

NONMEDICAL SUPPORT OF WOMEN DURING CHILDBIRTH:
THE SPIRITUAL MEANING OF BIRTH FOR DOULAS

by

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Abstract

Nonmedical Support for Women During Childbirth:

The Spiritual Meaning of Birth for Doulas

by

Patricia Lee Brandt

Women experienced in childbirth who provide continuous physical, emotional, and informational support to mothers before, during, and just after childbirth are known as doulas. This widely used definition does not mention the spiritual aspects of childbirth that are important to many doulas. Previous research associated the presence of doulas with fewer medical interventions and greater maternal satisfaction but did not address the contribution of doulas toward the spiritual transformation of birthing mothers. In order to more deeply understand the spiritual aspects of childbirth the author engaged Intuitive Inquiry (Anderson, 1998, 2000, 2004). Intuitive Inquiry is a rigorous qualitative research method leading the researcher toward a deeper understanding of the subject and herself. New data was gathered through interviews with 14 doulas. Results were presented through a portrait of each doula and a Thematic Content Analysis of transcribed texts of the interviews. Asked about the spiritual meaning of birth, doulas spoke with awe of the body's wisdom as expressed during childbirth. They spoke as witnesses to the ability of women to give birth with the reverence a religious person might convey when describing a miracle, an event contrary to the laws of nature and attributed to the power of God. Doulas situated birth firmly within the laws of nature and honored both nature and women as holy. Doulas were discouraged by medical interventions that masked the

sacred energy around birth and made it less likely that women would be spiritually transformed. They were concerned that women have lost faith in their ability to give birth normally. Doulas found spiritual meaning in removing the barriers to normal birth for women who do not need medical intervention and in providing wholehearted care for women who need medical assistance. The author concluded by stressing the importance of integrating doulas into the maternal care team.

I will stay out here with my mother Eve, in these days called Nature. I love her, undying, mighty being! Heaven may have faded from her brow when she fell in paradise; but all that is glorious on earth shines there still. She is taking me to her bosom, and showing me her heart.

—Charlotte Bronte

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This work is dedicated with love to Barbara Brandt and Nicole Li Brandt-Young.

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Chapter 1: Introduction (Cycle 1)

Shortly after the birth of my son Matthew, I stood holding him and said, “We are all part of a loving universe. I may not always feel this way, but I know that what I feel now is true.” Eight years later I lifted my daughter Nicole from my body. As we met eyes I recognized her as an answered prayer, a gift from God sent in part to help me become a better person. The homebirths of my children were the most intense and wonderful experiences of my life. I felt the strong and loving presence of the feminine spirit within and sensed the unity of all things. I came to understand childbirth as an opportunity for spiritual transformation and wanted to help other women have sacred births.

Many years later I began research on homebirth and was inspired by the narratives of women who experienced the presence of the sacred during childbirth. During an interview about homebirth, a new mother spoke of the ways her doula had helped her. I learned that doulas were women experienced in childbirth who offered emotional, physical, and informational support to women before, during, and immediately after childbirth.

I felt called to become a doula, completed training, and began to attend births. I experienced the area around the birthing mother as sacred space, filled with an energy that was sometimes so intense I heard it as a humming sound. When I entered the sacred space I sometimes experienced a change of consciousness. The outside world tended to fall away and I felt a connection with the mother that was almost tangible. For me, the occupation of a doula was similar to that of a Shaman or Nun. I approach childbirth with a sense of devotion and serve as an anchor for the mother as she travels on her spiritual journey.

I met other doulas who approached birth as a sacred event, and understood that through their dedication and hard work they often played an important role in helping mothers realize the innate spirituality of birth. The omission of spiritual support in the definition of doulas, the lack of focus on the sacred during doula training, and the absence of research on the subject suggested the need for this study. I wanted to deepen my understanding of why and how doulas find and contribute to the spiritual meaning of childbirth. In this introduction I explain (a) the importance of Intuitive Inquiry to this project, (b) the development of the Literature Review, and (c) the relationship between the results and the final lenses.

Intuitive Inquiry

Intuitive Inquiry (Anderson, 1998, 2000, 2004) is a rigorous qualitative research method incorporating lenses, cycles, and intuition leading the researcher toward a deeper understanding of the subject and herself. This method was appropriate for the study of doulas because both call upon and value intuition and heartfelt knowing.

The five cycles of Intuitive Inquiry are integrated into the traditional form of the dissertation. One of the challenges of Intuitive Inquiry is to progress through the linear process of (a) Literature Review, (b) Method, (c) Results, and (d) Discussion while inviting the reader to simultaneously participate in the engagement with the cycles of Intuitive Inquiry: (a) Cycle 1: Clarifying the Topic, (b) Cycle 2: Identifying Preliminary Lenses, (c) Cycle 3: Collecting Original Data and Preparing Summary Results, (d) Cycle 4: Transforming and Refining Lenses, and (e) Cycle 5: Integration of Findings and Literature Review. The Table of Contents and chapter titles suggest the integration of

Intuitive Inquiry into the dissertation format, but do not express how deeply the project and I were influenced by the method.

By describing my experience of Cycle 1: Clarifying the Research Topic, I hope to give the reader a sense of the importance of Intuitive Inquiry to this research. I was encouraged to use the subtle ways of the heart to recognize my topic. The first step was to identify a text that attracted my attention and was related to my research interests. I recalled the painting, *The Virgin and Child with St. Anne*, by Leonardo da Vinci, that I first saw in the Musée du Louvre, Paris. I had rushed past the crowd at opening time to have a moment alone with the *Mona Lisa*. Next to the *Mona Lisa* hung the painting of Mary sitting in her mother's lap, holding Jesus. I burst into tears at the sight. At the beginning of Cycle 1: Clarifying the Topic, I placed a large print of this painting in my bedroom and another on the wall above my bath. Small copies adorned my computer. I looked at this painting for hours during the next few weeks and noted the thoughts and feelings that emerged. I felt a reverence for the relationship between mother and daughter. In the painting St. Anne held her adult daughter in her lap, she was mothering the mother. The expression on St. Anne's face as she looked at her daughter evoked the wisdom and compassion that I associated with doulas.

I remembered my mother and I standing over her mother's grave. I held my newborn daughter in my arms. My mother had tears in her eyes, "Now you know about mothers and daughters." It was by far the most intimate thing my mother ever said to me, and I have reflected often on this phrase. That moment, 24 years ago, was the seed of my research topic, and I recognized it through beginning the Intuitive Inquiry process.

After engaging in Cycle 1: Clarifying the Topic, I knew that I wanted to more deeply understand the spiritual meaning of birth for doulas. I wondered if other doulas experience the sacred in the space around birthing women. Did other doulas feel an almost tangible connection between themselves and birthing mothers? Did that connection remind them of the connection between mothers and their daughters? Had they ever thought of their jobs in terms of a spiritual calling? I wondered if doulas consciously contributed to the spiritual aspects of birth, and if they did, what did they do? I knew that homebirth mothers often spoke of the spiritual nature of childbirth, and I hoped that doulas could extend the opportunity for spiritual transformation to women giving birth in hospitals.

I was surprised how gracefully my research topic, the spiritual meaning of birth for doulas, emerged from the Cycle 1 process. The element of surprise showed up repeatedly during my research. When I felt myself stymied or bewildered I returned to the cycles and did what was suggested, alternating various forms of engagement with contemplation.

Literature Review

The literature review is divided into three sections: (a) homebirth, (b) benefits associated with the presence of a doula, and (c) neurobiological reasons for the effectiveness of doulas. Literature regarding homebirth is presented in order to affirm birth as a safe and wholesome endeavor during which the sacred may emerge. A review of the literature on the benefits associated with the presence of a doula affirmed that women attended by doulas experienced fewer medical interventions and greater maternal satisfaction than did women who labored without a doula. Prompted by my collection and

engagement with the data I gathered, I returned to the Literature Review and added a section on neurological differences between men and women associated with nurturing behavior.

When I began this research I planned to explore the vocation of doulas and focus on the sacred aspects of childbirth. I did not want to use my energy defensively, arguing against patriarchy or medical technocracy. With sadness I realized it would be impossible for me to affirm the work of the doula without also acknowledging how difficult it has been for birthing women to experience the natural and sacred aspects of childbirth in the hospital.

Women's natural ability to give birth has been replaced with routine technological intervention. Pregnant women often fear birth as a life-threatening emergency. The concept of birth as an affirmation of women's relationship to Nature or the Divine is so outside the dominant birth paradigm in our culture that I felt the need to show the reader that birth is something more than a medical event. I did not want to critique the medical system or recount the "scope of women's difficulties, losses and disappointment, the horrifying tragedy of wasted talents and energy extending over centuries and millennia" (Lerner, 1993, p. 10). I attempted to resolve this dilemma by exploring the subculture of women who give birth at home. The literature on homebirth affirmed the intrinsic ability of women to give birth without technological intervention and included many examples of women who experienced the Divine while giving birth.

The second section of the Literature Review focuses on the benefits associated with the presence of a doula, including fewer medical interventions and greater maternal satisfaction. The women who were supported by a doula were less likely to take pain

medication. Avoiding pain medication was associated with fewer surgical interventions. Research supporting these findings is presented and discussed.

I did not anticipate that my research would lead me to study the neurological differences between men and women associated with differences in their nurturing behavior. However, the research of Taylor, Klein, Lewis, Gruenewald, Gurung, and Updegraff (2000) on gender-related differences in response to stress suggested a possible reason for the effectiveness of doulas. After completing the original collection of data I returned to the Literature Review and added research suggesting that doulas' ability to effectively support women during childbirth is related to their physical make-up as women, and that some women may be especially gifted in their ability to nurture.

Results

During doula information nights held in the San Francisco Bay Area I met four doulas who provided leadership within the birth community. In addition to attending birthing women these doulas offered education and support for other doulas. I sensed that these women were moved by a desire to be of service. All four agreed to participate in my research and gave me the names of doulas they admired. The names of certain women were mentioned repeatedly and I soon had a list of 14 doulas. I sent a letter to each doula asking her to participate (Appendix A: Solicitation Letter) and included a list of questions (Appendix B: Interview Questions). The questions were general, encouraging each doula to define spirituality in her own way.

I did not collect information about (a) age, (b) ethnicity, (c) sexual orientation, (d) economic status, or (e) marital status. I did not ask these women if they had children. I know that women often have many responsibilities and play many roles, and that during

childbirth personal identities and personas tend to fall away. I wanted to honor and focus on the spiritual aspects of my coresearchers' lives as experienced through their work as doulas. I was also concerned that including specific demographic data in the introductions to the portraits would make the doulas easily identifiable to members of the birth community in the San Francisco Bay Area. However, some demographic information was mentioned during the interviews and can be found in the portraits. Demographic information about doulas in the United States as reported by Lantz (2004) and his colleagues Low, Varkey, and Watson at the University of Michigan was included in Chapter 3: Results (Cycle 3).

Between the collection of original data through interviews and the summary of results presented in Cycle 3, I engaged in a process of deep interaction with the doulas' voices on audiotape. In Chapter 4: Results (Cycle 3), I described that interaction and present a portrait of each participant. These portraits are my good faith effort to present each doula in a way that expressed the truth of her experience.

Using the transcribed texts of the interviews I applied the techniques described by Anderson (2001) in *Thematic Content Analysis* (TCA). TCA is a quantitative and qualitative method that can be readily integrated into Cycle 3 of Intuitive Inquiry. The themes that emerged from TCA are listed in Chapter 4: Results (Cycle 3).

Discussion: Cycles 4 & 5

A reader new to Intuitive Inquiry may be confused by the relationship between the results, especially the themes listed in Cycle 3, and the final lenses presented in Chapter 5: Discussion (Cycles 4 & 5). The portraits and themes presented in Cycle 3 are

meant to focus on what the doulas said and meant. They are a summary of how I understand the spiritual meaning of birth for the doulas in this study.

In Cycle 4, the final lenses are meant to convey how I understood the spiritual meaning of birth for doulas at the conclusion of this project. Initially, I found it difficult to separate my thoughts and feelings from those expressed by my coresearchers. After many drafts of the final lenses I returned to Cycle 1: Clarifying the Topic, and used the Cycle 1 techniques to clarify my final lenses. I listened to the recording of *Missa Gaia* by Paul Winter (1982) many times during this research, and chose the piece *Mystery* as the text for contemplation regarding my final lenses. By contemplating the presence of *Mystery* in the work of doulas I was able to formulate my final lenses. They are listed and discussed in Chapter 5: Discussion (Cycles 4 and 5). In Cycle 5, I reflect on the meaning and possible uses of my deepened understanding of the spiritual meaning of birth for doulas.

I conclude this introduction with the hope that the reader will skip to Chapter 4: Results (Cycle 3) and read the portraits of the doulas. You may also want to contemplate *The Virgin and Child with St. Anne* by Leonardo da Vinci. I encourage you to trust your inner knowing as you consider the spiritual meaning of birth for doulas. If my research contributes to your deeper understanding and the eventual integration of doulas into maternal care teams, I will be profoundly gratified.

Chapter 2: Literature Review (Cycle 2)

This literature review is divided into three sections: (a) homebirth, (b) benefits associated with the presence of a doula, and (c) neurobiological reasons for the effectiveness of doulas. The section on homebirth establishes childbirth as normal and wholesome occurrence during which the sacred may emerge. The second section of the literature review verifies that the presence of a doula was associated with positive outcomes for the mother when compared with outcomes for women who were not attended by a doula. The third section focuses on research that suggested doulas were effective in part because they had skills and abilities associated with being female. The third section also includes a discussion of why some women seemed to be especially gifted in terms of their ability to nurture others.

Homebirth

Abraham Maslow described a world within which most people live in “a state of mild and chronic psychopathology and fearfulness . . . which we don’t notice because most others have this same disease” (Maslow, 1968, p. 84). Medical care is a blessing for women who have medical problems. Unfortunately, the fear of childbirth as painful and dangerous for all women is widespread. Women who do not share this state of chronic fearfulness sometimes choose to give birth at home. Literature on homebirth affirms the intrinsic ability of women to give birth without technological intervention and includes many examples of women who experienced the sacred during childbirth. Following is research that indicates that homebirth was a safe option for women with normal pregnancies, a description of the homebirth culture, and introductions to three influential

leaders of the homebirth movement. First person accounts by birthing women inform the discussion of spirituality during birth.

Homebirth as a Safe Option

Numerous studies affirm homebirth as a safe option for women with normal pregnancies and show that few women giving birth at home need medical intervention.

From 1970 through 2000, Ina May Gaskin and her midwife partners in Tennessee attended 2,028 pregnancies and collected the following data:

1. Births completed at home 95.1%
2. Transports 4.9%
3. Emergency transports 1.3%
4. Cesareans 1.4%
5. Neonatal mortality, excluding lethal anomalies 8
6. Maternal mortality 0
7. Postpartum depression 1%
8. Intact perineum 68.8%
9. Twins, 15 sets, vaginally born 100%
10. Initiation of breastfeeding 99%
11. Continued breastfeeding 100%

These statistics, reported in *Ina May's Guide to Childbirth*, (Gaskin, 2003, p. 320) demonstrate that homebirth was physically safe for mother and child and that medical intervention was rarely necessary for this population.

Johnson and Davis (2005) carried out a prospective study of outcomes of planned homebirths with certified professional midwives encompassing all homebirths in the United States during 2000. With the cooperation of the North American Registry of Midwives they monitored 5418 women expecting to deliver in 2000. The 409 midwives who participated in this study filled out detailed data forms on the course of care for each client ending at least 6 weeks postpartum.

The experiences of the women who planned homebirths with certified professional midwives were compared with 3,360,868 hospital births of children who were born head first at 37 or more weeks of gestation. Data on these births were obtained for the National Center for Health Statistics. Of the women who planned to give birth at home 655 (12.1%) were transferred to hospital. Medical intervention included epidural (4.7%), episiotomy (2.1%), forceps (1.0%), vacuum extraction (0.6%), and cesarean (3.7%). Medical interventions in the hospital were more than twice those at homebirths.

None of the mothers in this study died. There were 1.7 newborn deaths per 1000 planned homebirths. This was similar to the mortality rates of low risk hospital births in the United States.

Johnson and Davis followed up on their study of outcomes through contact with 500 of the homebirth mothers, asking questions about the care they received and 11 questions on their level of satisfaction. They reported, “Mothers’ satisfaction with care was high for all 11 measures, with over 97% reporting that they were extremely or very satisfied” (p. 1416). Johnson and Davis concluded:

Planned home birth for low risk women in North America using certified professional midwives was associated with lower rates of medical intervention but similar intrapartum and neonatal mortality to that of low risk hospital births in the United States. (p. 1417)

In October 2006, the Executive Board of the College of Evidence Based Obstetrics issued a statement of policy supporting homebirth for the 70% of women who enjoy a normal pregnancy. It stated that “It is the consensus of the scientific literature that planned home birth and independent birth center births are associated with safety, good outcomes and cost-effectiveness, with significantly reduced rates of medication and surgical intervention, operative delivery and subsequent complications” (p. 2).

In spite of statistics about the safety of homebirth many women feared childbirth.

Ina Mae Gaskin describes how they were reassured:

When such moments of doubt occur to women in my village, they are able to fall back on the sure knowledge that their closest friends and sisters and mother have been able to do it. . . . The women at The Farm have relearned and been highly successful at kinds of female behavior that modern women in civilized cultures aren't known to be good at, those that go beyond the common medical understanding of women's bodies and birth. (2003, p. xii)

Most pregnant women did not have the benefit of knowing close friends, sisters, or mothers who had given birth without medical intervention. A review of literature regarding homebirth includes personal accounts by women who gave birth at home. Pamela Klassen's (2001) ethnographical research focuses on interviews with 45 American women who planned homebirths. Ina May Gaskin begins *Spiritual Midwifery* (2002) and *Ina May's Guide to Midwifery* (2003) with a total of 100 first-person accounts by women who had given birth under the care of Gaskin and her partners at The Farm Midwifery Center in Tennessee. These accounts speak of women who experienced themselves as part of nature, at ease with the sexual nature of childbirth, and at one with the Divine.

Identification with nature informs the birthing process for many women. Klassen (2001) reported that women in her study of homebirth mothers often described childbirth as natural.

Within the alternative birth movement, the language of animality has been given a positive cast, acting as a proof of the "naturalness" of birth in the face of increasingly high-tech manipulation. Again and again these women told me that their bodies spoke to them or told the truth. (p. 775)

Gaskin (2003) agreed:

The home birth movement is grounded in the notion that women's bodies, like the bodies of other creatures, are fully capable of giving birth to their offspring. . . . over thirty years of experience as a midwife have not lessened my awe and respect for the efficiency and beautiful design of the female body as expressed in labor and birth. (p. 147)

Gayle Peterson and Lewis Mehl (1981) conducted a study of pregnant women in which, based on certain criteria, the authors were able to predict with 95% accuracy which of the women would encounter trouble during labor. Of the 24 criteria listed, 6 focus on the body or physical circumstances: activity, healthy sexuality, integration of mind and body, physically active, robust body appearance, and comfortable home. The other 18 criteria focus on attitudes and beliefs. Positive indicators for low risk childbirth include:

1. Activity
 2. Independence
 3. Self-reliance
 4. Ability to accept support from others
 5. Acceptance of womanhood
 6. Healthy sexuality
 7. Self-view as a sexual being
 8. Adult-like
 9. Facilitative beliefs about birth
 10. Conducive prior acculturation
 11. Clear and honest communication
 12. Spiritual beliefs conducive to birth
 13. Self-image of strength
 14. Integration of mind and body
 15. Loving relationships
 16. Agreement with birth plan
 17. Fear being worked through
 18. Physically active
 19. Robust body appearance
 20. Yielding in accommodating to change
 21. Comfortable home
 22. Wants child
 23. Internal control of own life
 24. Acceptance of reality of birth pain.
- (pp. 181-99)

Sheila Kitzinger (2002) suggested that simple measures might help women give birth, as follows:

Childbirth has to do with emotions, as well as with the sheer mechanics of descent, rotation, and delivery. It is bound to be so, because it is a major transition in the life of the mother, the father, and the whole family. . . . the more things you do that are right, the more synergic they become. Each might seem small to someone looking for a magic bullet. What? Turn birth over to women? Feed them? Just let them sleep? Wait for them to go into labor? Don't scare them? Yet the combination of these simple protocols produces a gestalt that leads to relaxed, happy, enthusiastic mothers and healthy babies. (p. 130)

Women in the birth community work individually and in collaboration with others to provide the settings in which women could give birth naturally. They have written books, founded magazines, produced videos, established independent birthing centers, worked as midwives, and established training centers for midwives. These women act, sometimes in violation of the civil law, to help other women. Homebirthing mothers and those who support them express one of the primary qualities Maslow (1968) attributed to the self-actualized: "They resist enculturation and trust their own understanding of what it means to be a full human being" (p. 159).

Another important quality of self-actualized women is the desire to help others (Maslow, 1968, p. 133). The homebirth movement is decentralized. Heroines are rarely known outside their own communities. Some midwives work in small groups or form birth circles for peer review, support, and continuing education. The work of these women is characterized by service and humility; they affirm the holy in the most natural and common of experiences, birth.

Three of the more public and nationally recognized leaders of the homebirth movement are Suzanne Arms, Peggy O'Mara, and Ina Mae Gaskin. For more than 25 years each of these women has resisted enculturation, continued to grow, and encouraged

the growth of others. Their publications include many overlapping descriptions of birthing strategies, philosophy, and references to research. Using their personal styles of creativity, each has made substantial contributions to the homebirth movement.

Arms' (1975) book, *Immaculate Deception*, drew upon the author's experience to offer particular insight into the homebirth movement. In it, she describes the birth of her daughter.

During Molly's birth, decision-making and control were taken from me. Trusting so little in my innate knowledge of this natural process, I bent to the reality of those who "knew best." They, the doctors and nurses, had ostensibly done everything they could to help me and to make the birth safe. Why, then, was it such a difficult and traumatic process? Looking back now, I see that we had all been cast in a web of confusion, untruths, misappropriated power, and miscommunication, a large-scale deception resulting from centuries of interference in natural childbirth by an entrenched, patriarchal medical community. The doctors, nurses, and I were just doing what we had been taught. They didn't know any better, and neither did I . . . the overall effect was shattering. (p. 3)

Immaculate Deception (1975, 1994) includes many photographs of women giving birth at home. Photographs of the mother's vagina showed the baby emerging. Women's faces were strained with concentration and pain. Other photographs caught the moment shortly after birth when the mother gazed into the baby's face with joy and awe. It is my belief that Arms' photographs of women's vaginas had a profound effect on readers. The naked bodies of normal looking women are shown with respect and wonder, and the birth process is shown as both difficult and beautiful. Arms' book provided me with the first nonpornographic photographs of women's naked bodies I had seen. In 2003, Arms founded a new organization:

The mission of Birthing the Future is to gather, synthesize, and disseminate the finest world wisdom that inspires people about the significance of birthing in each of our lives. We focus upon what is ideal for mothers and babies that will promote

their physical, psychological and spiritual well-being and the development of their full potential, in the context of family, community and society. (2003, p. 1)

Peggy O'Mara is the publisher, editor, and owner of *Mothering* magazine, which “has her roots in the back to the land and home birth movements of the 1970s and was originally a home birth and midwifery journal with an emphasis on natural health” (O'Mara, 1994, p. 4). *Mothering* magazine continues to provide current research and reflections on issues related to childbirth and parenting, and included many listings and advertisements for environmentally sound products and services for families.

Ina May Gaskin is a spiritual midwife, teacher of midwives, and a founder of the contemporary homebirth movement. Gaskin's *Spiritual Midwifery* was first published in 1975. The 1975 edition included 75 accounts of midwife-attended births at The Farm in Tennessee. *Ina May's Guide to Childbirth* (2003) provided another 50 stories, and includes accounts of second-generation births at the Farm. Gaskin presents these stories as an inspiration to readers. When Gaskin compares the stories of Farm births with those of most American women, “Overall, the stories are too positive; there is too much talk of joy, ecstasy, and fulfillment” (2003, p. 129).

In the fourth edition of *Spiritual Midwifery*, Gaskin (2002) describes in simple terms the reasons she and her friends began to birth their children at home:

We wanted our men to be with us during the whole process of childbirth, an option that was not available in American hospitals at the time. We didn't want to be anesthetized against our will, and we didn't want to be separated from our babies after their births. (p. 15)

In her *Guide to Childbirth*, Gaskin (2003) uses the language of the spirit to describe the role of the midwife during childbirth:

Pregnant and birthing mothers are elemental forces, in the same sense that gravity, thunderstorms, earthquakes, and hurricanes are elemental forces. In order to

understand the laws of their energy flow, you have to love and respect them for their magnificence at the same time that you study them with the accuracy of a true scientist. . . . Every birth is Holy. I think that a midwife must be religious, because the energy she is dealing with is holy. She needs to know that other people's energy is sacred. By religious, I mean that compassion must be a way of life for her. (p. 271)

One of the elemental forces of life is sexuality. Midwives appreciate the sexual aspects of labor and birth and, in the homebirth setting, encourage the expression of sexuality. Sheila Kitzinger (2002) points out how sexuality may be incorporated into labor and delivery as a way to help labor progress:

1. Sexual arousal through kissing and touching of erogenous areas are often incorporated into labor with the goal of helping labor progress.
2. Sexual intercourse may also stimulate contractions. This is because of the combined effect of oxytocin release and semen in the vagina.
3. Semen is rich in prostaglandin. In fact, it is the richest source of those hormones in the body.
4. Masturbation will also produce contractions and, because it is possible to have an orgasm very quickly and to experience multiple orgasms with self-stimulation, it may be a more effective method than intercourse in starting labor.
5. Although breast or clitoral stimulation does not always get labor going, it may well ripen your cervix, making it soft, flexible, and thinned out, so that it dilates more easily when labor really does start properly. (p. 145)

The bodily intimacy and trust that arises between midwife and birthing mother during homebirth makes it natural for midwives to engage in behavior that might have been avoided in the hospital. For example, gently massaging the vagina and perineum with warm oil helps the mother relax and avoid tearing. Outcomes of the 2,028 pregnancies attended by midwives at The Farm included an intact perineum rate of 68.8% (Gaskin, 2003, p. 321).

Of the 151 women surveyed by Gaskin, 32 reported orgasmic births (2003, p. 158). Many of the women described orgasm during labor and birth in spiritual terms:

1. I had a cosmic union orgasm, a bliss-enhanced state.

2. I was riding on waves of orgasmic bliss.
3. I forgot about me and felt one thing with everything around me. I felt God creating life through me and I felt that I was God.
4. A very sexual and powerful experience but higher than orgasm, because orgasm can seem more self-gratifying and is short lived. Giving birth is such a spiritual experience, so miraculous; you are very in tune with God and seeing the divinity in everyone. (p. 158)

Pain

A positive experience is not necessarily pain free. Pain is an aspect of childbirth that was experienced in different ways depending in part on the attitude of the birthing mother. Gaskin considers this to be one of the riddles of childbirth. She suggests that some women, especially in the United States, are taught to expect and fear pain.

Women under Gaskin's care chose a homebirth knowing that giving birth is usually painful. They proceeded, in some cases, because "they feared the consequences of unnecessary intervention, including the trauma and post birth pain of a cesarean" (Gaskin, 2003, p. 163). In addition to avoiding medical intervention, a woman may have chosen to experience the pain of childbirth "because she perceived a kind of gain that comes along with the pain" (Gaskin, 2003, p. 163). Benefits might have included orgasm, spiritual ecstasy, being able to stay at home, uninterrupted contact with her newborn, and "a new respect and appreciation for her body. She experienced the extraordinary mixture of vulnerability, power, and contact with the female principle that characterized labor and birth" (Gaskin, 2003, p. 166). Giving birth was often painful, but it was "pain with a purpose, positive pain" (Kitzinger, 2002, p. 19).

The Spiritual Nature of the Birthing Mother and the Newborn

Maslow (1968) wrote, "Self-actualization is not altogether general. It takes place via femaleness or maleness, which are proponent to general-humanness. That is, one

must first be a healthy, femaleness-fulfilled woman or maleness-fulfilled man before general-human self-actualization becomes possible” (p. 230). I believe that men and women become self-actualized through many paths that do not include children. For me, birth was an opening to the Divine. During the births of my children, I felt extremely feminine, powerful, and holy; I understood with absolute certainty that I was connected through love to all other creatures, through all time and space to the Divine. Kathleen Wall and Carl Peters (personal communication, July 25, 2003) described a cosmology of consciousness that included an archaic consciousness. Archaic refers to something from a distant past and in this context, describes an awareness of ancient knowledge. Spiritual midwives and doulas may have been transmitters of archaic knowledge about birth and mothering, as described below:

Women helping women in labor is an ancient and widespread practice. For instance, according to anthropological data that we reviewed for 128 nonindustrialized hunting and gathering and agricultural societies, all but one offered mothers continuous support during labor and delivery. (Klaus, Kennell, & Klaus, 1993, p. 3)

Archaic consciousness was another way to describe what many birthing mothers in Gaskin’s (2002) book reported:

1. Holy and pure . . . I felt telepathic with all mothers before me and knew that we were one thing, all come to that same consciousness. (p. 202)
2. Amazing! Generations of women have been doing this . . . the trip seemed very precious, very spiritual, sacred, in fact. (p. 44)
3. It felt like there was not space or time barrier to anything, and we were in Holy times in Holy land. (p. 52)
4. It became more and more obvious that the only thing happening was that a new soul was about to be born. It kept getting prettier and clearer and higher . . . it was really Holy. (p. 67)
5. I noticed right away that it felt Holy and visionary. It didn’t hurt; it was a spiritual high and I enjoyed it. At times I forgot about me and felt one with everything around me. I felt God creating life through me and I felt that I was God. (p. 45)

Ina May Gaskin and her husband Stephen each wrote about the spiritual nature of the newborn. Ina May Gaskin wrote:

Spiritual Midwifery recognizes that each and every birth is the birth of the Christ child. The midwife's job is to do her best to bring both the mother and the child through their passage alive and well and to see that the sacrament of birth is kept Holy. (2002, p. 271)

Stephen Gaskin wrote:

When a child is born, the entire Universe has to shift and make room. Another entity capable of free will, and therefore capable of becoming God, has been born. In that way, every child's birth is exactly like the birth of a world teacher. Every child is born as a living Buddha. Some of them only get to be a living Buddha for a moment, because nobody believes it. Nobody knows it, and they get treated like they're dumb. Babies are not dumb. Just because they don't speak English doesn't mean they're dumb. A newborn infant is just as intelligent as you are. When you're relating with her, you should consider that you are relating with a very intelligent being who just doesn't speak your language yet. And you shouldn't do anything gross to her before she learns to speak with you. (2002, p. 13)

Anthropologist Robbie E. Davis-Floyd (1993) argues that the 1% of American women who give birth at home is tremendously important to American society as a whole:

for they are holding open a giant conceptual space . . . a space in which women and their babies can be not mechanistic antagonists but unified energy fields, complementary co-participants in the creative mysteries, entrained and joyous dancers in the rhythms and harmonies of life, natural beings birthing each other—child to mother—mother to child. (p. 299)

Hospital Births and the Importance of the Doula

In the previous section I discussed spiritual aspects of childbirth focusing on homebirths. I wanted to establish a baseline, affirming that childbirth is a normal, wholesome, and often spiritually gratifying experience. This section includes descriptions of the doula's role and research showing that the presence of a doula is associated with

(a) fewer medical interventions, and (b) maternal satisfaction when compared to outcomes for women who were not attended by a doula.

The Role of the Doula

The word doula is Greek and refers to a female servant to a woman. In her study of dolphins Dana Raphael (1981) uses the term doula to describe “mothering behavior by individuals toward an infant and mother” (p. 655). Raphael observed that when a dolphin was about to give birth she moved away from the rest of the group, accompanied by other excited females. After birth the females sometimes buoyed the mother and newborn to the surface to breathe (p. 635).

Drs. Kennell and Klaus (1993) are among the founders of DONA International. They define a doula as, “A woman experienced in childbirth who provides continuous physical, emotional, and informational support to the mother before, during and just after childbirth” (p. vi). This definition became widely accepted. Spiritual aspects of birth are not included in this description, leaving each doula to integrate her own spirituality into her practice.

In their qualitative study of psychosocial support during labor and childbirth, Campero, Garcia, Diaz, Ortiz, Reynoso, and Langer (1998) provide a detailed description of the role of the doula. Their description resonates with my own experiences and refers to the practical and emotional support provided by the doula:

Provided simply through talking to the soon-to-be mother in an encouraging and soothing language, recognizing the woman’s labor efforts, talking about subjects of the woman’s choosing, maintaining constant eye contact, giving information about the progress of her labor, explaining, in clear and understandable terms, the medical indications and procedures, and answering questions, encouraging the woman to adopt the most comfortable positions possible, suggesting how to relax, breathe, and push when appropriate, giving massages, holding hands and gently caressing the woman, offering her the bedpan, and changing the bed clothes when

necessary. In short the doula has given women valuable assistance in coping not only with the labor but also with the problems and emotions to which they were prone during those vital moments. (p. 4)

Continuity of care is a defining characteristic of doula care. Scott, Berkowitz, Gail, Klaus, and Marshal (1999) define continuous support as remaining with the birthing mother, leaving her only to use the toilet (p. 1055). They conclude that continuous support is significantly associated with decreased use of any medication, and the reduction of cesareans. Intermittent support was not significantly associated with any of these outcomes (p. 1054).

Positive Outcomes Associated with the Presence of a Doula

The DONA International position paper on birth doulas is written by Simkin (2005) and includes a history of the organization, as described below:

In the late 1970s, when Drs. John Kennell and Marshall Klaus investigated ways to enhance maternal-infant bonding they found, almost accidentally, that introducing a doula into the labor room not only improved the bond between mother and infant, but also seemed to decrease the incidence of complications. (p. 2)

One of the pleasures of my research is the sense of being part of a decentralized and rapidly growing social movement that is informed by research. DONA International has grown from 750 members in 1994 to 5,842 members in 2006. There are many independent doulas, some who have been supporting women in labor long before the term doula came into use. During the 35 years since Klaus and Kennell's initial findings, an abundance of research on various aspects of doulas' work has emerged. While most of these studies suggest the effectiveness of doulas, the many variables among laboring women, doulas, and birth settings make it difficult to clarify the ways in which the presence of a doula contributes to the well-being of the birthing mother. Klaus, Kennell,

and Klaus (1993) titled their book, *Mothering the Mother: How a Doula Can Help You Have a Shorter, Easier, and Healthier Birth*. Later research did not sustain the finding that the presence of a doula was associated with shorter labors as compared with women who labored without a doula. Complicating factors included the tendency among women who did not have a doula to go to the hospital earlier than women attended by doulas. Staying at home longer was credited with avoiding interventions in the hospital and making surgery, including cesareans, less likely. Some expectant mothers hesitated to say when labor began because of hospital protocols that called for intervention after 24 hours of labor. Thus, doulas and their advocates no longer claim that doulas contribute to shorter labors.

