contribution to understanding the psychology of faith development, Slee’s review of the feminist understanding reveals serious limitations in his work. Slee

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64 James Fowler, *Faith Development and Pastoral Care*, 103.
65 Ibid., 101.
66 Ibid., 105-106.
67 Ibid., 105.
cites developmental psychologist Carol Gilligan\textsuperscript{68} and other feminist psychologists and theologians, suggesting that Fowler does not adequately represent women’s spirituality as being relational in character, rooted in a strong sense of others and reflecting an ethic of care and responsibility.\textsuperscript{69}

Using qualitative research methods, Slee sets out to investigate the processes and patterns of women’s faith development and discovers three major generative themes that reveal core patterns in women’s faith development: Alienation, Awakening and Relationality.

In her chapter entitled “Awakenings”, Slee looks specifically at the experience of motherhood and how this turning point in a woman’s life is “both an experience of profound biological change as well as an induction into a role and a set of expectations which are, to a large degree, socially constructed, and which may undermine, as well as strengthen, a woman’s sense of self.”\textsuperscript{70} This turning point is not unlike Fowlers’ intrusive marker event, as discussed earlier, which had acted as the trigger or gateway to a spiritual Awakening.

Maria Harris a prolific writer, speaker and educator in the area of religious education and women’s spirituality states how “crucial times” or a crisis in our lives can set the stage for the awakening of our spirituality. Like Fowler and Slee, Harris says that these “crucial times” can be either positive or negative and just as often can be a natural transition in life. Harris gives examples, like the first day of school, a first job and the birth of a child.\textsuperscript{71} Each of these “crucial times” have the presence of markers, which she describes as a “remembered event that rearranges our normal perceptions and patterns, enabling newness to break in”.\textsuperscript{72} The point when increased vulnerability meets with deepened awareness is what precipitates Awakening. Harris says, of that moment:

\textsuperscript{68} Carol Gilligan. \textit{In a Different Voice}. (Cambridge, MA: Harvard University Press, 1993).
\textsuperscript{69} Ibid., 9.
\textsuperscript{70} Ibid., 125.
\textsuperscript{72} Ibid.
...it precipitates Awakening to the Someone or Something that is impelling us – urging us – into entertaining a new perspective on life. With remarkable and stunning regularity, the Someone turns out to be God – not beyond the farthest planet – but deep inside us.\textsuperscript{73}

Harris contends that awakening in women’s spirituality begins with “the women’s senses and bodiliness,”\textsuperscript{74} in the “wonderful and marvellous creation which is the women’s body.”\textsuperscript{75}

Harris suggest that pregnancy and childbirth are special times for the woman to understand her body and, if she takes the time, spirituality.\textsuperscript{76}

Slee interviewed women who had recently had a child, and reports receiving a range of narratives regarding motherhood.\textsuperscript{77} For some women the experience of childbirth and mothering contributed to a type of paralysis and alienation, emphasizing the social expectations as oppressive. For others the very experience of responding to their child’s constant demands can, over time, compel a woman to grapple with her own needs and establish a stronger sense of self. Of the narratives she documents, Slee highlights mothering as a positive experience of awakening and birthing of self.\textsuperscript{78} Slee defines awakening as a liberating experience: “an awakening or break-through is a reconnection to their own power of selfhood as well as to a deeper awareness of their connectedness to others and to the divine.”\textsuperscript{79}

However, Slee is quick to mention that this awakening to new consciousness and spiritual vitality is neither automatic nor pain-free. Slee also states that a women’s awakening is not a one-time experience but rather something that is entered repeatedly. She states, “In terms of developmental theory, we might say that there is not simply one stage transition but many…”\textsuperscript{80}

\textsuperscript{73} Ibid., 13-14.
\textsuperscript{74} Ibid., 8.
\textsuperscript{75} Ibid.
\textsuperscript{76} Ibid., 10.
\textsuperscript{77} Slee, \textit{Women’s Faith}, 125.
\textsuperscript{78} Ibid.
\textsuperscript{79} Ibid., 109.
\textsuperscript{80} Ibid., 112.
Slee makes a number of observations about the way the women in her study described the process of childbirth and mothering. They:

- used language in describing the physical act of birth which could be described as religious in both content and intensity;
- offered a context of self-understanding and growth;
- opened up dimensions for a relationship to God which could not have been mediated any other way; and
- described an awareness of an intimate relationship with God mediated, in which faith is experienced, not primarily in conceptual terms, but in the immediate bodily awareness of the interrelationship with one’s child, in which the self is both feeding and fed, denied and affirmed, offered and received.\(^{81}\)

Slee suggests that for many women, the process of awakening is the movement to Fowler’s Stage 5, where individuals reclaim and revalue image, symbol and intuition, integrating those things with conceptual thought.

For some women, the former patterns of religion are so deeply embedded in passivity, powerlessness and paralysis that they seem incapable of being reworked and are rejected along with the former self-identity. For other women, there is a movement from religion experienced as an external, authoritarian system of rules, beliefs and behaviours, to spirituality experienced as a personally appropriated process of self-knowledge and awareness.\(^{82}\)

In the conclusion of her study Slee suggests that experiences of awakening are unique to each woman. However, common defining features were found:

- The locus of spiritual awakening was found in the ordinary and the mundane things of everyday life for women. Though some women spoke of mystical experience, this was rare. Women’s preferred ways of knowing and thinking are concrete and contextual;

\(^{82}\) Ibid., 134.
• A strong emphasis on intuition, instincts and bodily knowing over rational thinking, and abstract thought;
• There is often a time of preparation leading to the critical moment of awakening or breakthrough;
• The experience of awakening is marked by a sense of the coming together of various parts of self: inner and outer; secular and religious; emotion and thought, as seen in Fowler’s Stage 5 faith, where a unity of self and faith occurs; and
• The experience of awakening seems to bring a sense of inner strength, and responsibility for self.\(^{83}\)

Above all Nicola Slee makes clear that a spiritual awakening demands a new understanding of self, of God, or one’s core values.

2.2.4 Defining Spirituality, Spiritual Needs and Spiritual Awakening for this Study.

Literature indicates that the measuring of spirituality is difficult because of the countless definitions of a phenomenon that is considered so deeply personal and individual. Though spirituality is difficult to measure,\(^{84}\) Sharon Moloney has discovered what I too have encountered in my work with pregnancy and childbirth: women “for whom the experience of spirituality is a vibrant and manifestly obvious fact.”\(^{85}\) This research study will investigate further this expression of spirituality.

As an operational definition of spirituality for this study, I will apply Swinton and Pattison’s explanation that spirituality is a human experience and quest for meaning-making, purpose, self-transcending knowledge, meaningful relationships, love and a sense of the holy. This definition is based in the

\(^{83}\) Ibid.,133,134.
\(^{85}\) Moloney, *Dancing with the Wind*, 3
assumption that human beings are spiritual beings with spiritual needs. The decision to use a
definition of spirituality that is not overtly Christian was made so as not to preclude individuals outside
the Christian tradition. The intention of this study is to engage with individuals who are affiliated with
other religious traditions (not Christianity), may have no known religion affiliation or spiritual practice,
are affiliated with the Christian faith, and finally those who would consider themselves a part of The
Presbyterian Church in Canada.

Given the above as the foundational understanding, this research will investigate if women who have had
their first child experience a “spiritual awakening” or a spiritual connection during pregnancy and
childbirth.

The term “spiritual awakening” is defined by Nicola Slee, in her book Women’s Faith Development, as a
“breakthrough and a reconnection to their own power of selfhood, as well as to a deeper awareness of
their connectedness to others and to the divine.”

We will begin with the presupposition that human beings are spiritual beings with spiritual needs. If
human beings are intrinsically spiritual (as suggested by Moloney), then spiritual needs will likely be
different at different times in individuals’ lives. Through this study the spiritual needs of women
expecting their first child will be investigated. Given that spirituality may or may not be associated with
any specific religious system, spiritual needs may not always be expressed within a religious framework.

2.3 Maternal Identity and Maternal Experience

The new role of mother assumed by the woman is not insignificant.

There is no time in adult life when the definition of one’s self, one’s worth, one’s place in the
universe and in God’s creative providence is more focused and driven toward becoming a new and
special being than that which changes a girl – a woman – into becoming a mother.

86 Swinton, and Pattison, Come all ye faithful, 24.
87 Nicola Slee, Women’s Faith,109.
Researcher Reva Rubin is considered among the first specialists in maternity nursing. Her contributions to the psychosocial aspects of childbirth and motherhood have had significant impact on maternal infant nursing. Her work introducing the process of the cognitive work toward achieving a maternal identity was considered a major breakthrough in caring for mothers. Prior to that, maternal care focused primarily on the physiological and biological needs of the woman, ‘largely ignoring the woman’s tremendous psychological work in committing herself to her new role and in formulating a maternal identity.”

Rubin’s theory was based upon participant observation research with thousands of women over a 35-year period. Rubin’s extensive work in the area of maternal identity and maternal experience, though dated, has had a profound affect on obstetrical and nursing practices and provides important insights into the psychological tasks of pregnancy. Rubin’s theory has continued to provide a theoretical foundation for nursing researchers and clinicians.

Rubin describes pregnancy as a time of identity reformulation, a time of reordering interpersonal relationships, and a time of great personal growth and maturation. It is also a time when a woman incorporates into her self, what Rubin identifies as maternal identity. Rubin outlined specific undertakings or tasks necessary for women to complete during pregnancy as a lead up to motherhood. These four maternal tasks are: (1) safe passage, (2) acceptance by others, (3) binding in to the child, and (4) giving of oneself. The first task, safe passage, is associated with protecting the child and herself from danger. Obtaining prenatal information and obstetrical care demonstrates the working through of this

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91 Ibid.
92 Gay et.al., 397.
task. Acceptance of others, the second task, is particularly important because “childbearing stresses the social fabric of a woman’s established relationships in the primary social group of the family and in the secondary affiliative and instrumental groups of school and workplace and the community.”94 Seeking acceptance from others, but particularly family, regarding her pregnancy is important because it leads to the acceptance of the child by those who will contribute in the raising of that child. However, though acceptance of the pregnancy and the child is necessary, Rubin states that “it is the direct experience between mother and child,” (the third task of binding-in to the child), when “the child is transformed from a theoretical model to personhood, an object-being that gives purpose and significance to becoming a mother of this child and assuming the maternal tasks in behalf of the child.”95 The final task of giving of oneself is “the most intricate and complex task of childbearing and childbirth”96 and marks the beginning of a mother’s nurturing behaviour to her child.97 Rubin states that there are qualitative changes in the personality of a woman in the midst of pregnancy and childbearing and in the mastery of the dilemma between self-deprivation and giving of herself.98

Rubin further contends that the new mother, during the many phases of the maternal experience, begins looking for behaviours to model. These models may be socially accepted norms, the environment, information from media, or the mother of the woman who is pregnant. Rubin discusses this as a “bridge or linkage to each phase of childbearing”.99 For Rubin, accomplishing the tasks of pregnancy is the foundation of becoming a mother.

94 Rubin, Maternal Identity, 59.
95 Ibid., 62.
96 Ibid., 66.
97 Ibid.
98 Ibid., 69.
99 Rubin, Maternal Identity, 41-42.
Researcher Ramona Mercer, a student of Rubin, drew heavily from Rubin’s Maternal Role Attainment theory and reconceived the theory to be ‘becoming a mother’. She contends that the term “becoming mother” more accurately encompasses the transformation and development of the woman’s assumed role of mother, as the theory of Maternal Role Attainment does not include the continued expansion of self as a mother.

Through qualitative research Mercer affirmed:

the transition to motherhood as an intensive commitment and active involvement that begins before or during pregnancy, with the woman beginning preparation by seeking information and caring for herself and baby. The woman’s transformation and growth of self in becoming a mother is congruent with psychosocial developmental and transition theory.

Mercer contends that maternal identity continues to evolve as the mother attains new skills to regain her confidence in self as new challenges arise.

Mercer describes the new names for the stages of establishing maternal identity in ‘becoming a mother’.

- Commitment, attachment, and preparation (during pregnancy)
- Acquaintance, learning, and physical restoration (2-6 weeks postpartum)
- Moving toward a new normal (2 weeks to 4 months postpartum)
- Achievement of maternal identity (around 4 months postpartum)

The times for achieving the last four stages vary and may overlap depending on maternal and infant variables, as well as the social environmental context. Mercer notes that:

The commitment, attachment, and preparation stage in which a woman’s work in becoming a mother begins has long-range implications. The woman’s active involvement in this stage has been consistently linked to a positive adaptation to motherhood.

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101 Ibid., 231.
102 Ibid.
103 Ibid., 226.
104 Mercer, Becoming a Mother, 231.
Rubin’s and, then, Mercer’s research identified the critical tasks of pregnancy that women accomplish in becoming a mother.  

Researcher Judith Lothian reiterates the findings of Rubin and Mercer:

The physical and emotional changes are not just unfortunate side effects of changing hormones and an enlarging uterus. They are changes that help women make the transition to becoming mothers, not just physically but emotionally and psychologically.

In their book, *The Birth of a Mother*, Stern and Bruschweiler-Stern speak of the transition into motherhood as a “central event in a woman’s life, in equal parts miraculous and traumatic, packed with unforgettable emotions and implications. For most women, it is an event so primitive and profound as to be difficult to fully assimilate or put into words.” The act of birth is more than a physiological transition, it is a psychological transition, “an event of trial and ritual that marks a profound change” in the life of the woman.

The experience of becoming a mother and motherhood is a significant turning point in a woman’s life. This turning point may be key in a woman’s spiritual Awakening.

### 2.4 Biblical Literature Review for Spirituality and the New Mother

In a study conducted by Haines et al., researchers looked at women’s fears, beliefs and attitudes to childbirth. They reported that what a woman inherently believes whether influenced by society, culture, religion or health systems will affect how she approaches the pregnancy and birthing outcomes.

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105 Ibid.
106 Judith A. Lothian, “The Journey of Becoming a Mother” *Journal of Perinatal Education* 17, no.4 (Fall 2008), 44.
107 Ibid.
In this section we will look at the Christian Biblical perspective of spirituality and motherhood. We will look specifically at the place of the spirit and how scripture views pregnancy, childbirth and children. In doing so, I hope to establish a fundamental understanding of these concepts.

2.4.1 Body, Mind (Soul) and Spirit

While the operative understanding of spirituality is a human quest for meaning-making, purpose, self-transcending knowledge, meaningful relationships, love and a sense of the holy, it is important for me, as researcher and minister to maintain the Christian Biblical perspective. Researchers Jesse et al., state “that there is no event more spiritually connected to our humanness than birth; new life enters the world and the infant takes the first breath, translated as spirit in Latin and Hebrew.

Scripture uses various words to describe our relationship to God, the environment, and the structure of our being; words such as spirit (Hebrew ruah; Greek pneuma), soul (Hebrew nepes; Greek psuche), body (only in New Testament Greek, Soma), flesh (Hebrew basar; Greek sarx), and heart (Hebrew leb; Greek kardia). These words are used to describe the different aspects of human activity or being that, though separable parts make up the whole of the human. Human beings, as created by God, are indivisibly whole, not unlike the God who created us: the triune God - Father, Son and Holy Spirit. In both the Old and the New Testament the Scriptures reveal that human beings have also been created with three basic parts: the body, soul (mind) and spirit. This becomes of particular interest as we discuss women and childbirth. Other literature affirms that the birth of a child in not solely a physical or physiological act but rather an holistic experience that involves our inherit three basic parts: the body, mind and spirit.

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112 Swinton and Pattison, Come all ye Faithful, 24.
Scripture communicates clearly that humans are made up of multiple facets that work together to create a whole (Genesis 2:7; Proverbs 20:27; 1 Thessalonians 5:23; Hebrews 4:12) In a balanced, holistic approach to health care and for our purpose of understanding pregnancy and childbirth, an appreciation of not only the body and mind but of the spiritual component of a woman’s life needs to be acknowledged and addressed. As we have looked to Scripture to understanding the fundamental premise of the body, mind and spirit, I will now look specifically to what Scripture reveals to us regarding pregnancy, childbirth and its by-product, children.

2.4.2 Biblical view of Pregnancy, Childbirth and Children

A review of the literature indicated that there is very little written about spirituality, birth and the Biblical text. However as we look to the scripture it is clear that there are Biblical references and stories that point to an experience of the Divine during the childbirth year.  

The birth of a child is central to the Christian story. God’s majesty and glory took on all the powerlessness, weakness and dependency of human baby – Christ child – for the sake of our salvation. New Testament theologian Gundry-Volf asserts that the incarnation, powerfully affirms the significance of pregnancy, childbirth and children.  

In Genesis 1:26ff we read of the description of the sixth day of creation, and after creating male and female in His image, God blessed them, and God said to them, “Be fruitful and increase in number; fill the earth, and subdue it. Rule over the fish of the sea and the birds of the air and over every living creature that moves on the ground.”

114 The scripture was set in a specific context and culturally conditioned.

God’s instruction to the first humans to be “fruitful”, “increase in number” and “fill the earth” comes immediately following the word of blessing and “involves the sharing of divine creative capacities”.

Children are viewed in the Old Testament as a “precious gift” (Gen. 30:20 NIV). Not only are they viewed as blessings from God (Gen. 1:27, Gen. 3:5, Gen. 4:10-11, Gen. 48:9, Josh. 24:3-4, and 2 Sam 18:12-13) but as a source of joy (Ps. 113:9, Ps 127: 3-5, and Prov. 17:6) and the center of God’s promise to make a great nation of Abram (Gen. 12-22). The nation believed its inheritance from God was the land of Canaan. It would have been of supreme importance to have children to maintain their ownership of the land God had apportioned to them.

Practically, survival in the ancient world depended on the ability to live off the land by hunting and farming. Children were not only additional workers but also the potential for carrying on the family name and providing for the older family members. A woman’s ability to conceive and carry a child was essential that process. In that time and culture, having children was such a priority that polygamy and the custom of levirate marriage was established. The story of Hannah (1Samuel 1; 2:1-11, 18-21) is a Biblical story that speaks to the importance of children, the heartache of barrenness, the gift, the Giver and gratitude.

Hannah was married to Elkanah, a Levite from the hill country of Ephraim. Hannah who was barren, was one of two wives. The other, Peninnah, was the mother of many children and provoked Hannah relentlessly for her childlessness. And yet, scripture tells us that Elkanah “loved” Hannah the most. Even in a time and culture when the role of the wife was to carry on the family line, we read of Elkanah’s grace and love for his wife (1 Samuel 1:8). Regardless, Hannah’s barren womb gave way to her broken heart.

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118 A custom of the ancient Hebrews and other peoples by which a man may be obliged to marry his brother’s widow.
119 Smith, et al., Women, 79.
At the tabernacle in Shiloh she wept and prayed and poured out her soul to God, vowing, “Lord Almighty, if you will only look on your servant’s misery and remember me, and not forget your servant but give her a son, then I will give him to the Lord for all the days of his life…” (1 Samuel 1:20). Her intense emotion brought censure from the Eli, the high priest, who thought she was intoxicated. But she pleaded her case so convincingly that he blessed her, praying that God would grant her request. She left the temple able to conceive and scripture tells us that, “the Lord remembered her” (1Sam. 1:19). Hannah gave birth to a son, “and named him Samuel, saying, “Because I asked the Lord for him.” His name reflected her awareness that her child was a gift she received from God.