In 2005, the Cochrane Library published a review of research on the effectiveness of doulas written by Hodnett, Gates, and Sakala. *Continuous Support for Women During Childbirth* was quoted in many articles about doulas and after its publication the value of doula care was widely accepted. Following is a summary of the research review findings, as well as discussion and research regarding each finding.

Twelve thousand seven hundred and ninety-one women took part in the 15 trials that met the criteria for inclusion in the Hodnett et al. research. The methodological quality of the included trials was reported to be good to excellent. The summary of results includes data collected in at least four trials involving at least 1000 women. In summary, the study found the following benefits of the presence of doulas:

Women who experienced continuous one-to-one support during labour were more likely to give birth without using analgesia or anesthesia, less likely to have a caesarean or instrumental vaginal birth, and less likely to report dissatisfaction with their childbirth experiences. The trial reports do not list any adverse effects, and none are plausible. This form of care appears to confer important benefits without attendant risks. (p. 9)

Giving Birth Without Pain Medication

Women who experience continuous one-to-one support during childbirth are more likely than women who are not attended by a doula to give birth without pain medication. This finding may result from: (a) a woman's willingness to endure pain when she values giving birth without intervention, (b) a woman's ability to decline repeated offers of pain medication when she has the support of a doula, (c) a reduction in the experience of pain when social support is provided, (d) a reduction in the experience of pain when active coping methods are employed, and (f) a reduction in the experience of pain when fear of pain is reduced by cognitive strategies.

Willingness to Experience Pain

The previous section on homebirth includes quotes from Ina Mae Gaskin and others suggesting that one reason women are willing to experience pain is in order to avoid complications associated with medical intervention (including cesarean). Another reason is to experience the possible benefits of being fully aware, including "the extraordinary mixture of vulnerability, power, and contact with the female principle that characterized labor and birth" (Gaskin, 2003, p. 166).

In her article, *The Meaning of Labor Pain*, Simkin (2000) notes that many women recall labor with a sense of pride in their ability to manage severe pain. She suggests that:

For many women, labor pain is accompanied by feelings of emotional well-being, of being in control, and having been nurtured and respected by their loved ones and caregivers. Their later recall focuses more on their sense of accomplishment in having dealt with pain successfully and deemphasized the severity of the pain. (p. 254)

Hodnett et al. (2002) studied the relationship between the experience of pain and a woman's satisfaction with her birth experience. The amount of pain a woman

experienced was not a predictor of childbirth satisfaction. Satisfaction was associated with a positive relationship and support from caregivers (p. 162).

Communicating Care Preferences

Having the one-to-one continuous support of someone who understands the mother's desire to be fully aware during childbirth may have enabled the birthing woman to decline offers of pain medication and other interventions. Writing in *Hospital Physician* in 2001, Meyer, Arnold, and Pascali-Bonaro noted, "Douglas facilitated positive communication between women and their caregivers to ensure that informed consent was accomplished and that the woman's personal birth choices were respected" (p. 61).

Slowing down the movement toward intervention allows more time for natural progress toward birth, and may account for reduction in both pain medication and the cascade of medical interventions that sometimes followed (Butler, Abrams, Parker, Roberts, & Laros, Jr., 1993, p. 1407).

Social Support Reduced Perception of Pain

Gordon, Walton, McAdam, Derman, Gallitero, and Garrett, (1999) compared 149 women who had doulas with 165 who had the usual care. Women with doulas were significantly less likely to have had epidurals (54.4% versus 66.1%, p. 442). Women with doulas also reported better coping and lower perceptions of pain during labor (p. 443). The women who received doula support were less likely to receive epidurals and rated their pain as less intense than did women without doula support. These findings suggest the mystery of pain and the interplay of benefits associated with doula support. Epidurals are meant to reduce pain, yet the women who received epidurals reported higher perceptions of pain. It is possible that the women who received social support felt less

pain and did not feel the need for epidurals. Another possibility is that the women in both groups experienced similar physical sensations and that the women who were supported were less frightened and experienced the sensations of their bodies as less onerous.

At the heart of the doula's work is her desire to provide social support, or tender care, for the mother during childbirth. It is difficult to tease apart benefits that accrue from social support in the form of physical presence and kind intent from benefits that accrue from social support in the form of education and active coping methods. Brown, Sheffield, Leary, and Robinson (2003) focus on the role of social support on the experience of pain. In their study, 101 participants were asked to perform the cold pressor task, during which they placed one hand in a basin of very cold water and kept it there until the sensations became too uncomfortable or until 3 minutes had passed. Participants completed this task either alone or accompanied another person and were asked to report on their perception of pain using a 10-point scale. The group who had social support reported "lower levels of acute pain" (p. 276). The authors note that the study did not explain why people experienced events as less painful when they received social support. "The presence of a supportive other may attenuate pain by altering appraisals of the situation as threatening or stressful, decreasing negative affect, increasing positive affect, or altering pain expectations" (p. 282). They also did not rule out the possibility that distraction accounted for the reduced experience of pain.

Active Coping

In 1989, the *Journal of Consulting and Clinical Psychology* published the research of Leventhal, Leventhal, Shacham and Easterling, "Active Coping Reduces Reports of Pain From Childbirth." They found that accurate expectations about

contractions and the ability to respond to pain with overt actions reduced both verbal reports and behavioral indications of distress (p. 366). Doulas are experienced in childbirth and help the mother form realistic expectations. They encourage mothers to use active coping strategies such as breathing techniques, movement, visualization, and relaxation techniques such as massage and hypnotherapy.

Cesarean Births

The National Center for Health Statistics (2004) reported that the cesarean rate of all primiparous women was 27.1% in 2003. Low risk women gave birth to their first child by cesarean at the rate of 23.6%. The difference in cesarean rates between the population as a whole and low risk women fell from 13% to 3.5%. The increase in cesareans causes great concern in the childbirth community. As Peggy O'Mara (2003) wrote in an editorial in *Mothering Magazine*:

These statistics are very disillusioning. Many of us have worked for childbirth reform for over 30 years, only to feel that we are losing ground. Have we not done a good enough job of educating mothers? Have mothers themselves come to accept technological, surgical birth as normal? Is the practice of defensive medicine so widespread that evidence-based care is just impossible? (p. 4)

Langer (2004) wrote, "There are no easy answers about what strategies will effectively reduce the rate of c-section. My hunch is that a multifaceted approach is likely needed." Langer suggested three potential targets for interventions to reduce the rate of cesareans: (a) medical system, (b) women and families, and (c) the culture:

Educating senior physicians and medical school professors in evidence-based medicine will make them less likely to recommend c-sections in cases when it may not be necessary. These physicians can tutor younger doctors. Educating and empowering women and other family members about the risks and benefits of cesarean sections will make them better advocates for their own care. Finally, tackling the perception of c-section as a status symbol and addressing insurance policies that favor c-section will help to give proper prominence to vaginal delivery and its benefits. (p. 2)

Greater Satisfaction

Doula-supported mothers rate childbirth as a more positive experience than do women not supported by a doula. Doula-supported mothers show decreased symptoms of depression, improved self-esteem, and reductions in state anxiety. They have a lower incidence of distress-related thoughts and find pain more bearable (Manning-Orenstein, 1998, p. 73).

Lourdes, Garcia, Diaz, Ortiz, Reynoso, and Langer (1998) used qualitative research to study 16 women giving birth in Mexico. Eight of the women were supported by a doula, and the other eight were not. The supported women tended to have a more positive attitude about themselves; they felt good about how they performed during childbirth. They saw themselves as actors, demonstrating self-control. The women in the group without doulas expressed the belief that it was the doctors who had done the work. Control for the women in the unsupported group was experienced as external.

Campero et al. (1998) found that many women lost the sense of time during labor. In this study the loss of a sense of time was associated with extreme discomfort. The women felt alone in their frightening, painful, and seemingly never-ending reality. The mothers in the group with a doula had a clearer notion of the relationship between time, pain, and dilation. This gave them a sense that the experience of pain over time marked progress toward birth (p. 400).

Re-Mothering the Mother

Klaus, Kennell, and Klaus (1993) suggest that there is a psychological regression to a woman's own birth during childbirth. Through her encouragement and uninterrupted

support the doula re-mothers the woman in labor, building trust and showing that she is not afraid to love.

As labor progresses, doulas frequently cradle or hold the women in their arms. If a woman should cry, the doula may get a damp cloth and wipe her face. Regardless of the response of the other to labor, a doula remains encouraging, never trying to discipline the parents and never putting the mother down. (p. 20)

Manning-Orenstein (1998) examined how doula support healed the psyches of women who approached motherhood with a troubled notion of care-giving. By measuring mood state and self-esteem at the third trimester and again 4 months after birth, it was found that mothers who had been supported by a doula were significantly less rejecting and helpless, they were more secure, and suffered significantly less from mood disorders than did the control group (p. 73).

The doula-supported mothers in the Manning-Orenstein study rate their infants as significantly less fussy than do the mothers in the control group (p. 75). This echoed the findings of Klaus, Kennell, and Klaus (1993) who report that doula-supported mothers have a more positive attitude toward their infants. Doula-supported mothers report that their children are special, attractive, clever, and easy. The supported mothers believe that their babies are better than the standard baby (p. 46).

Corbett and Callister's (2000) research on the support needs of women during childbirth included 88 women who had given birth within the 72 hours previous to administration of the questionnaire. All participants were: (a) considered low risk, (b) had given birth to a healthy baby, (c) spoke English, (d) were literate, and (e) had a support person with them during childbirth. The questionnaire included 25 questions about the care they received from nurses, including behaviors associated with: (a) emotional, (b) informational, and (c) tangible support. Participants indicated that 16 of the 25 behaviors

listed were helpful. The most helpful behaviors were, “making the woman feel cared about as an individual, appearing calm and confident, and treating the woman with respect” (p. 70). While Corbett and Callister focus on how nurses might best support birthing women, their findings suggest that doulas have an important role to play during childbirth.

I believe that most nurses would be excellent doulas, but it is often difficult for them to provide the type of support described by Corbett and Callister. Empathetic nurses are limited in their ability to provide continuous social support by their responsibility for multiple patients, their medical responsibilities, and work schedules.

Doulas have no medical responsibilities and focus all their supportive attention on the one woman they are attending. Doula care is characterized by the continuity of care, focus on the emotional well-being of the birthing mother, unconditional love, and the ability to remain calm during birthing.

From the mother’s point of view it is important that doulas and nurses work together to offer maximum support during childbirth. Papagni and Buckner (2006) studied the level of acceptance shown by nurses toward doulas as perceived by the birthing mother. Four out of the nine women who responded to their questionnaire reported, “The doula support they chose was viewed by the nurse with animosity and resentment” (p. 17). They found that mothers who characterized the attitude of nurse toward doulas as “resentment and animosity” reported that “conflicts had a negative impact on their birth experience” (p. 16). Mothers who categorized the doula-nurse relationship as “acceptance and affirmation” described their birth experience as “extremely positive, empowering, and life changing” (p. 16). The authors conclude by

stressing how important it is that nurses and doulas clarify their complimentary roles and avoid conflict.

The roles of the baby's father and the doula are also complimentary. Doulas work with both the mother and father to plan for the birth of the baby and encourage the father to provide emotional support for his mate during labor. Doulas are familiar with the birth process to a degree that most spouses are not. Doulas remain calm and provide material assistance in the form of suggestions and information that helps to solve problems. Klaus, Kennell, and Klaus, (1992) found that the presence of a spouse did not result in the positive benefits associated with the presence of a doula, but that fathers gave more personal support when the doula was present (p. 211). In later research (1993) they found that mothers interviewed shortly after childbirth and again 6 weeks later rated the support of their husbands higher than did women who were not attended by a doula (p. 45).

Doulas' Innate Ability to Empathize and Nurture

Research presented in the previous sections indicates that the presence of a doula is associated with fewer medical interventions and greater maternal satisfaction as compared with women who were not attended by a doula. The following research indicates that doulas' ability to effectively support mothers during childbirth is related to their physical make-up as women, and that some women are especially gifted in this regard.

Taylor et al.'s (2000) "tend-and-befriend" model of women's response to stress provides the framework for these conclusions and is discussed below. Taylor et al. focus on gender-related differences in response to stress and do not address differences among women. Baron-Cohen and Wheelwright (2004) studied sex differences in empathy. They

found significant differences between men and women and among both men and women (p. 170). Light, Smith, Johns, Brownley, and Hofheimer (2000) found significant differences in oxytocin responsivity among women. Gilligan (1982), Goleman (2006), and Brizendine (2006) each found that certain skills, abilities, and behaviors were associated with being female.

Tend-and-Befriend

Taylor *et al.*'s (2000) theory of gender-related response to stress suggests that women evolved to care for each other during stressful times and that this adaptation has positive implications for survival (p. 411). When stressed women experience a cascade of hormonal secretions, including estrogen, which suppress the fight or flight impulse and trigger the release of oxytocin (p. 414). Oxytocin is a hormone associated with relaxation and sociability. The secretion of oxytocin during childbirth and nursing triggers nurturing behavior and fosters attachment between mother and infant (p. 416). Taylor *et al.* compare the nurturing inclination among women to the feelings that emerge between a mother and her newborn and call this pattern of behavior "tend-and-befriend" (p. 411).

Taylor *et al.* situate the "tend-and-befriend" response within the principles of evolution. "Females who were pregnant, nursing, or otherwise responsible for offspring may have been unable to flee without jeopardizing the health and safety of their offspring" (p. 414). They went on to note, "Stress responses that enabled the female to protect simultaneously herself and her offspring were likely to have resulted in more surviving offspring." Taylor *et al.* conclude, "nurturing behaviors under conditions of stress benefited both mother and offspring" (p. 416).

Women who participated in Baron-Cohen and Wheelwright's (2004) research on empathy scored slightly but significantly higher than men in empathy and were three times as likely to score in what they called the "super-empathetic range" (p. 170). Baron-Cohen and Wheelwright (2004) administered a self-report questionnaire of 40 empathy items and 20 filler or control items to 197 adults from the general population. Possible test results ranged from zero to 80. A score of 30 or below indicated problems with empathy. Scores equal to or more than 62 points were considered to be in the "super-empathetic range." Empathy in this context consisted of affective and cognitive responses. Affectively, the observer experienced emotions in response to the distress of another. This distress took the form of experiencing similar distress or of feeling compassion for the other person. Cognitively, the observer understood the other's feelings and was able to focus on the well-being of another (p. 164).

Women scored slightly but significantly higher on the test of empathy than men. More significantly for the study of doulas, more than three times as many women (9.5%) as men (2.8%) scored in the "super-empathetic range" (p. 174). I believe if tested many doulas would score in the super-empathetic range. Their ability to understand the feelings of a birthing woman as well as to feel compassion and focus on the mother's well-being, enhances doulas' ability to provide effective support during childbirth.

Goleman (2006) discussed Baron-Cohen's research within the context of social intelligence. He describes the social brain as "the sum of the neural mechanisms that orchestrate our interactions as well as our thoughts and feelings about people and our relationships" (p. 10). He argues that the social brain "represents the only biological system in our bodies that continually attunes us to, and in turn becomes influenced by,

the internal state of people we're with" (p. 10). People varied greatly in their ability to read and respond to the internal state of others and this difference, according to Goleman, is rooted in the brain. He uses Baron-Cohen's term "the extreme male brain" (p. 139) to describe people with a neural profile that makes it difficult or impossible for them to empathize with others. The extreme female brain is described as "excelling at empathy and understanding others' thoughts and feelings" (p. 139).

Louann Brizendine is a neuropsychiatrist and Director of the Women's Mood and Hormone Clinic at the University of California San Francisco. Her findings, as reported in *The Female Brain* (2006), are congruent with those of Baron-Cohen and Goleman. She credits distinguishing features in the brains of men and women for differences in their behavior and explores many of those differences. Brizendine wrote that the male and female brains are the same until a testosterone surge beginning in the eighth week of gestation, "turning this unisex brain male by killing off some cells in the communication centers and growing more cells in the sex and aggressions centers" (p. 14).

Many doulas are gifted caretakers, and part of their gift may be grounded in their physical make-up. Taylor et al. theorize that women's neurological makeup makes it likely that they would care for each other during times of stress and build ongoing support networks. Baron-Cohen found the differences between the brains and behavior of men and women so different that he described people with autism as falling under the category of the extreme male brain. Women are three times more likely than men to fall within the category of super-empaths. Goleman and Brizendine describe neurological differences between men and women that led to dramatic differences in many areas of their lives and especially in their ability to empathize with others.

Anderson (1998, 2000, 2004) uses the metaphor of lenses to encourage the researcher to notice and acknowledge the intellectual, emotional, and spiritual states of being that influence how she experiences reality. Brizendine also writes of lenses, “this fetal fork in the road . . . defined our innate biological destiny, coloring the lens through which each of us viewed and engaged the world” (2006, p. 14).

Taylor et al., Goleman, Brizendine, and Baron-Cohen address neurobiological differences between men and women that lead to differences in their inclination and ability to empathize with and nurture others. Light, Smith, Johns, Brownley, and Hofheimer (2000) found differences among women in terms of the oxytocin response (p. 560). Noting that it is difficult to measure oxytocin activity without spinal taps, they measured plasma levels of oxytocin. Light and his colleagues found that high rates of change in oxytocin level in response to massage or imaging a positive attachment experience was associated with (a) lower blood pressure, (b) a more time-limited response to stress, and (c) lower rates of reported stress and postulated that these women had more frequent oxytocin releases during daily life (p. 566).

Further research may explore whether high oxytocin responsivity is associated with the heightened inclination and ability of some women to care for other women during stressful times, including childbirth. It would also be useful to explore whether there is an association between women who scored in the “super-empathetic” range of Baron-Cohen’s test of empathy and women with high levels of oxytocin responsivity.

In concluding the literature review I briefly discuss Carol Gilligan’s (1982) work on moral development in girls and women. In her work, *In a Different Voice: Psychological Theory and Women’s Development* (1982), Gilligan presents research

showing that when faced with a moral dilemma, women were likely to consider the effect of decisions on the well-being of those involved, and suggests that women focus on caring and relationships. I believe that the research on women's brains, presented in this chapter, suggests a partial explanation for Gilligan's findings. Assuming that the women in Gilligan's study were neurologically predisposed toward empathetic identification with others, it follows that they were able to feel compassion and focused on the well-being of others. When faced with a stressful moral dilemma they would have secreted oxytocin, which triggered caretaking behavior and encouraged them to form alliances with other women.

Chapter 3: Research Methods (Cycle 3)

The births of my children at home were the most intense and wonderful experiences of my life. Shortly after the birth of my son Matthew, I stood holding him and said, “We are all part of a loving universe. I may not always feel this way, but I know that what I feel now is true.” Eight years later I lifted my daughter Nicole from my body. As we met eyes I recognized her as an answered prayer, a gift from God sent in part to help me become a better person.

Many years later I began research on homebirth and was inspired by the narratives of women who experienced the presence of the sacred during childbirth. During an interview about homebirth, a new mother spoke of the ways her doula had helped her. I learned that doulas were women experienced in childbirth who offered emotional, physical, and informational support to women before, during, and immediately after childbirth. I felt called to become a doula, completed training, and began to attend births. I experienced the area around the birthing mother as sacred space, filled with an energy that was sometimes so intense I heard it as a humming sound. When I entered the sacred space I sometimes experienced a change of consciousness. The outside world tended to fall away and I felt a connection with the mother that was almost tangible. For me, the occupation of a doula was similar to that of a Shaman or Nun. I approach childbirth with a sense of devotion and serve as an anchor for the mother as she travels on her spiritual journey.

I met other doulas who approached birth as a sacred event, and understood that through their dedication and hard work they often played an important role in helping mothers realize the innate spirituality of birth. The omission of spiritual support in the

definition of doulas, the lack of focus on the sacred during doula training, and the absence of research on the subject suggested the need for this study. I wanted to deepen my understanding of why and how doulas find and contribute to the spiritual aspects of childbirth. I wondered if other doulas experienced the sacred in the space around birthing women. Did other doulas feel an almost tangible connection between themselves and birthing mothers? Did that connection remind them of the connection between mothers and their daughters? Had they ever thought of their jobs in terms of a spiritual calling? I wondered if doulas consciously contributed to the spiritual aspects of birth, and if they did, what did they do? I knew that homebirth mothers often spoke of the spiritual nature of childbirth, and I hoped that doulas could extend the opportunity for spiritual transformation to women giving birth in hospitals. Following is a description of how Intuitive Inquiry guided me through the journey toward a deeper understanding of the spiritual meaning of birth for doulas.

Intuitive Inquiry Overview

The basic model of Intuitive Inquiry is deceptively easy to describe. After giving a brief summary of the method I offer a detailed account of how I engaged in the process and how new understanding emerged. I also describe the parallels I found between the support a doula provides for the birthing woman and the capacity of Intuitive Inquiry to empower the researcher.

Intuitive Inquiry began with a process designed to help me identify my topic (Cycle 1). I was encouraged to engage with a text that captured my attention and to explore the meaning that text had for me. I chose *The Madonna and Child with St. Anne* by Leonardo da Vinci. Out of that engagement came my topic, one which continues to

hold my attention. After a review of the literature on homebirth and doulas I developed a set of lenses (Cycle 2). The Cycle 2 lenses purposefully revealed my assumptions and state of mind at this stage in the research and are listed below. During Cycle 3, I collected original data through interviews with 14 doulas in the San Francisco Bay Area and presented a summary of those results. Between the collection of original data and the summary of results, I engaged in a process of deep interaction with the data during which I sought to accurately understand and interpret the spiritual meaning of birth as experienced by the doulas in this study. The results are presented in two formats: (a) a series of portraits, and (b) a Thematic Content Analysis of the interviews. The portraits represent my good faith effort to present each doula in a way that expresses the truth of her experience.

In Cycle 4, I interpreted the results within the format of a final list of lenses and an explication of those lenses. In Cycle 5, I reflected on the meaning and possible uses of my new understanding of the spiritual meaning of birth for doulas.

I chose this research method because of its delicacy, its ability to appreciate the subtle aspects of life, and its reliance on and respect for intuition. My research topic and the women I interviewed are precious to me and I wanted to treat them with respect. In order to do so I needed to gather information using a variety of ways of learning, including a review of the literature, interviews, artwork, meditation, and Thematic Content Analysis. Each activity informed my intuition and helped me to understand and express the truth of what I learned.

Cycle 1: Clarifying the Research Topic

Anderson (1998) described the first step in the Intuitive Inquiry as follows:

In transpersonal approaches to research, intuition usually guides the “selection.” Rather than choosing a topic, the researcher is selecting one that repeatedly attracts her or his attention. What often draws the attention and energy of graduate students does not even look like a research topic, at least initially. (p. 89)

In retrospect it is easy to give reasons for selecting the spiritual meaning of birth for doulas as my topic. I was blessed during the birth of my children. I wanted to help other women have sacred births. I wanted to work in a way that honored the bodies and the spirits of women. I began research on homebirth and was very happy to find so many stories of women who experienced the presence of the sacred during birth. In the process of the research, a homebirth mother mentioned her doula. Two years later I became a doula. I felt that I had found my way, both to a dissertation topic and to my vocation for the next stage of my life.

Intuitive Inquiry encourages the researcher to recognize that the quest for meaning in life, whether in writing a dissertation or recognizing a vocation, deepens “through meditation and inner reflection . . . including symbols, pictures, music, or even vaguer indications of movement or shifts in consciousness” (Anderson, 1998, p. 89). In early work on this dissertation I dreamt of a white bed in the forest. I dreamt of babies with wings, playing with dolls that looked like Buddha. I dreamt that I was giving birth. In one dream I had my hand on a woman’s belly and felt the contractions. These were happy dreams, and I made drawings of some of the images. My friends began to send me cards with images of mothers. I was pleased when two people asked me if I was a nun. I sensed a connection between Nature, the feminine face of God, and motherly love. I did research on homebirth. I became a doula.

“In Intuitive Inquiry . . . the researcher begins by selecting a text or image that repeatedly attracts or claims the intuitive researcher’s attention and relates to his area of

interest” (Anderson, 2004, p. 315). To go deeper into my subject I chose the painting *The Virgin and Child with St. Anne* by Leonardo da Vinci. I first saw this painting in the Musee du Louvre, Paris. I rushed past the crowd at opening time to have a moment alone with the Mona Lisa. Next to the Mona Lisa hung the painting of Mary sitting in her mother’s lap, holding Jesus. I burst into tears at the sight. When I began Cycle 1 of Intuitive Inquiry, I looked for a print of this famous painting, and found that there are two similar paintings, *The Madonna and Child with St. Anne*, which I saw at the Musee du Louvre, and *Virgin and Child with the Infant John the Baptist and St. Anne*, which hangs in the National Gallery, London. Large prints of these paintings, along with a detail of St. Anne’s face, now hang in my bedroom and over my bath. Small reproductions of the paintings adorn my computer. In each painting the expression on St. Anne’s face as she looked at her daughter evoked the feelings of wisdom and compassion that I associated with doulas. St. Anne was not looking at Jesus. Her primary role was not grandmother, but mother. She held her adult daughter in her lap. I felt resonance with the image of mothering the mother, of holding a new mother in my arms. I recalled that Quakers often refer to the spark of God in every person, and thought that if every newborn has that of God within, then every mother has that of Mary within, and every doula has that of St. Anne within.

I remembered my mother and I standing over her mother’s grave. I held my newborn daughter. My mother had tears in her eyes, “Now you know about mothers and daughters.” It was by far the most intimate thing my mother ever said to me, and I have reflected often on this phrase. That moment, 24 years ago, was the seed of my research topic.

I was surprised how gracefully my research topic emerged from the Cycle 1 process. The element of surprise was repeated many times throughout the Intuitive Inquiry process. When I felt myself stymied I would return the cycles and do what was suggested, alternating various forms of engagement with contemplation. Forms of engagement included: (a) noticing, (b) listening, (c) counting, (d) journaling, and (e) reading.

During my review of literature on the neurological differences between men and women I discovered that much of the information was gathered through MRI scans. Researchers noted which part of the brain was activated during various activities. Centers for logic and emotion were often compared. During Intuitive Inquiry, I had the sensation that (a) different parts of my brain were activated during different research activities, (b) I could choose to activate one area of my brain or another, and (c) in the space between these areas there was room for intuition to emerge.

Cycle 2: Developing the Preliminary Lenses

After completing the initial literature review I identified my then-current assumptions and point of view regarding the spiritual meaning of birth for doulas. This list of lenses allowed me to gauge the changes that took place during the data collection phase of my project. My Cycle 2 lenses were:

1. There is a spirit of love in the world and we are all part of it.
2. My own experience tells me that birth is an opportunity for peak experience.
3. I want other women to experience themselves as part of the spirit of love.
4. I want all women, wherever they give birth, to have the opportunity to experience the sacred during birth.

5. Some midwives and doulas are engaged in helping women experience the sacred.
6. The presence of a doula is positively associated with the birthing mothers' greater satisfaction with themselves, their spouses, and their newborns.
7. The behaviors and attitudes that result in a positive association between the presence of a doula and positive medical and emotional outcomes may also lead to a positive association between the presence of a doula and a peak experience.
8. Pain medication may interfere with peak experiences.
9. Fear makes birth more difficult. Trust and security make birth easier.
10. Birth is wholesome; it does not usually present a danger to mother or child.
11. We live in a culture that tends to define birth as a dangerous endeavor.
12. The homebirth movement developed, in part, to offer women the opportunity to experience the sacred during childbirth.
13. There are many words used to refer to spiritual experiences. Spiritual, sacred, peak, blessed, divine, holy, and grace are among the terms that will need to be defined as I proceed.
14. The training material for doulas does not include discussion of the sacred.
15. There has been a historical connection between midwives and witches. Both have been persecuted. This persecution has included burning midwives alive.

16. I don't understand the relationship between the persecution of midwives and the role of midwives and doulas in helping women experience the sacred, but I sense there is a connection.

Cycle 3: New Data

Collecting data through interviews. During doula information nights in the San Francisco Bay Area I met four doulas who provided leadership within the birth community. In addition to providing support to individual birthing women these doulas volunteered their time to introduce birthing women to the benefits associated with the presence of doulas. All four agreed to participate in my research and also gave me the names of doulas they admired. The names of certain women were mentioned repeatedly and I soon had a list of 14 doulas. I sent a letter to each doula asking her to participate (Appendix A: Solicitation Letter) and included a list of questions (Appendix B: Interview Questions):

1. How would you describe the spiritual aspects of childbirth?
2. Is there a spiritual tradition that inspires your work as a doula?
3. How do you experience the divine during childbirth?
4. Have you found ways to increase the positive spiritual experience of your clients?
5. Please describe a birth that was especially meaningful for you.

I let them know that there were no right or wrong answers to these questions. I wanted to learn from their wisdom, and thanked them in advance for any help they could give me with this project.

I sent the questions to doulas before our interviews knowing they often work long hours, sometimes through the night. I hoped that by giving them the questions ahead of time, they would be able to give ample consideration to their replies. The interviews were recorded on audiotape.

Five doulas invited me to meet them in their homes. I met 7 of the doulas in coffee shops. Two interviews took place at Blossom Birth Center. After initial greetings I reviewed the purposes of the research and the guidelines for the interview. I explained that confidentiality would be protected by using a pseudonym of her choice and that all files would be kept in a locked cabinet in my home. I asked each coresearcher if she had any questions. If the informed consent form had not yet been signed, I collected it at this time (see Appendix D: Informed Consent for Doulas). I gave the interviewee a copy of the questions and suggested that she begin with the first question and move on, as she felt comfortable. I tended to let the doulas speak without interruption. I occasionally asked a follow-up question or referred back to the questions as a way of encouraging the doula to continue. At the end of the interview I thanked each coresearcher and invited her to call if she had any concerns or questions.

Working with the data. The first phase of engaging with the data focused on individual doulas. I wanted to deeply understand what each doula said and meant, what she was trying to tell me. I let affection and admiration emerge as I listened to each tape for the first time. I relived our meetings. In one case I reflected on my feeling that the doula and I had not connected.

During the second listening I made notes in a journal dedicated to the doula with whom I was working. I underlined words that had emotional intensity and drew circles

around words and phrases that indicated meaning units. At the end of the tape I went back and made notes in the margins. As a calligrapher, the process of writing and drawing words helped me create a picture of what I was hearing.

After this introduction to the doula I sent the tape to be transcribed. The privacy of my coresearchers was protected by a confidentiality agreement (Appendix D). When the text of the interview returned I listened to the tape again, underlining words or phrases that seemed to carry special weight. I enjoyed the sensation of holding the paper in my hand, reading along as I listened to the words of the doula on tape. Having the written word in front of me allowed me to relax. I hadn't realized that I had been straining to hear and understand the words on the tape. The interplay between the written word and the spoken voice opened a space for intuition to emerge. Using my notebook, the text, and the computer, I edited each interview to a portrait of approximately 10 pages. The portraits are presented in Chapter 4: Results (Cycle 3).

During the next stage of engagement with the data I used the techniques described by Anderson (2001) in *Thematic Content Analysis (TCA)*. TCA is a quantitative and qualitative method that can be readily integrated into Intuitive Inquiry. Using the transcripts of the interviews I identified each meaning unit as indicated by a break or change in meaning. I clustered similar units together and labeled each cluster using key words or phrases from the text. I combined clusters that seemed to be related and counted how many times meaning units appeared in each cluster. I used this process with each transcript and then with all the transcripts combined as one text. The findings were listed as themes. These themes are listed in Chapter 4: Results (Cycle 3).

I learned of the need to test my intuition with quantitative data during my early research on homebirth. I did a Thematic Content Analysis using a taped interview with a woman who had recently given birth at home. She held her 9-day old infant in her arms as we spoke. I came away from the interview thinking that the woman's experience and my own were very similar. I defined the birth of my children in terms of a profound spiritual awakening. While separating each distinct unit of meaning, and giving each unit at least a moment of full attention, I became aware of the pain embedded in almost every unit of my coresearcher's birth experiences. She used the words "pain" and "hurt" a total of 22 times during the 1/2-hour interview. Twice she mentioned wanting to "jump out the window" to stop the pain. When transcribing the interview I divided the discussion into paragraphs, stopping when there was a pause, a change of subject, or a change of speaker. My coresearcher spoke approximately 112 paragraphs. Of those, 92 paragraphs included expression of pain and difficulty. Pain was not a theme I had expected or wanted to be primary.

As I completed the TCA of the interview with this mother I realized that my own understanding of homebirth had made it difficult for me to hear her experience. By making my preliminary lenses clear in Cycle 2 and applying TCA to the interviews of the doula in this study, I have done my best to open myself in order to understand what they actually said and meant.

I began the TCA of the doula interviews by focusing on one interview. I repeated the process for each interview, then combined the interviews into one text and repeated the TCA. During the first stage I identified all the information pertaining to my subject. During the second stage of data analysis I separated each distinct unit of meaning as

indicated by a break or change in meaning. I contemplated each meaning unit and then clustered it with similar meaning units, labeling them with a word or phrase from the text. I then counted how many times important words or phrases appeared in the texts. When I listed the words by frequency of mention only three words were mentioned more than 200 times each: (a) birth (617), (b) mother or mom (483), and baby (209). This finding suggests that doulas are focused on mothers giving birth to their children and is congruent with my growing understanding that doulas focus on the practical and immediate support they provide to women.