Throughout this family drama, God is the determining power. It is God who “has closed the womb”; it is God to whom Hannah prays and makes her vow; it is God whom Eli invokes to grant Hannah’s petition; it is God who “remembers” Hannah and grants her request; and it is God to whom the child Samuel is given in service. God works providentially in the events of this story.120

After Samuel is weaned, Hannah travelled to Shiloh and presented her young son Samuel to Eli saying, “I prayed for this child, and the Lord has granted me what I asked of him. So now I give him to the Lord” (1 Samuel 1:27-28). Her willing act of obedience in giving her son back to God in many ways mirrors God’s surrender of Jesus, the son, centuries later.

Then Hannah offers a beautiful poetic and prophetic prayer that goes beyond her small world and speaks of God’s power, sovereignty and compassion for the oppressed. (1Samuel 2). She begins by saying, “My heart rejoices in the Lord… for I delight in your deliverance.” (I Samuel 2:1). Hannah’s heart is full of gratitude for the blessing she has been given and the blessing to others his life will be.121

Hannah’s story ends with an answer to prayer. Scripture tells us, “then they would go home. And the Lord was gracious to Hannah; she gave birth to three sons and two daughters. Meanwhile, the boy Samuel grew up in the presence of the Lord.” (1Samuel 2:18-21). Through her suffering and trials, Hannah was

121 Ibid., 979.
used as an instrument of God, not only initiate spiritual rebirth in herself and her family but to initiate spiritual rebirth in the nation of Israel.\(^\text{122}\)

Prayer, and gratitude for God’s gift of a child as blessing, is woven throughout Hannah’s story, a story not unlike that of Elizabeth and Mary in the New Testament.

The pregnancy of Elizabeth is another example of the blessing of God through pregnancy and childbirth. Elizabeth and her husband Zechariah were “upright in the sight of God” and along in years, as recorded in Luke 1:24ff. They were childless at a time in history and in a culture with great societal pressures to bear children.\(^\text{123}\) To be childless was interpreted as the judgment of God. The pregnancy of Elizabeth was seen as a gift and blessing from God. “The Lord has done this for me.... In these days he has shown his favour and taken away my disgrace among the people.”

During Elizabeth’s sixth month of pregnancy, her relative Mary came to visit. New Testament theologian Tom Wright states of Mary:

Mary is the supreme example of what always happens when God is at work by grace through human beings. God’s power from outside, and the indwelling spirit within, together result in things being done which would have been unthinkable any other way.\(^\text{124}\)

When Elizabeth heard Mary’s greeting, “the baby leaped in her womb, and Elizabeth was filled with the Holy Spirit.” (Luke 1:41). Elizabeth was the first to welcome the Messiah and bless His mother for her faith. Mary, giddy with excitement and hope and triumph\(^\text{125}\) shares the greatest expression of ‘pregnancy as a blessing from God’ in her spontaneous song to God. The reverent joy is similar to that expressed by Hannah in the Old Testament. Mary sings:

\[^{122}\text{Bill T. Arnold. The NIV Application Commentary: 1&2 Samuel. (Grand Rapids: Zondervan, 2003), 63.}\n\[^{123}\text{Children were both loved and valued by parents, (economics being a large influencer of the child’s value). Simultaneously, however, childhood was considered to be a negative stage one outgrows with time and maturity. Children had no rights, were considered the property of their fathers, and had little or no social standing}\n\[^{124}\text{Tom Wright. Luke for Everyone. (Louisville: Westminster John Knox Press, 2004), 11.}\n\[^{125}\text{Ibid., 14.}\]
My soul glorifies the Lord and my spirit rejoices in God my Saviour, for he has been mindful of the humble state of his servant. From now on all generations will call me blessed, for the Mighty One has done great things for me - holy is his name” (Luke 1: 46-49 NIV)

During the three months Mary remained with Elizabeth, a beautiful human portrait emerges of two pregnant women supporting each other, “the older woman, pregnant at last after hope had gone, and the younger one, pregnant far sooner than she had expected.” Elizabeth mentored Mary with Godly, mature advice, and young Mary helped her elderly relative with challenging household tasks.

When Elizabeth delivered her son, she insisted that his name be John. Culturally the name chosen would be a family name, and she met resistance because no one in her family bore that name. Regardless of cultural and societal norms, something happened within her to speak up, “No! He is to be called John.” (Luke 1:60). Zacharias requested a writing tablet and confirmed that the child’s name was John. Zacharias’ spiritual encounter had left him mute but he too was filled with gratitude for his son. The moment his voice returned this new father used it to praise God.

Immediately his mouth was opened and his tongue set free, and he began to speak, praising God. All the neighbours were filled with awe, and throughout the hill country of Judea people were talking about all these things. Luke 1:64-65.

In the biblical narrative, Hannah, Mary and Elizabeth recognized the honor of having God active in their lives and the blessing of God in “remembering,” “being gracious,” “showing favour,” and in doing “great things,” each pointing to pregnancy as a blessing. Their sensed honor and privilege was lived out in their passionate praise, gratitude and sense of wonder.

2.4.2.1 Pain in Labour

Though not mentioned in the narratives of Hannah, Elizabeth and Mary the childbirth experience would have been wrought with emotion, and physical pain, not unlike today. In Scripture the first mention of

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126 Ibid., 16.
127 Smith, et al., Women, 177.
128 The name he received in the temple, Luke 1:13.
childbirth and the pain of labour is found in Genesis 3:16, “To the woman he said, I will greatly increase your pains in childbearing; with pain you will give birth to children.” The interpretation of this verse, by many, has been that the pain of childbirth is part of the “curse” of humankind due to the rebellion of Adam and Eve in the Garden of Eden. However, it is important to look at the word “pain” and its origin. John Walton, in his in-depth study of this passage, states that the nouns from the same root (estev) refer to pain, toil, agony, hardship, worry nuisance and anxiety. The verbal root primarily expresses grief and worry.  

What is important to note about this profile is that the root is not typically used to target physical pain, but mental or psychological anguish (though physical pain may accompany or be the root cause of the anguish). This is actually helpful because interpreters have generally had trouble working out how conception is painful. Despite the NIV’s “childbearing”, the Hebrew word is specifically concerned with conception. The word translated “pain” in the second line is used elsewhere to refer to strenuous work and is therefore an appropriate description of giving birth.

Walton, concludes by saying that verse 16 refers to the anxiety that a woman will experience through the entire process from conception to birth and paraphrases verse 16 to read: “I will greatly increase the anguish you will experience in the birth process, from the anxiety surrounding conception to the strenuous work of giving birth.” Interestingly in Genesis 1:17, God said to Adam, “cursed is the ground because of you; through painful toil you will eat of it all the days of your life.” (Gen. 3:17) The word “painful toil” used in the NIV is the same word used in verse 16 (“pains”). The impact of the curse is that, the procurement of food has become more difficult. In Scripture, the word “curse” is not used in relation to childbirth, even still this notion of the “curse of Eve” is held by many as the result of third and fourth century teaching.

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131 Ibid.
132 Ibid.
133 Helen Wessel, *Natural Childbirth and the Family* (New York: Harper and Row, 1969),181. In her work, Wessel describes the curse of childbirth as a teaching that came out a specific time period and context and has since adopted into church doctrine. Wessel contends that the belief that womankind is under the curse of childbirth could not have existed in Judaism. Women were seen as the “savior from death and the dispenser of life.” Wessel suggests that the faulty teaching of the “curse of Eve” comes out of the third and fourth century translators. Furthermore, the belief in the “curse of pain” on all mothers was fueled in the nineteenth century by the high rates of maternal morbidity, (see chapter 17).
Images of birth are important metaphors in scripture, particularly in John’s gospel. In John 16:21, Jesus mentions the joy of a mother at the birth of her child and contrasts it with the anguish that precedes it to describe the new life that Jesus makes for all who believe (John 1:12-13; 3:3-10).

A woman giving birth to a child has pain because her time has come; but when her baby is born she forgets the anguish because of her joy that a child is born into the world. *John 16: 21-22 (NIV)*

The Greek word translated to “pain” (lype) is an unusual word to describe a woman’s pain at childbirth, since it is normally a word for emotional, not physical pain. The word “anguish” is the Greek word (thlipsis). This word simply means “applying pressure, compressing together, or squeezing,” as in squeezing juice out the grapes, or in pushing someone out of his place. While reflective of the ordinary experience of childbirth, this verse draws on a wealth of Old Testament imagery where the metaphor of birth is used to describe the “anguish” Israel (or a person) might have to endure before God’s blessing is finally experienced. Other such references can be found in Isaiah 21:2-3, 26:16-21, 66:7-10, Jeremiah 13:21, Hosea 12:13, and Mic. 4:9-10. The words translated as pain and suffering in the New Testament are associated with childbirth, as is the promise of new life and the assurance that the suffering and pain of childbirth will be overshadowed by the “joy that a child is born into the world” (John 16:22 NIV).

In the Section 2.4.1 we looked at the Biblical narrative of three women, Hannah, Mary and Elizabeth and the spiritual nature surrounding each of their childbirth experiences, including prayer, praise, worship and gratitude to God. In Section 2.4.2.1 we looked at scriptural references of pain in labour. The operating assumption as I approach this study will be with the Christian understanding that pregnancy is a blessing from God; that childbirth, though painful is a blessing from God and the child, both a blessing and precious gift from God.

### 2.5 Narrative and Meaning Making in First Pregnancy and Childbirth

*The universe is made of stories, not of atoms.*
The preceding sections lay the foundation of what the first-time mother may be experiencing, physically, emotionally, and psychologically. We have discussed spiritual aspects and the spiritual needs they might be experiencing, all placed in a biblical context. In this section we look at the power and importance of story telling for the first time mother. It is through the meaning making tool of story telling that allows the woman to make sense of all she is experiencing and an important part of her motherhood identity.  

Human beings are unique among all living creatures in that we need to make sense of our experiences and the world around us. We consistently find ways to interpret, and give meaning to the events of our daily lives. One of the ways that we accomplish this is through the powerful meaning-making tool of storytelling.

Clinical psychologist and Episcopal priest, Sandra Levy would agree: “there is something powerful in telling your story to another,” for it is through such an imaginative product that we might meet Transcendence. In the pages of her book she describes the imaginative meeting of Transcendence and the human brain’s inherent capacity to think in terms of stories, “to shape imaginatively our experience - our memories and our hopes - into narratives that give purpose to our lives.”

In her study looking at women’s birth stories as suitable forms of research, Mary Carolan, shows that literature extensively recognizes the value of stories. Likewise, Crowther et al. states that “stories and their meaning must be recognizable as being within a web of interlocution that brings forth a sense that

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135 Stern and Bruschweiler-Stern, The Birth of a Mother, 57.


137 Ibid., 167.
speaks the experiences of being human.”  Callister and Khalaf state that “birth narratives provide insights into the connection between childbearing and spirituality and present significant information.”

From a sociological viewpoint, “stories are understood to play a key role in the way individuals interpret life events.” Stories are a basic way in which events are interpreted and made tell-able or even liveable. Carolan asserts that “stories are the principal means by which individuals make sense of their experiences”. Farley and Widman suggest that through the sharing of birth stories women not only receive emotional and social support from other woman but through the sharing of stories learn practical information to help them in their new role as mother.

Gwendolyn D. Sherwood in her study in this area states:

Story is comprised of experiences that are significant to the person, that define who one is. People connect through shared story in a powerful interaction that communicates relationships, transmits culture, socializes a new generation, and communicates expectations. Reflections on story help us understand how to live and discover meaning. The use of story is consistent with the quest for quality of experience and healing in health care institutions to offer balance to high technology.

Within nursing and midwifery, a similar understanding of the importance and value of stories is noted. For example, Jennifer Hall states that the telling of stories may be an integral part of feminine spirituality, and goes on to show its value in the spirituality of men as well. Sandelowski considers that stories

allow for a “sense of connection to other people”\textsuperscript{145} while Frank contends that the telling of one’s health story is a moral responsibility. \textsuperscript{146}

In his research into storytelling in spiritual care giving, Taylor, discovered that people tell stories to:

- Allow the person to order and connect aspects of life experiences;
- Enable organization of experience and thoughts;
- Allow reflection and observation;
- Make sense of the story;
- Enable connections and intimacy with others;
- Leave a ‘legacy’ for others; and
- Relate ‘values, beliefs and interpretations’ of life.\textsuperscript{147}

The literature, therefore, confirms that there is value in telling one’s story. It is in the process of hearing and telling stories that an individual often discovers new insights and deeper understandings of themselves. Furthermore, the story often provides a language and form for conveying the richness of our spirituality when factual statements of experience fail to do so.

Spirituality is a narrative process, in that it has to do with making meaning. Adult educator Robert Atkinson says, “everything we encounter as adults that gives us a new and deeper meaning in life is spiritual.”\textsuperscript{148} Thus, narrative and spirituality are in many ways symbiotic. Stories are structures for

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meaning but the very act of telling them is integral to our sense of self. “Telling our stories,” Atkinson maintains, “is an act of transcending the personal and entering the realm of the sacred.”

As we turn our sights particularly to narrative, spirituality, and pregnancy and childbirth, Ina May Gaskin, in her book *Spiritual Midwifery* speaks to the importance of sharing birth stories, by saying:

Women today continue to require the knowledge that birth still works and that every woman has her unique way of bringing her baby into the world. One good way to acquire this precious knowledge is to hear or read the birth stories of quite a few women who have given birth.

Historically, the birth of a child was not in a secluded hospital setting but rather it was a social event that included participation by the women in the community. Perhaps in those days there was little need to express birth stories, since the people one would tell were there! Today, Kitzinger (1997) might agree with Gaskin’s sentiments and add that the need to relate birth stories may be greater today than ever, so that women can enable acceptance and establishment into society.

As discussed the literature in the area of pregnancy and childbirth, recognizes both the tendency to, and the importance of, mothers sharing their pregnancy and birth stories with other women. The maternal benefits of storytelling have been documented to include:

- A sense of emotional and social support from other women;
- A sense of connectedness to other childbearing women;
- Obtaining practical information to assist them in their new role as mother; and
- Validating of women’s birthing experience.

149 Ibid., 11.
In her exhaustive research regarding the telling of birth stories in the context of midwifery, Hall (2001) concludes that enabling pregnant and postnatal women to tell their stories may be an important part of their spiritual growth. Hall outlines that the telling of one’s birth story may:

- Establish a woman as part of her community;
- Prepare others for labour and motherhood;
- Provide the key to appropriate care, as a form of assessment by health care providers;
- Enable her to make sense of what has happened to her;
- Enable her self-growth; and
- Promote healing from bad experiences.\(^{153}\)

The research available in this area, though limited, points to maternal benefits from sharing birth stories. What has not been addressed in the research, however, is if the sharing of prenatal and postnatal stories enhances or strengthens the spirituality of the storyteller. Through the telling of her story, is a woman’s understanding of Transcendence altered in any way? Certainly women claim to feel more connected to community but whether or not a woman feels more connected to the Divine is a specific dimension that has not been explored. Yet, there is anecdotal evidence to suggest that for many women the telling of birth stories - their physical and emotional experience of pregnancy and childbirth allows them the opportunity to gain insight into what happened to them, and it also allows them opportunity to reflect on the greater purpose (and their role in it.) Therefore narration of their birth story is an important part of their spiritual and motherhood identity. Stern and Bruschweiler-Stern write,

> It doesn’t matter if the birth occurred four days, or four years, or four decades earlier, the memory has the same intensity. Interestingly, most women’s stories undergo some changed with time and retelling. The tale becomes a combination of fact, fancy, and myth, but whatever its composition, it remains a guiding life narrative marking the road to motherhood.\(^{154}\)


\(^{154}\) Stern and Bruchweiler-Stern, *The Birth of a Mother*, 57.
2.6 Conclusion

With the research question at the forefront, in this chapter I reviewed the physical and psychological aspects of pregnancy and childbirth. Following that, the spiritual dimensions defining the key terms of Spirituality, Spiritual Needs and Spiritual Awakening as used in this study were reviewed. I looked at the development of the maternal identity as giving purpose and meaning to the childbearing woman. In order to frame this research in a Christian biblical perspective the scriptures pertaining to pregnancy, childbirth and children were investigated. Also addressed is the important area of narrative and meaning-making and how the telling of birth stories may assist in the discovery and shaping of a new mother’s understanding of the divine.

Chapter 1 and 2, have laid the personal and theoretical groundwork for the chapters that lie ahead. In the next chapter we will discuss the methods implemented in answering the research question: Have first time mothers with newborns experienced a spiritual connection or “spiritual awakening” during the childbirth experience? And what if any, are their spiritual needs?
Chapter 3
Method

3 Method

In this chapter I will describe the method that was implemented for this research study. The discussion includes the following: the qualitative research method chosen; an overview of the research strategy including how the research groups were obtained; the interview process; data analysis; and the recording and storing of data.

3.1 Phenomenological Research

The aim of this research study is to understand if women expecting their first child experience a spiritual connection during the childbirth process. The research interest goes beyond a simple description of the lived experience of the women and includes interpreting that experience, through listening to the women’s stories, for purposes of forming an understanding of that experience. In investigating the various research methods, the qualitative research methodology of hermeneutical phenomenology presented itself as a good fit.

The phenomenology method of research is based upon the philosophy of Edmund Husserl and later those who expanded on his views including Heidegger, Sartre, and Merleau-Ponty. Husserl’s primary focus was the study of phenomena as they appeared through consciousness. He founded this method as a way of reaching true meaning through penetrating deeper into reality.  

\[ \text{Susan Laverty. “Hermeneutic Phenomenology and Phenomenology: A Comparison of Historical and Methodological Considerations.” International Journal of Qualitative Methods 2 no. 3 (2003), 5.} \]
More contemporary writers following the footsteps of Husserl, including Moustakas, Stewart and Mickunas, and van Manen, seem to point to different philosophical arguments for the use of phenomenology. However, the common underpinning for each is the study of the lived experiences of persons, the view that these experiences are conscious ones, and the development of descriptions of the essence of these experiences.\footnote{156} The latter is the primary focus of this methodology.

The procedure implemented for this phenomenological research was taken from Creswell’s book \textit{Qualitative Inquiry and Research Design}.\footnote{157} Creswell defines phenomenological study as describing “the common meaning for several individuals of their lived experiences of a concept or a phenomenon.”\footnote{158}

The description of the lived experience includes both “what” individuals have experienced (textual description) and “how” they experienced it (structural description).\footnote{159} The basic purpose of phenomenology, states Creswell, “is to reduce individual experiences with a phenomenon to a description of the universal essence”.\footnote{160} Creswell further describes phenomenology as:

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... an approach to studying the problem that includes entering the field of perception of participants; seeing how they experience, live, and display the phenomenon; and looking for the meaning of the participants’ experiences.\footnote{161}
\end{quote}

In describing the procedures for conducting phenomenological research, Creswell borrows the approach of psychologist Moustakas, because of its “systematic steps in the data analysis procedure and guidelines for assembling the textual and structural descriptions.”\footnote{162} Data are collected through in-depth, one-on-one interviews gathering the participants’ detailed descriptions of their experience, through written, oral self-reports and through pictures.\footnote{163}

\footnote{156} John Creswell, \textit{Qualitative Inquiry and Research Design: Choosing Among Five Approaches} (Thousand Oaks: Sage Publications, 2013), 58.\footnote{157} Ibid., 76.\footnote{158} Ibid., 57\footnote{159} Ibid., 76.\footnote{160} Ibid.\footnote{161} Ibid., 31.\footnote{162} Ibid., 60-62.\footnote{163} Ibid., 81.
Moustakas’s transcendental or psychological phenomenology is focused less on interpretations of the researcher and more on the description of the participants. He also emphasizes the importance of “bracketing”. Creswell describes the concept of bracketing as the practice whereby “investigators set aside their experiences, as much as possible, to make a fresh perspective toward the phenomenon under examination.”\(^{164}\) This task is seldom perfectly achieved.\(^{165}\)

Educator van Manen in his book *Researching Lived Experience*, writes about hermeneutical phenomenology that builds on the work of Martin Heidegger’s *Being and Time* and Hans-Georg Gadamer’s *Truth and Method*. In his book van Manen describes research as oriented toward lived experience and the interpreting the “texts” of life. He states, “Phenomenological research, unlike any other kind of research, makes a distinction between appearance and essence, between the things of our experience and that which grounds the things of our experience.”\(^{166}\)

Hermeneutical phenomenology reaches toward a deeper level of experience partly through the process of reflecting on themes essential to the phenomenon.

van Manen would insist that human science is an art, and perceiving themes is not a matter of simply following a set of rules. Selecting themes from the gathered data is a way of simplifying that data so to begin understanding its essential meaning.\(^{167}\) Themes therefore point to the meaning of the phenomenon. Formulating themes, he says, is a free act of seeing meaning. It is in doing so that we move from reflecting on experiences toward a discernment of the essence of the phenomenon.\(^{168}\) Phenomenology is

\(^{164}\) Creswell, *Qualitative*, 80.
\(^{165}\) Ibid., 60
\(^{167}\) Ibid., 90.
\(^{168}\) Ibid.
thus not only a descriptive process but also an interpretative process whereby the researcher makes an
terpretation of the meaning of the lived experience. 169

van Manen states that “for hermeneutic phenomenological work, writing is closely fused into the research
activity and reflection itself... The object of human science research is essentially a linguistic project: to
make some aspect of our lived...experience reflectively understandable.” 170 These “stories” crafted in
hermeneutical phenomenology “can communicate the way we humans makes sense of events and
relations, both with ourselves and with others.” 171

In this research study we will attempt to understand the essence of the experience of childbirth for each of
the first time mothers, listening carefully to their lived experience. Using the research methodology of
hermeneutical phenomenology, we will search for themes as a way of reaching beyond actual accounts of
experiences to thoughtful, reflective ways of understanding what it is that gives a new mother’s account
of actual experience its special significance.

3.2 The Research Group

A research group of eight women expecting their first child was obtained from two specific sources. In
order to obtain participants for Source 1 a request was made at the monthly meeting of the Pickering
Presbytery of the Presbyterian Church in Canada, inviting ministers to make known to their congregants
that the study was being conducted. Bulletin inserts or flyers were provided. (Attached as Appendix A.)
Four individuals responded to this invitation by emailing me directly of their interest. The four research
participants from Source 1 were well known to their ministers and active members in their churches.

169 Creswell, Qualitative, 59.
170 Van Manen, Researching, 125
To obtain participants from Source 2, an invitation and information on how to participate in the study was extended via The Durham Lamaze Association (DLA). The DLA is an association of certified Lamaze instructors who work within the Durham region in their private homes, and in two local hospitals. As an instructor, I was a part of the DLA for several years. In accordance with the Ethics review board; a written agreement between me, as researcher and the DLA was made. (Attached as Appendix B.) The agreement permitted the researcher to approach individual instructors to extend the invitation to their clients to participate in the study. A letter and flyers, with information of the study was distributed to interested participants at class one of a prenatal class series. This class is typically held in the third trimester of pregnancy. (Attached as Appendix C.) Four interested participants emailed me directly of their willingness to participate in the study.

The research study groups were filled on a first-come basis. The first four individuals to respond to the research invitation were included. After each Source group was filled with four participants, others who responded were thanked and informed that the research study was now closed. One individual from each source allowed their name to remain on a waiting list should someone drop out of the study.

The purpose of drawing from two sources was to include “churched”, as well as participants who may be “unchurched”. The two source groups were made up of volunteer participants who were made up of 5 Canadians, one woman of South Asian decent, and two of Eastern European decent. All participants were in their third trimester, and expecting their first child at the time of the first interview and agreed to meet again six to nine weeks postpartum for the “postnatal” interview.

172 Churched meaning they are affiliated with a religious community in this case the Presbyterian Church in Canada and “unchurched” (whether never churched, non-active Christian or non-Christian).

173 According to the World Health Organization the postnatal period begins immediately after the birth of the baby and extends up to six weeks (42 days) after birth. Physiological changes that occur during pregnancy and childbirth normally return to the non-pregnant state in six weeks, although it may take longer, the guidance documents for WHO cover only the first six weeks (42 days) after birth. Usually, the end of this period is associated with the implementation of interventions such as promotion of contraception and for the infant, immunization. I was able to meet with each of the participants in the sixth or seventh week postpartum.
I knew none of the participants before the study began, I introduced myself as researcher and participants were made aware of my role in the church as minister.

### 3.3 The Interview

The first interview took place in the participants’ third trimester. The questions were prepared in advance and were open ended. (Attached as Appendix D.) The first interview was approximately 45 to 60 minutes long.

As researcher I made the initial contact with introductions and explained the purpose and aim of the research. Individual times and location of interviews were set. I discussed with them the parameters of the interview including permission to record the interview, and the expected duration of the interview.

The interviews took place at a time and location that best suited the participant – as it happened we met either at the participants home, or a private corner of a local coffee shop or restaurant. It was my hope that the women would choose a place where they would feel at ease. Though there were some disadvantages in using those settings, such as distractions and interruptions, the sense of naturalness and ease provided by being in the participants place of choice far outweighed the disadvantages.

At our first meeting together care was taken to negotiate confidentiality, the right of the participant to refuse any questions she did not wish to answer, and to request clarification at any time, either about the questions or the study as a whole. The participants were asked to sign a consent form including permission to record the interview using a small recording device. (Attached as Appendix E.)

After these preliminaries the participants were asked to reflect on their present understanding of spirituality; what nurtures their spirit; and what gives them joy, comfort, strength and a sense of rootedness. They were asked to reflect on their religious and spiritual beliefs. The objective of the first interview was to understand who the participants were and what was important to them at that point in their lives, thus providing a context for understanding why a spiritual connection during childbirth or
postpartum was or was not important. For the most part the participants had little difficulty in answering the questions and often completed the interview in under the hour suggested. Participants were asked to choose a picture that represented a particular moment in their birthing experience that felt particularly profound and bring it with them to the follow-up interview. They were also asked to write their birth stories. The purpose of collecting this additional information was to encourage women to reflect on their childbirth experience, while giving them an alternative means of expressing it, other than verbally in the interviews.

The second interview was conducted between six and seven weeks postpartum. The women were again interviewed using an open-ended, semi-structured interview. My desire in this approach was to create a comfortable environment that allowed the new mothers to tell their story in their own words and offer their own meanings. There was a structure to the interview with prepared questions but I was quite amenable to having the participant have a role in guiding the direction of the interview.

Each participant was asked to give a chronological narrative of her labour and delivery, beginning from the first contraction, or in some cases last doctor’s visit, to the birth of her child and the few weeks leading up to the second interview.

### 3.4 Data Analysis

The Action-in-Ministry portion of my research produced approximately 16 hours of taped interviews from both Source 1 and Source 2. Following each of the interviews, I made notes of my immediate reactions to the interview, often highlighting initial themes in the margin of my notes. I then transcribed the interviews. 320 transcribed pages were created for more detailed analysis. The transcribed interviews were then read, and reread, and recurring themes were manually highlighted while keeping in mind my original research aim and question.

To perform the coding and categorization of the written transcripts I implemented the qualitative research tool QRS NVivo 10. Using this software I developed a structured coding scheme based on the interview
questions and the participants lived experience in the phenomenon. Interviews were uploaded into NVivo with all personal identifiers removed. Comments, words, phrases and sentences from the transcripts were highlighted then dragged and dropped into the corresponding code. During the analysis I paid particular attention to:

- the images, metaphors and symbols women used;
- the narratives women shared in speaking of their childbirth experience; and
- the themes that were dominant for them.

As the coding structure filled with gathered evidence, I was able to determine broader interrelated themes. Multiple themes were combined into larger related themes. Broader abstract dimensions of the data were then established. (Attached as Appendix F.)

The process of re-reading the transcripts and coding continued until sufficiency of data was attained. Data saturation refers to a general rule that when building a theory, data should be collected until no new or relevant information emerges with respect to the newly created theory. Finally, the images or photos submitted by each of the participants were also analyzed for themes by recording the subject of the image or photo; and the words used to describe it. (Attached as Appendix G.)

The data analysis of the transcripts created a textual description (what the new mother experienced), and a structural description (how the new mothers experienced it). The textual description and the structural experience then allowed me to describe the overall essence of the phenomenon. The purpose was to identify specific markers that would indicate the possibility of a spiritual awakening or connection that might result from the phenomena of pregnancy and childbirth.

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175 Ibid., 62.
3.5 Validity of Findings and Analysis

Creswell states the importance of providing validity in the findings. In keeping with this, each participant was sent her transcript to establish accuracy of the data and for empowering participants through the research process. To protect the privacy of each of the participants all personal information was then removed from the transcripts, each participant was assigned a pseudonym and participant number. Only I, as researcher, had access to their personal particulars. To further validate the reliability of the research analysis a colleague kindly agreed to review the created codes and themes from the unidentified transcript quotes to affirm data saturation. I approached my colleague because of her vast experience in qualitative research, as a team lead for Ipsos Reid, and her current position as senior director of a marketing research management and facilitation company. My colleague provided me with unique insights and another layer of critical analysis.

3.6 Recording and Storing Information

Each participant gave express consent to the recording of our interviews, both audio, and written. The data collected have remained solely in my custody and control. Hardcopies of interview notes, audio recordings, submitted birth stories and pictures have been kept securely locked in a cabinet to which I have the only key. Best efforts have been made to ensure that there is no personal information stored or reproduced in hard copy form. Electronic files containing personally identifiable information were encrypted and only accessed by me. I personally transcribed the data to ensure confidentiality and accuracy of transcription. The dissemination of the results includes only de-identified and aggregate information.

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176 Ibid., 251.
3.7 Summary and Conclusions

This chapter represents the framework on which this research is based and provided an overarching description of the strategy used. In summary, the research strategy was developed according to the following process:

a. The research question was formulated through a series of discussions with the researcher’s thesis supervisor, advisors, and colleagues to ensure that it accurately captured the essence of the desired research target.

b. Interview questions for both prenatal and postnatal interviews were designed. Sixteen interviews in total were conducted.

c. The interviews were audio recorded. I also took copious notes during each of the interviews.

d. Participants were asked to submit a picture that best described for them a profound moment during their childbirth experience.

e. The recorded interviews were transcribed to produce the text, which was used for analysis.

f. A detailed analysis of the data was conducted using the qualitative research tool, QRS NVivo 10, to determine the main and sub themes that emerged.

In this section I have identified that qualitative research method of hermeneutical phenomenology employed in this study. I have also described the research group and how the research group was obtained; the interview; the data analysis; recording and storage of the data.
Chapter 4
Results

4 Results
In this chapter I will report on the results of the qualitative analysis of the data.

The purpose of this phenomenological study was to engage in dialogue with each of the new mothers, to hear their stories\textsuperscript{177}, and to accurately report their experience with the aim of finding themes arising from the study that may point to a new or heightened spiritual connection during their childbirth experience.

This chapter will investigate the main themes and spiritual needs of the women that emerged in the coding of the interviews. In section 4.1 I will give a brief summary of the participants involved in the study. In section 4.2 I will look at the codes that were created from the 16 transcribed interviews. In section 4.3 the five main themes that emerged regarding pregnancy, childbirth and spirituality will be discussed. In section 4.4 I will look at the five sub-themes, categorized as the spiritual needs of the new mother, that emerged from the data.

4.1 Description of the Participants
At the beginning of the first interview each participant was asked a number of personal information questions such as their age, last level of education attained (self and their spouse), current occupation, and

\footnote{177 Each woman shared the intimate and private details of her childbirth experience. Out of respect for each woman, her privacy and confidentiality, the researcher intentionally chose not to include the woman’s full story in the context of this research paper. However, extensive quotes have been used.}
where they planned to give birth. This information was important in becoming better acquainted with
the members of the study.

This research study found a twenty year range from the youngest participant at 23 years old, to the oldest
participant at 43 years old. The mean age for all participants was 29 years.

The majority of participants had post-secondary education. Of the eight participants, there were two
individuals with Masters degrees, (both in Source 1); two individuals who had a high school diploma
(both in Source 2) and four individuals with undergraduate degrees (two in Source 1 and two in Source
2).

All but one of the participants interviewed were married. The unmarried participant’s relationship with
the father of her baby at the time of the second interview was quite tenuous. During our second interview,
when asked, “Is there anything you would change about your childbirth experience?” she replied, “the
father of my baby”. The longest length of marriage at the time of the first interview was nine years and
the shortest length of marriage was two months.

In each case the spouse was approximately the same age and had achieved the same level of education as
the participant. Though we will not spend much time discussing the role of the spouse in this research
paper, it is important to note the importance of his place in the life of each of the participant.

All the participants reported working outside of the home at the time of the first interview. Participants
reported their work as being a registered nurse, author, national sales coordinator, director of training,
dietary aide in a nursing home, retail sales clerk, truck driver, and buyer for a major retail store.

Two of the Source 1 participants took part in hospital-run prenatal classes. The remaining two
participants from Source 1 did not take classes citing cost as the primary reason for not participating in
prenatal education. Source 2 participants were those enrolled in prenatal classes in the Durham region.
Three of the four individuals from this source completed the prenatal classes. One individual was unable
to take the classes due to an early health related induction. All of the participants in this research study reported planning to have their baby in a hospital.

All the women chose to give birth in hospital under the care of an Obstetrician. Half of the group came from a Presbyterian Church context. The other half were obtained through local prenatal classes, only one of which had a religious allegiance. What was true of all the women was their desire to understand the birth beyond the biological act itself.

All participants from Source 1 reported attending a church on a regular basis. The term regular indicates two Sundays a month or more. However, one individual, although regularly attending a Presbyterian Church with her spouse said that she aligns more spiritually to the practice of Buddhism and finds that the church she currently attends “moves her away from the spiritual experience.” Of the four participants found through Source 2 only one individual attended a Christian church. New to the country, she moved from a more Orthodox tradition to a Protestant tradition. She stated that she experiences spirituality more in the Orthodox tradition than in the tradition she finds herself in today. The remaining participants claimed not to attend church of any denomination or religion and were not affiliated with any religious practice.

4.1.1 The Interviews

Sandra Levy says: “there is something powerful in telling your story to another,” for it is through such an imaginative product that we might meet Transcendence.\textsuperscript{178} For many of the women the interview was an emotionally powerful experience that evoked strong memories. Two of the women in retelling their birth story were moved to tears as they shared the awe and mystery of their experience and gratitude for their child. Another woman broke into tears sharing the difficulties she experienced immediately after the birth

\begin{flushright}
\footnotesize
\end{flushright}
of her son when she experienced the baby blues.\textsuperscript{179} With many of the women there were times of reflective silence, thoughtful pauses, and in all cases there was a good deal of laughter. All the participants shared openly about their birth experience, what happened and to what extent, if at all, they experienced a spiritual connection during their experience. Each of the women also provided a picture, as requested. Only three of the participants submitted their written birth story.

### 4.2 Codes

By listening to the narrative of each woman and playing close attention to their use of metaphors, images and symbols, a list of codes\textsuperscript{180} was created to determine themes and broader interrelated themes. “Codes” is the term used by the qualitative data analysis tool, NVivo. The raw depersonalized transcripts (data) were organized into meaningful units. I found NVivo to be helpful in gaining an overall impression of the data. NVivo allowed me to search for key terms, word and attributes, for example, words like “God” or “family” that yielded reliable results. However because of the different ways the participants expressed their ideas, I found it important to also carry out a manual search as well. For instance, for one participant used the word “nature” to describe her understanding of the divine.

Using NVivo these were the themes that emerged:

1. Belief in something else
2. Community
3. Control
   - Sense of disappointment
   - Sense of pride

\textsuperscript{179} The birth of a baby can trigger many powerful emotions, one of which may include depression. Many new mom’s experience the “baby blues” which includes mood swings, anxiety, weepiness, vulnerability, difficulty sleeping. Baby blues are considered to be normal and typically begin within the first few days of delivery and may last for up to two weeks. Baby blues are different from Post Partum Depression, which is a more severe, long lasting form of depression.

\textsuperscript{180} Due to the number of themes generated from the 16 transcripts, codes were used to better organize the data.
4. Family

5. Healing and reconciliation

6. Pregnancy
   • Excited
   • Anxious

7. Relationship with God
   • Going to God in need
   • Gratitude
   • God’s blessing
   • Source of strength
   • Spiritual connection
   • Crying out to God
   • Creation and creator
   • Source of comfort

8. Role of mom’s mom

9. Becoming a mom
   • Sacrifice of being a mom
   • Reality of being a mom
   • Mine
   • Love from the baby to mother
   • Stress of baby
   • Protective of baby
   • Mom’s healing after childbirth

10. Sense of knowing

11. Sense of purpose
12. Sense of rootedness

13. Sense of wonderment

Of the themes that were identified, five themes emerged as the most common among all the participants. In the next section we will look at those five main themes.

4.3 Five Main Emerging Themes of Pregnancy, Childbirth and Spiritually

Slee defines spiritual awakening as: “a reconnection to their own power of selfhood as well as to a deeper awareness of their connectedness to others and to the divine.” In the interview, participants were asked questions pertaining to their childbirth experience and spirituality. From those responses, the data indicated five areas of concentration. As the participants shared their birth stories it became clear through repetition of words, phrases and images that five areas had great impact on them. All participants responded to their labour outcome with either a sense of disappointment or pride. The participants communicated the importance and role of community, the realization or reality of becoming a mother, a sense of awe or wonderment during or after giving birth, and the issue of control. In this section we will look at these five main themes: Response to Labour Outcomes, Community, Reality of Being a Mom, Sense of Wonderment, and Control that emerged from the data and point to a spiritual connection during pregnancy, childbirth and motherhood.

4.3.1 Response to labour outcomes

As women were asked to retell their birth story one consistent theme that emerged from the data was their attitude toward their labour and delivery experience. All eight women delivered their child in hospital under the care of an obstetrician and nurses. None of the woman had a midwife or doula present in their labour or delivery. Each woman had at least one support person, other than medical staff, with them during their labour and delivery.

181 ibid. 109
Two women from Source 1 (PCC group) received an epidural during childbirth. Of the remaining participants of this group, one had a c-section and one woman experienced a natural delivery. A natural delivery would indicate that no drugs or medical interventions were used. From Source 2, two women reported experiencing a natural delivery, one an epidural and the other an emergency c-section. See Figure 1.