Throughout this project I have worked on art projects related to women, doulas, and birth. They will be included in an art show scheduled for November 2007 at Stanford University. I ran out of room on the canvas when I tried to write the 10 most frequently used words as many times as they appeared in the text. Even writing the words half as often as they appeared in the text gave me a physical sense of the weight of a few words. The words that appeared more than 50 times were: birth (617), mother (295), mom (188), doula (246), baby (209), women (179), spirit (137), experience (136), bodies (84), support (76), power (58), client (53), and wonder (52). During this process I realized that most of the meaning units referred to women. Clustering and counting words referring to women I discovered that mother (295), mom (188), women (179), client (53), and bodies (84) all refer to women who give birth (799 references). If doula (146) is added to this list, the total is 945; this endeavor is clearly about women. I believe that childbirth has meaning for doulas in part because they find women interesting.

There were approximately 600 meaning units associated with the understanding that women's bodies are fully capable of giving birth without intervention. Doulas

believed that women should trust (34) the power (58) and wisdom (14) of their bodies to give birth. Belief (44) in the body's knowledge (12) inspired confidence (6) and allowed the birthing woman to fully experience her creative (8) power. Women who trusted their bodies were able to face the unknown (5) with an openness (19) that allowed them to connect (31) with both their doula and their baby. These mothers were likely to be changed (20) in positive ways by the birth experience.

Some differences emerged between the TCA themes and the results of my intuitive engagement as presented in the doula portraits. In these cases I returned to taped interviews with the intention of understanding the discrepancies. I found that the emotion expressed in the interviews weighted certain material that did not emerge as important during the Thematic Content Analysis. An example of this is Ann's brief comment about her desire to formulate a statement of shared spiritual values among doulas. While this was not a theme that was mentioned by other doulas, it was clearly very important to Ann and did have meaning within the discussion (in Cycle 4) of the tendency among doulas to focus on areas of agreement and avoid areas of possible disagreement. The interplay of my intuitive responses to the tapes and the Thematic Content Analysis allowed me to look again at whether a theme was noted because of my interest, because of its importance to the speaker, or for both reasons.

Cycle 4: Transforming and Refining Lenses

A reader new to Intuitive Inquiry may be confused by the relationship between the results, especially the themes listed in Cycle 3, and the final lenses presented in Chapter 5: Discussion (Cycles 4 & 5). The portraits and themes presented in Cycle 3 are

meant to focus on what the doulas said and meant. They provide a summary of how I understood the spiritual meaning that my coresearchers found in childbirth.

In Cycle 4 my final lenses are meant to convey how I understood the spiritual meaning of birth for doulas. I found it difficult to separate my thoughts and feelings from those expressed by my coresearchers. When I commenced this project I imagined that doulas would describe childbirth in spiritual terms, echoing the language of homebirth midwife Ina Mae Gaskin (2003), “Pregnant women are elemental forces, in the same sense that gravity, thunderstorms, earthquakes, and hurricanes are elemental forces. . . . Every birth is Holy” (p. 271). I found that while doulas appreciated the benefits of homebirth and often chose to give birth at home, they found it difficult to replicate important aspects of homebirth in the hospital setting. Doulas were discouraged by the many medical interventions that, despite their best efforts, continued to take place. The statistics on the rising rates of cesareans seemed to indicate that women were losing ground. Doulas worried about the lack of confidence among birthing women and their tendency to accept the medical model of childbirth.

I was not expecting the elements of despair that emerged as doulas told of the mistreatment they experienced and witnessed during hospital births. Intuitive Inquiry helped me acknowledge the pain expressed by the doulas in this study. Directed to listen deeply to the tapes, I heard the emotion in doulas’ voices as they told painful stories. Directed to count the number of times meaning units occurred, I could not ignore how often and at what length doulas spoke of difficulties. Encouraged to be aware of my dreams, I noticed that they became troubled with images of hospitals, death, and suffering babies.

Given the problems encountered by doulas in hospitals there are good reasons to emphasize the spiritual meaning they find in helping women make informed choices about their medical care. It is important that mothers request the care they want and learn to decline interventions they do not need.

Doulas are part of a subculture that is often in conflict with those who hold power over the lives of birthing women. If doulas criticize the medical community or speak too openly about their spirituality they may be barred from attending births. For the doulas in this study that threat was real and immediate. Doctors affiliated with the Palo Alto Medical Foundation barred doulas from attending their patients' births at the Stanford University Hospital. Doulas are unable to serve women under these circumstances. They are also unable to earn their living.

After interacting with the doulas in this study I was inclined to adopt the themes that emerged during the TCA as my final lenses, honoring the emphasis they put on affirming the power of women to give birth without medical intervention. My attention was focused outward, on the doulas.

I needed to reconnect with my intuition. After many drafts of the final lenses I decided to return to the Cycle 1 techniques that had been so helpful when I needed to clarify my research topic. *Mystery*, a piece from the *Missa Gaia/Earth Mass*, by Paul Winter (1982) became the text for contemplation regarding my final lenses. I affirmed in my own mind and heart that Mystery is alive, and recognized her presence in many aspects of the doulas' work. My final lenses emerged and are included in Chapter 5: Discussion (Cycles 4 and 5).

Cycle 5: Integration of Findings and Literature Review

During Cycle 5, I focused on the meaning and possible uses of my final lenses in terms of preexisting literature, future research, and possible action. My understanding of the spiritual meaning of birth for doulas deepened but did not dramatically change.

Efficacy Validity

Intuitive Inquiry is a research method that values the search for meaning in life. I have pursued this project not to prove something but rather to better understand a deep human experience. I am also motivated by a desire to hold space in my life for spirit to emerge.

One important measure of the validity of this work is its value for you, the reader. I believe that the quality of maternal care should be of concern to everyone, and that the lives of the doulas portrayed in Chapter 4: Results (Cycle 3) are extremely interesting. Still, you don't have to be interested in doulas or childbirth to find value in this research. Questions about vocation, control and surrender, trusting one's inner voice, and social justice can be applied to a variety of circumstances. You might ask if empathy is less precious if it is triggered by the release of a hormone. Do you feel satisfaction knowing that the body, in its wisdom, can trigger the experience of spiritual transcendence? In what areas of your life do you feel the presence of Mystery?

In her discussion of validity Anderson (2004) suggested seven questions, the answers to which may determine Efficacy Validity. The questions suggest very high aspirations, and I hope I have succeeded in achieving a least some of the results mentioned.

1. Was the researcher transformed in the course of conducting the study? Is the reader, as she reads?
2. Did the researcher gain more compassion and depth of understanding in the course of the study?
3. In reading the report, do readers gain compassion and depth of understanding about themselves, the topic, or the world?
4. Is the research report written with such clarity and authenticity that the readers feel that they know the researcher personally?
5. Does the study provide a new vision for the future?
6. Are readers inspired by the findings and the vision provided by the study?
7. Are readers moved toward action and service in the world? (p. 330)

Concluding Comments

Terms like *natural* can be divisive. I do not want to suggest that women who give birth within the medical model are unnatural or that it is not natural for human beings to develop beneficial medical technology. The abundance of new research on gender-related difference in the human brain suggests that women are well-suited to care for each other during childbirth, and that some women may be especially gifted in their ability to nurture others. It is my belief that research-based evidence will lead to maternal care in harmony with the ancient knowledge of doulas.

Chapter 4: Results (Cycle 3)

The goal of this project is to deeply understand the spiritual meaning of birth for doulas, and to share that understanding with the reader. This report on Cycle 3 of Intuitive Inquiry includes: (a) a description of the Cycle 3 process, (b) portraits of the 14 women who were interviewed about the spiritual meaning of birth, and (c) a Thematic Content Analysis of their interviews.

Cycle 3

Intuitive Inquiry is a qualitative method developed by Rosemarie Anderson (1998, 2000, 2004) during which the researcher engages in five cycles of interpretation and carefully notes the deepening of her understanding of the topic. During Cycle 1 the researcher chooses, or recognizes, her topic. Cycle 2 directs the researcher to review the current literature and delineate her current understandings and assumptions as a list of lenses. Cycle 3 calls for the collection and summary of original data. Cycle 4, which is included in the Discussion chapter, presents the final list of lenses, and explores how they emerged from the Cycle 2 list. Cycle 5, also included in the Discussion chapter, includes a discussion of the final lenses and the importance of what has been learned within the context of preexisting theoretical and empirical literature. Cycle 5 concludes with suggestions for future research and action.

Between the collection of original data through interviews and the summary of results presented in Cycle 3, there was a process of deep interaction with the doulas' voices on audiotape and with the transcribed texts of the 14 interviews. In what follows, I describe my interaction with the audiotapes and present a portrait of each participant. In

the next section I describe Thematic Content Analysis and present the results of that analysis.

During a rigorous process of interaction I listened to each interview numerous times, varying the focus of my attention. I considered (a) the experiences of each doula, (b) her thoughts, and (c) her feelings as expressed in words. I listened again for words and phrases that were spoken with emotional intensity. I noted my own feelings as I (a) listened to the tapes, (b) kept a journal of my dreams, and (c) worked on art projects inspired by the material. My responses to the voices on audiotape were informed by my memory of being in the presence of these women during our interviews.

The portraits represent my good faith effort to present each doula in a way that expresses the truth of her experience as a doula. I did not collect information about (a) age, (b) ethnicity, (c) sexual orientation, (d) economic status, or (e) marital status. I did not ask these women if they had children. I know that women tend to have many responsibilities and fulfill many roles, but that during childbirth personalities and personas tend to fall away. I wanted to focus on the spirituality these women find in their work as doulas. I was also concerned that including specific data in the introductions to the portraits would make the doulas easily identifiable to members of the birth community in the San Francisco Bay Area.

Some demographic information was included in the interviews and can be found in the portraits. I believe that demographics of my coresearchers were similar to those found by Lantz et al. (2004) at the University of Michigan. Their nationwide study of American doulas, "*Doula Work Delivers Love Not Money*" found that (a) 96% were white, (b) the average age was 40, (c) about one third had a college degree or more, (d)

most are married and had given birth before, (e) about 30% had annual household incomes of \$75,000 or more, and that (d) few doulas earned more than \$5,000 annually (p. 106). It was my perception that (a) all of my coresearchers were white, (b) their average age was closer to 30 than 40, and (c) that at least 60% had a college degree or more.

Many of the portraits refer to cultures where women give birth without medical intervention and to distant times when women were honored in their roles as mothers and midwives. There were also descriptions of care provided to women from diverse backgrounds. I know from personal experience that many of these doulas volunteer through the School Age Mothers Program (SAMP) in Redwood City, California. Young mothers in the SAMP program are from diverse ethnic and socioeconomic backgrounds.

Portraits

The lived experiences of Cindy Lou, Judy, Cicely, Al, Laura, Becky, Celeste, Michele, Jacqueline, Linda, Nicole, Johanna, Ann, and Claire are the heart of this work. I am grateful to each of them for their willingness to discuss the spiritual meaning of birth.

In a discussion with Charlie Junkerman, I said that when I spent time with doulas I wanted to be a better person. He responded that perhaps I should spend more time with doulas (personal communication, March 2, 2006). I invite you, the reader, to spend this time with these doulas, and to open yourself to the meaning they find in their work.

Cindy Lou

Cindy Lou is very active in the San Francisco Bay Area birth community, working as a birth and postpartum doula and teaching birth preparation courses. She develops programs to support doulas and midwives and her home has become a gathering place

for doulas engaged in peer review, educational program development, and planning for a new birth center. She began our interview with the story of the birth of her oldest daughter.

I was living in a Judeo-Christian community, a live-in community. There was also a great deal of focus on psychic mediumship, intuition, and spiritual guidance. When I look back on it, I know that some of the experience traumatized me. So there were parts of it that were very difficult and hard, kind of shadowy parts, but now that I've studied as a doula and reflected on my own experience giving birth, I've realized the environment was almost ideal for birth. The whole community rejoiced when a woman became pregnant. There was a lot of dancing and singing in the community. There was a lot of acknowledgment of the unborn child. There was a lot of prayer. That was great. I was really, really healthy and I was just getting ready to have a baby. I made the necessary arrangements, like gathering a few baby clothes and a crib.

When someone went into labor the other people from the community would attend her. We didn't know what midwives were, but we trained ourselves to catch each other's babies. I helped in the birth of 25 children at home. At the first birth my now former brother-in-law and I sat next to the bed of the woman in labor and read a book about birth. We looked at each other and agreed, "OK. We can do this." That's as much education as we had about it. When I think about it now I realize it was OK. Out of 25 births, plus my own births, only one mother went to the hospital. Her baby was in a breech position. All the other babies were head down and were born at home. Everything was fine.

I remember the birth of my own daughter. I remember pushing her out. She came out and she was looking to the side and her hand was up against her face. She landed on the bed. The whole birth was really an incredible experience for me.

I had torn significantly so a couple of hours later we went to the hospital. The hospital was a very unpleasant experience, because the doctor who was fixing me up was so angry that I had this baby at home that he could not stop yelling at me. He yelled at me for 45 minutes. The doctor told me I wouldn't be able to breastfeed my baby. Another person there said I probably wouldn't be able to breastfeed any of my children. Finally they called in a midwife who talked with me and said, "You know what? You go home and you just start breastfeeding and don't worry about it. Everything will be fine. You'll be fine. The baby will be fine. Don't worry." That's exactly what happened. I guess it's whom you choose to listen to.

After I got home I stayed close to my daughter. I was always with her. When she would sleep I would sit in the room with her. I did that for a month. I would read. I would . . . I don't know. I would just be there. When she woke up I would hold her. It was a very interesting time.

After I gave birth to my daughter I had this weird feeling. I almost felt virginal again. It was really an odd, interesting feeling. It was like starting over. My body felt new. During labor I felt that at my essence I understood who I was as a human being, as a woman. I really felt like, OK, so this is really who I am. I am powerful. I am strong. I am committed. I love. That's who I am. It was a little glimpse of who I really am. I don't think that knowledge stayed with me forever; at least I don't think it stayed consciously with me. I haven't always behaved in ways that reflected that knowledge of who I am,

but that perception of my self was so distinct and kind of crystal clear. Afterwards I was had another feeling, a feeling of being reborn. It wasn't that I felt I had changed. It just felt like I was myself. I don't know how else to describe it.

My second pregnancy ended at 5 months when the baby was stillborn. I gave birth to that baby at home. Then the third pregnancy, my second daughter, was born at home. I had my last daughter in the hospital, because the community was disbanding and I didn't feel that support. It was a very nice birth. So anyway, that's what these stories are about. The whole context of pregnancy and labor and birth for me was spiritually oriented, definitely, that was the context that I came from. I had faith that my body would do the right thing and it never crossed my mind that something else might happen.

It was almost ideal, and not too many things in my life approach ideal. Having a group of powerful women around me was ideal. It was ideal to have a group of powerful men, men who were supportive of women, around me. The whole community viewed the women as the more spiritual beings. When somebody was going to have a baby it was viewed as elevating her spiritually. That was so different than what we have in our everyday world these days. It was really very different than the people that I work with now.

When the community shut down I went back in the mainstream. I worked in a big company in Boston for 18 years. During those years I did a lot of therapy. I actually reached the point where I completed my therapy. I never thought you could complete therapy. I just thought it went on and on and on and on. It's not like I feel I'm perfect, you know, but I'm fine. I do feel like I'm fine. I feel ready to do the work of a doula. It's not about healing myself. It's more about being available and having some skills and

talents. This work makes perfect use my talents and skills. I'm really an intuitive person and I am respectful of other people and of what they want. I have an enormous amount of faith and trust in giving birth.

It took me longer than I would have expected to become a doula. I had to resolve for myself that most of the babies would be born in hospitals. The people who really felt they needed me were giving birth in the hospital. It took me a long time to accept that I would be working in the hospital a lot of the time and that it would be all right.

Early in my birth career I saw something terrible happen at a birth. After the baby was born the attending physician said to one of the residents, "Show the other resident what I showed you last week." She slid her fingers into this woman's vagina, and the mom said, "Get out. Get out. Get out. Stop, stop, stop." The two residents looked at each other and then one said, "OK, now you try." I was literally in shock. This haunted me. I've gone over this a lot. I kept asking myself what I could have done. The doctors completely ignored the mother. They did not treat her as a human being. They ignored the fact that she had no pain medication. Doing that procedure with somebody who had an epidural might still be a problem, but the mom wouldn't feel pain. This young lady could definitely feel what they were doing. I feel like it was an assault. During the postpartum visit the mom asked me, "Did they do that because I'm Hispanic?" I said, "I don't know." She said, "Did they do that because I'm a teenager?" I said, "I don't know." She said, "Is it because I'm on MediCal?" I said, "I think they did this because they were insensitive."

One of the challenges of being a doula relates to each door of spirituality. There is the potential that the doula will become traumatized. That's something that each doula

has to address in her own way and partially on the spiritual level. When I first started working as a doula I had a dream that kept coming back. I kept having flashbacks, so much so that I talked about it with my therapist. I was in a really dark room but the lights were on the mom and the baby being born. As the baby was born I could see, but the mom couldn't see, that on the baby's back were all these kind of little suction cups that almost look like what you'd have on a bathtub mat. I gasped, and the mom said something like, "What's wrong with my baby? What's wrong with my baby?" The doctor said, "Everything's fine. We're fine." The room was all stainless steel. I kept envisioning the baby. It kept freaking me out. I mean, I was experiencing posttraumatic stress disorder. The technological aspect of the birth was freaking me out.

Now I approach the people that I'm working with on two levels. One is mostly coming out of my mouth. It's educational. It's informative. The second level is the spiritual level. I have a very strong belief that the unborn child is sentient, and I try to have the parents become aware of that if they're not already. When someone signs on for my services, I add them to what I would call a prayer list or intentions list. I was carrying a lot of stress, wondering if I was doing a good enough job. Now I write down my wishes for the birth. A lot of my prayers have to do with the baby getting in proper position easily. I pray the mother and partner will work well as a team. It is my intention that the birth attendants, including myself, will be guided by love. I hope that each of the birth attendants will work as part of a team. I write all those things down and then I read it on a regular basis with the birth team in mind. At the very end of my prayer I acknowledge that these are my wishes, knowing something better may come. This process releases me from stress. On my way to the birth I do a lot of prayer and prepare myself, letting go of

anything else that's been on my mind so that I can focus on the couple, the baby, and the care providers.

When I encounter people at the hospital I don't wish that other people were there, different nurses or doctors. I go in thinking, "Here's our team. This is our team. We're going to work together. We're going to help this baby be born." These are the people that were brought here, by whatever circumstances or energy. I don't have what I would call a true spiritual practice at this point in my life. I don't go to church and I'm pretty vague about stuff like that, but I would say that since I've been doing doula work, I have reinstated prayer in my life. It has become a spiritual practice for me. Now it's something that is a built-in part of my life.

You asked how I experience the Divine during childbirth. The last client I had identified herself to me as a sex abuse survivor. She had done a lot of healing. She was really advanced, just generally. She knew her body very well. She knew how to get herself to relax. She had become a master of dealing with stress because she was raped as a teenager. She talked to her doctor and mentioned in her birth plan what she was dealing with and how she had prepared herself for birth. When we got into the hospital and her labor progressed I wanted to make sure she was well-protected and respected. She was respected; there was no question about it. She did not want an episiotomy. She basically said to the doctor, "Just don't cut me. Whether I need it or not, I don't want an episiotomy." The baby was right on the perineum for a long time, almost an hour. The doctor was very respectful, saying, "OK, we are going to do this."

At one point I closed my eyes and prayed. I could feel all this energy coming through me. I was sending it toward the doctor. At a certain point the doctor said, "The

baby is almost here.” The mom had an epidural and we were showing her a mirror; when she could see the mirror it made her push more effectively. Then we had her touch the baby’s head and, again, this was energizing her to push. The doctor was holding the perineum with her thumb and she said, “You are just starting to tear a little bit. I think it is going to be just fine.” The doctor was so respectful of the mom. The baby was born and the mom did tear a little bit. Everything was fine. I felt like I saw in the doctor the Divine. The doctor was an agent of respecting the mom so much. At one point the doctor turned to the pediatric team who were waiting, and waiting, and waiting, waiting, waiting, waiting, because it just wasn’t happening and she just said, very quietly, “She’s had some vulva issues and we’re just allowing this to happen.” Then they were very calm and relaxed, like great, great. That’s fine.

I often just watch things unfold and watch people react, trusting that the Divine in them, or the goodness in them, is going to come forward. I feel like when you do trust, the Divine almost always does come through. You know, it almost always does, and that’s how I perceive the Divine.

As a doula myself I really try to add what I believe is necessary and nothing more. I guess what I’m trying to say is it’s not my day. It’s the day of the baby, and the mother, and the father, or the partner. I arrived at one birth to find that the mom and dad were already in a very good ritualistic kind of behavior. When I walked in I just kind of assessed what was going on and saw that the dad had some very poor body mechanics going on. I slid a stool under him and he sat down. I opened the sandwich I had brought and left it near him. I put water near him. I was listening to her noises during contractions and I could hear what I thought was a slight panic. The contractions were 2 minutes apart

so things were really happening. When she would start contracting and start vocalizing I would very subtly say “Ah. Ah.” Then she started doing the same thing.

In the postpartum visit the mom and dad described what happened. The dad said, “You know, I just needed to sit down and there was a place for me to sit. I was hungry. I needed to eat and there was a sandwich.” The mom said, “I don’t know what you were doing but whatever it was really helped.”

Some people have picked me as a doula because they feel that I won’t hesitate to take the advocate role. That is kind of interesting because the way I advocate in a hospital is so subtle. I am not confrontational in the hospital.

I’ve also worked with quite a few women who are either estranged from their mothers, their mothers have been geographically distant, or their mothers have passed away. I wonder if maybe, for this time, I am a kind of mothering energy for those people. I feel that when I work with people I am in some ways playing a role that they need. I’m reliable. I’m consistent. I’m trustworthy. I’m dependable. I’m predictable. I’m authentic about who I am, but I also find that when I behave in the role they need, the moms tend to be more relaxed with me. They trust me more and are more open to anything that I might suggest.

When I was a lay midwife back in the 70s I wondered why people wanted to do other jobs. In my mind I couldn’t figure out why anyone would want to do anything other than spiritual healing and helping someone when a baby was born. It seemed so primary. Very basic, being able to help someone in that way or being able to make a change either in myself or other people that would have a beneficial outcome. It just seemed like the epitome of what I wanted to do.

Judy

Judy is an experienced doula and midwife's assistant who has attended many births in both home and hospital settings. She is now training to become a Certified Nurse-Midwife. As part of her training she attends numerous births in the hospital that is associated with her program.

I feel like I'm sort of a young person and probably haven't explored all of the spiritual things an older person may have considered. I'm not identified with any church or spiritual tradition, but the thing that I think of first when I think of the spiritual meaning of birth is that I really believe that babies come from a Divine place. We don't have that Divine place here on Earth. When a woman is pregnant with a baby it is a magical, spiritual time for the whole family.

Childbirth itself is the transition, the intermediate world between this Divine world and our world. Our world is absolutely wonderful, but there is another world we don't remember very well. When I describe childbirth as the intermediate time I don't mean that it is of lesser importance. Childbirth is the very special time when we can all access a little bit of the Divine and a little bit of earthly times. That is the spiritual meaning of birth for me.

The thing that inspires me the most is a personal story, there's no religious tradition connected to it. Near the end of high school I was going through a rough time. I felt that nobody was able to support me. It's hard to explain the feelings that I was experiencing then. I was going through a transition and I wasn't getting the support I needed from my family. Perhaps they didn't have the tools to help me; perhaps I didn't want their help. One night I couldn't sleep and I kept thinking about how my life was

changing. I remember thinking how wonderful it would be if I could go to sleep with a good feeling. During that time of my life I sometimes used a progressive relaxation exercise and often fell asleep before I finished it. I'd get to my hips and be asleep. That night I did the whole body and didn't fall asleep. Then I had vision. It was almost dreamlike, but it really was a vision that was just happening. I wasn't guiding it. There were stairs leading up to a platform in the atmosphere. I saw myself lying in a beautiful luxurious bed on the platform. I could see that I was lying there and trying to sleep. There was a grandmotherly, plump woman with long, flowing, gray hair. She put her hand on my head and comforted me to sleep. It was a very wonderful experience. It made a big impression on me. I was going through an important transition and I received the support I needed from this comforting, mothering, presence.

I never did that progression again, but the feelings stayed with me. Years later I was in an energy healing class. I found the topic interesting and thought it would be useful in my work as a doula. I asked the leader about my vision and she described a meditative tradition in which each person has a guide. I recognized that the woman who appeared to me was my spiritual guide. The teacher suggested I access this guide again and I did. There was an immense fountain of wisdom and support coming to me from my guide. In the meditative states we were practicing I felt absolutely taken care of. Everything was right with the world, all the answers were there. Everything was fine. I don't talk about these experiences but I realize that my work as a doula is completely based on the feelings I had during those sessions. The influence is both complete and subtle. I appreciated how I was best cared for and I try to care for others in the same way.

Aspects of my childhood religion still have meaning for me. I was brought up Christian. My family was very religious Lutheran. I went to church every Sunday until I was 12 or 13. When it was time for confirmation I decided I didn't want to commit to Lutheranism. It was meaningful to me, but it certainly wasn't a doctrine that I followed. There are aspects of childbirth that really connect with Lutheranism, especially the belief that hard work yields a wonderful prize. If you just endure and persevere you will be rewarded. Recently my spiritual leanings have been a bit more Buddhist. I'm trying to be in the present and really understand why certain things happen for certain people. I like to think that the entire Universe is in harmony right now and that when something bad happens, something good will happen. That type of feeling is not always backed up in childbirth, so it's been a struggle for me.

Sometimes things go absolutely horribly during the labor and then there is something seriously wrong with the baby. I wonder about the meaning in that. Sometimes it is really hard to think about childbirth in terms of a spiritual level, but I do have some trust that whatever happens means something on a greater level. Often we just can't see what it means at the time. It may mean something for the family later. Maybe it meant something for me. I don't know. These are the spiritual things I've been thinking about.

I remember one birth that did turn out according to my current beliefs. The mom was 17-years-old and this baby was the product of a rape. The mom's life was awful. She had been adopted at birth and didn't have a loving home. Her adoptive family told her to have an abortion or move out. Her boyfriend abandoned her after the rape and pregnancy. She decided to keep the baby and became homeless in San Francisco. I felt so bad for this woman. We were treating her as a very high risk patient, concerned that she lacked

prenatal care, that she might be taking drugs to self-medicate her pain, and that she was likely to be depressed. The morning after she had the baby I found them asleep together, skin to skin. It was so sweet to see this little 8-hour-old baby skin-to-skin in her mother's arms. When I spoke with the mom later she was completely involved. She was interested in every little thing her baby was doing. She saw the baby as a gift. It was the most beautiful thing ever. It does go back to my belief that the time during and immediately after childbirth is a spiritual time for a family. It certainly was for this woman. Something good was happening to her and she knew it was precious. She was connected to something good that was going to love her back. I knew she was going to be a wonderful mom. It was impressive.

One way of dealing with childbirth is to always be in the moment, to enjoy or work during the moment, knowing the next moment will be different. We can fully experience where we are right now. I like the juxtaposition of believing that right now is everything and that right now is nothing. Sometimes it is hard to accept what is happening. A little bit of my stomach drops every time I see a mom who isn't interested in her baby right away. I just let these moms have space because sometimes they really do need to take care of themselves for a little bit, really come back to their body, and then bond on their own terms. Sometimes it's good to model the mothering, to hold the baby and coo over the baby for a little bit while the mom is recovering. Sometimes modeling the behavior jumpstarts the mothering instinct. There are times when you just can't push the mother to take the baby. You have to stand back and be the guardian of the situation, recognizing that it is OK the way it is. Sometimes I will frame the experience, letting the mom know that other women have felt the same way. I reassure her that everything is

fine, that the baby is doing great, that we're all here with the baby. We all think it is best for the baby to be on the belly gazing at the mother, but it doesn't necessarily have to happen that way.

As a doula I've found that I am able to just be with a woman during labor, to comfort and nurture her. The only time I've felt pulled out of that closeness was when a decision needed to be made and the mom wanted me to help weigh the pros and cons. Then I had to use my logical mind. Sometimes it is very fluid going back and forth between the logical mind and the nurturing self.

Last Tuesday I was with another teen. She was in early labor but screaming and writhing and involuntarily pushing. Here was somebody who was quintessentially not dealing with her contractions. As soon as the contractions would begin she would say no, no, no, and then start screaming. It was pretty clear that she had been abused. She had not reported abuse, but there's something that I can recognize in the eyes of some women. This woman looked like she was trapped in her body and felt absolutely helpless. By the time a woman like that is in labor there's only so much you can do to help her. I was there as her midwife but I just stayed with her all night and cared for her as a doula. It was completely possible to switch into that nurturing role. When it was time for a decision to be made I left the room, went out into the fluorescent lighting, got in front of the computers, and figured out what needed to be done next. Then I went back into the dark room and back into that woman's experience.

I used to ask new doulas to remember what it felt like to jump rope with other children. You moved your hands in rhythm with the rope and waited until you could feel the rhythm. Then you'd make the decision to jump in and make the leap. It is good for the

doula to be with the mom in early labor so they are comfortable together. As early labor transitions into active labor the doula is doing that rocking motion, getting a sense of the best time to move in. Once you are in there with the mom you are in there. The relationship between doula and mom becomes very entwined. If the doula needs to jump out she doesn't do so until after someone else has jumped in and established the rhythm.

At the end of pregnancy there is an opening of the woman's joints and bones and in their mind, spirit, and emotional life. It's a great time to be a doula. You can ask, "What's happening with you?" and the mom will tell you. They are able to get you in their orbit. During the early prenatal visits I sometimes look at a woman and think about the time when her mind, spirit, and emotions will be so open. I don't say anything because it scares some women to think they're going to be that vulnerable. If I have been there for the mom during pregnancy, she begins to feel comfortable with me, and it becomes natural for me to be the person to nurture and comfort her when she opens up.

I originally became a doula because I was angry. I knew what birth could be and that women were not getting that wonderful experience. I know that there's this truth and that nobody is acknowledging it or allowing wonderful births to happen. I still feel some of that anger. My ultimate goal is to do research and to teach in this arena. I believe research will prove that having the baby on the mom's belly during the first 15 minutes is good for the mother and the baby. I don't believe you have to do active management in the third stage. I want my truth to be out there in the medical world so that more women will be able to have wonderful births.

I also want to teach because I feel that even in my school we don't teach very well. There are people in my midwifery program that can't even consider homebirths

because they think birth is so dangerous. I wonder how these people can become midwives. I was shocked. I mean that a midwifery school should be teaching about the 80% of births that are normal. It is the same thing with the doctors—they don't get training in normal birth and they aren't trained to help a mom with breastfeeding. I wonder how it is possible that obstetrician-gynecologists are the primary childbirth providers in the United States? They're surgical specialists. Now people think birth requires surgery. That truly makes me sick.

When I began as a doula I believed that education was really important. Anytime somebody asked me a question I would answer with as much information as possible. Then I went through a period when I didn't think education made a difference. People had their own ideas and acted like I was crazy when I tried to talk about birth alternatives. Now I'm back to thinking I need to say what I believe is true and important with the hope of opening people's minds. It is difficult to be that one voice that says something, when everyone else is saying something different, but you have to start somewhere. I was surprised, excited, and a little shocked when I first heard that babies could be born at home. That's how I got interested in being a doula. I want other women to know about homebirth and all the other options.

Most of the patients at the hospital associated with my school are immigrant families from Latin American countries. At first I thought it was awful that because they don't pay for their services they have student midwives taking care of them. Now I think those families are lucky. I still think it is unfair that they don't have a choice, but in actuality they are getting the best care. At our hospital there is always food available, all the babies stay in the rooms with the mom, and the mom can choose between midwifery

and MD care. If these women are low risk they don't get an IV at all. If somebody has a ruptured membrane we don't do vaginal exams. There are lots of things that make for good care. At first I felt guilty because as students we might be doing a procedure for the first time. Now I realize we are also giving these families some wonderful advantages that are not available in other hospitals.

I need to learn a lot more before I go out on my own. It's not that I've been scared out of my belief that most women can give birth naturally, but I want to learn why the doctors are making the decisions they make. After I graduate I will apply to work through the National Service Corps. They pay back student loans and offer some supervision. I welcome the supervision and hope to learn more about public health nursing. A midwife is the perfect person to help out in an area with few resources. They get to know the people in a community and are in a good position to help families with their health issues. I'm committed to working for the first few years in an underserved community, either rural or urban. When I feel confident with my own skills I may begin my own practice. That is a big dream and I don't know if it will ever come to fruition, but I would love to have a service that includes licensed midwives, midwives who specialize in working with high risk pregnancies, and doctors who all have the same philosophy. We would provide services in a birth center and would offer equal treatment to women giving birth in the hospital. Women should have the choice of birthing at home, in a birth center, or at the hospital. I know some people want midwifery care, but they don't want to be at home. Some people have complications and they need to be in the hospital, but they still want a midwifery-like experience. The ideal would be to have a doctor who is completely experienced and who would not push medication or intervention. I wish there were more

doctors with a midwifery perspective. From my point of view moms need midwifery support from the time they start thinking about conceiving until the baby is weaned. None of us are seeing women for that period. That is part of the reason why I'm in school. I feel like I really need to change the system. It's not going to happen in my lifetime, but I can only hope.

Someone once told me that God said that you must work toward a goal, but he never said you have to achieve it. That makes so much sense to me. You need to work for what is right; that is what is required. That makes me feel better about my work. I feel like my work as a doula is potentially life changing for women; I think that most of the time it is life changing. Perhaps the presence of a doula is less life changing at homebirths, because the mothers have already thought about the important issues. I feel that I am especially useful at teen births and with women who have been abused. Doulas are nurturing these women and empowering them to be mothers.

I have a lot of good memories. I have little books with notes that remind me of all the wonderful births I've attended. I remember a homebirth that I attended recently. I was concerned about the mom's inability to take suggestions from the midwife and the dad's tendency to be overbearing. The labor went on for days and everyone was exhausted, especially the mom. This is sort of an undoula story, but I love it. The dad ripped off his clothes and jumped in the birthing pool, like he was going to save the day. The midwife asked the mom if she wanted her husband to direct the pushing. He answered, even though the woman was able to speak for herself. Dad sat along the back of the pool and mom was sitting over his legs. He had his hand on her vulva and got very excited when he could feel the baby's head behind the tissue. The father was giving play-by-play

action, but he and his wife were really, really connected. She was looking in his eyes this whole time and he had his hand on the baby's head the whole time. The baby came out right between them, right into their little circle. Dad lifted the baby into the mother's arms.