Figure 1: Labour Outcomes

<table>
<thead>
<tr>
<th>Participants</th>
<th>Natural Delivery</th>
<th>Epidural</th>
<th>C-Section</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Source 1 (Presbyterian Church in Canada)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gene</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Margaret</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Andrea</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Lacey</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td><strong>Source 2 (Pre Natal Classes)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yvonne</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linda</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nina</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Cathy</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

All eight of the women delivered healthy babies. All eight were discharged from the hospital without complications for mom or baby.
4.3.1.1 Disappointment

Of the five who received medical intervention only one intentionally chose to have an epidural, saying, “it was a pretty straight forward birth”. The remaining four reported a sense of deep disappointment in not having had a natural childbirth. The participants understood mentally that they had to do what was best for her and her baby but shared a sense of having to “give up” or “I didn’t make it”.

Lacey said, “Part of me is sad that I didn’t make it and that I ‘gave up.’” Gene said, “I wanted to take on the challenge and I didn’t get to do that”. Cathy said it like this:

I wanted to have that moment where “I can do it” and I could see what was going on, and have them place her on my chest right away and (husband) would be there. I had that whole moment in my head, that’s what I wanted. But I had to do it another way.

This sense of disappointment was consistent with all four of the women who received medical interventions, whether it was an epidural or a c-section. For them the disappointment was not having delivered their babies without the use of medical intervention. When Cathy, who had an emergency c-section, was asked “How did the experience live up to your expectations?” she responded,

Um, it was beyond my expectations, other than wishing it was a natural childbirth. How great it would have been for my mom and sister to have seen the birth. For me to have seen me pushing her out, to have her on my chest first thing, other than that….

The sense of disappointment was real and palpable in our conversations but the sense of disappointment was quickly outweighed by the happiness found in the baby they now had. As Gene said;

I would have liked to feel those first labour pains on my own, and had that knowledge of a natural way but I am not at all heart broken. I am very lucky (looking down on the little one in her arms).

These women also shared the fear they experienced in receiving the intervention using words like “terrified”, “scared”, “afraid” to describe how they were feeling at the time. It was that fear that gave way to disappointment.

Regardless of whether their birthing experience was natural or not, all eight of the women interviewed said they would do it again in a heartbeat for their child.
4.3.1.2 Pride

In contrast, there was a clear sense of pride and accomplishment communicated by the three women who experienced a natural childbirth. Yvonne said:

Well someone told me that after giving birth you can see yourself a hero. I don’t know about that. Every woman does it, well almost. But I must say I am proud that I did it without drugs. I was brave.

When asked about the highs and lows of the childbirth experience, Margaret said:

High: being proud that I was able to have a natural birth, cuz I had always wanted to and I thought well the pain will be so bad and I will have to give in. Not that it is giving in – everyone has their own experience – but I am going to have to get an epidural and then I didn’t have to and then I was proud of myself that I was able to soldier through it. For me the sense of accomplishment. I did it.

The sense of accomplishment was reiterated when asked what was good or not so good about the whole experience. Linda said:

It was good, to think that I actually did have a natural labour. I feel pretty good about that. I am very happy. I am happy for a lot of reasons. I am happy because she is here and part of me feels that I did it myself. I had my mom but other than that I really didn’t have anybody, so I kind of feel like I accomplished it by myself.

4.3.2 Community

Through the interviews another important theme that emerged was that of community. Slee contends that a spiritual awakening will lead women to seek out a community of other affirming women rather than into isolation. She sites Carole Christ, a feminist theologian, who states that for women, a spiritual awakening is often rooted in community with other women. Burkhardt’s research into the spiritual perspective of women identified connecting relationships to others apart from family members to be a specific aspect of feminine spirituality.

The research indicated that each of the eight women interviewed expressed either gratefulness for, or a desire to have, connecting relationships with other ‘moms’ apart from family members.

This connection with other women - women who were, or are in the same situation as them - was viewed as very supportive. The sense of belonging or connecting to a bigger community was seen as a positive thing.

Two types of communities or groups were mentioned in the interviews. One was a church community, and the other was a prenatal class. The broader community of motherhood, sited by three of the participants, will also be discussed.

From Source 1 each of the four women spoke about the church they are attending and how it, as a community of people, provided a sense of belonging.

Margaret said: church “is a huge source of community. It is like a second family”. The importance of belonging to such a community was echoed in the interviews with Gene, Andrea, and Lacey with statements like: “I love knowing that my church family is praying for me and my baby,” or “My church is full of aunts and uncles for my baby,” while another said, “If I need anything for this baby, I know I can turn to the church and they will be there for us.”

From Source 2, Yvonne spoke about the new church she and her partner have been attending. The same sense of family, care, and acceptance was reiterated. In our first interview she said of the church,

   There is a very strong community there. We, me and my fiancé, were really impressed with how helpful the people there wanted to be, especially for us. We are going to have a baby, we are getting married, my fiancé is trying to find a good job, my parents are not here, and we’re struggling… the old people became so involved.

The church as community was providing a spiritual component as well as support, care and sense of belonging for these participants. For other participants, community was made up of affirming and supportive women found in the prenatal class.
Linda’s experience of community in the prenatal classes she attended was profound for her. The prenatal class she attended was made up of all women. Partners were not included. She said, “just knowing people in the same position as me just… just did something for me.” The care and acceptance she received from this community of women affected Linda in powerful ways. She said,

It did something for me. It made me feel really good. I just felt like… I was at work and I would leave work at 12 to go to these classes and I would be miserable and when I went to these classes I would be totally refreshed. I don’t have much girlfriends in the city either and to see all the girls there and talking to them about the same stuff – just knowing people in the same position as me just – did something for me. I went there the other day. (Prenatal instructor) loves her… They are so good there. People still do care. I don’t know if I would think to pray if I hadn’t been connected in that way.

Acceptance and belonging are key elements of community whether church or prenatal class. One other more general community that three of the women interviewed mentioned was the community of motherhood.

The data revealed that three of the participants spoke directly about joining the broader community of motherhood - a special group where they now had membership, they had a story to tell.

Lacey said of her childbirth experience;:

I think it changed me in the fact um, um, that I have experienced… that I have gone through childbirth… so when people talk about it, I have a story. I know what it is like to feel that pain and nervousness and excitement all at the same time… I’ve joined this new group (motherhood).

Though Andrea had a deep sense of community with her church she was hungry for more, her desire to connect with other moms was also a journey of self-discovery of who she is and what type of mother she might be. She said,

I spoke to a lot of moms. So I have moms who are really into detachment parenting – you know that? And I have moms that are the opposite. So I wanted to figure out what kind of mother I would be and our discussions changed from…they just became more mom-oriented.

There was a clear sense from Andrea that through the experience of childbirth and through community she had found her voice. At the end of our second interview she ended our time together by saying:

Mothers at this point are very keen to connect to something (pointing to the sky), so I am very keen to connect other mothers now – before I would have been very keen to connect with a pregnancy support
group. We need that community as new moms. A place where we don’t feel judged, a place to prepare us for delivery, while pointing new moms to God.

The sense of community found in caring environments, like a church or a mom’s support group, provide the new mom with a sense of belonging, connectedness, care and support.

It was reported by all of the women that connecting relationships with other “moms” apart from family members was very important. The connection with other women – women who were, or are in the same situation as them - was viewed as very supportive. This community provides affirmation and a means for self-discovery about her purpose and her role as mother. Slee contends that a mark of spiritual awakening is the desire for women to move towards a community of women-affirming individuals. This community creates an environment of potential liberation and self-actualization for women.\(^{185}\) This was evidenced clearly in Linda’s experience.

### 4.3.3 Reality of Becoming a Mom

When each of the participants was asked to submit a picture of a profound moment during the childbirth experience, all but one submitted a picture of their baby immediately after delivery. The picture, however was not of the baby alone, it was either mom and baby, the father and baby or three of them together. The presence of this new life in her midst was what she defined as the most profound.

As the women discussed their childbirth experiences in our second interview, the reality of becoming a mother was expressed as being both awesome and exhausting. The preparation for the birth of the child – classes, reading, preparing nursery, gathering necessary baby items, baby showers – all seemed to be a distraction to preparing for that daunting task of being mother.

Slee stated on the experience of motherhood,

\[\text{Giving birth to one’s own child and becoming intimately involved with the work of child-rearing, is a major turning point in a woman’s life, both an experience of profound biological change as well as an}\]

\(^{185}\) Slee, *Women’s Faith*, 111.
induction into a role and a set of expectations which are, to a large degree, socially constructed, and which may undermine, as well as strengthen, a woman’s sense of self.\textsuperscript{186}

Linda spoke about the reality of this experience hitting her. Speaking about what she felt immediately after her daughter was born, she said, “I think I was just in shock. Honestly, they put her right on me right when she came out. She was staring at me (laugh), I am not kidding. I remember thinking holy crap – reality – bam.”

The reality of becoming a mother was similar for Nina, as she recalls:

> When labour started I was in pain. I just wanted it to be over with. I just wanted her out and then when she was born it was a whole new experience where you have this person that you are responsible for the rest of their life - the rest of your life! And then it’s someone you just love unconditionally. No reason to it. Realizing that she is just a part of our life…it’s the three of us now.

There is a sense of enormous responsibility and realization that this baby will change the rest of your life.

Cathy certainly experienced that as well as discovering something about herself:

> I don’t know, the whole thing made me realize, I guess I always knew this that family was the most important thing. But … like how protective I am of her now… like she’s comes first before anything. I didn’t know I could love somebody so much…instantly.

For Gene, it was a new awareness that her schedule is no longer her own, or that getting things done with a baby in arms requires more dexterity,

> I used to have my own schedule. To relinquish control – and to be a mother to this guy to regain it is an entirely new thing. This little one has his own mind, I would have to say that I will be under the wave of influence of this little guy. And it’s funny now, I do things and I find that I am learning to do things with one hand.

The adjustments to the mother’s life were slowly revealed to her as she entered into motherhood. Slee would suggest that a women’s awakening is not only found in the mystical but can be found in the mundane,\textsuperscript{187} like Gene’s awareness that she needed to learn to do things with one hand.

\textsuperscript{186} Ibid., 125.
\textsuperscript{187} Ibid., 133.
The physical, and emotional adjustments - from a lack of sleep, to mourning the loss of a relationship with one’s spouse – are real, and for Andrea the realization of “baby makes three” was accompanied with difficult emotions:

It was hard. I was mourning. I was mourning the loss of me and (husband’s name) because it had been the two of us for four years and this third person was coming on in and ah…a lot people say they love their child right away, and in your heart, and you do love the baby right away but you heart takes a little longer to let the baby in. And I remember crying to my mom “I love my husband more than I love my son”. And she said, “it will come” and it does come, and I knew it would come. Those were just things I was grappling with… the loss of me, the loss of me and (husband), the loss of sleep, the loss of freedom. The fact that this was my …responsibility…we grow into it. I have.

For Andrea there was a coming together of different parts of herself as woman, wife and mother. Slee would suggest that for Andrea the coming together of this new understanding of self is a mark of awakening and the result of this coming together is a new sense of power, vitality energy and confidence\textsuperscript{188}. The experience of awakening seems to bring a sense of inner strength, and responsibility for self.

The adjustments were not only physical and emotional, but for each of the eight women interviewed it was also spiritual. When I asked, “How did this experience change or impact your relationship with God?” Nina replied, “It certainly got me wanting and needing a stronger connection”.

To that same question Yvonne replied, “You know I am on this voyage with God and I am kind of waiting for the new relationship”, alluding to the anticipation of a new and perhaps deeper relationship with God. For Linda it was coming to God in gratitude for her healthy baby, something she said she would never have thought to do before. Cathy had a deeper understanding that God was indeed “there for me when I need Him (God).”

\textsuperscript{188} Ibid., 134.
For Gene it was the realization of a desire to have her son’s life begin with everything “that is natural in the world – with God.” That, she said, “is how I have changed, I have come to a greater realization about myself (as mother).”

Andrea felt that the experience of childbirth and motherhood drew her closer to God. She described it as a “weakness that needed Him (God). I am so grateful, so needing to praise. It was so ‘Wow, thank you!’”

Even in the midst of grappling with her new role as mother and wife there was a connection to God that ran deep.

Margaret said of becoming a mother:

I think it has helped me to see more miracles because she is a miracle. It helps to see the wonder of creation in everything now. Going through, realizing that I can grow a person inside of me, and then have her come out and now six and half weeks later with her – just helps me to see the miracles of everything in life.

Lacey answered the question by saying:

Oh, I was thinking about this the other day – how God gave up his own son and I was like, I have one son and I don’t want to give you up. So I was thinking about that, just randomly. I was bathing him and saying Jesus died for you blah, blah, blah. God gave up his son. Ugh you are my son. That makes me cry just thinking about that. God made us, God made (baby) too but in some ways I made him.

When asked to show a picture or photo that captures their most profound moment during childbirth almost all showed a picture of their baby shortly after delivery. Many of the women described the reality of this child in their midst as overwhelming, in a very positive sense.

The reality of becoming a mother hit each participant in a distinct way and at various times, whether during labour, immediately after the birth or at home making dinner with one hand. In the interviews, each woman shared that moment for them.

Each woman interviewed not only discussed the physical and emotional aspects of this reality but also recognized and acknowledged a spiritual aspect as well. For each of these new mothers the journey into
motherhood provided a context for growth and self-understanding. It also opened up a dimension of her relationship with God, “which could not have been mediated any other way”\textsuperscript{189}.

A spiritual awakening “demands a new understanding of self, of reality, and of God or one’s core values”\textsuperscript{190}. For each of these women, becoming a mother forever changed who they are, and how they now understand themselves. All eight of the women interviewed reported a spiritual connection or encounter with God after the birth of their child.

As researcher, I do not know the extent of the spiritual connection for the women following the second interview. I was contacted by two participants several months later. For the remainder, I am not aware if the spiritual connection was a one-time experience that came and went away, or if the spiritual connection took root to become deeper. That would be worth investigating in another study.

Writers in the area of spiritual awakening suggest that a woman’s awakening is not a once-for-all experience. Monk Kidd said, “Rarely is any awareness or process on this journey a one-time event. We seem to return to it over and over, each time integrating it a bit more fully”.\textsuperscript{191}

However, what can be said is that immediately after childbirth things were no longer what they previously were. For each of the women there was a sense of having crossed a threshold into new awareness of themselves and of God. This suggests a spiritual awakening.\textsuperscript{192} Further, each of the eight women interviewed in this study reported a spiritual connection, specifically to God.

\textsuperscript{189} Slee, \textit{Women’s Faith}, 126,127.
\textsuperscript{190} Ibid., 134.
\textsuperscript{191} Monk Kidd, \textit{Dance}, 98.
\textsuperscript{192} Ibid., 134.
4.3.4 Sense of Wonderment

Another main theme that emerged from the data is described as a sense of wonderment. As each woman spoke of her childbirth experience, regardless of her Source group, she used words to describe an awe or wonder in the process of birth or in the child itself.

For example, as Andrea talked about her pregnancy and the stages of fetal development, she expressed awe in the miracle of creation: “How do you not believe in God?” There was sincerity in her question. “It’s been really cool in this process to see how He is active as a creator within myself. It’s trippy, like when you feel this kid move and there is a human being inside of me”.

As Linda reflected on her pregnancy in our first interview, she said to me, “I believe that there is something besides us. There has to be, I just believe that there has to be something bigger, like it can’t just be what I see.”

When Yvonne spoke about meeting her baby for the first time her eyes lit up. She was missing her family, who were unable to come to Canada for the birth of their grandchild. She said, “I actually saw my dad in her.” She became quite emotional. She described the experience as if seeing her father’s expression on her little one’s face was a great gift from above, or a sign of good things to come. She regained composure and went on to say, “This is a human and she already has an expression, a facial expression and an hour ago it was inside me.” She paused again, her words whirling around in the air. On her face I could see the expression of awe and wonder.

Gene reflected on seeing her baby and remembering how it was an “Aha moment”. She described it as being an amazing sense of knowing. Looking at each other, after long last, and her baby knowing her, she felt a connection. She said, “He looked at me like and he knew me. And it was spiritual.”

There is no doubt that the childbirth experience is both emotionally charged and physically challenging. In the case of the eight women interviewed, each of the participants, in their own words expressed an
expression of wonderment or awe in describing some part of the experience. They described an almost mystical experience in their connection to the spiritual.

Slee cites Carol Christ in saying that for women a spiritual awakening will include a claiming of the self, especially an affirmation of the body and the awareness of there being “something greater”, or “something more”. For Linda that was very much the case. Her awareness of something “bigger than us” was for Linda an awakening. For others too, the sense of wonderment they communicated was embedded in a natural or mystical experience. In each case the woman in this research study became “intensely aware of the spirit filled quality” in her life.

4.3.5 Control

When asked “who had control in your labour and delivery?” one might expect participants from Source 1 to say that God ultimately had control in the childbirth experience. That was indeed the case for Andrea, Gene and Lacey. They responded initially by saying “I had control” and followed up their answer by saying, “Ultimately God had control” in their labour and delivery.

Gene described her childbirth experience with disappointment for the number of interventions she experienced. During the labour, Gene felt she needed to follow the doctor’s direction regarding interventions. She spoke specifically about being induced and then ultimately having a c-section. However, when asked “who do you feel had control or power over your birth experience?” her response was, “I had the power to say no. I gave the “OK’” to the doctor to proceed. If I would have done something different it would have been to hold on to the reigns (referring to interventions)”. She then alluded to the great power of divine nature that guided it all.

Margaret, the remaining participant from Source 1, felt that the hospital was in control. She stated that the nurses and OB did not read the birth plan she and her spouse prepared until after the delivery. As a result,

\[193\] Ibid., 110.
requests made in the birth plan, for example dimming lights during labour, were not fulfilled. When she requested that the lights be dimmed, the nurse denied her request. Because of that she felt that in their situation the nurses and hospital had the power. This was not perceived or described by Margaret as a negative, only a matter of fact.

From Source 2, Yvonne and Cathy both said that they felt they had control during the birth, but both followed up that statement by saying that God, in fact had control over the whole experience.

Yvonne stated: “Well, I realize that everything depends on me…no one can do it but me. The nurse, the doctor can help me but if I don’t put an effort… no one can do it but me.” She later added, “I knew that God would not let anything super harmful happen.”

Cathy said it this way,

First and foremost me, me and (husband). We discussed everything as a couple. Other than us, I feel so corny saying this, but God. I felt like other than us having control, He was in control and God had a path for us this day.

Theologians and faith experts would contend that faith and control are in tension. Part of a faithful life is to surrender to God. The purpose of this question of control in labour and delivery was to understand how women valued the control in their labour and delivery juxtaposed with those women who said they experienced a spiritual connection.

Cathy, (S2) Andrea (S1), Lacey (S1) and to some degree Gene (S1) each stated that God was in control or had the power during their childbirth experience. These four participants also reported having experienced a spiritual connection during childbirth either throughout the whole experience or some particular moment. Though Yvonne acknowledged God during her labour, her spiritual moment came after the birth of her daughter. It was “when the nurse swaddled her and put her right in front of me and she opened her eyes!”
Cathy responded to the question, “At any point did you feel a spiritual connection during the birth experience?” by saying:

More so before the c-section part. I think before, with God, I knew he was going to make sure everything was okay. I was going to be okay and she was going to be okay. That is what I had to believe in at that time.