The midwife and I had moved to the doorway and just watched quietly. I had thought this was a crazy birth, an awful, horrible, extended birth. I felt that he was pressuring her to have the baby on his timeline. In the end it was the most beautiful birth I had ever seen in this entire life. They knew what they needed and it happened that way. Nobody else was there and the baby's head was birthed into his hand. Nobody else touched that baby. It was such a wonderful learning experience for me. Perhaps things would have gone better if we had just gotten out of the way from the beginning. It was such an important visual for me to see this little being come up in the water between them. That was the circle right there. It was the smallest birth orbit that I had ever been close to, and I was outside it. I wasn't meant to be in there.

I think there could be peace if we would change the way our babies are born. At the hospital I have to follow the procedures I've been taught. Every time I put my hand on a baby as it is being born I feel guilty. I tell the baby that I'm so sorry I'm the first human hand to touch her and that I'm touching her in this way. Sometimes I have not even met the family and I'm the first person to touch the baby. Sometimes it feels really uncomfortable. I feel bad each time we do violent things. It's the provider's decision whether the baby goes to the mom's belly or gets handed off to the nurses. It's cutting the cord without the parents' permission or the baby's permission, clamping the cord, or separating the placenta. It just feels like a lot of violence and intervention. Michele Odent

says that the birth room should be very warm and quiet. The lights should be low. The baby should be placed on the mom's abdomen and everybody should step back and be quiet. The mom and the baby should have the opportunity to gaze at each other. If all that happens the mom will experience the highest oxytocin surge that she's ever experienced and will ever experience in her whole entire life, but if the interaction is interrupted, or cord is clamped, or the room is bright or cold or noisy, then the mom will not experience the oxytocin surge. The surge of oxytocin is extremely pleasurable and helps ensure the safe passage of mother and child. It helps with the release of the placenta and helps the baby make the transition without help. The bonding that takes place in those few minutes lasts a lifetime. We sure do a lot of stuff to mess that up, don't we?

Odent described how the release of hormones affects the emotional life of the mother and baby. It's physiological. It's not spiritual. I don't believe in a God who does this and that, but I remember the things I learned in my anatomy class. I was especially interested in embryology and the way things grow. I remember thinking there's no way that there's not something creating something this intricate and amazing and precise. I don't understand how that could happen. I have no idea whether we were created by evolution or by something Divine. All I know is what actually happens is absolutely amazing.

Cicely

Cicely is a relatively new doula who attended five births before beginning to charge for her services. She is the mother of two children.

Without really knowing it at the time I became a doula because I wanted to bring more spirituality into my life. For the past few years I have been trying to live my

everyday life in awareness of the spirit. I realize that I was drawn to being a doula because it is the epitome of bringing together the practical and the spiritual. Birth is immensely physical and sometimes pretty gritty. As doulas we take care of the mom's practical needs while recognizing that something is going on that's not quite connected to the everyday world.

I believe that we often get interested in teaching things we need to learn. That was certainly true in this pursuit. I had a sense of where I wanted to go spiritually but my ideas were kind of half-baked. Now I'm involved with helping people face the unknown and to understand that they can't control everything. I tell them to be open to whatever happens, when that is the hardest thing for me to do. I've spent a lot of my life doing things in order to not feel out of control, not to feel anything. I now realize that I have a better experience if I don't try to control everything and don't try to pin everything in its place. I don't have to come with a reaction to everything that happens. Sometimes I can just be. I've learned something at each birth, and felt good, for a while, about my new knowledge. I was always surprised that the next birth called on different skills, and the things I learned before were not very useful. I often feel that in some way I'm not good enough, that I don't know enough. I keep thinking of how much other doulas know and compare myself unfavorably. Dealing with those negative feelings is another part of my spiritual practice.

I haven't had any particular faith, but if I had to pick a religion I would pick Buddhism. I'm trying to be aware of my feelings without getting too upset. I've been focusing on a theme, and trying to keep the theme in mind as I live my daily life. Recently I've been thinking about passion. I've thought of self-passion, passion for my

family, and then passion for the world. I've started with observing how I feel about myself. I realize how tough I am on myself. I'm trying to recognize my anxiety and self-doubt. Being a doula is great for that, since you can't control everything and you can always think of things you could have done better. It's sort of scary to realize how tough I am on myself.

I've spent a lot of time feeling that I failed a recent client. She had her regularly scheduled appointment with her doctor. After a sonogram the doctor said the baby was very low and ready to be born. I met the mom at the hospital and then went home to sleep. The next morning they started the induction and things were going fine. We were walking around while she was hooked up to the IV. The mom told me that she was OK and that I could stay in touch by phone from home. I called every couple of hours throughout the day and spoke to the dad. I spoke to the mom once, but I mostly spoke with the dad. He kept saying that everything was OK. Her water broke at 3:30 and I spoke to dad at 4:00. He said that everything was OK and we agreed that I would call in another hour. Things were not really going that OK. When I look back on it, it seems glaringly obvious that I should have gone to the hospital. She ended up having an epidural. I'm so disappointed in myself for not asking to talk to the mom. I'm still torn. You should always talk to the mom because it isn't just what a person says but how they sound that gives you information about what to do next. On the other hand all the mom had to do was ask to speak to me, or tell her husband to ask me to come to the hospital. They are grownups after all. I saw the mom yesterday, by chance, and it was very strange. I don't know how the mother perceived what happened. Right now I'm just very aware of how bad I feel about myself.

I have had some wonderful moments during births. My first client had a very nice birth room and a bathroom with both a tub and a shower. The mom was on her hands and knees in the bathtub. Her husband was standing behind the mom and trying to focus the shower on her. This, of course, was my first experience in supporting her. She was vocalizing a lot and I was encouraging her to continue with that. At one point I could see that she and her husband were in a rhythm together and I went out of the bathroom. I was sitting in the other room and I just got this prickly feeling all over being close to this mom and dad working together to bear their child. They were happy together.

The other intense experience was also in the bathroom. Mom was dilated and things were starting to get pretty intense. She was feeling a cold chill and couldn't get warm. It was 2:30 in the morning. She was pretty tired but things were getting kind of hard to take just sitting in bed. I suggested she take a shower and offered to warm up the bathroom for her. I closed the bathroom door and turned on the shower full blast. The mom didn't want anyone but me in the bathroom with her. She was handling the contractions better but she started throwing up. There I was holding a wastebasket for her while she was throwing up. She continued to have contractions. The shower was on. In the midst of all that I had the impulse to sing. I told the mom that I couldn't sing very well but that I felt like singing. She liked the idea and so I started singing Beatles songs to her. It was just amazing. She started singing, too. That was quite an experience, singing in the shower. That was Divine.

In both those cases I had an impulse to do something and I didn't question it. Something told me to sing and I sang. Something told me to leave the couple alone and I left the room. I realized that I am able to sense what I should do. Of course it is hard to

stay with that feeling in the hospital. There was the doubting heart. The mom felt like pushing and the nurse told her not to push, not to tear herself, not to follow her own inclination. The nurse's manner completely changed the whole air in the room and unfortunately I did not take control. What I really wanted to do was whisper in mom's ear that she should trust her body.

There is a spark of the Divine at every birth, that's why I crave it. I've been thinking about how I became a doula. I'm not a huge risk taker in terms of my physical type. I'm not a mountain climber or anything like that. When I decided to become a doula I just launched myself over the cliff. I decided to step out and see if I could do it. Now I am doing it. I feel so alive and wonderful. The endorphins are pretty good. Every birth is a new experience or a peak experience. It's a little frightening to think that I might be addicted to the thrill of birth. I wonder what I'll do next. I think I'm getting immune to it or something.

I've joined this fabulous dream group. A space opened up in the group and a friend asked me if I wanted to join. I was hesitant to make another commitment and worried about arranging and paying for childcare. Then I realized the group was something I've been searching for without knowing it. I've never acknowledged my need for support in my spiritual quest. We meet twice a month and talk about our dreams and our soul work. There's no other place in my life that I have that. It's been amazing. Our culture doesn't honor the spiritual experience and it is especially difficult to hold on to the spiritual aspects of life in a medical setting. I think my whole approach is geared towards helping my clients hold on to the spiritual aspects of their births. I want to honor my intuition and I want my clients to trust their intuition.

I chose a name for my practice that lets clients know that I focus on the spiritual aspects of birth. Sometimes I wonder if I'm turning people away. What if they don't want a spiritual birth? What if they just want me to hold their hand? I have such mixed feelings about this. Sometimes I think the name will draw the people who are interested in the spiritual aspects of birth. Then I'm afraid it will frighten people. I haven't had any new clients for 3 months and I'm wondering if I need to evaluate my approach. It was important for me to claim my spirituality and to change the name of my practice would feel like a defeat. I spent 40 years of my life thinking that if you can't see it, hear it, touch it, taste it, or smell it then it doesn't exist. It's only in the last few years that I've realized that there is this huge big hole in my life and that it has to do with things that you can't touch. I'm still not feeling confident about my spirituality and I get choked up when I try to talk about it. I'm afraid people will think I'm a flake and just some weirdo. Those are the voices chattering away in the back of my head.

In some ways it was easier when I was working as a volunteer doula. I felt that I could say I was just starting out and that I would love to be of use. I still don't have a lot of experience but now I'm making a business out of it. I'm telling people this is my business. There are 40 other doulas around here who have more experience than I do. Some of them are also massage therapists.

Sometimes I think I spend too much time thinking about things. Then I'm glad to be doing something practical to help women. That's a big part of being a doula. I can rub a woman's back and hold the bowl while she throws up. I'm also involved in the activist part of being a doula. I look at our culture and see that things are really screwed up. There are thousands of things we can do to change the culture, but I choose to work to change

the way we give birth. Giving birth is such an important part of our lives and we are not doing it right. I'm hoping that through the channel of education I can have an impact. It's not easy. People have some hard-held opinions.

Most women don't think much about birth until they want to become pregnant. Once a woman is pregnant there is a set pattern for how to proceed: get the doctor, go the hospital he is associated with, do what I'm told. We have to teach women to question this. As it is now, only women who have some past experience questioning authority are likely to question how they are treated when they are pregnant. Women need to know how to go against the grain and to consider all the birth options that are available. I'd like to develop a birth center where teenagers could come to learn about childbirth and be encouraged to think about how they might want to give birth. I'm thinking these sessions would take place before women get pregnant. Later these women could come back to the birth center to have their babies.

I had a dream about being a doula that focused on some of my conflicts. In my dream journey I was pregnant and talking to a western educated medical person, perhaps a doula. She was dressed in traditional new clothing and looked very traditional. Here she was in a village helping people who had the plague. The woman told me that I had a spiritual message that I was not getting across to people. The dream suggested to me that I needed to dress myself in the garb of the establishment in order to bring my gifts to the establishment. I can't come in waving incense and chanting because they will never let me in. I have to come in to the hospital dressed in traditional clothes and introduce myself as the doula. Once I'm there I have the opportunity to bring spiritual things to a

setting where they may not be appreciated otherwise. That was a cool revelation and I am convinced it is right.

I've met doulas who were so discouraged by hospital births that they quit being doulas. I'd rather be there with the mother in the hospital than have her there without me. Maybe some day everyone will have the opportunity to give birth at a birth center or at home, but that's not how it is now. Perhaps we can bring a little bit of something spiritual to births in the hospital.

Al

After years of working as a birth doula, Al is now focusing her practice on acupressure. She continues to work with pregnant and birthing women.

Childbirth is an awe inspiring event. I feel this way about the birth of any creature, but the birth of a human being really feels like a miracle. Every birth is a miracle. I never tire of watching childbirth. When I see that head crowning and the baby coming out, I feel the Goddess in the room with us. The mother is the Goddess. I'm the Goddess. The baby is the Goddess. Everyone is the Goddess. There is so much power there. There's so much energy. It's life before my eyes. I know the baby's in there, but I can't even describe how it feels to see a whole new life come out of the mother. Everybody should see it. It's great to see childbirth on film, but it's not the same as being there.

It is profoundly moving to see a woman come into her power that way, especially if it's a natural birth and she is feeling the whole thing. A birthing mother will often say she can't go on; then she does go on and the baby is born. It fills me up to be with a woman as she realizes and experiences her power. It's a very religious event. It's a very

spiritual event. I don't have a structured organized religion. I don't belong to or practice any organized religion. I mention Goddess because I've done a lot of looking at all different types of religions, and Goddess-centered religion resonates with me very much, especially as I've gotten older.

When I attend a birth I bring a sense of awe. I bring the expectation that the birth will be miraculous. I don't think I've ever met a doula or a midwife who doesn't bring that expectation of a miracle at birth.

I bring spirituality to each birth without doing any outward rituals or ceremonies. I'm thanking the Goddess constantly and calling on her within myself. I'm hands-on during the birth. I'm working with the acupressure points. I'm holding the woman. I'm touching her. I'm there with her the whole time. I'm hands-on almost the whole time. I'm asking for the Goddess to work through me to help this woman, to help the birthing mother feel empowered to do this act. To give birth is a supreme act.

Two women have asked me to induce labor using acupressure. In both cases their doctors were ready to induce labor with medication. I used acupressure and was so gratified when it worked. Even though I trained for this I am always surprised when it works! I was so thankful because I was literally praying the whole time, before and after, to be a clear and perfect channel of Divine light and love. That's my constant mantra the whole time I'm working because I don't want to get in the way of good energy. If there is a Goddess up there I want her working through my hands because I'm only human.

So many women miss the empowerment because they are drugged up. They've got that epidural and they don't feel a thing. They don't even know or understand what they are missing. It's a shame that the cesarean rate is so high, perhaps 30% in some local

hospitals. Cesarean births are being fostered and encouraged by the obstetricians. These doctors, and a lot of women, don't realize what birthing mothers are missing when they don't have all the feelings associated with giving birth. One doctor became so excited when he saw a woman give birth without medication. He had never seen a natural birth. That's a shame. That's criminal.

So many doctors treat pregnancy and childbirth as a pathology. That is like treating love as pathology or sex as pathology. It's like treating eating as pathology. This is part of life that a woman's body has been tuned to do by eons of evolution. We are made to push those babies out. It's only been in the last 150 years that childbirth has become a medical thing. There are 4 or 5 billion people in the world. That didn't happen because women were not wonderfully made for that process. I am passionate about childbirth. I would love for all women who are going to have children to experience the fullness of bringing a child into life. I want every woman to recognize her body's ability to give birth, and to be empowered by that knowledge.

The last birth I did was for a friend of mine. She had a baby at home. She was inspiring. She believed in her body and she was so present. She had a difficult labor, but she stayed present throughout. She was awe inspiring, she was just awe inspiring. It was beautiful to watch. She was having a hard time and she was tired. She was in hard labor for most of that night, and she was just awesome. She was so good. It was such a blessing to be with her.

Her mom was a single mom and when this gal was 3 years old her mom moved to New Mexico and bought some land. They started growing their own food; she was raised with a sense of you-can-do. She and her brother were both born at home during the 70s.

She had never had any kind of real sickness and she had never been to a doctor. So the last thing she would do would be to go to a doctor to have a baby. It was natural for her to want to have a homebirth and a midwife. She didn't even think of going the other route.

People have come to look to doctors as if they are God. Infallible, I hate it that people believe doctors are infallible. That leaves a pregnant woman thinking her body is not capable of having a baby. I've watched it happen. A doctor says the mother won't be able to deliver her own baby and the labor stops. It stops. Can't do it. Can't. Can't do this. They call it, "Failure to Progress" or "An Incompetent Uterus." What the fuck is an Incompetent Uterus?

A doula can provide another way of seeing childbirth. I stress that women's bodies are perfectly capable of birthing. I remind my clients that that they are growing the baby inside of them. The doctors are not doing that. Sometimes doulas can help heal some of the damage that has been done by those harmful words. That is what I hope to do.

A few years ago I worked with a young gal who was having her first baby. She wanted a homebirth. I went with her to a prenatal visit. The doctor threatened to call Child Protective Services if she went ahead with her plans for a homebirth. I thought, "You bitch!" but I didn't say anything. My client had confided in me that she had been sexually molested when she was 7 years old. She hated to have a vaginal exam. She was on the exam table holding her legs together and crying. The doctor said, "You have got to open your legs." She said, "How do you think you're ever going to have a baby if you won't open your legs?" I had to say something, "Excuse me, my client has a problem with this. She has a history of sexual abuse. Do you see tears running down her face?"

Have you no sensitivity?” The doctor did slow down and was gentler. This was a woman doctor. What have medical schools done to people? I just don’t understand.

My client had very irregular periods and didn’t know when she became pregnant. Using the sonogram results the doctor decided when the baby was due. When that date passed the doctor ordered an induction, against my client’s wishes. When we left the doctor’s office my client was shaking. Four days later her water broke spontaneously and she went into labor. She called me about 9:00 in the morning and said she and her partner were doing fine. She called me again at about 2:00 p.m. and asked me to meet her at the hospital. I got there and she was doing great. She had that baby, and she was awesome. The baby wasn’t overdue. She was fine.

This woman had been afraid that she wouldn’t be able to push her baby out. The sexual abuse had made her afraid that she wouldn’t be able to push her baby out. I suggested she talk to her partner about it and do some writing. I encouraged her to get the fear out in the open so it wasn’t hiding there ready to sabotage her when she was giving birth, and she did talk to her partner and do some writing.

This mom was amazing during labor. Right when she was getting ready to push that baby out, the doctor said, “Well, I just want to feel what is happening.” The mom was saying, “Ow, you’re hurting me.” The doctor kept feeling. The mom took her foot and she went boom. She pushed the doctor’s hand out of there. I thought, “Yes!” She was amazing! I really think that this mom had healed from the sexual abuse; to be able to stand up and say, “I told you no. Get your hands off of me.” I’ve often seen doctors go ahead with vaginal exams after the mom said to stop. The doctors are committing, basically, tantamount to rape when they’re sticking their hands in there when the woman

doesn't want it. No means no. Excuse me. I was so proud of that mom. She was just awesome. She just said, "NO!" and pushed the doctor's hand away. It was just so reaffirming for me. That was one of the most beautiful births I had ever seen. The mom was just amazing. She was amazing, that woman was just amazing. I was so inspired by her birth, by watching her. Oh, it was beautiful.

We need to honor the fact that the woman knows what her body is saying. I'm hoping to get involved with a volunteer program that helps teen moms. These young women need to know that they have power. They can honor their own feelings and trust their own bodies. If a pregnant woman wants to go against the mainstream the doctors ask her if she wants her baby to die. These mothers don't want their babies to die. What a horrible thing to say to them. The fact that maternity care has been taken away from the midwives and put into a hospital has been one of the greatest transgressions, right up there with taking the land from the Native Americans. It's human rights violation. I want to be in the forefront of the fight for women's power. I want women to believe in their power. Women's power was revered in ancient times. The woman's power to give birth is sacred. Birth is women's work. In ancient times a man wouldn't think to tell a woman how to give birth, that was a woman's business. Women knew this was their area of expertise. I'm not saying that men can't be supportive, but women need other women there when they give birth. That's why doulas are so important. Until recently women always helped other women to bring babies to birth. The only time a medical doctor needs to be involved is if there's a problem. In real life there are very few problems with childbirth.

All the common intervention is a problem. I gave birth to my first child in 1973. They made me wear a fetal monitor and set up an IV so I had to stay in bed. I went to the hospital at 10:00 in the morning and I had not eaten since the night before. The nurse wouldn't let me eat the food my husband brought. From 10:00 a.m. until 11:40 p.m. I was not allowed to eat or drink. That's human rights issues. That's sick.

Six years later I gave birth to my second child. I stayed at home until I had to really work to get through each contraction. I was dilated about seven and a half centimeters when I got to the alternative birth center. That was good. They didn't have time to prep me, which was also good. I walked during labor because I could tolerate the contractions better. The doctor kept telling me to get back in bed. I said, "No, I don't have to get back in the bed. I don't have to do anything. I'm the one in labor here." By then I had finally learned that this was my body, my birth, and my baby. The doctor said, "The baby's going to fall out." My response was, "Yeah, right. Excuse me. Excuse me but I remember having to push a hell of a lot to get that baby out. I don't think this baby's going to drop out on the floor. Please, give me a break. Save that for your first time moms."

In the hospital they are always in a hurry. Babies are hurried into life. People are hurried all the way through life. Then they want to hurry you off to die. It's shameful. What a crazy culture this is. It's time to change it, and I think it can start with changing the way babies come into the world. If babies come into life in a humane way they may be empowered to be fully human. A humane birth empowers both the mother and the baby.

Doulas are changing the world in a most profound way because we're allowing babies to be born in their own time. We are accepting the natural rhythms and patterns of childbirth. When babies come into the world midwives and doulas are there to welcome them in a loving way. Each baby should be put on her mom's breast. I didn't see my first baby for 12 hours after she was born. They kept her from me because she had jaundice. Twelve hours! I kept saying, "Where's my baby?" They didn't even let me nurse her. When they did bring my daughter to me she was sleeping. I thought she would be awake and hungry. The nurse flicked the bottom of my daughter's foot to wake her. My daughter started screaming and I said, "Don't you do that again. Don't you ever do that to my baby." I just couldn't believe it. They're mistreating babies from the beginning. What did my baby need? She needed her mother's breast. I was too young and inexperienced to demand proper treatment for my baby.

Doulas want to bring the baby into an environment where they are warmly welcomed, where they're not separated from their mother, where they're put right to their mother's breast. The baby is so alert during the first couple of hours. The baby is looking at her mother and father. That baby is studying the faces. If there is really something wrong with a baby it needs an incubator but in most cases the baby needs her mother. The baby shouldn't be whisked away. Clean them up later. Weigh them later. We don't need buzzing lights or people running around.

There are doctors who want to help women have homebirths, but they're fighting an uphill battle because everybody's against them. They can't practice without liability insurance. There is a homebirth midwife in the mountains here and she had a doctor who was willing to back her up in case they needed to go to the hospital. He was totally in

agreement with her but he had to quit backing her because his insurance threatened to drop him if he worked with homebirth midwives. It's shameful. It's a witch hunt.

There was a real resurgence of homebirthing here in the Santa Cruz Mountains in the 70s. A lot of the midwives became direct entry midwives just by doing the work. Some women were living in communes and they wanted to have their babies at home. They just went there as humans helping one another. Some of the direct entry midwives are still working. They do it as a labor of love. Those women aren't making big money and they have had to fight every step of the way. They are denigrated by the medical world. Midwives are sometimes accused of practicing medicine without a license. Delivering babies is not practicing medicine.

I firmly believe every single child should be born at home with a midwife, unless there's some problem prohibiting it. If a child needs to be in the hospital it should still be born in a warm and suitable environment. I don't know how we're going to bring this about. I think it's going to take generations to turn the culture of birth around. We are living in an inhumane society. It's not hard to imagine how birth has become an inhumane process when you look at the state of the world. I chose to be a doula because it is going to bring back the humanity in our lives. I also do it for myself. I love being at a birth. It's healing for me as well.

Laura

Laura is a birth doula and a midwife's assistant. She offers workshops and provides support for women who are considering homebirth and for those who wish to give birth vaginally after a cesarean. She plans to become a homebirth midwife.

I know there is a spiritual importance, a spiritual component to birth. Component is even too small of a word to describe it. Perhaps a spiritual grounding is a better way to talk about it. I just have trouble describing what is spiritual about birth.

The spiritual component for me is about helping women listen to their inner wisdom. I really think that if women were listening to their own inner wisdom almost all of them would decide to have a natural childbirth under their own power. It is my personal belief that deep down many women who choose a medicated birth wish they had the confidence to give birth naturally. I know experiencing that power was important for me.

After my first child was born by c-section, probably an avoidable c-section, I was left with the feeling that I had not given birth. I had an intense interest in experiencing childbirth. While processing these feelings I began to read books about childbirth, including Gaskin's *Spiritual Midwifery*. I began to plan a homebirth for my second child and decided that someday I would become a homebirth midwife. Becoming a doula was a way to start on the path.

I had a really wonderful second birth. I planned it very carefully. I was very prepared and everything went great. It was really hard. The biggest surprise was when it was all over and after the baby was born I didn't hear a chorus of angels or feel the goddesses lifting me up to a new experience of my power. It was the time after the birth that was most meaningful for me. They didn't take the baby away to be weighed. The baby was with me the whole time. My friends made the food I wanted for me in my own kitchen. When everybody went home my husband and I lay in the bed and named our baby. We were there by ourselves in our own bed. We had already decided that our baby

would be named after his grandfather but enjoyed choosing his middle name. It was . . . I would go through anything for that experience. That was the intense and transformational part for me. That was an incredible moment for me. I think that the sense of power around giving birth has become more meaningful to me over time.

I'm passionate about homebirth. I would really love to have more opportunities to support women in choosing homebirth. I think a lot of women in their heart of hearts would like to do that, but there are lots of obstacles to overcome. Either your father-in-law is a doctor, or your husband would never put up with it, or you are just too worried that something bad will happen. It took me almost 5 years to get pregnant with my son. During that time I did a lot of planning. It would be really hard for a woman who was pregnant to do the research, come to a decision, and make all the plans for a homebirth. I love to provide information and give moms who are considering a homebirth some extra support. It might help them choose a homebirth and move forward with the plans.

I'm the chapter leader of a group that supports women who have been through difficult births, typically cesareans. We hope to prevent unnecessary cesareans through education. I've been holding meetings around aspects of birth that interest me, inviting pregnant women and their partners to join me. The most recent informational meeting was about homebirth. I hoped to reach women who might choose homebirth if they had the support they needed. Some women who are interested in homebirth feel intimidated by doing the research, calling a midwife, and making the decision. I try to keep the meetings lighthearted. I invited a midwife, some doulas, and some women who had given birth at home. We provided information, resources, and support. I mention homebirth in my email tag line. I just like to have the word out there in the collective consciousness.

Now the mention of homebirth tends to stop conversation and I'd like it to somehow be a more normal thing.

A lot of people attended a meeting called the Girlfriend's Guide to Natural Childbirth. It was just a roundtable of people who have had natural childbirth along with people who would like to have natural childbirth. I wanted to come together and share our wisdom. Women learning from each other is very important to me. I do bring experts to the meetings as a resource, but I don't ask them to present material. I really want women to have a chance to look to each other. I want every woman to respect her own wisdom and to respect the wisdom of other women. That is why I structure the meetings the way that I do, just to really help women trust themselves and look within. I want women to listen to what's coming from within, that's what the Girlfriend's Guide was about. Women told of how they were pressured to get an epidural. Women are accused of being a martyr if they don't want an epidural. If women want an epidural that's fine. I just think that there's a misbalance, an imbalance culturally in what's considered reasonable or a good way to have birth. I think the moms hear, "Oh, just have the epidural. Don't be a martyr. Why would you want to suffer?" That's the thing, I mean, that gets back to the spiritual question. It's hard to explain why would you want a natural childbirth because it's . . . I don't know. The reasons why I wanted a homebirth are so profound that I can't even really describe them. It has to do with trusting myself, trusting ourselves. It's almost a whole different view of life. I've become very much interested in alternative medicine. I like the idea that the body will heal itself. We may be able to help the body, but we don't need to fix the body.

While I was planning my second birth at home I was also learning about faith. I learned to not be so nervous about things. I began to move forward without so much attachment to knowing how all the steps I would go through would be. Having a child is not like making an outline or writing a business plan. You can't control the schedule. I sort of knew where I was going, and I began to recognize that if I pay attention I could figure out what I should be doing next, but how all the dots are going to connect? I don't really know that anymore. That ties in with wanting to give birth and wanting to be a doula. That's what my spiritual path has felt like. I believe that if everybody would listen to her inner wisdom we'd have peace on earth. I guess there are a lot of areas I could work in to help people listen to their inner wisdom, but somehow birth kind of calls to me. I'm not really sure why.

I don't have an intention to be judgmental of people who choose a method of giving birth that I wouldn't choose. I just think that there are women who want and need support for having more power around giving birth. Those are the women that I'm interested in.

My first three paying clients ended up as c-sections. In my opinion they were avoidable c-sections. They were all induced for different reasons. I had a young baby at that time and each of these labors was long and exhausting. At that point I decided that it wasn't worth it to me to do hospital births. I might do hospital births when my family is older or when I need to attend many births to become a midwife.

I felt like some of these women were hiring me because they didn't trust the system they had put themselves in. They wanted me to be their protection. I couldn't protect them. I couldn't. I know a doula makes a difference. I know I help them feel more

comfortable. Perhaps I did help them in other ways. I couldn't protect them from checking themselves into a system that they didn't trust. I wish I could have met them earlier and been able to help them find a system they could trust. I wanted these women to listen to their own wisdom. After these first births I experimented with being more direct with women. I might say, "Well, I hear your OB is not respectful of the kinds of things you're asking for." The women went ahead with their original choices. I felt like the women were using me for something that I couldn't do. I felt like my presence wasn't justified. I visited one of them 1 or 2 days postpartum. Walking by the nurseries I saw a baby arching her back and screaming. The nurse who was doing the exam held her up to me in the window like isn't she cute. I was sickened because I felt like the baby was being tortured.

I realized I couldn't be a part of hospital births. I really feel icy about hospital births. I know a lot of people have nice experiences in hospitals, but I feel that there are so many hospital procedures that are invasive or wrong. Some moms think that they can control things in the hospital by formulating a labor plan, but you can't know everything that will happen during a birth. You can't get hospital staff to agree ahead of time what they will and won't do. It's very difficult to ask them not to do things while you're in labor.

I've talked with a lot of doulas about how they reconcile the problems with hospital procedures and their desire to help birthing women. It's great that some doulas are able to do that. I may be at that point in another time, but right now, especially because it's so hard on my family, I'd just rather not work in a hospital. I did do a couple of hospital births with one of the local midwives. She was acting as a doula during these

hospital births. I went to the prenatal meetings and attended the births. I was sitting in the waiting room with the doula. The mom was resting after an epidural. The midwife was saying, "I'm never doing this again." After all the birth work she has done she was in the same place I was. We couldn't stand what they were doing to the mother. We couldn't stand what they do to babies.

I did attend a couple of homebirths. My sister gave birth to her third child at home. All of her children were born at home. The birth of her third child was very fast. The striking thing about both homebirths is how unremarkable they were to me. I thought I'd see this baby born and I'd be amazed and in awe. The baby just came out. My sister was making a lot of noise. The baby came so fast that it was extremely intense and scary for her. She appreciated having me there. She was squeezing my hand so tight. It was very intense for her. For me it was unremarkable in a way. That was my experience.

My sister is always so energetic, but one day she got up and announced forlornly, "Oh, I'm so pregnant." Every morning she would say, "I just want to announce to you all that the baby hasn't been born yet. In case you were wondering, overnight nothing, nothing has happened." There are lots of cultural aspects of homebirth. I cooked up a storm so we would have something to offer the midwives. There is something about the home-cooking and the feeding. It's a woman-to-woman thing. The midwives are coming. There's the aspect of community and the intimate connection. You have that with a homebirth. Your dear friends are with you. I had a lot of friends at my birth. Each did things to help. There's a lot of intensity and intimate connection among the people that are there at the birth. There's an amazing thing that happens with the parents and the

baby and all the people in attendance. I hadn't really thought of that before about, what is it like for the people in attendance? It's not just that the baby comes out.

I had two best friends there as my sort of doulas. One was a man. I was very sore after the birth. I was amazed how sore I was. Everyone was happy that the birth was over but I wasn't sure if I was OK. I wanted to get in the shower. My husband went to the shower with me, to support me. When I came out of the shower my baby had been dressed and was gazing at my doula. My baby was bonding with my best friend. That was wonderful for me. He was my dear friend and I trusted him with my children. My daughter and my friend were sitting there with my baby. That was really sweet for me. I kind of laughed to myself when I came out of the shower. I thought that since Mom was too busy and had to take a shower the baby is doing his thing. He's imprinting with somebody else, but at least it was my good friend. So they'll always have that. The other friend who was there is very close to my baby. When we go out she sometimes pretends that he is her baby. If he were taking apart a display in a coffee shop I'd say, "Would you watch your kid?"

I grew up in a pretty liberal church. We went to church every Sunday as a family but didn't talk about religion as a family. What was important for me was the community. When I was 16 there was a tragedy in my family. My sister died. We had incredible community support in getting through that. That support made a huge impression on me at that time. During high school I became very close to my youth group. I always wanted that community for my children. Now we go to the Unity Church, which I love. That's not my whole community but it is a piece of it, and I'm glad my children are part of that community.

I plan on becoming a midwife, although I don't know when or how that will work out. I've begun to do some work with a local midwife and I describe myself as a midwife's assistant, but that's a bit of a stretch. My work around childbirth is unfolding. If I can be a homebirth midwife's assistant that's good training for becoming a homebirth midwife. Being a doula in a hospital is very different. There is always this balancing act. I find that the midwifery work energizes me, but it also tires me out. It fills up my schedule and makes me busier than I want to be.

I find that it's an act of faith that I am having an impact. My very first client had a c-section and told me she was glad I was with her. Later I found out that it was the postpartum visit that she found especially helpful. She had breast reduction surgery and was anxious about breastfeeding. When I visited her a week postpartum she was trying to follow the hospital instructions to put the baby on the breast for 15 minutes and then use the breast pump to empty the breast. They told her the baby's suck would get lazy if she nursed for more than 15 minutes. I found her sitting with the pump and a skeptical look on her face. The nursing was apparently going fine, but she felt she had to take her child off the breast after 15 minutes. I suggested that she think of 15 minutes as a guideline and trust her own judgment about how things were going. Later she told me that my comments made her become a more confident mom.

Recently a woman told me how much her midwife helped her. She recalled calling her midwife to talk about something. The midwife commented, "That must have been very unsettling for you." The woman thanked God that someone understood and sympathized with her. It made a huge difference to her. You never know which comment that comes out of your mouth is going to make a big difference with someone.

I want women to listen to themselves before they listen to hospital staff. People are advising you. They are not the mother. That's the kind of thing that I try to do as a doula, to encourage people to listen to their own common sense, their own wisdom. The spiritual aspect of birth is allowing your wisdom to override the common ideas about birth. I want to help women respect themselves and recognize what they know about what is best for their baby. That becomes the positive spiritual experience.

Becky

Becky's name came up in many of the interviews I did with other doulas. She has been active in the birth community for about 20 years and served as the director of a group that provides support to pregnant women and new parents in Northern California.