When asked about how she felt during the c-section she responded:

When they were working on me and before (husband) got into the room, all I could think of is, “Please God let me be okay. Don’t let anything go wrong. Make sure she gets out okay.” I was scared beyond belief and I didn’t have anyone and that’s all I had.

Andrea, Gene and Lacey stated that the entire experience was spiritual. “From the get go” was the sentiment that the three shared.

In section 4.3.5 we looked to the theme of control that emerged from the second interview with each of the participants. As researcher, the question that arises from this theme is whether or not there is a connection between attributing control to God and a spiritual experience.

Cathy, (S2) Andrea (S1), Lacey (S1) and to some degree Gene (S1) each stated that God was in control or had the power during their childbirth experience. All four of these individuals also said that they experienced a spiritual connection during childbirth, either throughout the whole experience or some particular moment.

Yvonne (S2), Linda (S2), Nina (S2), and Margaret (S1) indicated that someone or something other than God was in control. When asked, “Who do you feel had control or power during your birth experience?”, Yvonne, Linda, Nina, and Margaret felt that they did experience a spiritual connection with God, but for them that connection occurred at a time following the birth of their child.

A sense of control in the labour and delivery room did not seem to affect whether or not the woman sensed a spiritual connection after the birth of her baby. All eight women reported a spiritual connection. However, what does seem to be affected is when that spiritual experience occurs. Of the four who indicated that God was in control of their labour and delivery, all reported a spiritual connection early on,
either throughout the pregnancy and / or during labour and delivery. All four of these women also expressed a disappointment about having unplanned medical intervention.

Of the four women who reported someone or something other than God was in control of their labour and delivery, three communicated a sense of pride in having had a natural childbirth. The fourth of this group felt in control and happy with her decision to receive medical intervention. Margaret, Yvonne, Linda and Nina also experienced a spiritual connection but it was after the childbirth experience. For them it was the physical closeness of being with their child that provided a way in to their mystical experience of God.

4.3.6 Summary

While analyzing the data, it became evident that the woman’s perception of her labour and delivery experience carried deep emotion.

Only one woman from Source 1, Margaret, experienced a natural childbirth. From the interviews and her retelling of her childbirth experience she indicated no regrets. She was pleased with the outcome, she communicated no disappointments, and said she “wouldn’t change anything”. She was proud of herself, her partner, and how the childbirth experience played out. She expressed gratitude to God for her healthy baby.

The remaining participants from Source 1, though happy and grateful for their baby, expressed disappointment about not having a “natural” birth. Gene, Andrea and Lacey were able to reconcile in their minds that agreeing to the epidural or c-section was what needed to be done for their health and the health of their baby. They shared that in their hearts they were grateful to God for the gift of their child, but in their interviews they clearly expressed disappointment in having a medical intervention.

Two women from Source 2 experienced a natural childbirth. Much like Margaret in Source 1, there was a pride and delight in having gone through childbirth without medical intervention. Cathy had an emergency c-section and communicated a disappointment and sadness that it could not have “gone
another way”. The final participant from Source 2, Nina, responded, “I am happy I didn’t have a c-section.”

As we look at the women’s response to their labour outcome in conjunction with control discussed in section 4.3.5., the four women who expressed disappointment regarding medical interventions also stated that they felt God was ultimately in control of their experience. Each of these women also reported experiencing a spiritual connection in the childbirth experience. This can mean that the women who experienced a medical intervention, regardless of Source, called out to God, in fear, anxiety or when they felt there was no where else to turn. Some women experienced God throughout their pregnancy, labour and delivery. What is of particular interest, however, was Cathy from Source 2, who called out to God and found God a source of strength and comfort during a time of fear, anxiety or crisis. She attributed God with the control in her labour. Then in holding her baby she described a “God moment”, a “spiritual connection”. She reported having experienced an awakening.

The four women’s attribution of God being in control of their labour and delivery was a way to understand and process their birth experience and their disappointment: “It was God’s will”, or “what will be will be.”

See Figure 2 for a synopsis of the findings.
There is enormous pressure on women both internally (what the woman expects of herself) and externally (the expectations she feels are placed on her by other women) regarding all aspects of mothering. These pressures include the type of birth one has, whether or not a woman chooses to breastfeed, and the way in which one chooses to discipline the child. What most women already know is that it is just the tip of the iceberg. The role of motherhood is steeped in expectations, which are to a large degree, socially constructed. Slee says the expectations “may undermine, as well as strengthen, a woman’s sense of
The five women in this study who experienced a medical intervention felt a deep disappointment in not fulfilling the expectation they either placed on themselves or had placed on them regarding natural childbirth. However, of those five all but one stated having a spiritual experience during the labour process.

It is important to state again that all eight of the women interviewed reported that regardless of their birthing experience (whether natural or not) they would do it again in a heartbeat for their child. Each one of the women reported mothering as a positive experience.

Perhaps what was of most interest to me was Linda’s experience of childbirth classes with a Christian prenatal instructor. Linda, who admitted being curious about matters of faith, described her faith as “weird”. She shared that immediately after having the baby she prayed and felt a spiritual connection. As Linda spoke about praying she credited her prenatal instructor for introducing her to the idea of a connection to God through prayer. In Linda’s case her awakening began during those prenatal classes.

4.3.7 Conclusion

The analysis of the data created copious amounts of information pertaining to pregnancy, childbirth and spirituality. However, five major themes came to the forefront. Each of these major themes intersected with all eight participants, from both Source groups. The five major themes discussed in section 4.3 were:

- Community;
- Reality of being mother;
- Sense of wonderment;
- Control, and
- Response to labour outcomes.

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194 Slee, Women’s Faith, 125.
In the next section I will present the five sub themes that emerged from the data that I have categorized as the Spiritual Needs of the new mother.

4.4 Spiritual Needs During Pregnancy and Childbirth

Throughout the pages of the transcribed interviews the women shared what nurtured their spirit, and what gave them joy, comfort, strength and a sense of rootedness. Five key understandings emerged regarding their spiritual needs. The women reported needing:

1. Recognition, encouragement and acceptance
2. Support from spouse/partner
3. Support of family
4. Their own mom
5. Scripture, prayer and worship

In this section we will look at each of the five key understandings and how they may affect a woman’s spiritual connection.

4.4.1 Recognition, Encouragement and Acceptance

When asked “what gives you joy”, recognition for a job well done was mentioned. The Merriam – Webster dictionary definition of recognition is the act of accepting that something is true or important or that it exists.

Linda and Nina both said what gave them joy was being appreciated and appreciating others while others also alluded to its importance. During her labour and delivery, Linda found encouragement from her doctor and her mother saying to her, “You can do it”, and “You’re doing great.” These influences were juxtaposed with what she received from her boyfriend who was not, in her opinion a support to her emotionally. “He was around, he was just basically holding my legs. He was helping with positioning but I don’t remember him saying anything.” Though her boyfriend was there physically, he was not able give
to her what she needed, namely recognition for the work she was doing and positive encouragement to continue.

Andrea said, “I was so bummed when they (medical professional) said the word epidural, I just broke down… and then my husband gave me a real talking to. He was very encouraging and convinced me we were doing the right thing.” The encouragement that Andrea felt from her husband and her mother, who was also in the room with her, gave her the strength to accept what she needed to do for herself and her baby.

The research also indicated that the women wanted to be accepted for who they were, the choices they made and what they did. This was particularly clear with Margaret who expressed discouragement that her birth plan had been ignored by the nurses.

Acceptance of the child by family was another powerful source of joy and encouragement, which I will address further in 4.4.2 and 4.4.3.

4.4.2 Support of Spouse/Partner

All of the participants indicated that their partners were with them during their labour and delivery, with varying degrees of engagement. Though specific questions pertaining to the support from their partner was not asked, it was clear for some that having the father of the baby in the room was important. It was also clear through the interviews that some spouses were more helpful than others.

In Lacey’s situation, her husband did not respond well to her receiving an IV and passed out. Lacey’s husband’s condition then became a stress for her. In the midst of her labour she began worrying about her husband, who was lying on the floor. When he came to they began discussing who they could call to support her should he not be able to. He managed. After the delivery, when her husband declined to cut the cord for fear he would pass out, Lacey said, “I appreciated that.” However, having him there allowed for a powerful moment. She recalled:
(Husband) said something and (Baby) lifted his head off my chest and looked straight at the voice. That was cool. He looked straight at his dad. He recognized his voice. That was really cool!

Yvonne’s spouse, though he didn’t pass out, was not as engaged as Yvonne would have hoped. He had not gone to prenatal classes with her. When asked what her husband was doing during the labour and delivery, she replied:

He was really out of it. He didn’t want to look. He wouldn’t even look when they were doing a blood test. The moment she was coming out he looked and that harmed him. He said, “I can’t believe that this thing came out of you.”

Cathy had both her husband and her mother with her and mentioned numerous times what a great job he did in keeping her (Cathy) calm.

For both Nina and Andrea, having their baby have skin-to-skin time with their daddies immediately after the delivery was very important. Although they were concerned that their spouses may be not be so inclined, they were both very pleased that they did.

4.4.3 Support of Family

The support and presence of family during labour and delivery was mentioned specifically by seven of the women interviewed.

Cathy said one of the positive parts of the experience was the overwhelming support of family that day, “… that my family was there. That was a really positive thing and to have (husband) there and he did such a great job of keeping me calm”. She went on to say, “well, everyone else was there too… waiting in the waiting room. The entire family… both sides!” You could sense her joy in sharing that everyone important to her found it important enough to be there, waiting.

As Linda reflected on her childbirth experience she acknowledge something very similar. For Linda, one of the positives from the whole experience was the support she received from her family. “They’ve been really supportive through all this.” The childbirth year also provided a time of healing and reconciliation between family members. Linda said of her estranged brother, “I would call his girlfriend to get some
advice on this or that and she was great. I think because of that my brother and I are good again. He comes to visit and he has already bought this one (looking at baby) so much stuff. I feel like I got really close to my brother.”

The support and presence of the family, at the time of delivery, is perceived by the new mother as acceptance of the child by the family. Rubin indicates in her research in maternal identity that this is something that the pregnant woman seeks.195

Did the women who indicated support from their families feel better about their labour and delivery outcomes? There may not be enough evidence to make that statement but for those women in this study for whom family is a source of joy, strength, comfort and rootedness, and their families were present for them during the process, all communicated positive feelings about the outcome, irrespective of medical interventions.

4.4.4 Mom’s Mom

Having family around, or knowing that they were around during the labour and delivery, was for the most part supportive and encouraging to the participants. However, the role of the participant’s own mother during labour and delivery provided another source of strength and comfort.

Cathy had her mother in the room with her “at all times”, working side by side with her husband as a support. It was her mom who guided her breathing and when they walked around “I would have to stop and hold her hand and get through it and keep walking.” Cathy’s mom provided a comfort and support for which she was so very grateful.

Yvonne found it difficult to not have her own mother, who lives overseas, there to support her during her childbirth experience. Her contact with her mother had been over the phone. It was very difficult for

195 Rubin, Maternal Identity, 59.
Yvonne particularly during labour and deliver to not have her mother present. At a time when Yvonne felt she needed her mom the most, the distance made it very difficult.

For Linda having her mom in the room encouraging her was very important. “My mom inspires me to do better and to hold on and don’t give up.” As she reflected on the labour she said, “Without my mom I don’t know what would have happened.” For Linda, her mother provided a calming, empowering presence that gave her the strength to keep going, “My mom was my rock star.”

Andrea said that her husband was distracted with work-related matters and it was her mother that provided the comfort she needed. She said, “My mom was a strong presence and comfort in the room.” Andrea recalled sitting in the tub with her mother at the hospital at 9 cm dilation being encouraged that she could do it, and praying with her. It was her mom that cared for her and her baby for the first week during the baby blues. Speaking truth to her in those dark days, Andrea’s mother was to her a great help. Certainly for Andrea her mother provided a comfort and strength not only emotionally and physically but spiritually as well.

For Nina it was difficult not having her mother in the room to encourage her, “the nurses said it was going to be awhile so we sent my mom home to get some rest. I had the epidural and the oxytocin and things moved along. By the time we called my mom and she got there, I had her.” Though she was clearly disappointed, she said how greatly appreciated her mother’s care after the baby’s birth. Up until the time of the second interview Nina and her little family had been living with Nina’s mother. Nina had been receiving undivided attention from her mother and was able to rest and heal from the labour and delivery experience.

Culturally for Nina and her family it was normal for the mother of the new mom to care for child and grandchild for 40 days (or 6 weeks) after the birth of a child. The 40 days is significant in the healing of the new mother. Unfortunately in our North American culture this is very seldom the case.
Gene expressed gratitude in having her mother come from overseas to take care of her and her baby as she recovered from her c-section. She said, “I am really not sure what I would have done without her. She came in time for the birth and she has been her ever since. I am so grateful.”

The role of one’s mother as support during labour and delivery would be an interesting area for more research.

4.4.5 Scripture, Prayer and Worship

Of the eight women interviewed, six said that their source of hope, strength, comfort and peace came from God. Reading scripture, prayer and listening to worship music served as coping strategies during labour and childbirth.

This was very much the case for Lacey. Throughout her labour and delivery she used scripture, worship music and iconic visuals to get her through. She reported playing a particular praise and worship song over and over again. The words, which she sang to me in our interview, were words that evoked a sense of well being in God’s care. “Oh, poor (husband’s name) had to hear the same song over and over because I had a CD that helped me. It was a spiritual connection.”

Later when Lacey found it difficult to read a scripture from her cards – while having her epidural inserted – she enlisted the assistance of the attending nurse to read the verse to her. Even the anaesthesiologist assisted with the task, all in an effort to keep his patient calm, no doubt. For Lacey it “provided a sense of peace and calm”.

Prayer was another ritual practice. Seven of the participants reported using prayer as a way to cope with the labour.

Andrea said, “When the contractions began the verse that goes, ‘you are fearfully and wonderfully made’ came into my head and I meditated on that and how God made me for this.” She went on to say, “I spent a lot of time just praising Him very inwardly because that is how I stay calm and centered.”
Even those who would claim to be not religious found themselves crying out to God in time of need.

Cathy said it best when she said,

> When they were working on me and before (husband) got into the room, like all I could think of is “Please God let me be okay. Don’t let anything go wrong. Make sure she gets out okay.” I was scared beyond belief and I didn’t have anyone and that’s all I had.

In a moment of fear and sense of being alone Cathy cried out to God. Like Cathy, Linda had her mother’s strength to lean on during the delivery. That moment when her baby was born and put on her chest was when “I said my thank you for a healthy baby. I didn’t say it out loud - I said it in my head.” She explained that through the delivery she was feeling as though she was going to give up. While she was pushing she began worrying that she might need to have a c-section and then with that last push her baby was out and the nurse put the baby on her chest. It was in that moment, that she turned to God in gratitude.

### 4.4.6 Conclusion

From the interviews, five sub themes emerged which have been categorized as Spiritual Needs. For these women, the five Spiritual Needs were identified as: recognition, encouragement and acceptance, support of spouse/partner, support of family, mom’s mom, and scripture, prayer and worship. See Figure 3
Of the eight participants interviewed, four women expressly indicated not having at least one of the
aforementioned spiritual needs met during the childbirth experience. Those same four women indicated
that they did not experience a spiritual connection during labour and delivery. They did, however, report a
spiritual connection after the birth of their child.

Margaret had been experiencing some great personal and emotional upheaval related to her spouse and
family during her pregnancy and into the labour and delivery. Though her labour went very well she
admitted being preoccupied and “concerned” with issues involving her family. She also expressed not
feeling encouraged or accepted by members of the hospital staff. Margaret said:

Though I was probably subconsciously praying for strength and relief I don’t recall a spiritual moment
during labour and delivery, I was so concerned about (spouse) and the hospital staff would receive us.
It was definitely once my baby was born that I felt a spiritual connection. I felt so relieved and I said a
prayer right away… thank you God for my beautiful baby.
Both Linda and Nina expressed clearly that things were not stress-free during the labour and delivery. Linda was upset by “the father’s lack of support” in what she was “going through” and his apparent lack of interest in their unborn baby. Though Linda’s mother was present, she found her ex-boyfriend’s presence to be “unsupportive” and distracting. For Nina her greatest disappointment was that her mother was not present at the delivery, she said:

I guess the low would have been, apart from the pain, I wanted my mom to be there…– but we told her to go home because we thought the baby wouldn’t be coming until the next day. That’s what the nurses were telling us. So we told her to go home and then called her to come back because the baby was going to be born…she wasn’t there in time. His (husband’s) parents were there outside. I just felt like he wanted to rush and give the news – very quickly rather than savouring the moment just the two of us and I wanted my mom to be there too, so….”

The absence of her mother, during this critical time, created for Nina a void of comfort that she greatly desired and needed.

Margaret, Yvonne, Linda and Nina each communicated a need not being met during labour and delivery. In each case that unmet need was associated with the lack of presence or support of either a mother, spouse or family.

Cathy (Source 2) on the other hand, expressed disappointment in having a c-section. However, the presence, support and encouragement of her spouse, mother and immediate family were all extremely positive for her. She expressed that even in the midst of a complicated pregnancy and delivery she felt “important” and felt she could “call out to God through prayer.” Surrounded by loved ones and feeling “cared for”, she reported having a spiritual connection both during and after the childbirth process.

Hall states that the spirit needs human relationship and this may be something that is enhanced in feminine spirituality. The conclusions about spiritual needs that emerged from this research with first-time moms during pregnancy and childbirth would concur with Hall. The expectant mothers’
relationships with her spouse/partner, family, and specifically their own mothers represented a significant source of comfort when present and distress when not.

The use of religious practices, like scripture reading and listening to worship music during labour, was a significant source of comfort for the religious individuals. Prayer or a calling out to God was reported as being used at some point by all the participants during the childbirth experience. Each of these actions represented a significant source of comfort and a way to support the expectant mother during the childbirth process.

This study suggests that having the spiritual needs of the women met (or not met) during labour and delivery may influence if and when these first time mothers experience a spiritual connection.
Chapter 5
Conclusions

5 Conclusions

This thesis was birthed out of the stories of eight women and one researcher. As the researcher, but also as childbirth educator, minster and mother, I was honoured to hear the intimate details of each woman’s personal journey into motherhood. Like each birth experience, each story was unique.

In this closing chapter, I will reflect on the general significance and the practical implications of my research findings. First I will look back on the theoretical discussion about pregnancy, childbirth and Spiritual awakening. I will then consider pastoral implications of my findings. Finally, I will identify other significant research areas for further study, and conclude with some final remarks.

5.1 Interpretation and Implication of Research Findings

Childbirth is a miraculous physical, emotional and spiritual event that is full of possibility.

Many writers use birth imagery to speak of the process of spiritual awakening, likening conception and childbirth of a new self to the biological process of birth. Sue Monk Kidd speaks of conception, labour, and birthing this, she way:

It offers a body parable of the process of awakening. The parable tells us things we need to know about the way awakening works – the slow, unfolding, sometimes hidden, always expanding nature of it, the inevitable queasiness, the need to nurture and attend to what inhabits us, the uncertainty about the outcome, the fearful knowing that once we bring the new consciousness forth, our lives will never be the same.197

Childbirth and motherhood are ideal contexts in which to acknowledge the spiritual dimension of a woman's life.