Everybody experiences spirit in different ways and the word comes to me sort of loaded. I'm just trying to get past the preconceived idea of spiritual and speak from my experience. For me the spiritual aspect of childhood is expressed through the idea that spirit lives in body. That is key to working with childbirth, whether you're experiencing childbirth, teaching about it, training birth doulas, or helping postpartum doulas work with families. Spirit is in the body. It lives in the body. It's important to me to say that spiritual is not out here. When you are having a baby the spirit is not up in the ethers. Birth is not a heady experience. Spirit is in the body. It's inside. Spirit is in your gut. Being a doula is about helping people connect to their body, to the spirit in the body. Birth is bigger than us in a lot of ways. It goes beyond any idea of anything else.

Before my first birth I studied a lot and thought I was well-prepared. I knew the mechanics of birth and was very interested about the whole process. I felt pretty confident and almost cocky. I knew some women groaned and struggled and I was sure

that wouldn't be me. I thought I would just squat on the floor and have the baby. I wanted to prove that I could handle it, "I am woman hear me roar!"

I was rocked to the core by what actually happened when I gave birth. It was so far beyond my idea. Birth is not a theory. It's not an idea. You have to drop into your body. You have to be in your body to have the experience in a way that allows you to be connected to the spirit of it. The truth is, it was excruciatingly painful. It hurt more than anything I've ever experienced. I didn't expect that. I didn't think it was going to hurt that much and I didn't think it was going to take as long as it did. I didn't think I was going to need as much help as I needed. I went in with the assumption that I could handle the birth but I found myself saying, "I can't do this. I don't know how to do this. I'm stuck. I'm scared." I think my original assumptions made it harder for me. It frightened me to think I could be so wrong about what was going to happen and how I would handle it. Like so many people I got into trouble thinking I was going to stay in control. I was up in my head and believed I could think my way through it. You can't think your way through it. You have to surrender to it, go with it, open to it . . . whatever the right words are.

The last part of my daughter's birth was really amazing. Crowning was more painful than I thought I could bear, and then giving birth was the most miraculous experience I've ever had. These two experiences were back-to-back. Excruciating pain, I just didn't think I was going to survive it. Then out slid this incredible baby, this amazing human being. The experience of watching my daughter come out of me was like nothing else in the world. She was gorgeous. I just would look at her. Even now, 20 years later, I can't address the mystery of the juxtaposition of that pain and that miracle. That's what I

mean when I say I was rocked to my core. I was so empowered by the experience of giving birth to my daughter: that I survived it, that I gave birth to her, that I did it without pain medication. I was ready to do it again 3 months later! I was so stoked by the whole thing. I started thinking about things I might try next time, I was so enlivened by it. There was such an intense experience of love for my daughter. I had more than enough love to give. I was ready for more babies.

I find it fascinating to support people as they approach and experience something beyond anything they imagined. How do you convey the enormity of it? I also want to give people the room to have whatever experience they're going to have. Some people don't experience childbirth as that painful. There are people who would never allow themselves to have that kind of pain.

As a doula and in childbirth education courses I talk about opening to the experience. The mom has to be willing to go into the unknown. That is what spirit is about. It's a realm that we don't know about and we have to be curious about and willing to step into the unknown. This is especially true for a woman's first birth. She doesn't know what's going to happen. She just doesn't know. It's better if she knows she doesn't know. She can have all the information in the world and it won't help her be present for what's happening in the moment. That's not to say information is not important. I think information helps the mom recognize the guideposts. It can be helpful to know what childbirth might look like at a certain stage, but then the mom has to let go and know that her birth will be completely unique.

I try to help people learn to be present by focusing on their breath. Everybody can experience their breath and the breath lives in the body. There is something about

noticing your breath that usually allows people to bring their attention down further into their body. Our attention is often in the head. I'm aware of what I'm thinking. When you breathe and you let your awareness go to your breath, there's something that shifts and your awareness and attention . . . I think that is where you first begin. Encouraging people to be aware of their breath is not teaching a certain breath pattern. That certainly didn't work for me. The breath becomes your anchor through all the variations in your experience, and going back to the breath allows you to open up into areas that may be tense. I can teach people how to breathe into their leg, or their belly, or their arms, or let the breath move all the way down to their toes. That leads to an awareness that starts to move into other parts of the body. That's what I start with, the breath.

People are often afraid in birth, and that leads to holding. A mom will hold in her midsection or her chest, and if she can allow the breath into those areas she can start to release them. There is a mind/body connection with the breath; I encourage moms to breathe into wherever there is tension and release the thought of fear or hurt. She can start to line up the body and the breath together so they're not fighting each other. Then the body opens up and the contractions can start to work again.

Each birth is unique and it is that uniqueness that makes childbirth so deeply personal and spiritual. What actually takes place during one woman's birth will be different from what takes place during another woman's birth. It is important to remember that even when the descriptions of births are similar the experiences of those births will be different. Each woman will experience her birth in her own way. As women we need to support each other. As doulas we need to support the birthing woman in her experience, not push for an experience that suits the doula. The doula shouldn't be

thinking about her own birth experience or of how she thinks women should give birth. Spirit can be in any birth experience, whether it is a c-section or a homebirth, or anywhere in between. Spirit is in embodying the present. The challenge is for doulas to use what we know without letting it color what the other person is experiencing. We need to be in a somewhat neutral zone. That takes a lot of maturity and compassion.

I grew up in the San Francisco Bay Area during the 70s and was drawn to the New Age movement, but a part of me didn't want to just buy into some idea of what spirit and spirituality is about. I wanted to understand what the new ideas meant for me. I wanted to personalize my engagement. My dad always questioned everything and he encouraged me to do the same. My folks are Jewish and I consider myself Jewish, but we didn't practice Judaism. It was more of a cultural identity than spiritual or religious. My parents explored alternative kinds of religions and spiritual practices. They were involved with an Indian group for a while, but I never really embraced any of it. A lot of dogma gets thrown around in each age, and I'm always skeptical. I've learned that I'm very kinesthetic and in the feeling realm. I'm not in the thinking realm as much. I didn't enjoy school. Now I've learned to connect with and honor my body and my feelings. My energy is drawn to the physical being and the emotional being. Giving birth really synthesized these aspects of my self.

For a long time I felt myself circling around the core of the birth community in the Bay Area. I gave birth to my two older children in a birth center and got to know the people there. My focus had been on early childhood education and development and I was very interested in working with parents of infants and toddlers. I found my niche. I started running the support groups for new families. The first group I started at the birth

center is still meeting. Their kids are 18 now. I've facilitated many groups and there are a number of them that still meet. That feels like my biggest offering, helping people to connect with each other after birth. They find common ground and get the support that they need to make the transition to parenthood. I think that there's a lot of focus on the birth experience, and then after birth it's almost like you drop off the map. It's easy to get isolated. I like to help women pick up the pieces and integrate their babies into their lives.

I really like collaborating with other people. I just find that there's a synergy when two or more people cook up an idea and try to make it happen. Sometimes it doesn't work and I've had friendships end because of failed collaboration, but I keep coming back to the process. I just like the idea of exploring each other's ideas and seeing what happens if we try to put our ideas together and create something. When the birth center closed there was a huge gap in the community. A few years later one of the women that had been involved with the birth center and I met and started talking about birth and how we might reenliven the alternative birth community. The ideas would bubble up and it looked like something was going to happen, then it sort of died away. Then she really leapt into the project and got the ball rolling. At a certain point I jumped in with her. After awhile the center we created died away and another rose in its place. Now we have a real center, a physical place that is welcoming of anybody who needs support with birth and the postpartum experience. My colleague was really good at creating a wonderful ambiance at the birth center. It had a spiritual sort of feel to it, with candles and music. I was never that good at creating that type of atmosphere, but she was just fantastic. She taught these amazing birth doula training programs. She was such a wonderful mentor for me.

When she moved away and I stepped into this role of director, I didn't have experience, but I really wanted the services to continue. My niche wasn't so much the birth piece, but there were other people who were good at that. I've been involved for 7 years. I taught courses on childbirth education and on parenting during the first 6 weeks. I remember being in labor with my third child and talking to someone at the center between contractions, "OK, so hang on a minute. I've got to breathe through this contraction. All right. Now what class am I teaching?" Three weeks after giving birth I was back at the center with my daughter in a backpack or in a sling. I used her as a demo in the baby care classes. It was fantastic. It is so good to have a place where it is OK if your baby cries or spits up; knowing someone will help you if you fall apart. The atmosphere suggests that today may be tough but tomorrow is different. How can I support you today so that you can get a little bit of rest? It's really about support and nurturing. I try to hold the space for people to come apart so that they can mend and make room for this baby. That's where spirit lives for me. I'm trying to honor all of it. Not just the beautiful parts, but also the darker parts, too.

There is a tremendous amount of intimacy both in birth and postpartum work. It is important for all of us to think about how we allow intimacy to develop and then find closure and say goodbye. Women are often in a very altered state when they're in their birth experience, they are so open to being intimate with the doula, even when they don't know each other very well. I think that the women that are drawn to this work often have a capacity for that intimacy. New doulas know pretty quickly if they don't have that capacity. If a new doula feels uncomfortable being really close to the birthing woman and gets nervous if the mom is grabbing her or in her face, she probably shouldn't continue.

On the other hand I think that doulas have to learn to be of service and to be used in that way, and then to be able to talk about it afterwards with the client. This allows the client to integrate the experience and for both mother and doula to find closure. Talking about what happened during the birth is important. The doula and the mother exchange stories of what happened and who did what. They can talk about what worked, what didn't, and any part of the experience that was especially powerful for each. That helps bring closure for people.

It is a little bit harder for postpartum doulas because we are in the home day after day. It becomes important to maintain boundaries. Sometimes I'm a therapist, a cook, and a massage therapist. It is very easy to cross over the boundary to it being too personal. There's a difference between intimacy and allowing yourself to be a support during an intimate time with somebody. I encourage doulas to refrain from exchanging too much information about themselves and getting too involved in areas of the client's life that don't relate to your role as a doula. It's important that we talk about these issues during training. Sometimes a mom will ask the doula to look at her scar or ask the doula to help her figure out if she is bleeding too much. Breastfeeding is incredibly intimate. As a doula you need to hold that space, honor that closeness, and then say, "It has been such a pleasure to be with you and now it's time to say goodbye." Sometimes there is contact that goes beyond the time the doula is with the mom in her home. Often people will send a card or that kind of thing.

I keep coming back to this idea of the spiritual meaning of the doula's work. I spoke earlier about not imposing the doula's birth experience on her clients and I think it is also important not to discuss the doula's idea of what is going on spiritually with her

clients. Everybody experiences spirit differently, and the client deserves to have her own experience. I think that has a lot to do with knowing yourself well enough to know what's yours, what's your client's, and what's appropriate to share.

There are universal themes in the human experience, but there is also a lot of individuality. One of the commonalities among us is that we all make mistakes. We all do things that we wish we hadn't done. I've learned from making these mistakes. I've been the doula who has said too much and I think that I've learned a lot from that. I found that it is key to find ways to continue to grow in my personal life. My birth experiences, especially the first two, were catalysts into a lot of personal growth. I needed to figure out how to integrate these powerful experiences into my life. I've sought out training in massage, counseling, and body awareness in order to help my clients and to enrich my own experience. I've learned a lot sitting in groups with women, listening to what they have told me. I hear universal themes and support and honor individual women. I want to help the women in each group find common ground. It is vital for our community, our society, and our world to realize that there are universal themes we all experience. I want the people in my groups to have compassion for each other, rather than judgment. There is a lot of judgmental discussion around how women give birth and whether or not they breastfeed. I'm a big advocate for breastfeeding, but it is a lot more important to encourage a mom to connect with her baby in whatever way works for her. How does a mother care for her child in ways that feel loving and good? That's my spirituality right there. That is what spirit is about. At our center there are women who had c-sections and women who decided to go for an epidural. There are people who had homebirths. I want all of those experiences to be OK and to help people deal from whatever disappointments

or unexpected outcomes have occurred so that they can integrate it into themselves and feel OK about it.

Honoring a woman's experience is not the same as saying it doesn't really matter how the baby is born. I think that it matters a great deal, because a woman's birth experience lives in her body for the rest of her life. If the baby needs to come out because she is in distress, then, yes, have that c-section and get that baby out. We all want the baby to be healthy, but moms still have to live their birth experience. They still need to process it and feel whatever disappointment that they might feel and figure out how to integrate it so that they come back to trusting their bodies again. There is sometimes pressure to say everything is OK because the baby is healthy, but the mom may be grieving.

Women tell me that they benefited from my child education courses, even though they didn't use what they learned. The key is to ensure that women feel that they have the information to make informed choices. That doesn't mean that they're going to have a perfect birth, or a natural birth, or the birth they think they're going to have, but at least they have the tools to feel empowered through the process. That's the hope anyway. I want women to look back on childbirth knowing their essence is intact. I want to help women honor their own experience.

One of the things that we're seeing is a trend towards birth becoming much more medicalized. It makes it more complicated to hold it all. How do we still help women trust and feel competent about their ability to give birth, to recognize that there is a reason that the body is set up this way? It's important that women hear ahead of time what they are likely to see, what they are likely to be offered, and what is likely to

happen. If a mom thinks about these things ahead of time, she has an idea of how to respond. It is a real dilemma. I want my clients to know what to expect and at the same time it's not the role of a childbirth educator to tell a woman to fight the system. It is hard for women to stay empowered so that they aren't overpowered by medical interventions. How does a mom know the difference between what's necessary and what's done out of protocol or out of just routine? The mom needs to keep asking questions and keep an open mind. I want to help her, not fight but stay empowered. Doulas need to know that their role is not to fight the medical system, but to help keep parents informed about what's going on and to support them to be empowered in the process. It is not easy to hold both ideas. Your body is capable of giving birth, absolutely. I completely believe that women are designed to give birth. A woman who practices awareness, has trust in the process, and has good support is likely to have a good birth experience, and there's always the unknown.

Celeste

Celeste is a birth doula and a massage therapist. She is active in the doula community and organizes events that bring together expectant parents and doulas.

I definitely find birth to be a spiritual experience. It's a spiritual experience for both mom and baby, and also in the sense that it is the birth of a family. Most of my experience has been with the couples having their first baby. It is the birth of a mother, a father, a child, and a family. I find every birth to be very amazing, each in its own individual way. The moment the baby is born is just amazing. I'm so glad to be present.

I experience so many different spiritual aspects of birth. Sometimes it starts before the birth and in pregnancy. In early prenatal meetings I talk to moms about the

things they are likely to experience during labor. I talk about emotions and feelings, letting them know that it is normal to feel a broad spectrum of feelings during labor. I encourage them to think about how they would feel if something changed along the path of labor and how they would handle those feelings. I encourage them to talk about any fears they might have and to let them know about the options that are available. If they are planning a hospital birth I tell them what to expect. A good doula is someone who is willing to offer options and information and be supportive of anything that a woman wants. Being able to support the family, being a doula is a great thing. I think it's wonderful. I'm so glad I'm doing it. I think it is a wonderful thing for women to choose to do.

I associate the spiritual aspects of birth with something I've seen in many births. So many women go into a meditative state during labor. They handle the labor by going deep inside. Often birthing mothers will get to a point, right before the baby comes out, where they almost want to get up and leave the room. They realize they can't go anywhere and they have to finish. I sense that at that moment the women feel like they might die. Then they choose to go on and make this gigantic leap. You can see the changes on the woman's face. It's really an amazing moment. It seems like it happens in almost every birth.

I think about this transition a lot. I know that pain is part of coming of age rituals in many traditions. The men will do different pain rituals that bring them to a spiritual state. This seems similar to what women experience during childbirth; this big spiritual change at that moment where the pain is most intense and they decide to go ahead.

The other spiritual aspect of birth is the spirit coming into the baby. I'm not sure when it happens. Some of the moms can feel the spirit of their baby while they're pregnant. Sometimes midwives will be talking to the babies, encouraging them to come into the world and breathe. You see this especially when the baby is having trouble in their first moments. It's an incredible spiritual experience and kind of miraculous. Part of being a doula is caring about what the baby wants. There should always be someone there to care about what the baby wants.

I became a doula kind of by accident. I was a massage therapist in Chico and one of my best friends was pregnant. She wanted me to be with her during her labor but didn't want me to stay for the birth. She wanted to be alone with her partner. During the labor she had a lot of back pain and I gave her many massages. At dinnertime I sensed that her partner was really hungry. I went out to get food for him. When I got back the labor was getting intense and I gave her more massages. Things were progressing and I realized she would probably have the baby soon. I kept trying to back away and give them their privacy. I wanted to honor her wish that only her partner be present at the birth. Finally my friend asked me not to leave. She said she really wanted me to stay with her. I ended up staying and it was the most incredible thing I'd ever seen in my whole life. I thought that then, and I still think that way.

That's how it started. We lived in a small town, and they started recommending me to people. That was before I even knew the word doula. I was partnering with people and helping them through birth.

I really, really believe in nurturing people and caring for them. I think that I treat people with warmth and hope to give them confidence. There's faith and then there is

faith. I believe in love, I guess. I don't know if I even do anything that incredible. I just help people feel safe in the space they're in. I don't know if the desire to help people came from my parents or from other influences. I don't know exactly how I came to be the way I am. I don't think I've made any drastic changes in my life; I've always been this way, but I'm definitely human about it, too. After being at a long labor and birth, I come home and I don't feel like I have a ton to give. I want to be the one that is loved and is taken care of. I definitely have limits.

I'm glad that the work of doulas is thriving in this area right now. That makes me happy. I think about other cultures where they have so many women around birthing women. They have support and information and positive birth experiences. There is a real honoring of the birth. That doesn't happen much here. Here we have media visions and lots of horror stories. Doulas try to share the positive aspects of birth. It's about women's power, too. You just can't deny that birth and women's power are related. That should be honored. It's a beautiful thing.

Michele

Both founder and director of school that offers training and support for doulas in the San Francisco Bay Area, Michele has attended over 400 births. She recently began working toward her certification as a midwife.

I was called to be a doula. It was an internal thing. In 8th grade I worked on a teen pregnancy project. In high school I distributed information about birth control. Beginning in 1981 I worked in a feminist women's health center. Later I became a labor coach and worked with moms after their babies were born. In the last 14 years I have attended more than 400 births. I'm directing our school and am involved in training and supporting

doulas. I've quit many times, but I always come back to the birth work. I was exhausted after the birth of my second child and decided to stop being a doula. I quit other times when I just felt overwhelmed or tired of all the effort that goes into helping women have their babies. I always came back.

Birth is extremely spiritual. The work is spiritual for me. The essence of childbirth is spiritual. I keep my spirituality separate from my clients. I'm not trying to get them to experience their birth from my point of view. I want them to have the birth they want.

I often pray to the God or Goddess for the strength to help the woman in labor. I ask that I be the person who channels the sacred energy. Sometimes I pray to St. Jerome. Sometimes I leave the room and yell at God. I use breathwork to stay centered when things get intense. You never know what will happen. Even at 10 centimeters I don't say that the birth has gone fast or well. Part of this is based on my own birth experiences. I had planned a homebirth for my first child. I had back labor and ended up in the hospital with a c-section. I trusted my caretakers and felt that I made the right decision to have the c-section. My second child was born vaginally at home. I hemorrhaged and ended up in the hospital for a D & C. That was difficult, but I knew a lot about birth and continued to ask for what I wanted throughout the process. I felt good about both births.

Being spiritual doesn't mean that I'm always nice. Sometimes I am very bossy. I acknowledge that childbirth is painful but sometimes I let the birthing mother know that we will know it hurts even if she is quiet. Sometimes the spirit keeps me going when I don't like a person. I bite my tongue and try to be the person the mother needs. I

remember my commitment. Sometime I leave the hospital room and call my partner. She gives me the support I need to continue on. Sometimes I go into the hall and yell at God. Then I go back in and continue to do my best.

Once I worked with a large woman with a commanding presence. She came to me with a long list of what went wrong with her last birth and was very negative and blaming. I think a laundry list, whether it's what you want or what you don't want, is not a good thing when you are talking about childbirth. I told the woman that I didn't think we would mesh well together and referred her to a pair of doulas who work as partners.

When the birth came it was very long. One of the doulas had to leave and after another long time the remaining doula called me to ask for help. When I arrived I found the laboring woman dozing off. Soon she became agitated. She was angry because some of the things she wanted around her were missing. She was taking herbs and seemed to be having a bad reaction. She had not given her doula complete information about her medical problems. I suggested she stop taking the herbs and walk around to help the labor progress. At one point the woman put her arm around my head and almost knocked me down. These things happen; you sometimes get bumped or pushed when helping someone during labor. This was different. The woman was unaware of how her actions were affecting others. I don't think this was only because she was in labor. I wasn't surprised when she sent in a complaint about me, but I really beat myself up for not trusting my gut reaction from the beginning. Now I won't serve as back-up for a client I've passed on.

I grew up a Catholic and became an Earth-Centered Neo-Pagan. During winter I build altars with my family. We honor Christmas, Solstice, Hanukah, and Kwanza during

one celebration, giving an hour or so to each holiday. We acknowledge the power of Earth, Fire, Water, and Air. I'm also in a women's spirituality group that focuses on artistic expression. Recently I've been reading about women's retreats. I'm an independent spirit. I don't belong to anything, even doula organizations. I like doing women-centered work, but I got burned out on the anger and women's power aspects of feminism.

Being a doula has had positive and negative effects on my family. As a mother, I provided my own daughter with all the information about reproductive health without pressuring her to make certain choices. On the negative side, being a doula has been disruptive to family life and sometimes my family felt that their needs were secondary. When the phone rang, it was likely to be for me and to be important. I was likely to be called away. I missed my daughter's 16th birthday to attend a birth. We all remember that. My working hours are long and unpredictable. I often work during the night. When I am home I am often tired and need to sleep. My husband and I have been married for a very long time and he supports me. That really helps.

Having a doula partner has also made my work as a doula more possible and more satisfying. My partner and I have worked together for 14 years. She is both analytical and spiritual. Together we are able to solve lots of problems. She always shows up when I need her.

I'm a midwife in the sense that I see the full circle of fertility for women. That includes reproductive health, abortion, and birth. The most important thing is that women have control over their own bodies and childbirth. I still question my ability to support certain women. I find it difficult to support a woman who wants help conceiving a boy. I

feel that women are often sold a bill of goods about childbirth and I wonder if they even know about other options. It is important to me that women know they don't have to take everything that is offered in the hospital. I want them to know they can make choices and give birth without medication. Sometimes I wonder if I present my own belief in natural childbirth in a biased way. This is something we talk about in the doula training courses.

I've been disappointed in some of the training doulas are getting and have founded my own school. Other programs offer a weekend of training and then send the doulas on their way without adequate support or follow-up. At our school we offer basic training for birth doulas and postpartum doulas followed by continuing education for experienced doulas. Our goal is to train doulas to support new families as they make the transition from pregnancy to parenthood. We believe that all doulas deserve to be well-trained and should receive ongoing support.

Beginning doulas in our program start with 100 hours of instruction. Doulas learn about the anatomy and physiology of childbirth and how to comfort women during childbirth. We always present material in a variety of ways, knowing that people learn in different ways. We do a lot in the classroom and give each student a resource binder. We also have guest speakers and work with art and literature. There are lots of hands-on activities.

I think it is important to help doulas design their own practices. A lot of women don't think about how they will manage their work and they get burned out. They don't realize how difficult it is to be on call over long periods of time. Sometimes they feel pulled away from their families or other obligations. Family members may be upset or angry when a doula leaves to attend another family. Some clients are difficult, and we

discuss various ways to support these families without sacrificing the well-being of the doula. We talk about how the doula may feel if the client is disappointed with the birth. We want doulas to foresee possible problems and think about how to take care of themselves, both physically and emotionally.

Doulas also need a business plan. Many birth and postpartum doulas want to combine their doula work with lactation counseling, childbirth and parenting education, or infant massage. Some doulas are interested in nutrition and meal preparation or postpartum exercise. Some families seek help setting up their nurseries and baby-proofing their houses. Working in related fields may help doulas generate income, meet potential clients, and help doulas avoid the burnout that is often associated with taking on too many births.

Parents expecting two or more babies often need extra support and some doulas specialize in working with these families. In our workshop on multiple births we talk about the needs of women who are on bed rest, medical treatment of preterm labor, vaginal and cesarean birth of twins, and what to expect in the neonatal intensive care unit. We also discuss the transition home, practical skills for caring for premature, small or fragile babies, breastfeeding, and alternative methods of infant feeding.

Breastfeeding is another topic of interest to many doulas. Our school offers a 2-day workshop on breastfeeding that provides information about milk supply, proper positioning of the baby, and addresses common problems associated with nursing. The doulas also learn to help the moms wean their babies from bottle to breast after hospitalization.

We help doulas incorporate their interests into a practice that works for them. Whatever the specific interests of the doulas, they benefit from information on marketing, interviewing, and community building. You can't do all that in a brief training. In addition to the initial 100 hours of training, we offer individual mentoring for doulas who want additional support and ongoing education.

I believe that it is the responsibility of all birth professionals to continue their education. At our school we offer workshops for experienced doulas who continue to develop their skills. In our workshop on childbirth complications, we discuss the most common problems, such as HELLP, PIH, gestational diabetes, Group B Strep, fetal distress, and cesareans. We talk about the causes, prevention, and likely medical treatments for these conditions. These problems do come up, and it is really helpful for doulas to understand what is happening and what role doulas can play in educating and supporting the mother.

Sleep is often a big issue for the families of newborns. We train doulas to help families understand newborn sleep patterns and discover how to get enough rest. I find it helpful for doulas to know something about infant development, popular sleep training methods, and a variety parenting styles. There is quite a bit of controversy about current sleep training methods and we try to keep these conversations respectful and constructive. One of the basic tenants of our school is that every family should have access to nonjudgmental physical and emotional support during pregnancy, birth, and early parenting. This doesn't mean that every doula must work with every family she meets, but she should treat every family with respect and try to help them find a doula who will be a good match.

We started off talking about the spiritual aspects of birth and ended up talking about my work with our school. It is very important to me that doulas have the training they deserve and that families have the care they deserve. That is at the heart of my work. For myself, birth is extremely spiritual. All the work I do around birth is part of that spirituality.

Jacqueline

Jacqueline is a birth doula and childbirth educator in the San Francisco Bay Area. She has attended more than 100 births. Most of her birth clients were among the 2000 couples who have participated in Jacqueline's birth education courses.

My first children, twins, were born 20 years ago. I gained great personal power and a huge sense of value and purpose in the world during the experience of pregnancy, birth, and new motherhood. I had such a positive birth experience with the twins. I had no recognition, knowledge, or even imagination that birth could be physically, emotionally, and deeply spiritually traumatizing for some women. The experience of my first birth made it apparent to me how much I valued women's ability to give birth and care for children. I loved breastfeeding and nurturing those children. All that good stuff came intuitively at age 22. So thank you, Mom . . . thank you, somebody. It came from someone.

It wasn't until years later that I began on the path toward becoming a doula. I was injured at work and needed to find another job. My husband said, "You love birth. You love babies and you love teaching. What can you do with that?" I heard about doulas from a woman I met casually at a barbeque and followed up with some research. I used a PowerPoint presentation to educate my Vocational Rehabilitation counselor about doulas,

including the cost of training, and my possible income. Everything came together quickly and within 6 months I was certified with Doula of North America. Within the next 6 months I became certified as a childbirth educator. I gave birth to my third daughter during this period and when she was 8 months old, I started teaching regular classes and attending births. I attended 60 births in the next 2 years. I'm really blessed. I'm thankful every day.

That doesn't mean it is easy to be a doula. Being on-call is very, very difficult. I never know when I will be called. I have to plan my life around births. I have to really think about staying up late to watch a movie, having a glass of wine with dinner, or heading up to San Francisco for the evening. I can't take last minute trips to places even a few hours away. Even teaching birth classes is stressful because I never know when I will be called away. It's very challenging. In the past 10 years I've attended more than 100 births. Now I have four children, and when I leave for a birth they know they won't see me for a while. The average time that I'm gone at a birth is probably about 12 hours. The shortest birth was about 4 hours. The longest was 3 days. My husband owns his own business so he's flexible. My mother-in-law used to be able to take the kids all day, and that really helped. I'm doing fewer births now but I still wonder if I'm giving too much emotional energy to my clients and whether I have enough left for my family and for myself.

I started attending births thinking it was a fabulous, wonderful experience and wanting to share it with other women. I soon become very aware of how traumatic childbirth was for most women. I walked away from these births with a broken heart and began to suffer from posttraumatic stress syndrome. I couldn't identify what I was feeling

or why I was feeling it. Some of my clients were processing their births, but many were not. Sometimes I felt that I was doing the emotional labor for my client. I've come to believe that many women chose me as their doula because they recognized my passion and didn't feel that strength in themselves. They came to me to use my strength. I feel like I have emotionally birthed some of those babies. Of course, the moms are doing all the physical laboring, but I carried the emotional burden for many, many, many of them.

I was hurting so much that I had to stop, breathe, go deep, and retreat a little. I needed to heal and I didn't know if I could. I was in a pretty dark place for a while and now I understand things a little differently. I recognize that I can support people deeply without owning their experiences. I work more from the conscious than from the subconscious. I downplay my power in front of my clients and encourage them to make and take responsibility for their choices.

I've come to deeply believe that there is no right way to give birth. Whether you are at home, in the hospital, or at a birth center doesn't matter. It doesn't matter if you are single or married, whether you have little money or a lot of money. It doesn't matter. None of it matters. It really doesn't even matter whether you have a vaginal birth, or a medicated birth, or a cesarean birth by choice or necessity. Now people feel they have to choose a camp. If you want pain medication then you must assert that anyone who doesn't use pain medication is crazy. If you want to have your child without pain medication then you have to assert that women who use medication are bad mothers. Birth is not about the medicine, even if medicine is part of the process.

I have worked with doulas and other professionals who don't see the value in embracing that nonjudgmental or noncamp approach. I understand the passion of women

who want to encourage natural childbirth, but I don't believe you can make someone embrace natural childbirth. If a client is interested in natural childbirth you can nurture their confidence and support them. That's fine, but we shouldn't put too much emphasis on whether or not a woman has pain medication. Our work is about nurturing women. If the women don't feel nurtured during their pregnancy and childbirth, they will step into a new realm of being as a parent with disempowerment or disillusion. They will feel disrespect for themselves or for the community or for the world at large. That sets the stage for our future. Our children are our future. It's bigger than having a baby. It is life. It is our world. It's about humanity.

I worked with a wonderful woman, so grounded and connected to self. During the labor, as she was approaching five centimeters, she became very frightened and looked like she was trying to get out of her body. When we alone I said, "I'm going to ask you a very personal question. Do you have a history of sexual abuse?" She cried. She said, "Yes, I do." "OK. So what are we going to do about it?" I explained to her that the memory of penetrative sexual abuse can be stored in the nerve endings around the vagina and rectum. When the baby begins to put pressure on these areas, the memories can be triggered causing the mom to relive the abuse. I reassured this woman that what she was currently experiencing was the birth of her baby, and that it did not need to be overshadowed and overpowered by her previous experience of abuse. I suggested she get pain medication to block those nerve endings so that the memories of abuse would not surface. We cried and hugged and she got her pain medication. It was a beautiful birth. This woman took power over her body, she didn't let the person who abused her define her childbirth. We claimed that birth using the benefits of the medical technology.

I live in a big city and I find that humanity has been stripped from typical hospital births. Women have lost touch with their special powers to give birth and are overcome with fear. The medical community is fearful that if they do something wrong they will be sued. That fear is very real. There is fear perpetuating fear from every angle. It is a challenge to show any kind of personal power within that setting. The doula needs to help the mom in whatever way she can. Sometimes I take comfort knowing that I was there to hold the mom's hand, to tell her she is a good person, to tell her she will be a good mom, and to love her.

I have learned to be pleasant and listen, and not to judge. When women start asking questions, I'm there to guide them. Intellectually they think one thing, but somewhere in their hearts it doesn't feel quite right. I just help them explore it and help them develop their personal power. I hope they will develop a sense of confidence in the choices they're making. I hope they will recognize some mind/body connection with these decisions and recognize whether the choices are coming from the mind or from the heart. I want them to recognize that they have choices and that they are strong enough to make them, but they want more. They need external validation for their choices. It is really painful to witness the lack of respect for a woman's innate wisdom surrounding birth. The wisdom has been stripped from us culturally because ritual has been taken out of our culture here in the United States. In other countries ritual remains a very strong piece of the transition of men and women through certain stages of life. Giving birth is one of the big transitions in a woman's life, and it should be honored.

Pregnancy is now looked at as an accident waiting to happen, an illness waiting to become epidemic. The induction rate is near 50% in the inner cities. As soon as you pass

40 weeks the baby is defined as late. That communicates that something is wrong. There is nothing wrong unless there is something wrong. Women menstruate on different cycles and they gestate differently. The family history may include a mother, aunts, and a grandmother who all grew their babies for 43 weeks. That is normal for that family line. It's hard for us to intellectually accept that. There's fear surrounding the body, and there's liability, that's a big piece.

I hate to say it out loud, but there are control issues within the medical community. I hate to say it because I don't like to think in terms of us and them. I don't believe in that. The caregivers are humans, and they're working within a certain set of parameters that have been dictated to them. Somewhere along the way many caretakers have embraced these parameters as being true. Just because a woman is 40 weeks pregnant doesn't mean something is wrong. The baby isn't going to become malnourished. The placenta isn't going to start disintegrating. We shouldn't assume that the mother's body doesn't know how to grow her baby. We shouldn't assume that the baby doesn't know how to be born. The mother doesn't need to be saved. The baby doesn't need to be saved. We tend to put so much trust and value in experts that we give them the responsibility for making choices on our behalf. We give our power to the experts.

Some moms don't want to take responsibility for making the decisions about their births but they are also unwilling to trust the doctors to make the decisions. The mom may allow the doctor to make the decisions but keep her own expectations about what she wants to happen. Some women say they want a homebirth in the hospital. That's not possible. The doctor will do his best given his training and attitudes. If the birth does not

meet the mother's expectations she has someone to blame. Our culture has come to the place of blaming others and not taking personal responsibility.

I teach my couples that they can make choices about how, and when, and where, and with whom they want to give birth. I tell them that they have to give informed consent for most procedures, including cesarean. Some people get really excited about that. Then I asked them how, if faced with the situation, are they going to make a decision to have or not have a cesarean? There needs to be that balance of self-responsibility and trust. Mothers need to take responsibility for choosing caregivers they trust. Families need to choose caregivers carefully, for reasons that mean something to them personally. That is the difference between choice and default. If you choose to give your doctor all the responsibility to make choices, that's OK, as long as you acknowledge that they will do what they believe is best given their training. If you are dissatisfied with what happens, you cannot blame the medical staff because you gave them the power and the responsibility. If you did not question, or stand up for what you believe, or ask for more information, or engage in any kind of discussion before labor or when some problem occurred, then you gave away that power. I see these people sitting in my classes, listening to me talk to them, and I feel like I'm lecturing and waving my stick at them, but I'm trying to impress upon them how important they are in their own lives.

Sometimes a mom in labor will turn to me and ask what I would do next. I turn the question around and ask what feels right to her. I encourage her to talk to me, to tell me what she is feeling, and to recognize the thoughts that are going through her mind as we speak. I ask her what she wants me to say. If the mom wants me to tell her it's OK to have pain medication I tell her it's OK to have pain medication. If she wants me to tell

her that she can do this, I tell her she can do this. Moms do instinctively know what they need. Even when they don't know that they know, they know. It's easy to get some moms to that place of knowing, and it's hard with others. Some of them won't go. That's OK, too. I really try to recognize and honor the fact that it is her birth. I'll push a little emotionally and spiritually, as much pushing as I think that she can take. In most cases it's not offensive and they'll let me go there. I feel so honored to be trusted with that kind of intimacy.

There is some fire that draws women to become doulas. I don't believe that a woman has to have given birth in order to be a doula. Women are doulas because they're passionate about it. It is passion work. I've heard it said that women coming into doula work usually have a primary focus, either the woman, the baby, or the childbirth. Some doulas feel a strong personal commitment to welcoming the baby into the new life here on the planet. Some doulas are primarily committed to making the childbirth experience as good as possible. My focus is on the mother. A birthing woman has special powers. She's in a different realm. I want the mother to experience that power. The birth and the baby are important to me, but my strongest feelings are directed toward supporting the woman in her own powers.

Last week my dearest friend gave birth to her fourth child at home. I was with Claire during the beautiful homebirth of her twins 2 years ago. There is a really smooth energy around Claire. She is a birth worker and an experienced birthing woman. She is young, healthy, and confident.

Claire dropped by my house last Tuesday on the way to see her midwife. I gave her a full body massage right here on the couch while the little girls were coming in and

out of the room. I got Claire into a bath, fed them all, and sent them on their way to the midwife. The next morning I woke up with this overwhelming urge to be with my friend. I'd only been to her new house once, and it is an hour and a half drive. I thought I'd go on Saturday. As my day progressed my need to be with her became more urgent and I decided to go on Thursday, when my 4-year-old would not be in school. A few more hours passed and I realized I needed to go to my friend. I just kept thinking, "I need to be with her now. I need to go to her now." I picked my 7-year-old up from school, came back into the house, and picked up an extra set of clothes. I packed the car and arrived at my friend's at 8:00 p.m. She had been contracting since 4:00 p.m. and had not told anyone.

When Claire's husband arrived at 8:30 the contractions were 5 minutes apart. At 9:00 her water broke. The four young children were all cuddled up together watching a movie. The midwife was on her way. Claire was in heavy, active labor for the next hour. Just as Claire started to push the movie ended and the children came into the room and watched their mama in a birthing tub pushing. They heard the noises and they saw Claire working hard. One of the girls asked, "Mama, what are you doing? What's wrong, Mama?" I said, "She's having a baby right now. It's really hard work but your mom is very strong." The husband kept reiterating that. The children watched, and they looked at Mom, and they looked at Dad and they said, "OK."

After that the children came in and out of the room. They were playing, just checking in every now and then. I spoke to the midwife on the phone and she was very relieved to hear that we weren't at all panicked. Claire got out of the tub and lay on the ground as the baby began to emerge. The baby's head came out and Dad, Mama, and I

had hands on the baby. It was a kind of slow, controlled delivery. We checked for the cord, and then Dad lifted the baby up to the mom's chest. The four young children were in awe. Everybody was present and happy. It was normal. It was uneventful, if you will. We've got pictures of the whole family embracing the new baby and Mom breastfeeding. It was just this big family gathering.

After the birth everything calmed down. The midwife did her assessments and reminded us what to look for over the next few days. Mom took a shower and had something to eat. My children and I stayed for 2 days. We slept on each other's beds. We ate meals together and bathed together. "I'll hold the baby." "I'll bathe the children." "I'll take them to the park." "I'll feed them." We shared everything. We lived like a commune. We lived like the village, the community. It was the way it was supposed to be. That was the piece that stood out. The birth was beautiful. Very simple. Very easy as births go. Very uneventful. It was good. It was the 2 days of living together, two families, that was the powerful piece for me. That felt like life, and when I left I felt very melancholy. When I called Claire the next day she was in tears. The father couldn't keep up with all that needed to be done. Someone had to feed the small children, feed the mama, help the mama with the new baby. They needed more help. As beautiful as that experience was, my heart is hurting now, realizing how broken down our culture is. How isolated we have become, and by choice! We don't even realize what we've done.

One of my goals for the next year is to offer a blessing way for a group of pregnant women. These ceremonies are usually done for individuals but I would like to offer it for the community. The blessing way ceremony is a Navajo tradition that celebrates and empowers the pregnant woman. We claim sacred time and space to honor

the woman. We honor the baby, too, but the focus is on the woman. You don't get a baby without the mama, and you don't get a strong baby without a strong mama.

Linda

Linda is a birth doula working in the San Francisco Bay Area.

I think that birth and bringing life into the world is an incredibly spiritual thing. Childbirth is the creation of a new life. Being a doula is 100% spiritual. It's different from religion. I was not really brought up with any religious beliefs and don't think of myself in terms of any religion. When I answered the questions on a religion finder questionnaire I found I'm a New Age Pagan Buddhist. I feel affiliated with the Earth, I believe in the power of the Earth, the trees, Nature, and human beings. I believe that the energy of the Earth and the compassion for the world is what being a doula is all about.

I really want moms to feel their connection to their own power. I want them to recognize their ability to grow the child inside and then to birth it into the world. I encourage them to trust their instincts and their body and to connect with the baby. That is how I bring spirituality into my work with moms.

I encourage moms to read Ina Mae's book, *Spiritual Midwifery*, and to talk about it with me. Many of the moms I've worked with have really been inspired by the stories in Ina Mae's book. She includes birth narratives by a diverse group of women. They talk about their own experiences and each one is different from the others.

I don't have any particular rituals that I do. I'm drawn to the *Birthing From Within* method and just got a flier for the upcoming workshop. I hope I'll find some new ideas for addressing the spirituality that is part of labor.

I have always loved pregnancy and labor and birth and children and life. I'm the oldest child on both sides so I always had younger cousins. I babysat for the younger children and loved being around my pregnant stepsisters and aunts. I just love it. I've always loved it. I was very excited when I found out that supporting women during labor was a job option. I signed up for a doula training course. I went to my first birth and cried. I was so touched by the whole experience and I think birth is a miraculous thing. It's just incredible to be present at the moment of birth.

So far I've only been to hospital births. I think every doula, well, I guess I shouldn't generalize, but I do believe most doulas would love to be more involved with homebirths. Homebirth is very natural and there is less intervention. A few months ago I was at a very homey birth in a hospital. The woman was having a VBAC, a vaginal birth after cesarean. The midwife was terrific and helped set the tone. The lights were dim and there was chanting and music. There was the wonderful smell of lavender. I filled the birth tub. Everyone in that room was so respectful of the mom and that space. This was gentlest birth. It was like a homebirth in the hospital. It was just so gentle and so kind. It was really beautiful.

The people who were there shared the family's philosophy. They were all in sync. They were all respecting the mother and the baby and the birth and they didn't have their own agendas. They didn't have their medical protocol up front. That's very important. Everyone let it be what it was meant to be. There weren't any emergencies so the birth continued without medical intervention.

Pregnant women need to educate themselves as much as possible about the options around childbirth. I want to help women choose the options that fit best with their

values and philosophy. The people who attend any birth should be 100% behind the mom's philosophy and should support the mom throughout the birth. Unfortunately I've seen too many times when a woman really wants things to go a certain way and she is not supported. There is another agenda there and the birth ends up becoming something very different from what the family wanted. Moms have the opportunity beforehand to find people who will support her preferences for birth. Supporting the mom and helping her find others who will support her is the essence of a doula's work.

Nicole

Nicole is a birth doula as well as the founder of a sanctuary for pregnant women, new mothers, and their families. This sanctuary offers childbirth preparation and information in an encouraging, supportive, and respectful environment.

There are two main aspects of spirituality in childbirth. The physical aspect is perhaps the less spiritual of the two. The transformation of the woman as she becomes the mother of a child is very spiritual. A birth I attended recently stands out because the mom had done so much to prepare herself, both physically and emotionally. She was so excited to meet her daughter. This mom is actively introspective. When I met her a few weeks after the birth I found her in turmoil. She was questioning her identity, wondering what it meant to her to be a mother. She was upset to be unsettled and questioning 2 weeks after the birth. I couldn't help but think she would be working on issues around what it means to be a mother for a lot longer than 2 weeks.

A woman's feelings after the birth of a child have everything to do with who she believes she is. The birth experience can transform a woman. Some women become more confident as a result of childbirth and believe they have the qualities necessary to be a

good parent. Some women don't change much. A lot depends on how confident the woman was beforehand and what happened during the birth. The woman who felt in control of her own birth, and did it the way she believed best, was more likely to trust her ability to mother her child. She will ask herself what feels right and trust her answer. She believes in herself and her capabilities.

Some women feel their confidence undermined by what happened during the childbirth. They feel they need to go to professionals and experts all the time to get reassurance and to be told how to take care of their own children.

I became a doula because I saw that birth has the potential to empower or disempower women. Either way childbirth effects the whole parenting experience: the women's experience as a mother, as a woman, and as a wife or partner. My background professionally was in rape crisis, domestic violence, and child abuse; both prevention education and crisis counseling. I began this type of work in college. When I went through the crisis counselor training I had one of those light bulb moments, which I have been blessed with periodically. I felt like I was clearly in the right place. Everything that was said during the training felt like second nature to me. Treating people with respect and listening and speaking with empathy were already a part of me. Everything I've done since has been an extension of that recognition and of my work as a crisis counselor.

I began college with a premed major. On my way to an Organic Chemistry final I realized that if I saw someone who was visibly upset, I would skip my final to sit with that person. I realized that I needed to find a career that would allow me to take care of people in this way. Otherwise I was going to have trouble keeping a job. That is the spiritual piece of being a doula. It's not attached to anything in particular. I wasn't raised

in a particular faith. It's the connection with people that means so much. It's the importance, for all of us, of having someone attend or be witness with us. Being together makes such a difference. Again, when I did doula training, I recognized that I was already doing so much of what was presented.

The research with doulas shows that just having a woman sit in the room while a mother gives birth makes a difference in outcomes. That is exactly the point. The feelings we have get overlooked in the details and the technicalities of childbirth. As a childbirth educator I talk about hospitals and monitors but I also explain to parents that these things are peripheral to the feelings associated with childbirth. Some parents understand the importance of their feelings and some don't understand until sometime after the birth. The mother may have these feelings she can't explain about the birth experience. Attending the birthing woman, being with her; that's a very spiritual tradition for me. I have not had children of my own yet and I get asked about that, but it's not the experience of giving birth that is so important. It is the experience of being with women when they need support.

I recognized the importance of being with women during difficult times while doing rape crisis work. Women would call after being assaulted. I stayed with them while they were in the hospital for evidence collection. I stayed with them while they made police reports. I would explain what was likely to happen and ask if they needed a drink of water or wanted to take a break. Being with a woman during a crisis is partly shepherding and partly following her through the process. During birth it's often two adults and the baby who need really different things. The parents need to be able to

participate in different ways. They haven't been through it yet and they don't know what will be happening and what will be expected of them. It's hard to describe this feeling.

Being a doula, I often have the same feelings of uncertainty. It's hard to describe. I've been asked by expectant parents to describe a good doula. I think that it's most important that a doula have ability, or an instinct to look at the situation and see where there are holes that need to be filled. It changes so much from one birth to the next and from one family and one hospital to the next. I can't just learn a set of things about birth and do them at every birth. I have to be able to look at a mom and hear the sounds she's making. I notice how she interacts with everything around her and sense that one mom needs a massage, and one mom needs to get out of the room because there is just too much going on and I can see that it is getting in the way. In most births the mom can't verbalize what she needs. She can't recognize what exactly is going on for her. As doulas we have to intuit what the mom needs. Sometimes we try things and the mother tells us it's not right. Then we try something else. That is fine and par for the course. Some of the vision or ability to know what to do comes with experience with birth and some comes from other experience working with people. Experience helping women in crisis prepared me for being a doula; then I learned about childbirth and got experience at births.

There are times, depending on what's going on with the birth, when I have needed to leave the room, or sit quietly in the room, and check in with my feelings. Sometimes I've been tired. I've felt discouraged and wondered if the woman was going to be able to give birth. I wondered if the baby was going to come out. When I've had those feelings I realized I had to change my attitude because that energy must not come from me. I've definitely had to look at myself and reframe what I was thinking and feeling. When I felt

better I would go back in to look at the mom and look at her baby. I put my hand on the mother's back or belly, or just quietly connected with the baby. Sometimes there were so many things going on that somebody needed to tell the baby that what was happening was OK. I told the baby that I know she was going through a lot. That helped me get more centered on what we were doing and how my energy might reflect back to both mom and baby.

If a labor is not progressing well, I start checking in with myself, I check in with the baby and with other things that are going on to see if there is something in the way of the birth. Sometimes I get the vision of the baby coming out, and I encourage the mother to visualize the birth of her child. Sometimes we do visualizations during the prenatal visits and then again near the end of the labor. I don't want the mom to visualize the baby in the belly and then in her arms. I want her to visualize the baby emerging, halfway out, and then out. Women can give their bodies that image of how it's going to work. I think a certain number of women don't believe it can really happen; they just can't imagine the baby passing out through the vagina. Videos sometimes help but they can be overwhelming.

After we visualize the baby coming out, I can look at the mother and say, "I know you can do this." If I can see that baby coming out my voice has confidence. The mothers can hear it when you believe in them, and when you don't. I've seen so much difference between how a woman progressed when her care providers are encouraging and when they have been subtly discouraging. I've found that women can go into overdrive more than once during a labor if they have enough support. I've seen doctors look at women and say, "I know you can do this. Just a little longer. I know this is really hard right now

but just gather up your strength, gather up your breath. We've got just a little more to go. I know you can do it." The mother pulled it back together and gave birth to her child. I've also seen doctors say, "You have been working really hard but this has been a while and I think we should just" The mother gets the message that the doctor doesn't believe she can give birth without medical intervention. There are so many babies born by cesarean now that women don't feel completely surprised when they are told they can't give birth to their children naturally. I wonder what these women would do if there wasn't a doctor there to do surgery? Do these women think their body would just fail to deliver the baby? I don't know. I do know that 25% of the women in this area get cesareans.

Johanna

Johanna is a psychologist doula working in the San Francisco Bay Area. She is the mother of two grown sons. Soon after this interview she was present at the birth of her second grandchild.

I have to talk about the spiritual aspects of birth as I have experienced them, rather than as some absolute, for me, personally. I'm going to go back 33 years to my own experience of childbirth in London. It was at a time when London was saying natural childbirth is possible with husbands present and pretty much drug-free if you can do it. That was my goal and I was pretty well-prepared. What I had done was say to everybody, "Don't talk to me about what it's like. I want to know what's normal and I do not want to know anybody's experience. My experience will be my experience." I was at a teaching hospital and the young man who was attending the birth was an intern. It was his first time; it was my first time. We had a midwife present and she stepped him through every

stage out loud so there was never a moment where I didn't know what was happening and there was absolutely no fear involved. Pain, yes, but fear, absolutely not. I felt totally, totally supported and the excitement, the intern's excitement, the midwife's wisdom, my husband's presence, and knowing that my mom was out in the wings all made it absolutely amazing. I was held and encouraged so that it felt like the most wondrous, amazing happening. In becoming a doula, that's the sort of support that I hope to be able to give people. It was stunning. The presence of somebody who has been through it was essential. It must be somebody who is trained, who has some wisdom, and who loves doing it. Loving the work is key. If you don't love the job, don't do it. If it's just a job, don't do it.

After the birth I was asked if I would be prepared to have a psychologist come in once a week as an observer of mother and child. His job was observation; he was not allowed to interact. A long time later I got to read his report. He had connected without words with my child. They absolutely adored each other and when that year of observation was over he arrived one day with presents, which he had never done before. He wasn't allowed to. The connection was totally in place. My son knew him, he knew my son, and there was this magical moment where they touched for the first time. So that was another sort of a birth; that my mothering had been witnessed. My work as a mother was honored. My husband was very much involved as well so the act of familying was validated. It is important to see the child's development in the context of family. So that was also very affirming. That's a very broad answer to the spiritual aspect, but that's where I come from.

I don't think I inherited a spiritual tradition. My mother's attitude after five children was that childbirth was awful and difficult. It was best to get it over with. That was pretty much her attitude about all bodily things. There was not much celebration of womanhood. She was wonderful with kids but the whole woman's body thing was not happy for her. The day I got my period my mother said, "Oh, dear."

Fortunately my aunt was also present, and she said, "Welcome." I am so grateful she was there. You know, looking back I mourn for my mother's sake that she didn't have the experience of body that I did. My aunt is still alive and I adore her. She doesn't remember saying, "Welcome," and she does not remember giving me a present, but in that moment I was given the idea of women welcoming women and it's something that stayed with me. I recently saw a wonderful clay piece with two women supporting a third woman who is giving birth. The mom is squatting and one woman is behind, the other in front ready to catch the baby. It was beautiful.

I do believe that that egg-laying woman to woman, mother to daughter is an immensely powerful bond, and mother to son as well, and it's different. I've imagined an ideal world where men who have that feminine instinct are with women and supporting the women through this incredibly important, mystical, wonderful happening, keeping us all going as a species.

Three things in my personal life influenced my decision to become a doula. The first was that I didn't ever get the opportunity to be the mother of a woman. I compensated with lots of surrogate daughters. That was good, but I still missed that tradition of women being with women. I suppose some of the popular books like the *Red*

Tent give you some of the feeling I am talking about. Being a doula allowed me to mother my surrogate daughters.

I was also very aware of my transition out of being a woman who could have babies and into being a grandmother. Giving birth and having children was so precious to me. Being a doula allowed me to stay close to the birth process.

The third influence on my decision to become a doula was the knowledge that I would not be present for the birth of my first grandchild. My daughter-in-law is extremely private. She's lovely but she's private. I knew I was not going to be there for the magic of that moment. So in becoming a doula, I was looking for some sort of comfort around no longer being able to bear children, not having a daughter, and not being present at the birth of my first grandchild.

I also wanted to pass on some of the things that I've learned as a person and as a psychologist; it's difficult to distinguish between the two. Being a psychologist is part of how I see myself as a doula. Birth is about a physical happening. It has a physical aspect to it but for me that's not the most important aspect. I think I am a psychologist doula rather than a doula psychologist. I really see my work as being in the field of the psychological, not the physical. I'm not qualified to do more than holding and massaging. That physical contact is extremely important and I love to do it, but I don't see that as my primary function.

I am more useful as a calm presence who is able to deal with emotional flip-flops. My experience with people going through emotional upheaval, whether during a counseling session or in the process of birth, is very important. I think that's an important

bit of how I see myself. That's the experience I bring to being a doula. Working with the emotional issues is what I enjoy.

As a doula, I have found that most of the stage setting is done before the birth, through conversation and visualization. I've done visualizations of how the mothers wanted to be during labor and what body feelings they would recognize. We visualized walking through water, walking through air, and walking through fire. I tried to help the pregnant women link the different emotions that they might go through during the visualization with the emotions they might experience during childbirth. That was wonderful. I don't find rules very helpful in these situations. I encourage my clients to trust their own instincts.

There were parts of being a doula that I found very difficult. What was most difficult for me was the change from what the person said they wanted to what actually happened. One mother was absolutely adamant about having a completely natural birth. She'd had other children and she just wanted support in there. She was totally sure that she didn't want any medical intervention. When I arrived she said, "OK, I'm going probably to six centimeters and then I want an epidural." I said, "OK" but that switch was incredibly difficult for me, not for her. I never actually discovered what happened, but she wanted the epidural. She was not prepared to have pain and the epidural was very effective. The mom was fine but I felt completely betrayed. Absolutely betrayed, and I had to deal with that very quickly because my job was first to test the mom's desire, to gently push for what she said she wanted, and then to leave it and be in support, not in any way in opposition. So the feeling of betrayal was painful.

It was my first birth as a doula and I so wanted it to be perfect. My definition of perfect was that she would stick to her birth plan, if possible. It was very difficult to keep my own feelings from showing. I was incredibly surprised. I think what helped me not get stuck in my own feeling of betrayal was the recognition that this mom was extremely psychologically complicated. I should have been able to predict that something like that might happen. I should have prepared both her and me for it. I thought she really knew what she wanted. She absolutely could have done it. This was her third child and the other two, even though the last one had been 10 years earlier, were done in such awful circumstances that this was a breeze, a quick, easy, uncomplicated birth. Anyway, so be it.

I also found the stress around being available for a birth extremely difficult. Soon I'll be going into the birth of my son's child and I'm anxious about it. I don't really want to hang around. I want the baby to come on the due date, preferably in the morning.

As a doula I found the waiting around the due date very stressful and I didn't anticipate that. I started to have a lot of dreams and other signs of anxiety. I was not able to sleep as well as I would have liked to. I felt constrained. I had to go to bed early. I had to let my clients know that I might drop them at a moment's notice. Every interaction was colored by the fact that I might have to leave for a birth on a moment's notice. Even so I'd like to do more doula work. The life-centeredness and woman-centeredness is so wonderful.

Ann

Ann is a massage therapist, birth doula, and also leads yoga classes for pregnant women and new mothers. When we met she was pregnant and planning a homebirth.

I decided on a homebirth because it's the way that I envisioned giving birth all of my life. Home seems to be the safest and most comfortable space to give birth. I was so happy when I realized there were midwives who would help me at home. I've never attended a homebirth as a doula, but I've been at a lot of hospital births, both medicalized and natural. While all the births were very amazing, the medical side of birth hindered the labor process. As long as I'm healthy and feeling good I want to give birth without that hindrance.

My husband has been very supportive. He is an engineer and scientifically oriented. When we got pregnant I was really excited about a homebirth, but I thought my husband was going to need to see a lot of research showing that homebirth was safe. When we talked about homebirth he was so supportive; he said we should do whatever made me feel comfortable. It was really great. Then we found a midwife who is a Birthing From Within Mentor. Our midwife is very open-minded and mindful in her practice, but she was an engineer before she became a midwife. I think that's incredible. She gives us so much. She can explain things to both of us in good and different ways.

I don't know what I'll do after my baby is born. I've lived too much to think I can plan everything. I'd like to return to work as a doula but I'm kind of scared of long births. I wouldn't want to be away from my child for 35 hours. That makes me brainstorm ideas of how to interconnect with other doulas so we can support each other. I'd love to have some type of co-op so we could call each other for help if a birth was very long. I'd want to call in someone who is like-minded. There's finally a small group of doulas in this area that I really feel a good connection with. I'm comfortable knowing we are like-minded and have similar ways of handling situations. So a co-op will probably happen.

My family is from a small town in the Midwest. There wasn't much crime there and it was a very community-oriented place. That influenced me a lot, and sometimes I feel that my energy is different from the energy of people I meet here. Ever since I was a little girl I wanted to be a midwife. I had heard of midwives, but I thought they were from olden times. When I was 19, I began the process of becoming a massage therapist and felt myself gravitating towards prenatal massage. I just loved it. I realized that helping pregnant women is something that I'm really good at. It just seems to come naturally. I've always been interested in the physicality of pregnancy and wanted to learn more. My doula teacher used to come to me for foot massage treatments. When I told her about my aspiration of becoming a midwife she said I should become a doula. My teacher has been doing the work for about 20 years and was starting a doula training school. I trained under her and became her apprentice. She's just a great mentor and a really great woman. We tend to meet a lot of really great women in this field.

I started attending births with my teacher and observed how she worked and the types of services that she provided to her clients. She gave them so much support. Wow! I don't have a good word to describe it. There don't seem to be words for what happens between the doula and the mom. It's like this interconnected web of subtle lines, subtle feelings, and subtle energies that really connect us. Going with the same vision of a web, we doulas tend to draw in a certain types of women. The clients that come to us are very drawn in by the good feeling and are connected to that feeling as well. That makes the experience good for both sides. It's rewarding. Being a doula is very rewarding work, and having a doula is rewarding for the clients. It's great to be around people who are experiencing that energy and are open to experiencing that energy.

I believe that the strong connection I sometimes feel for a person has something to do with past experiences. There is a feeling of déjà vu when we get the chance to choose again. We are able to work with the same instances that are, or seem, familiar. At such times we are walking on such a thin line of compassion and love that it's hard to distinguish between past and present. It's almost like we are between the worlds. Sometimes that is difficult because I want to be true to my spirit and I have to be true to what is going on around me, I have to be real. If I'm not real, the connection between the mom and me can't work.

I'm very attracted to Paganism and Goddess worship and have been most of my life. I grew up Catholic and my mom is a Catholic schoolteacher. I've always been very attracted to all the feminine, including the female characters in the Bible. That's not taught much in the Catholic Church and I had to get away from the guilt of the Catholic tradition before I could step out and follow my true feelings.

I had a very spiritual experience right before I became a doula. I went on vacation with my family to a little island in Mexico called the Island of Women. I didn't realize what the Spanish name meant when I booked my tickets. It's one of the only places in the world that has ruins dedicated to the Goddess of Midwifery. At that time I was learning some Wiccan traditions, casting circles and worshipping the elements in a circular way. Out in the ruins I very subtly gathered elements around me on the ground, a rock, a seashell, and a feather. I placed them in the four directions and cast a little circle. I thought how amazing it was that I was learning to cast circles and found myself walking on the path of those who worshipped the Goddess of Midwifery. There I was in the ruins, on the point of the peninsula, on this little island. I cast a little circle and my mom and I

stood on the cliff overlooking the ocean. The water was incredibly blue and beautiful. It was really amazing for my mom, too, getting to see the beauty of the wind picking up when I raised my arms and called on the elements. I closed the circle and as we were walking away I was a little stunned. I was just like whoa! What's happening here? It was just like wait a second, OK, wow! We are this matrix of creativity. It's true.

I'll never forget the little man that was sitting on the cliff. He waved my mom and me over and excitedly told us he had to show us something. He told us to look into the waves, and there was a huge school of sardines that shown as a silver lining on the waves. He said, "I think you called them. I think you called them." I was trying to hold back tears. That was truly beautiful and amazing. My mom and I sat with this man, watched the waves come in, and absorbed the feeling of peacefulness.

Those moments are what I want to teach and share with my clients and with every woman who is experiencing birth. Birth is such a creative process. I want the mother to be aware and conscious that something she has created is coming to fruition. I think that is extremely important. You know, the work of the doula is so unknown to the rest of the world. Being a doula takes up my whole life. It's not work. It's life. Yet not a day goes by that somebody doesn't say, "You're a what? A what?" It's hard to describe the work of a doula; so many people have preconceived notions about childbirth. It's very difficult to talk about the creative elements of our work.

I think people are afraid. As doulas we are trying to cut through the fog and dispel that fear. It's a really large fog that's covering a lot of people. I'm trying to shine a little light through the fog, but that works only gradually. Even among doulas there are problems. There's this interweaving of energy that all of us are trying to work with and

portray, but we don't all have the same mindset. We all want to educate our clients but we have different ideas of what and how much should be said. There is a strong common thread that should lead us to some type of real common ground. We need something like a regulation or a statement of common mindset. I feel something is missing within the large group. I don't know if we can talk about what we value, but it is confusing when we don't talk. Let's sneak up from under the rug for a little while. It's a little scary when it comes to that kind of, you know, talk.

The first birth I went to was especially meaningful in a spiritual way. It was totally spur of the moment. I wasn't even supposed to be attending the birth. The mom was a massage client of mine and the birth client of my doula teacher. About 2 weeks before her due date the mom sprained her ankle. About a week before the due date my teacher sprained her ankle. I was scheduled to have a massage appointment with the mom and I just had a feeling that I should call her and ask if she wanted me to come a day early. Something told me to call. My teacher answered the phone and said they were just contemplating calling me. Both mom and doula were having trouble walking and needed my help. When I arrived the mom was already far along in her labor and everything was moving fast. The mom was enjoying herself, bouncing on her birthball and talking to her neighbors. My teacher was a little stressed out, thinking we needed to get to the hospital. We got to the hospital and the baby was born within 45 minutes. I got to see the baby born and it was incredible. This was the fruition of the whole process, and I got to be a part of it. It was so beautiful and so amazing and intimate. I'm eternally connected to that family. My husband and I still baby-sit for their kids.

The coolest thing about it was when I went home. I was living with five other roommates in a wonderful community and I hoped someone would be up so we could talk. We all went out into the back yard and shared a cigarette, and the sky started falling. There was a meteor shower that night, so literally the stars were falling from the sky. I'm tearing up now just thinking about it. It was so incredible. It felt like it was all for me, and I knew I was doing the right thing. This is where I'm supposed to be. This synchronicity is all in line and it's all working no matter how tough things might be. This is where I need to be. It was pretty amazing. That's my happiest spiritual birth memory.

There have been a lot of tough births, too: the VBAC (vaginal birth after cesarean) that ends up in another cesarean, and then the long birth where I really felt I was part of the team with the parents. I left to go to lunch and while I was gone they decided to do an epidural. We had talked a lot about having an unmedicated birth and I wondered why they made the decision to have an epidural during the half an hour I was gone. It's hard not to take things personally. After the birth I processed these things with the couple and realized that it's not necessarily because of anything personal. There are times during birth when decision points emerge and decisions are made. That's the way it goes and that's the way it needs to be. Even so, it is the what-ifs that are the hardest thing about being a doula. I wonder if I could have done things better. I start to go into regret. I recently did some process work as part of the training for becoming a Birthing From Within Mentor. We were healing past birth traumas and I realized that no matter what happens, doulas are constantly coming from the heart. It's because of the work we do and the path we are walking. There is a good reason for whatever happens. That's the most beautiful part about birth but also the ugliest part about birth, which is so awesome. I

mean everyone has their doubt, their light, and their dark, but in birth the light and dark are so drastic. It's life and death.

There is one thing that seems important to talk about among doulas, although it's always hard to talk about. I've had two abortions, and sometimes that experience adds a spiritual perspective to my work as a birth doula. I'm still working through this myself. There is a learning process that you go through with the death of a child. Making the decision to bring about the death of a child was such a growing experience that it really gave me the perspective on the delicate balance between life and death. I don't share what I've learned with a lot of people, especially not with my clients, because of the possible judgments.

I've run into a lot of doulas who have had abortions, and I think that it gives us a good perspective on the importance of birth and the fear of death. Medical interventions and the technology of birth have really increased the fear of death. Women are taught to worry so much about the possibility that their baby may die during the birth. I think they are afraid to deal with their own emotional response to the death of a child. We don't want to deal with the emotions. Now we have created all this technology in order to buffer ourselves so that that doesn't happen, which is good, but we live in constant fear. We've become these really conservative entities in trying to avoid any bad outcome.

It's hard to try to bring up death when it comes to birth because they're so—you know they are opposite ends of the spectrum, but they're so much the same. It's the same feelings, it's the same emotions, and it's the same physicality. I haven't gone through the birth experience myself yet, but I really feel that each abortion was a birth because of the different person that I became spiritually. Those big decisions created different layers

within my self and I learned a lot. I don't know exactly what I wanted to say about that, but I find I keep thinking about this issue.

A picture helped me heal from my first abortion. It was a spiral. There was a picture of an older woman, with gray hair, her wrinkly face, and her wrinkled body. She was depicted sleeping, or perhaps dying. Her body drifted out and became a spiral, and in the center of the spiral was a brand new face, a brand new baby was born. It really connected the meaning of life and death. That's what you do when you are a doula.

The one thing that I try to do is to be as mindful as possible. It's not that I can make everyone feel good, but I want each person to feel validated. There is also room for education. I acknowledge that the concerns and feelings of my clients and their families are valid and sometimes suggest that they look at things in a different way. I try to help them be mindful, too.

The sensitivity of touch is very extreme during birth. As a massage therapist, I like to be able to give my birth clients massages throughout their pregnancy or as soon as I meet them. I always offer massages in my doula package because I think it is important for the mom to get to know my touch. Touch is very revealing. You can feel an initial trust with a woman when talking to her and things can change when you touch. Sometimes there's a bell that goes off and I sense the client shutting down. They may need some extra support during birth. It's so important to be able to touch your client during birth. You really need to provide counter pressure when the mom's back and hips start hurting and her shoulders may get tight from being scared. Sometimes I just stroke the mom's scalp when she is tired. I take these skills for granted because I've been working as a massage therapist for 8 years. That's a relatively short period of time for a

massage therapist, but I do find that touch gets to the essence of people. The easiest and most grateful people to massage are pregnant women and postpartum women. They soak it up, and they're so grateful. They are so happy to have an hour of nothingness. That's why I love focusing on women and childbirth.

Claire

Claire is a birth and postpartum doula who focuses on providing care for families with twins. She has been working in the birth community for more than 20 years.

I think of myself as a spiritual person and I think that birth is obviously a spiritual process. I wouldn't put myself in any sort of category, and when I began to think about the role of spirituality in birth, I first thought that I don't operate from spirituality as a prime focus. As I started thinking about these questions, I realized how strong the presence of spirituality is for me. When I work with families I operate from the spirit, not from my head. So in that sense, birth is as spiritual as life gets for me. I've often made the comparison between homebirth and home death. I've had a homebirth and I've experienced the death of my mother at home.

My mom was trying to save money so she moved in to the in-law unit downstairs in our house. Within a month she wasn't feeling well and found out she had cancer. She died 12 days later. It was such a gift that we were given to be able to be there. It was the most beautiful experience it could possibly have been. I still cry when I talk about it, so don't be upset if I cry.