197 Monk Kidd, Dancing, 12.
The telling of birth stories can provide insights into the connection between childbearing and spirituality. Hall states that enabling pregnant and postnatal women to tell their stories may be an important part of their spiritual growth.\textsuperscript{198} Narrative and spirituality are in many ways symbiotic.

This study shares Slee’s understanding that women’s faith development is a lifelong, dynamic process of meaning-making that can become clear through the telling of one’s story in the interview setting. This study also shares Slee’s understanding that the birth of a child can be a significant marker event that can act as the trigger or gateway to a spiritual awakening.

This study’s findings have shown that women expecting their first child experienced a spiritual awakening, defined in part as “a reconnection to their own power of selfhood as well as to a deeper awareness of their connectedness to others and to the divine.”\textsuperscript{199}

Five main themes emerged from the research data, each pointing to a spiritual connection during pregnancy, childbirth and motherhood, as discussed in section 4.3. These five main themes are:

- community
- reality of being mother
- sense of wonderment
- control, and
- response to labour outcomes.

Each of these five main themes indicated either a connection or reconnection to the woman’s own power of selfhood; a deeper awareness of her connectedness to family, her spouse/partner and the community; and, in the case of all the women interviewed a deeper awareness to the Divine.

\textsuperscript{198} Hall, \textit{Midwifery}, 75.
\textsuperscript{199} Slee, \textit{Women’s Faith}, 109.
This research study also determined five sub themes that were categorized as the Spiritual needs of the childbearing mother. These Spiritual needs are:

- recognition, encouragement and acceptance;
- support of spouse/partner;
- support of family;
- mom’s mom; and,
- scripture, prayer and worship

The research indicated that if one or more of these spiritual needs are not fulfilled during the childbirth experience, the timing of the spiritual connection experienced by the first time mother is affected.

Several women reported that childbirth was a powerful and spiritually transforming experience. One woman expressed the sense that giving birth to her first child was in many respects being birthed into the new role of motherhood. Some women described a “connected” experience with God, the Creator, in the creation of their own child. One woman after delivering her first child by c-section said that the experience would have been more spiritual had it been a natural delivery. Another woman after delivering without medical intervention described birth as a holistic experience.

For those women who were a part of a religious tradition, (in this particular study being The Presbyterian Church in Canada), some described how their religiosity was strengthened during pregnancy and childbirth. Further, they were comforted during the labour and delivery process through religious practices such as prayer, reading scripture and listening to worship music.

All of the women, regardless of their religious beliefs or affiliation to a religious organization, referred to an awareness of the Divine, a sense of there being “something greater”, or “something more” than themselves. Each of the women interviewed in this study referred to the Divine as God.
This study found that most of the women believed God could and would influence the outcomes of their pregnancy and childbirth. Many women reported relying on God for help to ensure positive birth outcomes.

What became clear was that for each of these new mothers the journey into motherhood provided a context for growth and self-understanding. It also opened up a dimension of her relationship with God that may not have happened any other way.

The participants were made aware of my role in the Presbyterian Church. What I found most interesting, even encouraging, was that several months after the birth of their babies two women from the Source 2 group contacted me personally regarding the baptism of their child. Shortly after the birth of her child one of those participants began attending a church in her neighbourhood. In their own way, both women shared with me their new understanding of God and their desire to share that understanding with their child.

The findings of my research study confirm that these eight women did experience a spiritual awakening or connection to the Divine, either during or immediately following the childbirth process.

5.2 Limitations to the Study

In this section the limitations of the research design will be discussed.

Regarding the research group, I am aware that the title of the research project: *Pregnancy, Childbirth and Spirituality* attracted individuals who were open to discussing such matters as spirituality. This would suggest a pre-existing openness to such a topic even if individuals do not consider themselves religious. When participants were asked about their belief in a higher power, all referred to that higher power as God. It is also interesting that all the women, regardless of their involvement in a religious organization, when referring to God used the male pronoun “He”.
Another limitation to the study is that of my vocation as minister and role as researcher. As a Christian, my personal spirituality and beliefs both initiated and inspired this study. This research question, like others before it, was born out of particular hunch of the researcher. It may be that no research can be totally value free. Further, my role as minister, and the participants’ knowledge of my vocation as minister may have influenced the participant’s responses.

A disappointment in the research group as a whole was that it was predominately white, middle-class women. It was my hope that individuals from Source 2 might represent different religious traditions, for example Jewish, Hindu, Sikh or Muslim. From the group as a whole, there was one woman who strongly identified with Buddhism, and another woman who had been exposed to a number of religions but espoused to none.

Regarding the data collected, each participant was asked at the end of the first interview to bring a picture or photo that represented a profound moment in their childbirth experience and to submit a written birth story at the second interview. All of the participants submitted a picture or photo. However, only three of the eight participants submitted their birth story. In reading the written narratives of those who submitted, I found that the story was very similar to the story they relayed verbally in the interview. It appears that the telling of one’s story is easier than writing it. Because I did not receive the written narrative from all of the participants, I chose not use the three written versions received as part of the data. Therefore the data used for analysis were the two one-on-one interviews and the pictures submitted.

I am aware that a research group of eight is not extensive, and thus it is difficult to make broad conclusions about spirituality, pregnancy and childbirth. However, considerable data were obtained from the sixteen interviews and on a practical level the number of participants did allow for manageable analysis of the transcribed interviews.

The study dealt only with healthy pregnancies and positive outcomes (healthy mom and healthy baby). Neither was by design. This study therefore did not include high-risk pregnancies, nor maternal or infant
morbidity and mortality. Furthermore, I am aware that many areas of spiritual connectedness during childbirth have not been addressed, most specifically the role of the partner.

In spite of the limitations of the methodology and analysis the research yielded a richness of data that has been described in the preceding chapters.

5.3 Contributions of the Study

There is no doubt that this process has greatly enriched my own understanding of pregnancy, childbirth and spirituality. As teacher and minster what I have understood anecdotally has been given new life.

Spirituality in health care is a relatively new and growing area of research. My study regarding pregnancy and childbirth as a trigger for spiritual connection or awakening is the first of its kind from the perspective of the Church and particularly The Presbyterian Church in Canada.

This study provides insight into the language that various women use to describe the nature of their spiritual connection to God during their childbirth experience. Further it validates my understanding that the journey to motherhood is a powerful biological, psychological and spiritual experience that can be a catalyst for a deeper connection to God.

5.4 Pastoral Contributions

As a minister, this study shows me that the openness to the Divine is occurring long before the new mother (or couple) arrive at my office door, requesting to get their “baby done”, referring to the sacrament of baptism. For those with church backgrounds, baptism is a time when some families will connect or reconnect with the church. Many pastors might decide to wait until they do. However, understanding that women with no religious affiliation may also be experiencing a new connection or a spiritual awakening should cause us, as pastors, to rethink waiting for them to come to us. With this new understanding, it would be my hope that ministers would be encouraged to come alongside, support, encourage and even witness in love to the pregnant moms in their midst.
Recommendations for how ministers and churches might respond:

- Pray for pregnant women regularly;

Using scripture such as the promises of Psalm 139: 1-18, pray for the pregnant women in your midst. Other themes and scriptures that may be a source of comfort and encouragement to the pregnant mother might be: God the giver of life (Job 31: 15); Commissioned by heaven (Jeremiah 1:5); Formed by the Lord in the womb (Isaiah 44:24); Wonderfully complex (Ephesians 4:16); Filled with the Holy Spirit (Luke 1:41) and Sheltered by God’s wings (Psalm 91:1-4). This list is by no means exhaustive but rather an example of the promises of God that can be the foundation of supportive and encouraging prayers for the pregnant mother.

- Pray for pregnant women and their families as a part of the Pastoral prayer in the service.

Prayers offered for expecting families, as part of the Pastoral prayer, can be a wonderful source of comfort and encouragement. Praying for expecting families in the context of the worship service also elevates its importance in the congregation’s consciousness.

- Pastoral blessing for the pregnant woman.

Some families may find it empowering to be blessed and prayed over as a part of the worship service. It is important to gain permission from the couple before calling upon them in the service.

One mother from Source 1 shared that when her due date approached, her minister invited her and her husband to the front of their church and asked the church to join him as he prayed for, and blessed their “little family.” She said of that experience, “I felt very cared for, not only by the pastor, and the congregation but I felt a powerful connection to God. It gave me strength when I needed it.”

- Offer prenatal and postnatal classes at the church.
Invite a certified childbirth educator run prenatal and postnatal classes in the church for the community. Classes do not need to be overtly ‘Christian’ to have an impact. It was clear that for Linda (Source 2) that being in a community prenatal class environment with an instructor cognizant and sensitive to the spiritual needs of the new mother, can leave a powerful impression.

- Offer Baby and Me classes at the church.

Like the above, enlist a certified instructor. As with prenatal classes the power of community can strengthen the new mother’s spiritual journey. Offering classes for baby and Mother can be a wonderful opportunity to bring new mothers together for mutual support and encouragement around practical baby care, breastfeeding, exercise, nutrition and relationships.

- Offer a new mother’s Bible study.

With a mentor or small group leader create another means of community for women at the same stage of life. Choose a Bible study specifically designed to encourage and refresh new moms. Offering childcare is important.

- Make your church baby friendly.

One of the first things a new mom will do when coming to a church is check out the nursery. Be sure to provide a clean, safe, pleasant environment for your newest congregants. Other things to consider:

  - Have changing tables in the washrooms.
  - If there is a nursery or parent’s crying room be sure to provide audio and or visual so the new parent need not miss any of the service.
  - Create a private, comfortable nursing area for mother and baby.
  - Very often, new mothers choose to keep their children with them in the service. It is imperative to create a culture that accommodates the noises of a fussy, distracting
baby. Ministers need to check their own tolerance on such matters. Is it okay that your sermon is being hijacked by the sounds of a fussy baby? Your response will dictate how your congregation will respond.

- Create a Caring group

Create a caring people who are willing to look out for those coming with little ones. They should be available to help them during the worship, should know where to find any needed items, or just be willing to hold a baby during the worship service to give the mother or father a respite. This group, or another like it may want also to assist new families with meals, supplies, babysitting, or assist with housework and errands. There is an African proverb that says “it takes a village to raise a child”. If not a village, perhaps a church family will do.

- Offer Baptismal or New Member classes for new parents.

As minister we can create community for new mothers and their families by offering opportunities for them to gather. In preparation for the sacrament of Baptism, and after initially meeting with the family one on one, offer a class or a social time where young families can gather together around the common purpose of preparing for Baptism.

5.5 Further research

No study is complete in and of itself, and so it goes with this research study regarding childbirth and spirituality. There is clearly room for further study in this area. As my literature review progressed, it became evident that this area of research is still relatively unearthed.

Spirituality is recognized as an important component of health and well-being. However, most current literature focuses on the spiritual health of individuals living with chronic illnesses and those who are terminally ill. By comparison, relatively little focus is on spirituality during the childbirth year. Likewise,
there is a dearth of research regarding the childbirth year, religiosity and the relationship to the church. Although spirituality and religiosity may be related, women may be spiritual without being religious, and more research on this association is recommended.

In this study five spiritual needs emerged from the data. A more comprehensive investigation of the spiritual needs of women during pregnancy, labour, delivery and the first year after childbirth and its relationship to infant baptism in the Presbyterian Church in Canada is recommended.

Another area of further study for the church would be to study the effects of Christian, community-based childbirth classes on awakening, spiritual commitment and religious practice.

Other questions and subjects which were identified as outside the scope of my investigation but still considered worthy of additional study would be:

- the role of partners/spouses and spirituality;
- the role of the new mother’s mother and spirituality;
- the role of stress and perceived labour outcomes;
- the role of healthcare providers and spirituality;
- the role of maternal models of healthcare and spirituality;
- spirituality and premature birth; and
- infant morbidity and mortality.

5.6 Summary and conclusions

Robert Atkinson says, “everything we encounter as adults that gives us a new and deeper meaning in life is spiritual.” By that definition the writing of this thesis has been a spiritual experience for me. It has been the culmination of vocation, academic study and passion. The lived experience shared by the

---

research participants has provided an insight into spirituality and the childbirth experience. Childbirth has the power to transform women through what some may call the “miracle of birth”. In these pages I have only scratched the surface of the spiritual complexities of the childbirth experience to reveal how woman can make such miracles come to pass.
Bibliography


Sandelowski, M. “We are the Stories we Tell: Narrative knowing in nursing practice.” *Journal of Holistic Nursing* 12, no. 1 (March 1994): 23-33.


Appendices

Appendix A: Advertising Flyer

Are you expecting your first child? Would you be willing to be a part of an exciting Doctoral Research study looking at *pregnancy, childbirth and spirituality*. Participants will be interviewed on two occasions. Once in the third trimester of pregnancy and a follow-up interview at 6-9 weeks postpartum. Each interview will be *approximately 60 minutes* in length and your name will be entered into a draw to win a $50 gift card from Babies R Us.

For more information please contact Mona Scrivens mona.scrivens@rogers.com or please call 416-807-0853

If you have questions about your rights as research participants you may contact: Office of Research Ethics, ethics.review@utoronto.ca, 416-946-3273 or Faculty supervisor Joseph Schnier at joseph.schnier@utoronto.ca, 416-946-3273
Appendix B: Agreement with Durham Lamaze Association

Durham Lamaze Association
112 Emily Street West
Newcastle, ON L1B 1H1
905-244-5036
www.durhamlamaze.com

November 6, 2013

Rev. Mona Scrivens
6 Maberley Cres.
Scarborough, ON
M1C 3K8

Dear Mona,

The Durham Lamaze Association would be pleased to allow you to distribute flyers to participants in the Lamaze classes operated under the auspices of our association. We understand that these flyers are intended to inform Lamaze class participants of the opportunity to be a part of a research study for your doctoral program in the area of Pregnancy and Spirituality.

Yours truly,

[Signature]

Patti Norton LCCE
President
Hello,

My name is Mona Scrivens and I am a doctoral candidate at the University of Toronto. I am currently working on a research study in the area of pregnancy, childbirth and spirituality. I was wondering if you would be willing to be interviewed as part of that research, at a time and place convenient to you. The interview will take between 60 and 90 minutes.

The title of my research project is Spiritual Expectations and Experience of Women with Newborns. Before you agree to the interview I can confirm that:

• The University of Toronto Ethics Review Board has approved this study;
• The Thesis Committee has given permission for this research to be carried out;
• The interview will be recorded;
• Your anonymity will be maintained at all times and no comments will be ascribed to you by name in any written document or verbal presentation. Nor will any data be used from the interview that might identify you to a third party;
• You will be free to withdraw from the research at anytime and/or request that your transcript not be used;
• A copy of the interview questions can be sent to you upon request prior to the interview; and
• A copy of the final research report will be made available to you upon request.

I sincerely hope that you will be able to help me with my research. If you have any questions concerning the nature of the research or are unclear about the extent of your involvement in it please feel free to contact me.

Finally, thank you for taking the time to consider my request and I look forward to your reply.

Yours sincerely,

Mona Scrivens
mona.scrivens@mail.utoronto.ca
(416) 807-0853
Appendix D: Interview Protocol: Spiritual Expectations

Pre-Interview Questions

Name

Age

Last level of education attained

Last level of education of spouse/partner

Current profession

Where did you give birth

Interview Protocol: Spiritual Expectations

<table>
<thead>
<tr>
<th>Time of Interview:</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Date:</td>
<td></td>
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<tr>
<td>Place:</td>
<td></td>
</tr>
<tr>
<td>Interviewer:</td>
<td></td>
</tr>
<tr>
<td>Interviewee:</td>
<td></td>
</tr>
<tr>
<td>Position of interviewee:</td>
<td></td>
</tr>
</tbody>
</table>

This study is a qualitative investigation to understand if women with newborns experience a spiritual awakening during pregnancy and/or childbirth.
Interview 1 - Third trimester

Introduction (20 minutes)

Objective: to understand who the participants are and what is important to them now in their lives. This will provide rich context for understanding why a spiritual connection during childbirth was/was not important.

1. Tell me a little bit about you and your family
2. What do you enjoy doing a) yourself b) with your family?
3. What do you wish you could do more of?
4. Tell me about your children, how many do you have, how old are they?
5. What would you say are your personal vs. family values?
6. What would you say nurtures your spirit? What gives you meaning?
7. What gives you a sense of rootedness?
8. What gives you joy?
9. What are your sources of hope, strength, comfort and peace?
10. How would you describe your religious and spiritual beliefs?
11. Do you belong to a religious tradition or spiritual practice? Tell me about that.
12. How has your relationship to this tradition or spiritual practice changed over time?
   Why is that? Listen / probe for if they have got closer / further away from their relationship and what caused this.
13. Have you ever moved away from a religious tradition or spiritual practice? If yes, what prompted you to leave?
14. To what extent was / is this tradition / practice:
    - a support or source of community?
    - a source of conflict, pain or dissonance
15. Do you have personal spiritual beliefs that are independent of organized religion? What are they?
16. To what extent do you believe in God? What kind of relationship do you have with God?

   How has this changed over time?

_Homework:_ Please choose a picture that represents a particular moment in the pregnancy or birthing experience that felt particularly profound.

Please write your birth story.

Please bring the picture and birth story with you to the interview number 2.

**Interview 2 - Postnatal**

Their Birthing Experience (30 minutes)

Objective: to understand their birthing experience and what happened and to what extent, if at all, they felt a spiritual connection during this experience

1. Thinking back to when you found out that you were pregnant…

2. How did you feel when you first out you were pregnant?

3. What makes you say that?


5. How did you find out about the sex of your child prior to giving birth?

6. Listen / probe for if they had an ultrasound

7. How did you feel when you found out what sex you were having?

8. I’d like you to think back to when you gave birth. Tell me your story of what it was like, how you felt and what you experienced. (Allow them to tell their story, and probe where appropriate). I should get answers to a lot of the following questions, but if I don’t I can probe along the way.

9. Where did you give birth? (e.g. hospital, at home etc)

10. How did you decide where to give birth?

11. When did it start?
12. How long was it?
13. Who was there?
14. What did you do in early labour?
15. How would you describe the pain? How did you deal with the pain?
16. What happened right after birth?
17. How did you welcome the baby?
18. How did you feel about nursing? How long did you nurse for, if at all?
20. How did you your emotions change from the moment your labour started to when your child was born?
21. What were the highs, the lows? (Physically? Emotionally?)
22. At any point, did you feel a spiritual connection during your birth? If yes, please tell me about that?
23. What was the experience? Ask them to explain it in detail.
24. How did it make you feel?
25. How has it changed the way you feel /think about things?
26. What do you feel was positive / negative about this experience? What makes you say that?
27. How did this experience change or impact your relationship with God?
28. What picture did you choose as homework and why. Ask them to explain the picture that they choose to represent a profound moment in their birthing experience.
29. What made this moment profound
30. How do this picture represent that moment
31. How did this moment impact you from then on
32. To what extent was giving birth a religious or spiritual experience for you?
33. To what extent did religious ritual play a role in your birth (prayer, bible, singing, meditating)?
34. How did your overall birth experience change you if at all
35. What was good / not so good about the whole experience? Rationale?

36. What would you do differently if you were to give birth again?

37. Who do you feel had control or power during your birth?

38. What else, if anything, do you feel I should know to help me understand how you felt about your spiritual experience while giving birth?