She was diagnosed in October and my siblings kept talking about having Christmas together. I was too busy just caring for her to really think about her death. She was still able to get up and go to the bathroom. She was not what you think of as the

dying cancer patient. She asked me to get her Burger King and didn't want me to tell my sister that she was eating burgers. She was sleeping a lot but she was totally coherent.

At midnight I gave her the pain medication and for the first time I had to help her to the bathroom. Then we were just sitting on the stairs and I said, "You know, if you're going to take" She was a proud Irish-Catholic woman and I knew she wouldn't want to be helpless. I went back to bed and set the alarm for 4:00 a.m. Before it went off I heard her calling me through the baby monitor. She said, "Call the priest. Call the kids. I'm leaving." I went upstairs and called my brother and an Irish priest my mother liked. When I told my brother, "Mom says she's leaving." He asked, "Where is she going?"

My brother arrived and my mother said to me, "Now I know I was waiting for Bobby to get here." She hadn't called him Bobby since he was a little kid. Bob and I sat there with her as we waited for the others to arrive. She asked us to pray the rosary. I haven't been to church in forever and my brother had become a Mormon and then not a Mormon anymore tried to remember the damn prayer, "Hail Mary. Uh" Finally my mother said, "That's enough."

We put on the Irish music she loved and the priest gave her last rites. He said, "She doesn't look like a dying woman, but I have to respect that she knows." We never thought of calling an ambulance. It was just such a sacred honor, without getting crunchy granola about it, you know, it was just so wonderful to be with her. We just sat with her and I massaged her back. At some point she seemed to be looking far away and she called for Jane. Both her sister and cousin had been named Jane.

You have to know where I'm coming from when I describe what happened. Even when I talk about birth in the spiritual realm, it's not . . . I can't think of the word for it.

My mom called out, “Jane, Jane” and started talking in tongues. I couldn’t understand what the hell she was saying. I was thinking, “Oh my God, this is talking in tongues.” Then her body actually lifted off the bed. It turned out that the only people with her were her five children. There were lots of other people in the house, but they didn’t come down at that time. That was the day of the Oakland fire. When we went upstairs we saw this beauty. You could feel the hot wind blowing and you could see the dark sky over that way.

Later I wanted to know that she existed some place else. I sat down in her room and asked her to appear to me, just to let me know she was someplace. I don’t have that faith. Being raised a Catholic and attending 12 years of Catholic school didn’t give me that faith. I don’t have it. I wish I did. My brother didn’t want me to call my mother back, which is funny because neither of us believed that she could appear.

The energy of childbirth and of my mother’s death was very similar. I noticed the similarity at the time of her death, but didn’t say anything. A few weeks later the subject came up in conversation with my siblings, and we realized that we had each experienced the energy around my mother as she died. My siblings were present for the births of my children and they described the energy those births and around our mother’s death as the same. Since then I’ve read accounts of many people who noted the similarity of the energy around death and birth. I think that when it’s not mucked up, when there isn’t a lot of chaos, there is this energy around death. That’s why I compare it to a homebirth. I haven’t been present for a hospital death, but I have been present at hospital births. The chaos of the hospital can make it difficult to feel the energy around birth. I imagine it’s the same for death.

I try to think of words to describe the energy and I can't put words to it. I've felt it as I walked through the door to visit friends after a homebirth. There's just a feeling. I know that the energy is present in hospital births, but you don't feel it because there isn't a focus on it. There is a . . . chaos is the only word I can think of. That's kind of strong, but there is a lot that disturbs the natural energy level during birth in the hospital. I don't think it actually disturbs the presence of the energy, but the chaos disturbs people's perception. Unfortunately the mother's perception is also disturbed. It's hard to help the mother perceive the energy. Does that make sense?

I've been to many births that were very meaningful. Some are meaningful to me because of my own personal goals, and some are meaningful because of the growth of the birthing mother. I think of a woman who was frightened and thought she couldn't go through childbirth and then does. It doesn't matter how she does it, it's just that she does. That is very rewarding. I remember one woman who was terrified of birth. She hired me because she was so fearful. She was going to therapy and took a hypno-birthing class. She was trying everything she could to deal with her fear.

She labored at home for 10 hours, just checking in with me. Then her husband called, "You need to get here." And I got there. The minute I arrived she calmed down. She just got in the tub. They had this huge tub that she was in. Her husband and I were sitting around. Mom was so calm and relaxed, and then she lay down on the couch for a while. After awhile I started hearing something in her voice that told me to get her to the hospital. I wasn't going to deliver the baby at home! Mom kept saying, "Oh, just give me one more minute." Then she got up to go the bathroom and her water broke on the toilet. Then mom said, "That's really strange. Can you come look? It feels like a tampon."

There was a foot coming out of her. This was the woman who was terrified of birth. She was still relaxed and calm. I got her off the floor, got her up in the air, asked Dad to call 911. She was making jokes with the fire fighters, "Oh, I'm sorry I'm naked." This woman had been terrified and now it is totally OK. I don't know that she knew how dangerous the situation was with her baby, which was a good thing. That's a memory I will never, ever forget. I'm sure she will take what she learned with her the rest of her life. Unfortunately I think she gives me too much credit for what happened. I've heard from different people, "Oh, I met this person in a mom's group and she couldn't say enough about you." I did some postpartum work with her, but I think she still gives me too much credit.

The questions about spirituality make me think of how some religious people deal with birth. I've worked with many women who were religious; they belonged to a church and attended regularly. I thought if they believed in God and thought she was looking out for them, they would have an easier time. They would sense that whatever happened was part of a plan. Instead I found that they didn't connect with their religion during childbirth. This is beyond me. They depended on me, and I am not a member of a church. I don't think about religion or spiritual matters on a regular basis. I don't even know if there is a God. I know there's some energy greater than me, and it's easy for me to share that when a woman needs the support. I'm not criticizing them, and they may think they believe, but I don't think they do. If they believed it would be part of their lives on a daily basis. A lot of people I know are involved in organized religion because they like the community and I think that's wonderful. But where does it come back to your faith? I mean, faith is a huge foundation of my whole life. Faith in what? I couldn't even tell you.

It's faith that things are meant to happen. It's faith that I'll know the right thing to do to help a woman in labor.

Sometimes I help women get to the place of faith before birth. During prenatal visits we reaffirm the fact that the body knows what to do even when the mom doesn't think she knows what to do, even when she doesn't want to do it. People think they have to do everything exactly right. Everybody is telling the woman to relax. Often there is no relaxation, but the baby still comes out.

Prenatally, I focus on trust and having faith. I tell the mother that she is powerful. I tell her that her body knows how to do this. That is the focus, trusting and having faith. That's why I do this work, to preserve the integrity of every birth. I do that by encouraging women, and men, to make choices in their lives and at the birth. It doesn't matter to me what it is. I'm not a doula who won't work with people who have epidurals or anything like that. That's their choice and they're making it from an educated point of view, that's empowerment to me. It's not a matter of doing it my way. I didn't realize until now that I've been trying to preserve the spiritual, but I have been telling moms that they won't feel the energy around birth if the setting is too chaotic.

I think my doula path started when I was born at home, 37 years ago. I've always wanted to be a midwife. In the 7th grade I did my science project on the growth and development of the fetus. I had a plastic bag with a piece of wood floating in it. Later I worked as a childbirth educator and began attending births in that capacity. About 7 years ago I took the birth doula training, and now I help train new doulas. I have five kids, so I've also been busy having and caring for my own children. For a while I was working

nights with families, teaching courses, attending births and caring for my family. Now I do mostly postpartum work.

The doula lifestyle is hard. People ask me why I do the work. I wonder why they don't want to do it. Sometimes new doulas will ask me, "Why do you still work as a doula when it is so hard?" The answer is that the desire to work with birth has got to beat everything. It's certainly not the money. There are days I come home after a birth and think I'm done. I don't want to do this work anymore. Then another birth comes along. I can't say no to friends, and I find a birth every other month is sane for me. Some day I'll be up to doing more, but it just doesn't make any sense right now.

I've been a doula before the word was used. When DONA started they didn't grandmother anyone in and they seemed to say that if you're not DONA certified, you are nothing. I've been doing this work for 20 years. I think regulation is really, really important. I understand that, but I also feel that DONA has gotten too big, it almost feels like government to me. I took the DONA postpartum training and realized I wouldn't feel comfortable teaching exactly what they want their trainers to teach. As a postpartum doula you can't clip baby's fingernails. You can't mix formula. You can't bathe the baby. I totally understand that this is the family's baby, but I also know that sometimes cutting the baby's nails gives mom peace of mind. I'm not taking over her baby. That is not my philosophy. I'm a doula and not a baby nurse, even though I work at night.

I've never had problems with medical staff because I am really, really clear with the mom. Prenatally, I ask questions about what she wants at her birth and how, or whether, her doctor will support her. In the end it's up to her whether or not to pick a doctor who is going to run all over her. Sometimes it's very hard when you know that the

medical staff is rushing the mom. They're coming from a fear-based place and I don't need to be in that place. So that part is hard, but I never have gotten into a confrontation with a doctor because I don't think it's my place. So I'm just really clear about that. I go home sad sometimes because of it, but I don't know that it would change anything if I did get into with him anyway. Sometimes clients will tell me that they just love this particular doctor. They love him. I know going into it they're going to get induced. I know, but I also know they really want this doctor. Faith in their doctor is really important and I don't want to undermine it. It's frustrating. It is. Especially when you go into a homebirth and then you go to a very manipulated hospital birth. Most hospital births are very manipulated, but there are some that aren't. It's just a difficult place to have the kind of birth we have been talking about, the birth where you feel the energy.

My first was a hospital birth which was fabulous, although I wouldn't want that kind of birth now. I was 19-years-old and they told me what I had to do. I had to sign a lot of papers. They shaved me and gave me an enema. They told me to run to the bathroom, and later to take a shower. They didn't offer a shower to make me feel good, they acted like I needed a shower to be clean.

I didn't want to go back to the hospital so my second child was born at home. My ex-husband delivered her because we lived in Southern California and the doctor didn't come when he should have. He got caught in 5:00 traffic.

My third child was born at home. I had a very bossy midwife and it was not a spiritual birth. Next time I had a spiritual midwife, which was great. She passed away and I had another midwife with my fifth child. Each birth was different from the others, and now I'm realizing how everything happens for a reason.

My fifth child was induced in the hospital because of blood pressure concerns. Unfortunately, I was a big baby in the hospital. I felt that it was a lesser birth because I was in the hospital. I told my husband to go home and take care of the kids. I was crying my eyes out. It felt like they were taking everything away. I don't even know her real birth date.

I feel sad that I didn't honor that birth the way it should have been because of where it was, but the experience gave me so much new understanding. I had never been frightened of birth, and this time I was scared. They were going to do stuff to me. They were going to give me stuff and I didn't know what that would do to me. I was really scared. I didn't know if the medication they used to induce labor would make it too difficult for me to give birth without pain medication. I had a nasty woman resident who acted like things weren't going fast enough. It was a mess.

Then the shift changed and the spiritual part of this birth began. The head guy introduced himself and said, "You know, I understand you wanted a homebirth. I know this isn't going to be a homebirth for you, but we'll try our best to make it nice for you." No one had spoken to me so kindly. The new resident was obviously interested in learning from me and the new nurse was fabulous. All of a sudden I just kicked into labor. I felt safe. I might have gone into labor anyway since I had taken two doses of medication, but I definitely felt a change in the environment. It was so good to be acknowledged. I was telling my baby, "Come on, baby, you've got to be born on this guy's shift."

This experience gave me a sense of what most of my clients face. They can't control their environment. They are afraid. Each birth is different from all others, but I

realized how much it helps to have someone acknowledge you, to say you are safe, and to say your baby will be all right. Sometimes you do things because you have to do them. Sometimes they get done to you. If you have support it makes all the difference. I think most doulas would prefer to do homebirths but I think we are more needed in hospitals. I think we're needed more in hospitals than we are at home.

We need to break down any kind of antagonism. It's such a blessing to the mother when you have a nurse and a doctor and a doula who all respect each other. There is no reason for it to be any other way. I don't know any doulas that go in and act like the doulas described in that *Washington Post* article. I don't know any doulas like that. There are definitely stronger personalities than me. Sometimes I wonder if I am strong enough. I believe it is really important to bridge the gap between medical staff and doulas for the benefit of birthing women. If we don't, it's the birthing women who will suffer.

There are two different sets of skills to be a midwife and be a doula. I don't hear people say that very much, but I think they are really different jobs. Most midwives encourage their clients to get doulas. A midwife referred one of my clients to me. When I saw the midwife she said, "I just knew she needed somebody touchy-feelly." I don't describe myself as touchy-feelly, but I knew what she meant. It's a matter of the happiness of the presence at the birth. The doula is totally there for this woman. She doesn't have any other responsibilities. That makes such a difference. I've never heard anyone say they wouldn't use a doula again.

Thematic Content Analysis

In this, the second section of the Results chapter (Cycle 3), I applied the techniques described by Anderson (2001) in *Thematic Content Analysis* (TCA). As a

quantitative and qualitative method that can be readily integrated into Cycle 3 of Intuitive Inquiry, it provides a complimentary method for presenting the material contained in the interviews.

Themes

Following is (a) a list of the themes that emerged, (b) a discussion of the TCA process, and (c) a longer explication of themes and subthemes.

1. Women became doulas because they felt called upon to use their experience, skills, intuition, and faith in support of birthing women.
2. Doulas honored the female body and found it spiritually meaningful to help women understand and experience their ability to give birth.
3. Doulas spoke of their spirituality in general and often feminine terms.
4. Doulas experienced grief and anger in response to mistreatment of birthing women.
5. Doulas developed strategies for coping with the obstacles they encountered working in hospitals.
6. Doulas believed that their efforts contributed to the realization of a more humane world.

Content Analysis

Thematic Content Analysis combines qualitative and quantitative methods to identify important themes within a given text. In this case the texts were (a) the 14 separate interviews and, (b) the combined interviews. First, I identified all text that was relevant to the topic of the spiritual meaning of birth for doulas. Most of the data did relate to the subject. I deleted greetings and farewells, offers of refreshment, comments to

and about animals and children who were present during the interviews, and lengthy client histories. While I refrained from speaking during most of the interviews, I did occasionally ask additional questions or join in the discussion. My part in these conversations was also deleted.

Second, I separated each distinct unit of meaning as indicated by a break or change in meaning. Similar meaning units were clustered together and labeled with a word or phrase from the text. Examples of meaning units, along with the number of times they appeared, include the word mother (295), experience (136) and power (58). There was a poetic quality to the lists of words and the notations of how many times they appeared in the text. On a piece of canvas I wrote the 10 words that appeared more than 50 times, repeating each word as often as it had appeared in the text. These words were birth (617), mother (295), mom (188), doula (246), baby (209), women (179), experience (136), bodies (84), support (76), power (58), client (53), and wonder (52). The text grew crowded and I felt the physical weight of certain meaning units.

It was during this process that I realized that most of the meaning units referred to women. Mother (295), mom (188), women (179), client (53), and bodies (84) all refer to women who give birth (799 references). If doula (146) is added to this list, the total is 945; this endeavor is about women. I believe the work has meaning to doulas in part because they are helping women.

Wisdom (15), instinct (6), power (58), and knowledge (12) were clustered together under the theme of women's inherent ability to give birth. Spirit (137), energy (37), God (25), Goddess (15), and Divine (13) were clustered together under the theme of

how women refer to the presence of the sacred at births. Wonder (52), awe (10), and miracle (4) further expressed the doulas' experience of the spiritual aspects of birth.

Following is a description of how the recognition of similar meaning units led to the formation of a theme, the centrality of the supportive relationship between the doula and her client. Almost 300 meaning units referred to ways the doulas sought to support their clients. Support (76) during pregnancy was shown by listening (68), and through education (47). Support was given in the spirit of honoring (23), and respecting (20) the expectant mother. During birth doulas showed their support by dedicating themselves to the physical (16) and emotional (16) needs of the mother. These needs were met through touch (20), and encouragement (19), and informed by experience (73), faith (19), heart (10), skills (8), prayer (7), and intuition (4).

There were approximately 600 meaning units associated with the understanding that women's bodies are fully capable of giving birth without intervention. Doulas believed that women should trust (34) the power (58) and wisdom (14) of their bodies to give birth. Belief (44) in the body's knowledge (12) inspired confidence (6) and allowed the birthing woman to fully experience her creative (8) power. Women who trusted their bodies were able to face the unknown (5) with an openness (19) that allowed them to connect (31) with both their doula and their baby. These mothers were likely to be changed (20) in positive ways by the birth experience.

Some differences emerged between the TCA themes and the results of the intuitive engagement as presented in the doula portraits. In these cases I returned to taped interviews with the intention of understanding the discrepancies. I found that the emotion expressed in the interviews weighted certain material that did not emerge as important

during the Thematic Content Analysis. An example of this is Ann's brief comment about her desire to formulate a statement of shared spiritual values among doulas. While this was not a theme that was mentioned by other doulas, it was clearly very important to Ann and did have meaning within the discussion, in Cycle 4, of the tendency among doulas to focus on areas of agreement and avoid areas of possible disagreement. The interplay of my intuitive responses to the tapes and the Thematic Content Analysis allowed me to look again at whether a theme was noted because of my interest, because of its importance to the speaker, or for both reasons.

Explication of Themes

Women became doulas because they felt called upon to use their experience, skills, intuition, and faith in support of birthing women. Doulas felt an emotional pull toward working with pregnant women, supporting them to make informed decisions about their care, and being present during birth. Doulas shared a vision of how this process would, ideally, unfold. When the pregnant woman felt confident and cared for, she would take responsibility for her birth environment and choose caretakers who understood both her medical needs and supported her values. In most cases there would be no need for medical intervention. In the rare instances when medical intervention was necessary the birthing woman would continue to make informed choices about her care. An intimacy would emerge between the mother and her doula during labor, and the doula would feel gratified to call upon her experience, her skills, her intuition, and her faith in support of her client. The mother was likely to be transformed in positive ways through giving birth.

Doulas described four primary reasons for becoming doulas: (a) they felt emotionally drawn to pregnant women, (b) they recognized that their talents and skills were well suited to the work, (c) they wanted to replicate or avoid replication of their birth experiences, and (d) they desired to empower women. Michelle, Celeste, Linda, and Claire recalled being drawn to pregnant women as far back as they could remember. Cindy Lou, Nicole, and Jacqueline described congruence between the needs of birthing women and their own skills and interests.

Michele was called to become a doula before the term “doula” was coined to describe women trained to assist pregnant women during childbirth. Although she has quit the work many times, she finds that she always comes back.

I was called to being a doula. It was an internal thing. In 8th grade I worked on a teen pregnancy project. In high school I distributed information about birth control. In the past 14 years, I have attended more than 400 births. (Michelle)

Linda and Celeste spoke in similar terms, saying they had always been interested in working with pregnant women. As children they did not know about the possibility of becoming doulas.

I have always loved pregnancy and labor and birth and children and life. I loved it when my stepsisters or aunts were pregnant. I was so excited when I found out that supporting women during childbirth could be a job. I signed up for a doula course. I went to my first birth and cried. (Linda)

Since I was a little girl I’ve wanted to be a midwife. I didn’t know that midwives still existed. Helping pregnant women is something that I’m good at and something I can really relate to. I’ve never been pregnant before, but it just seems to come naturally. (Celeste)

Claire was the only woman in this study who reported being born at home. Her interest in becoming a midwife led to her work as a birth educator, birth, and postpartum doula, “I’ve always wanted to be a midwife. In the 7th grade I did my science project on

the growth and development of the fetus. I had a plastic bag with a piece of wood floating in it.”

Cindy Lou and Nicole focused their comments on the congruence between their skills and the needs of birthing women. Both women mentioned the quality of their interactions with others as skills that made them effective doulas.

This work makes perfect use of my talents and skills. I'm an intuitive person and respectful of other people. I have tremendous faith in birth. Being able to make a change either in myself or other people that would have a beneficial outcome seemed like the epitome of what I wanted to do. (Cindy Lou)

I had one of those light bulb moments, which I have been blessed with periodically. Everything that was said during crisis counselor training felt like second nature to me. Treating people with respect, and listening and speaking with empathy were already a part of me. Everything I've done since has been an extension of that recognition. (Nicole)

Jacqueline was injured at work and needed a new profession. She reported that her husband helped her recognize the congruence between her skills and interests and the needs of birthing women. He reminded her that she loved birth, loved babies, and loved teaching. Soon after that conversation she became a doula and a childbirth educator.

Ten of the doulas in this study had children. Ann was pregnant during our interview and later gave birth at home. Celeste became pregnant between the time of our interview and the completion of this project. She also planned a homebirth. Cindy Lou, Laura, Michele, Claire, and Jacqueline experienced both homebirth and hospital births. Cindy Lou, Laura, Claire, Johanna, Jacqueline, and Becky described positive, although in some cases very difficult or painful birth experiences. Cindy Lou, Al, and Laura described negative experiences in the hospital. (Negative birth experiences among doulas are described later.) Both positive and negative experiences informed the doulas' desire

to help women experience birth in the best possible situation with strong and caring support.

Cindy Lou described the births of all her children as positive, and the homebirths of her two daughters as almost ideal. She lived in a Judeo-Christian community that celebrated women as spiritual beings who were elevated during pregnancy.

My childbirth experience was almost ideal. Not too many things in my life approach ideal. The whole community rejoiced when a woman became pregnant. The whole context of pregnancy and labor and birth for me was spiritually oriented. I had faith that my body would do the right thing. (Cindy Lou)

Johanna experienced childbirth as painful but not fearful. She found spiritual meaning in the support she received and through the honoring of her mothering.

It held me and encouraged me. It felt like the most wondrous, amazing happening. That's the sort of support that I hope to be able to give people. Loving the work is key. If you don't love the job, don't do it. If it's just a job, don't do it. (Johanna)

Becky gave birth to her first child in a birth center. She was well-informed about childbirth, had good support, and expected to give birth with relative ease. Instead she found the birth extremely painful and difficult. She described the difficulty of her experience and her sense of the miraculous when her daughter was born.

Giving birth was excruciatingly painful. And giving birth was the most miraculous experience I've ever had. I was rocked to my core by the experience of giving birth. How do I convey the enormity of it? I was so empowered by the experience. I survived it. I did it. (Becky)

Laura was disappointed when her first child was born in the hospital by c-section. She believed that the c-section had been avoidable and she was left with the feeling that she had not given birth. She made careful plans to have her second child at home. Laura found giving birth at home without medication painful and difficult. She was surprised when she didn't feel "a chorus of angels and the goddesses lifting me up to a new

experience of my power.” However, she found great satisfaction in the intimacy that developed among her family and friends and described the time after the birth as transformational.

The most transformational part for me was when everybody went home. My husband and I were by ourselves in our own bed. We named our baby. I would go through anything to have that time together. (Laura)

Giving birth changed Claire and Cindy Lou. Claire spoke of “these eyes that you see through after giving birth. Everything is precious.” Cindy Lou sensed that she understood her true identity, her essence, “I am powerful. I am strong. I am committed. I am loving.”

Doulas honored the female body and found it spiritually meaningful to help women understand and experience their ability to give birth. All of the doulas in this study were committed to helping women recognize and honor the ability of female bodies to give birth without intervention. Laura, Al, Linda, Celeste, Nicole, and Claire described encouraging women to trust themselves as a spiritual process. They also found spiritual fulfillment through witnessing women come into their power. Laura, especially, focused on helping women trust themselves.

The spiritual component for me is about helping women listen to their own inner wisdom. I try to help them feel their connection with their power and their ability to grow this child inside them and then birth it into the world. That’s where I bring spirituality into it. (Laura)

Linda wanted all birthing women to clarify their values and to then choose caretakers who would support them to give birth in a way that was consistent with those values. She understood the role of the doula to include educating women about their options and supporting them as they proceeded with the type of birth they chose.

I want women, especially young women, to be educated and to know they have options. You should choose the options that fit best with your philosophy and make sure that people with you are 100% behind your philosophy and that they support you. That's the essence of a doula. (Linda)

Celeste, too, defined a doula as someone who provided information and supported the birthing women in her efforts to have the type of birth she valued. She affirmed the belief expressed by many doulas, that women know, instinctively, how best to give birth to their children.

I encourage my clients to trust their own instincts. A good doula is someone that's willing to offer options and information and be supportive of anything that a woman wants. Birth is about women's power, too. You have to honor that. There should be a real honoring of birth. (Celeste)

Judy became a doula in part because she felt that the truth of birth as a creative process was too often ignored. She wanted women to understand and value their creative power.

Birth is such a creative process. I want the mother to be aware and conscious that something she has created is coming to fruition. I became a doula because I was angry. I knew what birth could be. There is this truth and nobody was allowing it happen. (Judy)

Nicole found spiritual meaning in both the physical and developmental aspects of childbirth. She was especially concerned with how the experience of giving birth may contribute to a woman's confidence in her ability to mother her child.

There are two main aspects of spirituality in childbirth. The physical aspect is perhaps the less spiritual. The transformation of the woman in becoming a parent of that child is very spiritual. I became a doula because I saw that birth has the potential to empower or disempower women. (Nicole)

Al described the excitement she felt when witnessing women who were empowered by giving birth. She describes this process as both religious and spiritual.

It is profoundly moving to see a woman come into her power that way, especially if it's a natural birth and she is feeling the whole thing. It fills me up to be with a

woman as she realizes and experiences her power. It's a very religious event. It's a very spiritual event. (Al)

Claire experienced energy around birth that she could not explain in words. She believed the energy was present at all births, but was often unrecognized: "I didn't realize until now that I've been trying to preserve the spiritual, but I have been telling moms that they won't feel the energy around birth if the setting is too chaotic."

Doulas spoke of their spirituality in general and often feminine terms. Dreams, visions, and synchronicities were potent for them. Ann and Judy each had what they described as meaningful spiritual experiences that informed their work as doulas. Ann's descriptions of her experiences in Mexico and after an especially meaningful birth situated her work as a doula within the paradigm of Wicca with appreciation of Nature and Goddess.

I cast a little circle. . . . There was this silver lining on a wave, a huge school of sardines. A local man said, "I think you called them. I think you called them." . . . We just sat and watched the water coming in, absorbing that feeling of peacefulness. (Ann)

There was a meteor shower the night of my first birth. The synchronicity was all in line, letting me know I was doing the right thing. That's my happiest spiritual birth memory. (Ann)

As a young woman, Judy experienced the vision of a wise woman guide who calmed and nurtured her. The feeling of absolute trust and peace that Judy experienced in the presence of this guide inspired Judy's work as a doula.

I saw myself lying on a beautiful bed on a platform in the sky. A grandmotherly woman with long gray hair was putting her hand on my head and comforting me. Everything was right with the world. That experience influenced my work more than anything else. I want to give my clients that feeling of being cared for. (Judy)

When doulas in this study spoke of pain, fear, and death, it was usually in the context of how the medical model exploits women's fear of pain and death to undermine

women's power. Al described an example of this after she witnessed a doctor asking a young woman who disagreed with his treatment plan if she wanted her baby to die.

Celeste described women who seem to face death during childbirth. She wondered whether the pain of childbirth brought women to a spiritual crisis that was resolved when the women gave birth.

Sometimes women want to leave the room right before the baby is born. I sense that the women feel like they might die. Then they choose to go on and make this gigantic leap. There is a big spiritual change at that moment. You can see the changes on the woman's face. (Celeste)

Ann felt that it was important to acknowledge her abortions and the emotions she experienced around the termination of her pregnancies. She was concerned that women are vulnerable to manipulation because of the fear that they won't be able to handle the loss of a child.

I've run into a lot of doulas who have had abortions, and I think that it gives us a good perspective on the importance of birth and the fear of death. Medical interventions and the technology of birth have really increased the fear of death. Women are taught to worry so much about the possibility that their baby may die during the birth. I think they are afraid to deal with their own emotional response to the death of a child. (Ann)

Claire's mother came to live with Claire, her husband, and five children about 10 years ago. Shortly afterward Claire's mother was diagnosed with cancer. Her mother's death was very meaningful for Claire and she related the similarities between birth and death.

I've often compared my homebirth and the death of my mother at home. The energy was so similar. The energy is there if it's not mucked up by a lot of chaos. (Claire)

Spiritual terms such as mindfulness, nonattachment to outcomes, and faith appeared in the interviews with doulas. These words and phrases were used both to

describe their practice and to talk about how they came to terms with the difficult aspects of their work. Laura, Cicely, and Claire discussed the role of faith in their work. While Laura planned carefully for the birth of her second child, she also recognized her inability to control things.

While I was planning my second birth at home, I was also learning about faith. That's what my spiritual path has felt like. I've been trying to be more comfortable with not knowing; accepting that I don't know what will happen and that I can't control what happens. As a doula I'm trying to help other people with exactly the same things. (Laura)

Cicely, who became a doula in part to create a context for her spiritual practice, also struggled to let go of control.

Birth is the perfect metaphor for being, and not knowing what is going to happen. I've spent a lot of my life trying to control things. As a doula my job is to be there, to be open to whatever happens. That has always been very hard for me. (Cicely)

Claire expressed surprise that some of her religious clients turned to her, rather than to God, in extremity. She describes her own faith:

Faith is a huge foundation of my whole life. Faith in what? I couldn't even tell you. It's faith that things are meant to happen. It's faith that I'll know the right thing to do to help a woman in labor. (Claire)

When asked how they contributed to the spiritual experience of childbirth, many doulas mentioned nurturing. Celeste, Judy, Cindy Lou, and Ann's comments gave examples of nurturing behavior. Celeste stressed her belief in caring for people, "I really, really believe in nurturing people and caring for them. I think that I treat people with warmth and hope to give them confidence." She equated nurturing with love and found spiritual meaning in expressing it, "But I think I mean, I really, I really believe in nurturing people and caring for them. I believe in love, I guess." Judy held open space for the transition of childbirth, "I nurture and calm, and hold a space for this transition to

happen.” Cindy Lou described how she provided mothering energy, “I’m reliable. I’m consistent. I’m trustworthy. I’m dependable. I’m predictable.” Ann said, “Sometimes I just stroke her scalp when she is tired.”

Doulas experienced grief and anger in response to mistreatment of birthing women. Doulas experienced obstacles in their quest to honor women and birth through service to birthing women. The primary obstacle was the societal movement away from normal, natural, and uninterrupted birth towards routine medical interventions in the hospital setting. There was a painful recognition among doulas that the medical model of childbirth undermined women’s faith in their ability to bear children and interrupted the natural inclination of women to take care of each other during childbirth.

I did not ask doulas to describe a difficult birth, but 9 of my coresearchers spoke of mistreatment they had borne, or witnessed, in the hospital. What follows are the accounts given by 4 doulas along with a description of how each one resolved the conflict between her vision of birth and her experiences in the hospital.

Cindy Lou attended 25 homebirths as a direct entry midwife and is now a DONA certified birth and postpartum doula and childbirth educator. She spoke with emotion about the difficulties she experienced and witnessed in the hospital.

The attending physician said to one of the residents, “Show the other resident what I showed you last week.” She slid her fingers into this woman’s vagina, and the mom said, “Get out. Get out. Get out. Stop, stop, stop.” The two residents looked at each other and then one said, “OK, now you try.” This haunts me. It felt like an assault. (Cindy Lou)

Cindy Lou experienced posttraumatic stress and worked with a therapist while deciding whether and how to continue her work as a doula. She described her dreams and flashbacks.

The room was all stainless steel and dark, with lights on the mom and baby. There were little suction cups on the baby's back, like those on a bathtub mat. I kept envisioning the baby. The technological aspect of the birth was freaking me out. (Cindy Lou)

When we spoke, Cindy Lou had mostly resolved her concerns about serving women in the hospital. She established a prayer list that included both the family and the medical staff. Cindy Lou now approaches hospital births with the intention and faith that each person attending the birth will act from love. She experiences the Divine in the caring and respect people show for each other.

It is my intention that the birth attendants will be guided by love and work together as a team. I write all those things down and then I read it on a regular basis with the birth team in mind. And then at the very end of my prayer I think that these are my wishes. Something better may come. (Cindy Lou)

Al is an experienced doula who also practices acupressure. Being denied food and water for 24 hours during the birth of her first child, she related the loss of midwifery style care to birthing women in terms of human rights: "The fact that maternity care has been taken away from the midwives and put into hospitals has been one of the greatest transgressions, right up there with taking the land from the Native Americans. It's human rights violation." When asked to describe an especially meaningful birth, Al told of a young mother who was sexually molested as a child. Al was awed, inspired, and fulfilled by this woman's ability to resist an unwanted vaginal exam.

The doctor wanted to do an internal exam just as my client was ready to push the baby out. My client asked the doctor to stop, but she kept feeling inside. My client put her foot on the doctor's shoulder and pushed her away. She was amazing! (Al)

Laura was sickened by what she experienced as a doula in the hospital and described the treatment she observed as torture. She decided to focus on homebirths and educational programs for women who want a vaginal birth after a c-section.

I saw a baby arching her back and screaming. The nurse held her up to the window like isn't she cute. I felt the baby was being tortured. I know a lot of people have nice experiences in hospitals, but I feel that so many hospital procedures are invasive or wrong. (Laura)

I first met Judy when we attended a homebirth together. She is a doula, midwife's assistant, and is working toward her certification as a nurse-midwife. A certified nurse-midwife (CNM) is a registered nurse who has also completed an accredited educational program in nurse-midwifery and passed an examination given by the American College of Nurse-Midwives. In our interview Judy spoke of the anger she felt knowing that women were not getting the birth experience they deserved. "It feels like a lot of violence and intervention. I was truly sickened and wondered how it is possible that the United States has OB-GYNs as primary providers for childbirth. They're surgical specialists."

Judy's response was to become well-educated on issues of maternal health, to work with women in underserved populations, to research issues important to the well-being of mothers and babies, and to teach. Through these channels she hoped to improve the care provided to birthing women.

I believe that research will prove that having the baby on the mom's belly during the first 15 minutes after birth is good for mother and baby. I believe that research will prove that we don't need active management in the third stage of labor. I want my truth to be out there in the medical world so that the information will be available to more women. (Judy)

Doulas developed strategies for coping with the obstacles they encountered working in hospitals. The 4 coresearchers described above each experienced a painful disjuncture between her understanding of good maternal care and the care women sometimes received in hospitals, and their strategies. These doulas were united in their desire to support and empower birthing women, and also often painfully aware of the

limits to their ability to make changes in the medical model of care while attending birthing women in the hospital.