Thank you and close (5 minutes)
Appendix E: Consent Form

Consent for Participation in Interview Research

I volunteer to participate in a research project conducted by researcher Mona Scrivens, University of Toronto. I understand that the project is designed to gather information and opinions about Pregnancy, Childbirth and Spirituality.

1. My participation in this project is voluntary. I understand that I will not be paid for my participation. I may withdrawal from the study without penalty at any time up until research findings have been reported or published.

2. Participation involves being interviewed by the researcher. The interview will last approximately 60 minutes. The researcher will write notes during the interview. An audio recording of the interview and subsequent dialogue will be made. If I don't want to be recorded, I will not be able to participate in the study.

3. I understand that most interviewees will find the discussion interesting and thought-provoking. If, however, I feel uncomfortable in any way during the interview session, I have the right to decline to answer any question or to end the interview.

4. All personal information about me will be managed in accordance with the University of Toronto Ethics Review Board Data Security Standards for Personally Identifiable and Other Confidential Data in Research.

5. I understand that the researcher will not include any personally indentifying information about me in any reports using information obtained from this interview. Any subsequent uses of records and data will protect my anonymity.

6. I understand that this research study has been reviewed and approved by the Research Ethics Review Board (REB) at the University of Toronto.

7. I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study.

8. I have been given a copy of this consent form.

My Signature ____________________ Date ____________________

My Printed Name

For further information, please contact Mona Scrivens at (416) 807-0853 or the Office of Research Ethics at ethics.review@utoronto.ca or 416-946-3273, if you have any questions about your rights as a participant.

Signature of the Researcher

Appendix F: Nodes/Coding
Nodes created in NVivo

Belief in something else

Community

Control

- Sense of disappointment
- Sense of pride

Family

Healing and reconciliation

Pregnancy

- Excited
- Anxious

Relationship with God

- Going to God in need
- Gratitude
- God’s blessing
- Source of strength
- Spiritual connection
- Crying out to God
- Creation and creator
- Source of comfort
Role of mom’s mom

Becoming a mom

- Sacrifice of being a mom
- Reality of being a mom
- Mine
- Love from the baby to mother
- Stress of baby
- Protective of baby
- Mom’s healing after childbirth

Sense of knowing

Sense of purpose

Sense of rootedness

Sense of wonderment
## Appendix G: Photo, Image and Description

<table>
<thead>
<tr>
<th>PARTICIPANT</th>
<th>PHOTO OR IMAGE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Margaret</td>
<td>Mom and baby immediately after birth</td>
<td>Sense of accomplishment and peace</td>
</tr>
<tr>
<td>Andrea</td>
<td>Baby and father “skin to skin”</td>
<td>Pride; “the look in his eyes was just amazing” &lt;br&gt; “I was just so happy”</td>
</tr>
<tr>
<td>Lacey</td>
<td>Baby holding mom’s finger</td>
<td>Sense of awe; responsibility; Connection with God; “he is so tiny and I am so big”</td>
</tr>
<tr>
<td>Gene</td>
<td>The colour blue</td>
<td>“Representing calm”</td>
</tr>
<tr>
<td>Yvonne</td>
<td>Picture of baby wrapped in bassinet</td>
<td>Awe; saw her dad in her baby’s expression. “This is a human and she already has an expression, an hour ago she was inside of me.”</td>
</tr>
<tr>
<td>Linda</td>
<td>Mom and baby after delivery</td>
<td>Pride; felt the presence of God “watching over me and right after she was born I said a little prayer – my thank you’s”</td>
</tr>
<tr>
<td>Nina</td>
<td>Mom and baby</td>
<td>Gratitude; “a gift from God – not something to be taken for granted.”</td>
</tr>
<tr>
<td>Cathy</td>
<td>Mom, dad and baby in the operating room</td>
<td>Gratitude; “they were still working on me but I am smiling in the shot. We are all together and we are all okay.”</td>
</tr>
</tbody>
</table>
Appendix H: Ethics Approval

UNIVERSITY OF
TORONTO

OFFICE OF THE VICE PRESIDENT, RESEARCH

PROTOCOL REFERENCE # 29625

November 29, 2013

Dr. Joseph Schner
REGIS COLLEGE

Reverend Mona Scrivens
REGIS COLLEGE

Dear Dr. Schner and Reverend Mona Scrivens,

Re: Your research protocol entitled, “Spiritual expectations and experience of women with newborns”

ETHICS APPROVAL

Original Approval Date: November 29, 2013
Expiry Date: November 28, 2014
Continuing Review Level: 1

We are writing to advise you that the Social Sciences, Humanities, and Education Research Ethics Board (REB) has granted approval to the above-named research protocol under the REB’s delegated review process. Your protocol has been approved for a period of one year and ongoing research under this protocol must be renewed prior to the expiry date.

Any changes to the approved protocol or consent materials must be reviewed and approved through the amendment process prior to its implementation. Any adverse or unanticipated events in the research should be reported to the Office of Research Ethics as soon as possible.

Please ensure that you submit an Annual Renewal Form or a Study Completion Report 15 to 30 days prior to the expiry date of your current ethics approval. Note that annual renewals for studies cannot be accepted more than 30 days prior to the date of expiry.

If your research is funded by a third party, please contact the assigned Research Funding Officer in Research Services to ensure that your funds are released.

Best wishes for the successful completion of your research.

Yours sincerely,

Sarah Wakefield, Ph.D.
REB Chair

Dean Sharpe
REB Manager

OFFICE OF RESEARCH ETHICS
McMurrich Building, 12 Queen’s Park Crescent West, 2nd Floor, Toronto, ON M5S 1S8 Canada
Tel: +1 416 946-3273 • Fax: +1 416 946-5763 • ethics.review@utoronto.ca • http://www.research.utoronto.ca/for-researchers-administrators/ethics/
Appendix H: Thesis Proposal

Spiritual Expectations and Experience of Women with Newborns

Rev. Mona Scrivens

A D.Min Thesis Proposal

______________________________________
Dr. Joseph Schner, PhD
Thesis Director

______________________________________
Dr. Dorcas Gordon, PhD
College Advisor

______________________________________
Rosaland McLean
Collaborative Learning Group Representative

______________________________________
Nancy Varga
Ministry Base Group Representative

Toronto School of Theology

October 19, 2013
The Background and Context of my Applied Research Thesis

Perhaps because of my formative years in the Sikh temple, gudwara, the “family” in worship has been of particular interest to me. Soon after becoming a Christian it became apparent that in the Christian churches I attended children were neither seen nor heard during worship services. This contrasted with my experiences as a child in the Sikh temple where children were visible, heard and welcomed into the worship service. This was startling. Where were all the children in the church of my new faith? Did Jesus not say, “let the little children come to me?” (Mat. 19:14)

My interest in the “family” most certainly intensified after I became the mother of two, and that interest led me in 1993 to become a certified Childbirth Educator. As an educator in this field, I developed the curriculum for a six week series and taught prenatal classes at Ajax-Pickering Hospital, Oshawa General Hospital and privately for the company I owned and operated called “Expectations”. A typical six week series included topics such as: the stages and phases of labour, delivery, non-medical and medical interventions, hospital protocol, breastfeeding and postpartum. At the peak of my teaching career I would have taught well over 250 couples in a year. As well as being a Childbirth Educator, I am also a certified Doula. This specific training gave me the expertise to support laboring women - at home or in the hospital setting - through to the birth of their child. As Doula in the labour and delivery environment, I saw my role as providing support for both the laboring woman and her partner. What was clear through my countless experiences in the labour room was the power of birth and its transformative effects on couples. It was, without exception, nothing short of witnessing a “family” spiritual experience.

While continuing my work as Childbirth Educator I took on the ministry role of Youth Director at Grace Presbyterian Church, West Hill (2000-2008). In this position I worked closely with the youth and, perhaps because of my more advanced years and my own growing family, I had the opportunity and privilege to work not only with the youth but their families as a whole. This began a move to a more integrated approach to ministry. In time, the youth “silo” was removed so that young people became integrated into the whole life and work of the church.
In 2008 I was ordained into the Ministry of Word and Sacrament in the Presbyterian Church in Canada and was called to serve as the Associate Pastor at Grace Church, West Hill. I was called to preach, teach, counsel, administer the sacraments, and oversee ministries, staff and volunteers. I did so with a “family” filter. Families, of course, come in many configurations. Whether they are new parents, parents of adolescents, empty nesters (when grown children leave the home), single people, the aging and the aged; in all that I did, the question that lay before me was: “How can the whole of the church family encounter God?” The desire to integrate ministries with the purpose of serving the whole family of God was one that Grace embraced and encouraged.

Grace Presbyterian Church is located in a residential area of average to above average incomes in east Toronto, Ontario. In November 2012 the congregation of 200 members and five paid staff will celebrate its 54th anniversary.

Grace Church holds two services each Sunday morning. The liturgy and sermon are virtually identical in both the traditional and contemporary services. The difference lies solely in the music. The traditional service held at 9:15 a.m. includes choir and organ while the contemporary service at 10:45 a.m. has a full worship band.

Grace has a reputation for being more conservative than liberal in its theology, drawing people who want a church with a ministry based firmly upon Scripture and proclaiming strongly the need for a personal relationship with Jesus Christ.

In my 10 years of service at Grace, the church was without a senior minister for six of those years. In spite of this, the church continued to serve the community and grow in numbers. Growth was seen particularly in the contemporary service where the young families and youth demographic were represented heavily. Grace’s sustainability during those years without a senior minister was a testament to God’s faithfulness, the leadership of the session and the commitment of the congregation that make up the body of Christ.
During my time there, Grace church was committed to providing opportunities and experiences for children, youth and adults to deepen their walk with Christ through studying God’s Word, prayer, worship, serving, fellowship and sharing their faith with others. During its last period without a Senior Minister (2007-2010), the leadership revisited the mission statement and their purpose and added this section:

Family Ministry, or Intergenerational Ministry, is an approach to ministry that recognizes the central importance of families in the church, the body of Christ. The Church family is made up of individual families of every size and configuration. The role of the Church is to be a support and resource so that families and individual members are nurtured, strengthened, and empowered to honour God in their homes and in the whole of their lives. It is through families that the church extends its reach in nurturing faithful disciples of Jesus Christ.

Grace’s heightened understanding of the importance of ministering to families was the catalyst to invite me to minister among them. My role as Associate Pastor was a perfect fit with my passion and desire to see the relationship between the family and church revitalized. In that position, I was allowed the opportunity to dream, create and to implement what God placed on my heart to move forward the integration of family ministry to the whole of the church. This opportunity was a springboard for tremendous learning in an area that is relatively unearthed.

The trajectory of this vibrant ministry continued until the calling of Grace’s Senior Minister in April of 2010, at which time a dramatic change in focus occurred. It became clear that my role at Grace was no longer necessary and certainly not welcomed by the new Senior Minister. I resigned from my position in May 2011.

The time of transition was incredibly painful not only for me, but for my entire family. Leaving the only church home they have ever known was particularly difficult for my then teenage children. I was
grateful that in their wisdom and maturity they saw fit not to blame or be angry at the Church or God for the pain we endured, but rather to keep the situation in perspective.

In retrospect I came to appreciate that my leaving Grace Church, through incredibly painful, was necessary. During that time away from Grace Church I was given unique opportunities to preach in a number of Presbyterian Churches, be the a keynote conference speaker, serve on panels and committees, serve as a board member, and write a now published book called *Jesus According to Sikhism*. The time of transition was transformative, and in countless ways prepared me to be able to move on to the next challenge.

In October 2012 I was called to the position of Senior Minister at Amberlea Presbyterian Church in Pickering, Ontario. A new thing was birthed and, not unlike the subject so close to my heart, there was pain in the transition but that pain gave way to something beautiful.

I have journeyed a most interesting path from Youth ‘guy’ to Childbirth Educator to Senior Minister in the Presbyterian Church. Though on paper it might read as though there was pit stop to refocus on something different, the transition from one vocation to another has been fluid and organic – almost as though the connections were symbiotic in some strange way. It is because of that ‘symbiosis’ that I feel the desire to explore further the connections between pregnancy, spirituality and ultimately how these findings might affect the church and how we do what we do.

**Statement of the Research Problem**

This study will seek to discover if women who have recently given birth to their first child, experience a spiritual “awakening”\(^1\) ? Has pregnancy and now parenthood altered her sense of God or

\(^1\) Nicola Slee in her book *Women’s Faith Development* suggests that the developmental change posed by the experience of impasse or crisis may lead, some women, to the liberating experience of awakening, breakthrough and a reconnection to their own power of selfhood as well as to a their deeper awareness and connectedness to God.
the Divine in any way? What, if any, are the spiritual needs of these women? For this research project the research question is:

Have first time mothers with newborns experienced a “spiritual awakening” during pregnancy and/or childbirth?

This question affirms my desire to understand if being pregnant with a first child alters how a woman responds to matters of faith. If this is so, what contributing factors are at play?

The words “spirituality”, “spiritual needs” and “spiritual awakening” are key terms and lay the foundation of this study. I will define these terms before moving on to discuss the theoretical framework.

**Defining Spirituality, Spiritual Needs and Spiritual Awakening**

Literature indicates that the measuring of spirituality is difficult because of the countless definitions of a phenomenon that is considered so deeply personal and individual. Though spirituality is difficult to measure,\(^202\) Sharon Moloney has discovered what I too have encountered in my work with pregnancy and childbirth: women “for whom the experience of spirituality is a vibrant and manifestly obvious fact.”\(^203\)

As an operational definition of spirituality for this study, I will apply Swinton and Pattison’s explanation that spirituality is a human quest for meaning-making, purpose, self-transcending knowledge, meaningful relationships, love and a sense of the holy. This definition is based in the assumption that human beings are spiritual beings with spiritual needs.\(^204\)


\(^{203}\) ibid, 3

Given the above as the foundational understanding, this research will investigate if women who have had their first child experience a “spiritual awakening” during pregnancy and childbirth.

The term “spiritual awakening” is defined by Nicola Slee, in her book *Women’s Faith Development*, as the “(a) breakthrough and a reconnection to their own power of selfhood, as well as to a deeper awareness of their connectedness to others and to the divine.”

**The Theoretical Framework and Assumptions Involved in the Study**

In this section I will look at the theories at work in this study: Scriptural, Theological, Psychological, Sociological and Biological.

**Themes in the Study**

**Body, soul and spirit**

Scripture uses various words to describe a person’s relationship with God. Words such as spirit (Hebrew *ruah*; Greek *pneuma*), soul (Hebrew *nepes*; Greek *psuche*), body (only in New Testament Greek, *Soma*), flesh (Hebrew *basar*; Greek *sark*), and heart (Hebrew *leb*; Greek *kardia*) are used to describe the different aspects of being or human activity that, though separable parts, make up the whole of the human. In differing ways the Old and the New Testament the Scriptures reveal that human beings have also been created with three basic parts: the body, mind and spirit that make up the whole.

One such example is found in 1 Thessalonians 5:23 where Paul writes, “Now may the God of peace himself sanctify you completely, and may your whole spirit and soul and body be kept blameless at the coming of our Lord Jesus Christ.”(NIV) The structure of the sentence indicates, to commentator Michael W. Holmes, that Paul is describing the entirety of a person in his statement “whole spirit and soul

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and body” which, for Paul, is a synonym for “you”. This holistic view of the human being - body, mind and spirit - will be the underlying perspective this researcher will assume in approaching the spiritual awakening and spiritual needs of the new mother.

Pregnancy and Childbirth

From the very beginning of the biblical story the birth of a child is considered a blessing. In Genesis 1:26ff we read of the description of the sixth day of creation. After creating male and female in His image, God blessed them and said to them, “Be fruitful and increase in number; fill the earth, and subdue it. Rule over the fish of the sea and the birds of the air and over every living creature that moves on the ground.”

God’s instruction to the first humans to be “fruitful”, “increase in number” and “fill the earth” comes immediately following the word of blessing and “involves the sharing of divine creative capacities”. God created the first human beings and through pregnancy gave human beings the power to propagate.

A blessing and the similar commandment to “be fruitful and multiply” is given again to Noah and his sons after the flood (Gen. 9:1, 7). John H. Walton states that the blessing of God still includes reproduction despite the flood. The blessing that precedes God’s command to be fruitful and multiply stresses the importance God has placed on life, even in the midst of death and destruction. We can conclude, therefore, pregnancy is considered a blessing from God. Perhaps the greatest expression of pregnancy as a blessing from God is found in the gospel of Luke, where Luke describes Mary singing:

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209 Ibid., 398.
“My soul glorifies the Lord and my spirit rejoices in God my Savior, for he has been mindful of the humble state of his servant. From now on all generations will call me blessed, for the Mighty One has done great things for me; holy is his name” (Luke 1: 46-49 NIV)

Bock contends that Mary, as described by Luke, patterned her own great prayer of praise and gratitude after Hannah’s song. Though the circumstances of the two women were very different, in both accounts the women conceived miraculously, and both ultimately viewed their pregnancy as a precious blessing and gift from God.

Though it is clear from the biblical narrative that God consistently views pregnancy and childbirth as a blessing and a gift, it is equally clear that throughout time pregnancy and childbirth was not always met with delight or viewed as a blessing by the family. Some may even have thought it to be a curse.

The first mention of childbirth and the pain of labour is found in Genesis 3:16, “To the woman he said, I will greatly increase your pains in childbearing; with pain you will give birth to children.” The interpretation of this verse has been, by some theologians, that the pain of childbirth is part of the “curse” of mankind due to the rebellion of Adam and Eve in the Garden of Eden. Such a perspective is held by Keil and Delitzsch in their Biblical commentary on the Old Testament write:

The woman, who had broken the divine command for the sake of earthly enjoyment, was punished in consequence with the sorrows and pains of pregnancy and childbirth. "I will greatly multiply thy sorrow and thy pregnancy: in sorrow thou shalt bring forth children."....That the woman should bear children was the original will of God; but it was a punishment that henceforth she was to bear them in sorrow, i.e., with pains which threatened her own life as well as that of the child" (Delitzsch). The punishment consisted in

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an enfeebling of nature, in consequence of sin, which disturbed the normal relation between body and soul. 211

However, it is important to look at the words “sorrow” and “pain” and its origin. John Walton, in his study of this passage, states that the nouns from the root (*estev*) refer to any of pain, toil, agony, hardship, worry, nuisance and anxiety. The verbal root primarily expresses grief and worry. 212

What is important to note about this profile is that the root is not typically used to target physical pain, but mental or psychological anguish (though physical pain may accompany or be the root cause of the anguish). This is actually helpful because interpreters have generally had trouble working out how conception is painful. Despite the NIV’s “childbearing”, the Hebrew word is specifically concerned with conception. The word translated “pain” in the second line is used elsewhere to refer to strenuous work and is therefore an appropriate description of giving birth. 213

Walton, concludes by saying that verse 16 refers to the anxiety that a woman will experience through the entire process from conception to birth and paraphrases verse 16 to read:

“I will greatly increase the anguish you will experience in the birth process, from the anxiety surrounding conception to the strenuous work of giving birth.” 214 Interestingly in Genesis 1:17 God said to Adam, “cursed is the ground because of you; through painful toil you will eat of it all the days of your life.” (Gen. 3:17) The word “painful toil” used in the NIV is the same word used in verse 16 (“pains”). The impact of the curse is that, the procurement of food has become more difficult.

Biological

212 John Walton, The NIV Application Commentary Genesis. (Grand Rapids: Zondervan. 2001)
227.
213 Ibid.
214 Ibid.
As already mentioned, pregnancy and childbirth are considered by God to be a blessing. Just speak with any woman who has given birth, however, and they are likely to say that there was indeed some pain associated with the process. In this brief section, I will highlight the biological process of childbirth to give the reader a clearer understanding of what the women in my research will likely have gone through.

The World Health Organization defines a normal birth as: “spontaneous in onset, low-risk at the start of labour and remaining so throughout labour and delivery. The infant is born spontaneously in the vertex position between 37 and 42 completed weeks of pregnancy. After birth, mother and infant are in good condition.”

It is important to state that not all labors are the same. The increase use of technology and medication also alters the phases and stages of labour and delivery. Valerie El Halta, a midwife writes:

The modern birth has been so managed, arranged, choreographed, augmented, drugged, sliced and diced that many of us have forgotten its very nature. What I do know is that when we free ourselves to love women unconditionally, establish relationships of trust, learn everything we can about the physiological process, take care to ensure the prenatal course runs smoothly, pay attention (by our physical presence) to situations before they become complications or emergencies, and relearn to use our hands to calm, massage, encourage (and sometimes adjust those little heads), our minds and hearts may once again remember that birth itself is a normal event. Birth is truth.

Though birth itself is a normal event, there are risks that sometimes lead to a high-risk pregnancy. These risk factors can include:

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• Young or old maternal age;

• Mother being overweight or underweight;

• Having had problems in previous pregnancies; and

• Pre-existing health conditions, such as high blood pressure, diabetes, or HIV.

Researcher Pamela Klassen writes:

“Childbirth is not simply a life-crisis moment that comes and goes. Birth sticks with a woman, remaining in her bones and her flesh as an embodied memory long after the baby has left her womb. And for all the women I met, those embodied memories were either immediately or gradually woven into religious meanings, whether from the perspective of an Evangelical Christian, a Reform Jew, a Goddess feminist, or a “not so religious” woman.”

In her research Klassen found that all the women she interviewed indicated that childbirth was more than a physical experience or a biological act. It was an experience that altered the fabric of their lives and helped to make meaning in their lives.

Psychological and Sociological

As women may situate the pregnancy and birth of their child beyond the physical and biological act, psychological and sociological dimensions of the experience need to be investigated.

One of the key individuals whose research will lay the foundation for this study is Nicola Slee. In her book, *Women’s Faith Development*, Slee looks at the patterns and processes of women’s spirituality

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218 ibid, 5.
and faith development. She dialogues with the faith development theory of James Fowler who states that “faith is a generic human phenomenon - a way of leaning into or meeting life, whether traditionally religious, or Christian, or not.” Sleeve uses the Faith Development theory of Fowler as the basis for her Women’s Faith Development theory, believing strongly that Fowler has contributed greatly to a rich and multidimensional understanding of faith. However, she acknowledges in her literature review that while valuable, Fowlers theory does not sufficiently address women’s faith and its development. Slee investigates alternative models of women’s faith development to set alongside Fowler’s theory to create a broader framework for interpreting the faith development of women.

Using qualitative research methods, Slee sets out to create a framework to understand the faith development specific to women. Through her research she makes a distinction between, what she refers to as process and patterns. Process refers to “significant and recurring linguistic strategies which women used, within the context of the interview, to shape and pattern their faith experience”. Pattern refers to “what emerged from the data as three overarching and recurring generative themes” which constitute a model of women’s faith development.

The one pattern Slee reveals which is of particular interest to this study is the pattern of women’s faith development she calls “awakenings”. Slee states that the “developmental challenge posed by the

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220 Ibid, 29
221 Ibid, 28

222 Slee looks at feminist writers such as Carol Christ (1986), Carolyn Osiek (1986), and Maria Harris (1989) to provide a feminist perspective to woman’s faith development. These models accentuate the significance of key experiences which propel women into a new awareness of self and push her to reassess her past understanding of self, other and the divine, or God.

223 Ibid, 61
224 Ibid
experience of impasse [struggle] may lead, for women, to the liberating experience of awakening, breakthrough and a reconnection to their own power of selfhood as well as to a deeper awareness of their connectedness to others and to the divine.\textsuperscript{225}

This experience of awakening, Slee contends, is neither automatic nor pain-free.

Other researchers in the area of women’s faith development have described the awareness of a new spiritual vitality precipitated by an awakening as an important aspect of women’s spirituality. Maria Harris in her book \textit{Dance of the Spirit} uses the metaphor of dance to describe the seven key steps of women’s faith development. Unlike the faith development theory of Fowler, the steps are neither hierarchical or unidirectional but rather fluid and dynamic. Harris names the steps, awakening, discovering, creating, dwelling, nourishing, traditioning and transforming. Awakening, Harris suggests, is often prompted by transition or by critical life events. As Harris writes:

The intimation of a budding spirituality begin when people awaken to themselves: to their deepest inner selves. It begins when people awaken to their sacred selves, and to God, to Mystery, and to the presence of the awesome in the world around them. It begins as people awaken consciously to the presence of sorrow and pity and the world as well as to joy and to delight.\textsuperscript{226}

Having awakened to their spiritually, Harris contends other steps follow.

Likewise Carol Christ’s understanding of faith development for women suggests fluidity. Awakening for Christ is a type of conversion experience, a turning point. Mary Belenky et al. in their

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\textsuperscript{225} Ibid, 109
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research into women’s development show that many women experience giving birth to their children as a major turning point in their lives.\textsuperscript{227} which often in relation to nature or in community with other women.

Awakening is a time, Christ states, when women move from the experience of profound emptiness and powerlessness to an experience where “the powers of being are revealed” potentially leading to “a new sense of self and a new orientation in the world”.\textsuperscript{228} Christ suggests that for women an awakening is not a matter of giving up of self or of one’s power but rather a coming to self, which is frequently harnessed in female friendships.

In her study Slee investigates many different kinds of awakening, some dramatic and others not, and all within a diversity of contexts within which the experience of awakening could take form. One specific context, and what applies directly to this study, is the experience of becoming a mother. Seen as a transition or turning point in a woman’s life, this experience is “both an experience of profound biological change as well as an induction into a role and a set of expectations which are, to a large degree, socially constructed, and which may undermine, as well as strengthen, a woman’s sense of self.”\textsuperscript{229} Becoming a mother is a major life change for woman that can be both profound and dramatic.\textsuperscript{230}

Interviews conducted of thirty women belonging to, or on the edges of, Christian tradition contained a range of narratives about motherhood, including some women who expressed feeling oppressed by social expectations around mothering. Slee, however, focuses on narratives which highlight mothering as a positive experience of awakening and birthing of the self for some women. In one such example, Slee writes of Meg, a participant who had recently given birth at the time of the interview, who

\textsuperscript{229} Ibid, 125
\textsuperscript{230} Ibid
described the sheer physical closeness with her baby as a way “into a mystical experience with God.”\textsuperscript{231} Slee surmises that “the journey into motherhood had “provided the context of self-understanding and growth; it had also opened up for Meg dimensions of a relationship with God which could not have been mediated any other way.”\textsuperscript{232}

Trudelle Thomas echoes Slee’s findings in her paper entitled \textit{Becoming a Mother: Matrescence as Spiritual Formation} \textsuperscript{233} where she explores the themes of becoming a mother as spiritual awakening; union and embodiment through breastfeeding and infant care; and ethical changes in early motherhood. Thomas borrows the term “matrescence” from Dana Raphael who coined the term to describe pregnancy and the first few months after childbirth as the most critical rite of passage in a woman’s life. She writes,

\begin{quote}
Childbirth brings about a series of very dramatic changes in the new mother’s physical being, in her emotional life in her status within the group, even in her own female identity. I distinguish this period of transition from others by terming it matrescence to emphasize the mother and focus on her new lifestyle... A woman in a matrescent state should be highlighted and this particular period singled out as unique and important.\textsuperscript{234}
\end{quote}

In the tradition of Christianity, like many other religions, the rite associated with birth is for the infant. In Christianity it is the baptism, dedication or blessing of the child. The term “matrescence” highlights that this unique time is a “time of power, a time when a woman encounters new dimensions of self,

\textsuperscript{231} Ibid, 126.

\textsuperscript{232} Ibid.

\textsuperscript{233} Trudell Thomas. \textit{Becoming a Mother: Matrescence as Spiritual Formation}. Religious Education (Winter 2001), 96(1), pg. 88-105.

relations and God.” 235 Not unlike Raphael, Mary Belenky et al. in their research into women’s
development show that many women “experience giving birth to their children as a major turning point in
their lives”236, stating that becoming a mother “initiates an epistemological revolution”237. Raphael,
Thomas and Belenky et al., all acknowledge that for some women motherhood is a disorienting time but
can also provide a whole new view of one’s own creative capacities.238

However, in order to effectively communicate those creative capacities, and the mother’s
experience during this critical time, Thomas addresses the linguistic strategies (or in other words the
language used to describe the mothers’ experiences). Thomas refers to this as an interpretive framework
and suggests that finding a new language for mothers’ experiences is of great importance “because it is
essential scaffolding for making sense of experience, including [and particularly] the inner life of the
mother”.239 This is especially true she contends regarding language about God.

Coming from the perspective of the health care professional, Jennifer Hall in her book Midwifery,
Mind and Spirit: Emerging issues of care, reiterates this understanding of spiritual awakening from the
perspective of a health care professional caring for the mother. In encouraging the spiritual component of
the role of midwife, Hall describes how the search for meaning and purpose in life is an integral part of a
person’s spiritual experience. Particularly for the woman, pregnancy and childbirth may be a time when

235 Thomas, 90.

236 M. Belenky, B. Clinchy, M. Golberger. et al Women’s Ways of Knowing: The Development of Self, Voice and

237 Ibid, 35.

238 Belenky, 35.

239 Trudell Thomas. Spirituality in the Mother Zone: Staying Centered, Finding God. (New
she looks to find personal significance that may be an important aspect of her maternal spiritual experience. There is a special emphasis placed upon professional midwives to be sensitive to meet the spiritual needs of mothers through spiritual needs assessments, interviews and relationship building.

Spiritual needs of the pregnant woman was also the subject of research for Nicole Carver and Bernadette Ward at La Trobe University in Australia who studied *Spirituality in Pregnancy: a diversity of experiences and needs*. Their research looked specifically at women’s perceptions of their spiritual needs during pregnancy. They and found that pregnancy is a spiritual time for many women; women derive comfort and a richness of experience from exploring and expressing their spirituality during pregnancy; spirituality incorporates formal religion but also includes other beliefs and practices; and women may be reluctant to share their beliefs with health care professionals but if they do they expect their spiritual beliefs to be respected. This study interviewed pregnant women who were obtained via convenience sampling through the booking process of a hospital antenatal clinic.

The researchers in the field of pregnancy, childbirth and spirituality would agree that this particular time in a woman’s life can present an opportunity for the woman to experience a spiritual awakening and recognize that spirituality (and religiosity) are important components of health and well being. What is not yet fully understood is if women at this particular life stage experience a “spiritual awakening” and if so what might be the unique spiritual needs of those women.

**Assumptions Operative in the Study**

The operative assumptions in this study based on the research are:

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• Pregnancy is a blessing from God. Although throughout time not always perceived as such by the individual or the family, scripture makes clear that from God’s perspective, pregnancy is a blessing from God;

• Pregnancy and Childbirth are viewed as a holistic processes in a woman’s life – i.e. involving body, mind and spirit.

• Medical interventions are important and valuable at the time of labour and childbirth. All things being equal, however, childbirth is a normal, natural experience for which a woman’s body is designed;

• The value placed on pain can influence our understanding and perception of childbirth; and

• There is a spiritual element in pregnancy and childbirth.

**Action Research Component**

After approval of the Ethics Review Board the action research I will carry out to investigate the research question, “Do first time mothers with newborns experience a ‘spiritual awakening’ during pregnancy and or childbirth?” will extend beyond the walls of the church in which I serve. Though Amberlea Presbyterian Church has two or three first time mothers that might participate in this study, there is a desire to extend the sample to the geographical area of the Pickering Presbytery. The research group will comprise a minimum of six first time mothers.

There will be two interviews. One interview will take place in the third trimester of pregnancy. The second follow up interview will take place 6 to 9 weeks post partum, this will be referred to as the
“postnatal” interview. I will obtain participants through two sources. Source 1 will be individuals from within the Presbyterian churches in the Pickering Presbytery. Source 2 will be individuals who are enrolled in Lamaze Prenatal Classes, through the Durham Lamaze Association. I will seek to obtain a minimum of three participants from each source. The purpose of drawing from two sources is to include “churched”, as well as participants who may be “unchurched”. 243

In order to obtain participants from the Source 1 a request would be made at the monthly Presbytery meeting inviting ministers to make known to their congregants that the study is being conducted. Bulletin inserts or flyers will be provided (Appendix A). Interested individuals will be given information on how they can participate in this study.

To obtain participants from Source 2, an invitation and information on how to participate in the study would be extended at class one of a Lamaze series. This class is typically held in the third trimester of pregnancy. The Durham Lamaze Association with whom I have previously worked have agreed in writing to extend the invitation to their clients to participate in the study, on my behalf. A letter with information of the study will be distributed to interested participants (Appendix B: Information Letter).

242 According to the World Health Organization the postnatal period begins immediately after the birth of the baby and extends up to six weeks (42 days) after birth. Physiological changes that occur during pregnancy and childbirth normally return to the non-pregnant state in six weeks, although it may take longer, the guidance documents for WHO cover only the first six weeks (42 days) after birth. Usually, the end of this period is associated with the implementation of interventions such as promotion of contraception and for the infant, immunization. My desire will be to meet the participants at 6 weeks but have extended the period to allow for scheduling difficulties.

243 Churched meaning they are affiliated with a religious community in this case the Presbyterian Church in Canada and “unchurched” (whether never churched, non-active Christian or non-Christian).
Interested participants will be emailed and a time of the first interview will be set. An initial questionnaire will be sent with questions that will include: their age, last level of education attained (self and their spouse), current profession, and where they plan to give birth. As researcher I will make the initial contact with introductions, background, getting to know one another. I will then explain the purpose and aim of the research and discuss the parameters of the interview and the expected duration of the interview.

I will seek informed consent of the participant (Appendix E) and explain how the interview is confidential and provide my contact information should they need to contact me. I will then request permission to record the interview using an audio recording device on the computer. When the participant has signed the consent, the interview will begin.

After receiving signed informed consent forms, individual in-depth interviews will be conducted by me as researcher. Each interview will be conducted in a place of comfort and convenience for the participant, either in the church office at Amberlea Presbyterian Church or if they prefer, in their home. The primary reason for choosing this method is to create an environment where the women feel at ease, and to allow them to tell their stories in their own words and offer their own meanings, without imposing a predetermined structure or format.

The women will be interviewed using an open-ended, semi structured interview with several preplanned questions (Appendix C) lasting for approximately 45 to 60 minutes. At the conclusion of the interview a follow up interview will be scheduled. Further, participants will be asked to choose a picture that represents a particular moment in their birthing experience that felt particularly profound and bring it with them to the follow-up interview. The will also be asked to write their birth stories. The purpose of collecting this additional information is to encourage women to reflect on their childbirth experience, while giving them an alternative means of expressing it, other than verbally in the interviews. At the second “postnatal” session each participant will be interviewed again, using open-ended, semi structured
interview with several preplanned questions (Appendix C) lasting for approximately 60 to 90 minutes. Birth stories and picture will be discussed and collected at that time.

**Qualitative Research Methodology Operative in the Action Research Component**

The method I will use for my research project will be phenomenological. This method focuses on describing what all participants have in common as they experience a phenomenon. Data will be collected to understand the place of spiritual awakening in the process of pregnancy and childbirth. The procedure implemented for this phenomenological research will be taken from Creswell’s book, *Qualitative Inquiry and Research Design*. Borrowing the steps and procedures of psychologist Moustakas, Creswell indicates that the first and most difficult practice is for the researcher to bracket out her own experience. Given my passion for this subject, “bracketing” out my experience may be difficult. Therefore, documenting my own experience with pregnancy and childbirth and then bracketing out my views before proceeding with the experience of others may be a good strategy. The next step in the process will be to gather information in in-depth individual interviews.

After the completion of the interviews, I will analyze the data by reducing the information into themes. Further data analysis will be done to create a textual description (what the new mother experienced), and a structural description (how the new mothers experienced it). The textual description and the structural experience then allow me as researcher to hypothesize the overall essence of the phenomenon. More specifically, I hope to identify any specific markers to indicate the possibility of a spiritual awakening that might result from the phenomena of pregnancy and childbirth. If so, what might be the spiritual needs perceived by the first time mother?

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246 ibid, 60.
247 Ibid, 62.
The data will remain in my custody and control. Hardcopies of interview notes, audio recordings, submitted birth stories and pictures will be kept securely locked in a cabinet to which I have the only key. Best efforts will be made to ensure that there is no personal information stored or reproduced in hard copy form. Electronic files containing personally identifiable information will be encrypted and only accessed by me. I will personally transcribe the data to ensure confidentiality and accuracy of transcription. The dissemination of the results (such as in the final thesis) will include only de-identified and aggregate information.

**Ethics Review for Research with Human Subjects**

The University of Toronto Ethics Review Protocol Submission Form is attached as Appendix D.

**Risks and Limitations of the Study**

There are a number of risks and limitations associated with a study of this type. Phenomenological research is very labour intensive. Gathering and analyzing data for a great number of participants is challenging. As researcher, bracketing personal experience may be difficult for this researcher to implement. For the participant the loss of time may be a discomfort. Therefore, the time required for the study will be clearly identified. It may be difficult to gain access to participants for more than a single session. Recalling emotional events may cause some level of discomfort for the participant. Creating a trusted, confidential environment with participants will be essential.
Contributions of the Study

This study seeks to discover, if women with newborns experience a ‘spiritual awakening’ during pregnancy and or childbirth? In other words, has pregnancy and childbirth altered her sense of God or the Divine in anyway? And what, if any, are the perceived spiritual needs of some of these women?

If this study gives evidence that the phenomena of a first time pregnancy and childbirth can lead to what Nicola Slee coins a *spiritual awakening*, this could help the Church to better appreciate the significance of this particular life stage. Further, with affirmation of this *awakening* the church might choose to respond differently when interacting with expecting or new mothers. And as the Church comes to know that a woman’s experience during pregnancy and childbirth can quite possibly create openness to the things of God, the church may not only respond differently but intentionally.

If this study also indicates the perceived spiritual needs of new mothers, then there may also be ways for the church to respond tangibly.

My belief is that as the Church embraces a new mother, at a point in her life when she is possibly open to the things of God, it is effectively embracing her entire family (her partner and her child). As the Church intentionally and purposefully comes alongside this woman: to attend her perceived spiritual needs, (if any); to provide resources to support her faith journey; to provide resources to encourage faith practices at home; to support and encourage when motherhood seems difficult; to pray with her, to provide community and care for her - the Church is being faithful to the Great Commission and testifying to the kingdom of God.

Nicola Slee in her book *Women’s Faith Development* suggests that the developmental change posed by experience of impasse or crisis may lead, some women, to the liberating experience of awakening, breakthrough and a reconnection to their own power of selfhood as well as to a their deeper awareness and connectedness to God.