Doulas who continued to serve women in the hospital supported their clients as best they could within the limitations imposed by the environment. They worked to build alliances with the hospital staff and engaged in education and activism in other venues. Michele directed a school for doulas. Laura attended homebirths and organized workshops for women considering homebirth. Cindy Lou's home was a center of support and information for doulas. She and Cicely were planning to open a new birth center. Cicely and Celeste organize gatherings for expectant parents who want to meet doulas. Ann teaches yoga to young pregnant women and offers postpartum massages. Nicole directs a holistic birth center. Becky leads discussion groups for parents of young children. Many of the doulas in this study volunteer their time with a school-age mothers program. Each volunteers numerous hours to ensure that birthing women have the opportunity to give birth in the environment they choose, in accordance with their values.

Doulas believed that their efforts contributed to the realization of a more humane world. My coresearchers believed that the world would be a better, more humane and peaceful place if maternal care was provided within the midwifery model. Judy said it simply, "I think there could be peace if we would change the way our babies are born." Al and Cindy spoke of their work with an awareness of the need for profound cultural change.

It's going to take generations to turn around the culture of birth. We are living in an inhumane society. It's not hard to imagine how birth has become an inhumane process when you look at the state of the world. I chose to be a doula because it is going to bring back the humanity in our lives. (Al)

I look at our culture and see that things are really screwed up. There are thousands of things we can do to change the culture, but I choose to work to change the way we give birth. I'm hoping that through the channel of education I can have an impact. (Cicely)

My coresearchers continue to work as doulas in hospitals in spite of the many challenges they face. Pragmatically, the pay is low, the hours are long, and the doula's family life is frequently disrupted. They work as doulas because they believe that women could be spiritually empowered by giving birth to their children only if they were given options and allowed to make informed choices about their care. Doulas continue their work with the sense that they are helping to improve the world for future generations.

Conclusion

The women in this study became doulas because they felt drawn to help women during pregnancy and birth. Four doulas mentioned a childhood interest in becoming midwives. Three focused on the congruence between their skills and the needs of women during childbirth. All agreed that encouraging women to trust their instincts and have faith in their bodies was spiritually meaningful.

Doulas shared a vision of how their work with birthing women would ideally proceed. With the loving support of the doula, most birthing women would make plans for a normal birth. A minority of women would make the informed choice to have medication and other elective intervention. All women would choose caretakers who understood and respected their goals and values. In the rare instances when medical intervention was necessary, the birthing woman would continue to make informed choices about her care. An intimacy would emerge between the mother and her doula during labor, and the doula would feel gratified to call upon her experience, her skills, her

intuition, and her faith in support of her client. The mother was likely to be transformed in positive ways through giving birth.

Doulas used spiritual terms freely, often referring to female aspects of the sacred and commonly identifying with more than one tradition. They were wary of organized religion.

Many doulas went through a spiritual crisis in response to the treatment they experienced or witnessed in the hospital. Doulas who continued to work in the hospital provided care using the midwifery model of childbirth to the best of their ability given the limitations imposed by the environment. As Cicely said, “I’d rather be there with the mother in the hospital than have her there without me.” Doulas sought to build cooperative relationships with hospital staff and worked to improve maternal care through education and advocacy in other venues.

A doula’s work is often difficult, offering low pay, long hours, and frequent disruptions in their family life. They continue because they enjoy working with women and believe that birthing women deserved to experience the spiritually empowering aspects of childbirth without violation. By helping women fully experience the birth of their children, doulas believe they are contributing to a better, more humane society.

Chapter 5: Discussion (Cycles 4 & 5)

The previous chapter included the findings of Cycle 3: Collecting Data and Preparing Summary Reports, presented as portraits of the 14 women I interviewed regarding the spiritual meaning of a birth and a Thematic Content Analysis of their interviews. Both the portraits and the TCA were meant to express the spiritual meaning of birth as expressed by the doulas in this study.

This chapter includes further discussion of Intuitive Inquiry, and reports on Cycles 4 and 5. Cycle 4: Transforming and Refining Lenses includes (a) discussion of how the Cycle 4 Lenses were formulated, (b) a list of the Cycle 4 Lenses, (c) a discussion of the final lenses, and (d) a discussion of the relationship between Cycle 2 Lenses and the Cycle 4 Lenses. In Cycle 5: Integration of Findings and Literature Review, I reflect on the meaning and possible uses of my final lenses in terms of preexisting literature, future research, and possible action.

Intuitive Inquiry

Intuitive Inquiry, developed by Rosemarie Anderson (1998, 2000, 2004) is a method incorporating lenses, cycles, and intuition. The metaphor of lenses invites the researcher to notice and acknowledge the intellectual, emotional, and spiritual states of being that influence how she experiences reality. To reiterate, when light comes into the eye, it is the lens that focuses the rays on the retina where they are converted to impulses and transmitted through the optic nerve to the brain. The brain then sorts through the impulses and gives meaning to the information. The lens of a healthy young person is able to change shape to accommodate information coming from many angles and distances. As we age the lens becomes less flexible and vision fades. A person with 20/20

vision is described as having normal vision. This means that her physical ability to discern objects 20 feet away matches that of a person with normal eyesight. If a person with 20/20 vision puts on a strong pair of glasses she will experience the world as a blur. A person with fading vision may experience clarity when putting on glasses with a proper correction. Anderson uses the metaphor of the lens to heighten awareness of the ways in which every experience of reality is understood through the experience of the person who experiences that reality.

Intuitive Inquiry asks the researcher to acknowledge her lenses and to notice how they effect how information is received and interpreted. Through vigilant awareness of the lenses and by deep interaction with the data the researcher hopes to bring into focus the truth of a given experience. Intuition is at the heart of this deep interaction. In her 2004 article in the *Humanistic Psychologist*, Anderson described five types of intuition: Unconscious and Symbolic Processes, Psychic or Parapsychological Experiences, Sensory Modes of Intuition, Empathetic Identification, and Through Our Wounds (p. 311).

The intuition that a certain topic is worthy of study is informed by the researcher's past and ongoing experiences, especially as related to the topic of study. The positive and intensely spiritual experience of giving birth to my children inspired my research on doulas. After the birth of my son I knew we had a place in a loving universe. Nine days after the birth of my second child, my mother I and visited the grave of her mother. I held my newborn daughter. My mother had tears in her eyes, "Now you know about mothers and daughters." It was by far the most intimate thing my mother ever said to me, and I have reflected often on this phrase. Decades after the birth of my children I learned that

doulas spend their lives helping other women give birth. I sensed that these women would help me understand the spiritual meaning of birth and the connection between mothers and their daughters.

The framing of the research topic influences the findings. The researcher engaged in Intuitive Inquiry connotes her relationship to the research topic through the proposed title. *The Spiritual Meaning of Birth for Doulas* indicated that I found the search for meaning in life worthwhile, that I identified birth as an experience rich in spiritual meaning, and that I believed that doulas had something important to say on this topic.

During Cycle 2: Identifying Preliminary Lenses, I gathered and engaged with the literature pertaining to the spiritual meaning of birth for doulas. Developing and presenting the preliminary lenses of Cycle 2 allowed me to acknowledge to myself, and to the reader, my point of view going into the data collection phase. (The Cycle 2 lenses were first presented in Chapter 2: Literature Review.)

In Cycle 3, I collected and engaged with new data through interviews with 14 doulas in the San Francisco Bay Area. The results of this engagement were presented in Chapter 4: Results (Cycle 3) as a series of portraits followed by a Thematic Content Analysis. In both the portraits and themes I tried to accurately present what I believed the doulas said and meant.

In Cycle 4: Transforming and Refining Lenses the focus shifted from the exploration of my coresearchers' experiences and beliefs to a description of how I now understand the spiritual meaning of birth for doulas. Initially, I had difficulty teasing apart the meaning my coresearchers expressed and my own understanding of the topic.

After many drafts of the Cycle 4 Lenses, I returned to the process I had found helpful during Cycle 1: Clarifying the Topic.

In order to clarify my final lenses I engaged with a text that had drawn my attention throughout this project. *Mystery* is a song included in *Missa Gaia/Earth Mass* by Paul Winter (1982). This beautiful piece affirms and celebrates the presence of spirit in all things and lists aspects of nature where *Mystery* is especially apparent. Included in the list are (a) “the seed of a tree as it grows,” (b) “the river as it flows into the sea,” (c) “the blazing sun that gives light to the day,” and (d) “the waves as they break upon the shore.” *Mystery* is credited as the mover of mountains and recognized as the fire in the heart. *My feelings welled up as I listened to this song. I trusted that there was something of importance to my research in my response to *Mystery*.*

My response was to claim *Mystery* as the word that best describes the spiritual aspects of birth for doulas. Like the doulas in this study I am comfortable using a variety of terms to discuss the presence of the sacred including (a) God, (b) Goddess, (c) Nature, (d) Divine, (e) energy, (f) awe, (g) creativity, and (h) love. The term *Mystery* is used in Christianity to refer a truth that is beyond human comprehension and can be known only through divine revelation. I believe that while *Mystery* is difficult to understand and express, it can be felt. I believe that doulas are drawn to the presence of *Mystery* during childbirth. I felt *Mystery* in the presence of doulas and in certain aspects of their work.

In her paper *Intuitive Inquiry: An Epistemology of the Heart for Scientific Inquiry* Anderson (2004) mentioned the role of tricksters in Intuitive Inquiry, “Tricksters open gateways of awareness and insight Confusion takes us in an unexpected direction”

(p. 326). I didn't have the score for *Mystery* but enjoyed listening to it repeatedly and typing out what I heard. There was one phrase that I could not decipher. I finally wrote, "You are life, it is toward you that I lean." Then I laughed. I saw doulas as leaning, and being pulled, toward the life force, the Mystery.

During the course of this project I deepened my understanding of (a) the mechanics of childbirth, (b) the ability of the body to stimulate nurturing behavior, (c) the relationship between the release of hormones and the experience of transcendence at the time of birth, and (d) neurologically based forms of intuition. I compare my journey to that of an oceanographer. Knowing the physics of waves crashing on shore would, I believe, add to my appreciation for the Mystery I feel at the beach. I have enjoyed the interplay between various types of knowing including (a) wisdom handed down from woman to woman, (b) evidence based research and protocols that hold the potential to influence maternal care practices, and (c) the many forms of intuition that informed this research and the work of doulas.

Cycle 4 Lenses

This section includes a list and discussion of my final lenses. The Cycle 4 lenses emerged from my interaction with doulas, their voices on tape, transcripts of the words they spoke, and were informed by further research as well as my own experiences during this project. At the heart of these lenses, and repeated at the beginning of each one, is the affirmation of Mystery. Mystery is alive. I believe that doulas are drawn to and work with Mystery. I feel Mystery in the presence of doulas, and in their willingness to sacrifice on behalf of birthing women.

1. *Oh, Mystery, you are alive. I feel you in a woman as she gives birth to her child.*
2. *Oh, Mystery, you are alive. I feel you in the many forms of intuition that emerge during childbirth.*
3. *Oh, Mystery, you are alive. I feel you in the innate ability of women to nurture and support other women.*
4. *Oh, Mystery, you are alive. I feel you in the calling of women to become doulas.*

Cycle 4: Lens 1: Oh Mystery, you are alive. I feel you in the ability of a woman to give birth to a child.

There was one belief shared by all doulas in this study, and it was underscored by a spiritual sense of certainty. When asked about the spiritual meaning of birth, doulas responded with the affirmation that women are powerful and capable of bearing children. They spoke as witnesses to this truth, with the reverence a religious person might convey when describing a miracle, an event contrary to the laws of nature and attributed to the power of God. Doulas situated birth firmly within the laws of nature and honored birth as holy. Doulas felt the presence of Mystery in the ability of women to carry and bear children.

Because so many women fear childbirth doulas found it important to stress that birth is generally a safe and wholesome process. They wanted women to move from fear and avoidance of danger toward confidence in their ability to give birth. Confidence in the ability of the body to give birth made it more likely that women would (a) decline pain medication and other medical intervention, (b) be alert and aware of the presence of

Mystery during childbirth, and thus (c) surrender to flow of childbirth, and (d) emerge spiritually empowered.

Birth is wholesome. Doulas were well-versed in the literature of natural childbirth and believed that in most cases medical intervention was unnecessary. Their own choices and experiences of childbirth affirmed this belief. Cindy Lou, Laura, Claire, Michele, and Jacqueline gave birth at home. Johanna and Becky gave birth without medication at birth centers. Ann was pregnant at the time of our interview and later gave birth at home. Celeste became pregnant during the course of this project and planned a homebirth. Doulas were aware of data showing that planned homebirth was safe. They also identified with nature in ways that affirmed the ability of female animals, including women, to give birth.

Home birth. Many doulas were inspired by the work and writing of Ina Mae Gaskin. *Spiritual Midwifery* (2002) included narratives by 100 women who gave birth at home. Gaskin also provided data that affirmed the safety of planned homebirth. Of the 2,028 births Gaskin and her midwife partners attended, 95.1% were completed at home. None of the mothers died, and only 1.4% had cesareans. These statistics (cited in the *British Medical Journal* and reported in *Ina May's Guide to Childbirth* (2003), p. 320) indicated that planned home birth was safe for mother and child and that medical intervention was rarely necessary. Johnson and Davis (2005) compared the outcomes of all planned homebirths with certified professional midwives with all hospital births in the United States during 2000. They concluded:

Planned home birth for low risk women in North America using certified professional midwives was associated with lower rates of medical intervention but similar intrapartum and neonatal mortality to that of low risk hospital births in the United States. (p. 1417)

In October 2006, the Executive Board of the College of Evidence Based Obstetrics issued a statement of policy supporting home birth for the 70% of women who enjoy a normal pregnancy. “It is the consensus of the scientific literature that planned home birth and independent birth center births are associated with safety, good outcomes and cost-effectiveness, with significantly reduced rates of medication and surgical intervention, operative delivery and subsequent complications” (p. 2). Research affirming the ability of most women to give birth to their children without medical intervention is included in Chapter 2: Literature Review.

The ability of women to give birth to their children was also known to doulas through identification with animals and nature. Identification with nature echoed the findings of Pamela Klassen (2001). She reported that women in her study of homebirth mothers often described childbirth as natural, “Within the alternative birth movement, the language of animality has been given a positive cast, acting as a proof of the naturalness of birth in the face of increasingly high-tech manipulation” (p. 775). Gaskin (2003) agreed, “The home birth movement is grounded in the notion that women’s bodies, like the bodies of other creatures, are fully capable of giving birth to their offspring” (p. 147). Doulas felt the presence of Mystery at the births of all creatures, and especially at the birth of a human being.

Lens 2: Oh, Mystery, you are alive. I feel you in the many forms of intuition that emerge during childbirth.

I feel the presence of Mystery in the many forms of intuition that emerge during childbirth. Anderson (2004) listed and described five types of intuition: (a) Unconscious and Symbolic Processes, (2) Psychic or Parapsychological Experiences, (3) Sensory

Modes of Intuition, (4) Empathetic Identification, and (5) Through Our Wounds (p. 311).

This section includes discussion of Psychic or Parapsychological Experiences and Sensory Modes of Intuition. Empathetic Identification is discussed in Cycle 4: Lens 3. Through Our Wounds is described in Cycle 5.

Psychic or Parapsychological Experiences. Ann, Judy, Claire, and Jacqueline told of visions and synchronicities that informed their work as doulas. Judy was a young child when she had a vision of her spiritual guide. Ann was a massage therapist and a new doula when she had a series of psychic experiences. Claire was born at home and as an adult, attended her mother through her death at home. She noted the similarity between attending her mother and attending women during their home births, but was surprised by some of the things that occurred. Jacqueline felt an overwhelming urge to drive an hour and a half to be with her pregnant friend. She arrived to find her friend in labor. Cicely, Judy, and Ann experienced themselves as part of both earthly and divine worlds.

A guide came to Judy in a vision, “I saw myself lying on a beautiful bed on a platform in the sky. A grandmotherly woman with long gray hair was putting her hand on my head and comforting me. Everything was right with the world.” Years later Judy felt moved to give her clients the loving care she had experienced in the presence of her guide. She described the influence of her vision as “both complete and subtle.”

Ann described two experiences in nature that informed her work as a doula. When she embarked on a vacation with her family she didn’t know that the Mexican island where they would stay was dedicated to midwives. While there she cast a circle and felt the wind change. A silver lining on a wave turned out to be a school of sardines. Ann was gratified when a local man said, “I think you called them. I think you called them.” After

that Ann, her mother, and the local man sat watching the water and experiencing a feeling of peacefulness. Months later Ann had another moving experience, “There was a meteor shower the night of my first birth. The synchronicity was all in line, letting me know I was doing the right thing. That’s my happiest spiritual birth memory.”

Claire felt that it was a sacred honor to be with her mother at the time of her death at home. She described her death as “the most beautiful experience.” We both shed tears as Claire spoke of her mother:

My mom called out her sister’s name and started talking in tongues. I couldn’t understand what the hell she was saying. I was thinking, “Oh my God, this is talking in tongues.” Then her body actually lifted off the bed. That was the day of the Oakland fire. You could feel the hot wind blowing and you could see the beauty of the dark sky over that way. (Claire)

Jacqueline spoke at length about the close bonds and sense of community that develop among women and their families. When we met she had recently returned from attending a friend as she gave birth to her fourth child at home. The baby was born a week before expected:

I woke up with this overwhelming urge to be with my friend, who lived an hour and a half away. As my day progressed my need to be with her became more urgent. A few more hours passed and I realized I needed to go to my friend. I just kept thinking, “I need to be with her now. I need to go to her now.” I picked my 7-year-old up from school and drove the one and a half hours to my friend’s home. We arrived at 8:00 p.m. She had been contracting since 4:00 p.m. (Jacqueline)

Cicely, Judy, and Ann spoke of being in two worlds during childbirth. Cecily noted, “Something is going on during childbirth that’s not quite connected to the everyday world.” Judy and Ann experienced two planes of existence during childbirth. Judy explained, “It’s like a go-between time where we can all access a little bit of the divine and a little bit of the earthly times.” Ann described the sense of being in two

worlds during childbirth, “You are walking on such a thin line of compassion and love that it’s hard to distinguish between where you are. It’s almost like you’re between the worlds.”

Sensory Modes of Intuition. Doulas spoke of the deep lessons learned through the body, by women who experience birth without medical intervention. Anderson (2004) described Sensory Modes of Intuition in terms of proprioception (inner body senses) and kinesthesia (sense of movement) and stated that they “serve as intuitive channels, conveying subtle forms of information typically unavailable to the thinking mind” (p. 311). The descriptions by doulas of the growth that occurs during childbirth were congruent with Anderson’s description of Sensory Modes of Intuition. They spoke often of the female body’s power and wisdom and of the power of childbirth to change a woman. The opening of the cervix and the movement of the child through the vagina were guided by the wisdom of the mother’s body. She didn’t control the process through her thinking. These movements triggered inner body senses that conveyed important information to the mother.

A deep knowledge of her profound creative ability and strength came through the intuitive channels of her body. Becky found that spirit lives not in the sky, or in the mind, but in the gut. Her experience of pain and of seeing her daughter for the first time “rocked her to the core.” Cindy Lou felt that for the first time she knew who she really was: “I am powerful. I am strong. I am committed. I am loving. That’s who I am.” Jacqueline explained, “I experienced a great personal power and a huge sense of value and purpose in the world during the experience of pregnancy, birth, and new motherhood.” Through their own experiences these doulas found spiritual meaning in the knowledge that

emerged through their bodies. They also found spiritual meaning in helping other women understand and experience the wisdom of their bodies. Al recalled, “It is profoundly moving to see a woman come into her power that way, especially if it’s a natural birth and she is feeling the whole thing.” Becky described what happens in this way:

It was so far beyond my idea. Birth is not a theory. It’s not an idea. You have to drop into your body. You have to be in your body to have the experience in a way that allows you to be connected to the spirit of it. (Becky)

Doulas described the opening of the women’s body and spirit during childbirth. This openness invites intimacy between the mother and her midwife or doula. Becky found that, “Women are often in a very altered state when they’re in the birth experience, they are so open to being intimate with the doula, even when they don’t know each other very well.” Judy agreed, “At the end of pregnancy there is an opening of the woman’s joints and bones, and in their mind, spirit, and emotional life. It’s a great time to be a doula.” She spoke tenderly of early meetings with pregnant women.

During the early prenatal visits I sometimes look at a woman and think about the time when her mind, spirit, and emotions will be so open. I don’t say anything because it scares some women to think they’re going to be that vulnerable. She becomes comfortable with me and it becomes natural for me to be the person to nurture and comfort her when she opens up. (Judy)

Lens 3: Oh, Mystery, you are alive. I feel you in the innate ability of women to nurture and support other women.

Doulas were generally aware of, and encouraged by, research showing that women who were attended by doulas fared better than women who did not have doulas. In this section I will refer briefly to research affirming the positive outcomes associated with the presence of a doula, list some of the more obvious reasons for doulas’ effectiveness, and explore the mysterious and powerful connection that sometimes arises

between women and their doulas during childbirth. I believe that women have evolved with the innate ability to nurture other women during childbirth. I feel Mystery in this finding.

In 2005, the Cochrane Library published a review of research that included 12,791 women which was written by Hodnett, Gates, and Sakala. *Continuous Support for Women During Childbirth* was quoted in many articles about doulas and since its publication the value of doula care has been widely accepted. They concluded:

Women who experienced continuous one-to-one support during labour were more likely to give birth without using analgesia or anesthesia, less likely to have a caesarean or instrumental vaginal birth, and less likely to report dissatisfaction with their childbirth experiences. The trial reports do not list any adverse effects, and none are plausible. This form of care appears to confer important benefits without attendant risks. (p. 9)

Doulas contributed to the well-being of the mother in a variety of practical ways, and more subtly through her presence as a caring woman. Doulas offered education about what to expect during childbirth and were present to assure women that things were going normally. With the support of a doula some women felt comfortable being at home until labor was well-established. This decreased the likelihood of inducement. The presence of a doula sometimes contributed to a feeling among hospital staff that they did not need to intervene in a woman's labor. The birthing woman was often more confident asking for what she wanted, and declining interventions she didn't want, when she was supported by a doula. The doula acted as a witness, encouraging medical staff to treat the birthing woman with respect. Doulas gave massage and taught techniques for dealing with pain, helping the mother proceed without medication. All of the contributions listed above are important and fairly obvious. I believe there are other, more subtle reasons for the

effectiveness of doulas, and that qualities specific to women enhanced the ability of doulas to support other women.

I believe that the power of doulas to effect positive outcomes is associated with the desire and ability of women to nurture other women. This nurturing is similar to the nurturing a mother shows her infant. In the following sections I will discuss how various forms of intuition, gender-based differences in the human brain and in the way men and women respond to moral dilemmas and stress, each play a part in the ability of women to effectively nurture women during childbirth.

Ancient information. Doulas identified with the ancient tradition of women helping women during childbirth and believed that women were gifted with intuition that made them especially well-suited to serve as doulas. Al explained, “Women’s power was revered in ancient times. The woman’s power to give birth is sacred. Birth is women’s work.” When I met Johanna she had just visited a museum: “I saw a wonderful clay piece with two women supporting a third woman who is giving birth. The mom is squatting and one woman is behind, the other in front ready to catch the baby.” She went on to say, “I believe that that egg-laying woman to woman, mother to daughter is an immensely powerful bond.”

Empathetic identification. Doulas’ direct experience of intuition was richly complemented by what Anderson (1998, 2000, 2004) described as compassionate knowing and Goleman (2006) referred to as an aspect of social intelligence. Anderson described compassionate knowing as a form of empathetic identification during which one person saw the world from another’s perspective and thereby experienced compassion for that person (p. 312). She suggested that compassionate knowing is a form

of intuition that calls upon all sensory awareness in order to most fully experience another person. Goleman (2006) cited research showing that when a person gave another her full attention and serious consideration, she began to feel compassion for that person (p. 19).

The training of doulas reflected knowledge of how compassionate knowing develops. Doulas were to give their full attention to their clients during childbirth, watching, listening, meeting eyes, and touching. Judy described the affinity that arises between mother and doula.

I used to ask new doulas to remember what it felt like to jump rope with other children. You would move your hands in rhythm with the rope and wait until you could feel the rhythm. Then you'd make the decision to jump in and make the leap. Once you are in there with the mom you are in there. The relationship between doula and mom becomes very entwined. (Judy)

Doulas stayed physically and emotionally close to the woman who is giving birth, trying to perceive what the pregnant woman needed, and how best to meet those needs. Doulas employed all their senses to develop empathetic identification with their clients. Cicely spoke of honoring her impulse to sing with a client. Cindy Lou listened to the birthing mom, "I could hear what I thought was a slight panic. When she would start contracting and start vocalizing I would very subtly say 'Ah. Ah.' Then she started doing the same thing." Ann and Celeste were massage therapists. Ann described the information she gained through touch:

Touch is very revealing. You can feel an initial trust with a woman when talking to her and things can change when you touch. Sometimes a bell that goes off and I sense the client shutting down. She may need some extra support during birth. (Ann)

Mothers are able to sense the needs of their babies in part because they pay close attention and empathize with their children. In the same way, doulas intuited that a

birthing woman needed food, rest, warmth, or coolness. There were times when a woman benefited from a simple change in environment. If the woman was becoming overwhelmed in bed, her doula encouraged her to get up. If she had been sitting on the birth ball for a long time and seemed to be losing her focus, her doula might suggest a shower. Sometimes the doula intuited a deeper problem, and would gently probe. A mom may have been waiting for a spouse to appear, or to leave the room. The pressure on the birth canal reminded one woman of earlier sexual abuse. The doulas used all of their senses to understand and provide for the needs of birthing women.

Doulas have abilities and skills that are specific to women. The research of Gilligan (1982), Taylor et al. (2000), Baron-Cohen (2004), Goleman (2006), and Brizendine (2006) suggest that certain skills and abilities are associated with being female. These findings help explain what goes on between a woman and her doula and how doulas contribute to the well-being of women during childbirth.

Women value relationships. In her 1982 book, *In a Different Voice*, Carol Gilligan presented research showing that when faced with a moral dilemma women were likely to consider the effect of decisions on the well-being of those involved and suggested that women tend to focus on caring and relationships. Gilligan's description of women is aligned with both empathetic identification and the tendency among women to tend and befriend.

Sensing what others feel. As part of his research on autism Baron-Cohen (2004) developed an assessment instrument to measure the ability of people to sense what others feel. He found that women on average scored higher than men at sensing what others feel and at reading a person's feelings from the eyes alone (p. 170). In his book *Social*

Intelligence, Daniel Goleman cited Baron-Cohen's research and credited brain circuitry "that operates beneath our awareness, automatically and effortlessly, with immense speed" for the ability to empathize with another (2006, p. 16). The work of these researchers is congruent with my understanding that gender-based differences in the human brain contribute to the ability of doulas to effectively support women during childbirth.

Tend-and-befriend. I believe that the support a doula gives the woman in labor is best understood as tending or nurturing. Taylor et al. (2000) compared the good feelings that arise between women when they care for each other to the bonding that takes place between a mother and her newborn (p. 412). They believed that in both instances the release of the hormone oxytocin contributed to feelings of trust, affection, and well-being.

Doulas often described their experience of the spiritual during childbirth as subtle and hard to put into words. When asked how they contributed to the spiritual experience of childbirth, many doulas responded with descriptions of behavior associated with mothering. Celeste spoke of her desire and ability to care for women, "I really, really believe in nurturing people and caring for them. I think that I treat people with warmth and hope to give them confidence." Cindy Lou wondered if, "for this time, I am a kind of mothering energy for those people." During Judy's vision of her spiritual guide she felt, "a comforting, mothering, nurturing presence." That was the feeling she wanted to give her clients. Ann said, "Sometimes I just stroke the mother's scalp when she is tired."

Research by Taylor et al. at UCLA (2000) offered insight into why women have been effective when caring for each other during childbirth, and why the interruption of

what Taylor et al. refer to as the “tend-and-befriend” response has had a negative effect on birthing women. Taylor et al. found that men and women responded differently to stress. This difference appeared in both neuroendocrine responses and behavior (p. 413). Taylor et al. found that when stressed or threatened, women experienced a cascade of hormonal secretions, including estrogen, which suppressed the fight-or-flight impulse and triggered the release of oxytocin and caretaking behavior (p. 414). Taylor et al. argued that from an evolutionary perspective it made sense that women, who might be pregnant or nursing young children, gather together to help each other during stressful times. Clearly, abandoning a woman in active labor would endanger both mother and child. Taylor et al. found that the release of estrogen enhanced the expression of oxytocin, resulted in feelings of affection toward the person being nurtured, and inclined the caretaker toward nurturing behavior. In response the women who were nurtured experienced a release of oxytocin resulting in feelings of trust, affection, and relaxation. Caretaker and cared-for continued to release oxytocin as nurturing progressed (p. 411).

Taylor et al.’s model suggests that it is in a doula’s physical nature to nurture women in labor and that by doing so they help the birthing woman to feel trusting, affectionate, and relaxed. These feelings make childbirth easier and allow the mother to experience the creative ability of her body through the Sensory Modes of Intuition.

Face gazing. In *The Female Brain* (2006), Brizendine discussed differences between the brains of men and women and suggested another reason for the effectiveness of doulas. Mutual gazing referred to the tendency among mothers and newborns to meet eyes and look at each other with affection for long periods of time. Brizendine found that girls were born with a stronger impulse toward mutual gazing and that, “over the first

three months of life, a baby girl's skills in eye contact and mutual face gazing will increase by over 400 %, whereas facial gazing skills in a boy will not increase at all" (p. 15). Brizendine argues that it is through reading faces that a baby girl takes in meaning about herself and that this tendency extends into adulthood.

Doulas engaged in long periods of mutual face gazing with women during childbirth. They looked lovingly into the eyes of pregnant woman and communicated empathy, confidence, admiration, and a sense of the spiritual importance of birth. I believe that some birthing women take positive meaning about themselves from the empathetic and encouraging gaze of their doulas.

Lens 4: Oh, Mystery, you are alive. I feel you in the calling of women to serve as doulas.

Engaging with the doulas in this study led me to a deeper understanding of and appreciation for the mystery of vocation. "Vocation speaks of a gracious discovery of a kind of interior consonance between our deepest desires and hopes and our unique gifts, as they are summoned for by the needs of others and realized in response to that summons" (Mahan, 2002, p. 3). Frederick Beuchner (1993) described vocation, "Where your great gladness meets the world's great need" (p. 182). Vocation has a spiritual connotation, and suggests being drawn to an endeavor without primary consideration of material gain. I discuss the work of doulas as vocation from three perspectives: (a) the emotional pull toward women and childbirth, (b) the positive feelings experienced by doulas during childbirth, and (c) the willingness to continue in the face of personal sacrifice.

Desire to be in the presence of Mystery. For many doulas the emotional pull toward working with pregnant women began in childhood. I felt that pull, and recall my

joy when I found out my mother was pregnant. I knocked on every door on our block, “My mom is going to have a baby!” My mother often told the story of how determined I was to stay beside her, “I’m not going out to play. I’m just going to stay here to help you all the time.” Judy described, “A fire that draws women to become doulas.” Michelle used the term “called” to describe her relationship to her work:

I was called to being a doula. It was an internal thing. In 8th grade I worked on a teen pregnancy project. In high school I distributed information about birth control. In the past 14 years, I have attended more than 400 births. (Michelle)

Linda and Celeste spoke in similar terms, saying they had always been interested in working with pregnant women. As children they did not know about the possibility of becoming doulas.

I have always loved pregnancy and labor and birth and children and life. I loved it when my stepsisters or aunts were pregnant. I was so excited when I found out that supporting women during childbirth could be a job. I signed up for a doula course. I went to my first birth and cried. (Linda)

Since I was a little girl I’ve wanted to be a midwife. I didn’t know that midwives still existed. Helping pregnant women is something that I’m good at and something I can really relate to. I’ve never been pregnant before, but it just seems to come naturally. (Celeste)

Experience of Mystery during childbirth. I was moved by Claire’s description of her 7th grade science project, “I did my science project on the growth and development of the fetus. I had a plastic bag with a piece of wood floating in it.”

One woman declined to participate in my research. When I called to invite her participation, I briefly described my desire to more deeply understand the spiritual aspects of childbirth. She said, “It just is,” and concluded our conversation (personal communication, September 5, 2005). I agree with her. Doulas in this study found birth to be inherently spiritual. They described childbirth as amazing, religious, creative, bigger

than us, miraculous, awe inspiring, spiritual, completing spiritual, and profoundly moving. Claire said, “birth is as spiritual as life gets.” Al summarized the spiritual nature of childbirth, “When I attend a birth I bring a sense of awe. I bring the expectation that the birth will be miraculous. I don’t think I’ve ever met a doula or a midwife who doesn’t bring that expectation of a miracle at birth.”

The birth of a baby. Celeste, Ann, and Judy mentioned the birth of the baby as especially momentous. Ann described the first time she served as a doula, “I got to see the baby born and it was incredible. It was so beautiful and so amazing. The moment the baby is born is just amazing.” Celeste also spoke of childbirth as something so wonderful it was hard to believe, “The moment the baby is born is just amazing. I’m so glad to be present.” Linda noted, “I can’t even describe how it feels to see a whole new life come out of the mother.”

Celeste spoke of watching a midwife with a baby who was having trouble in her first moments: “The midwife talked to the baby, encouraging her to come into the world and breathe. It’s an incredible spiritual experience and kind of miraculous.”

Claire and Al spoke of the energy around a woman during labor. Claire felt that while the energy was always present during childbirth it was hard to notice in a chaotic environment. Preserving the integrity of birth was central to her work, “I try to think of words to describe the energy and I can’t put words to it. There’s just a feeling. That’s why I do this work, to preserve the integrity of every birth.”

Al spoke with excitement of her experience at birth:

When I see that head crowning and the baby coming out, I feel the Goddess in the room with us. The mother is the Goddess. I’m the Goddess. The baby is the Goddess. Everyone is the Goddess. I can’t even describe how it feels to see a whole new life come out of the mother. (Al)

The presence of Mystery is especially strong around a woman who has the confidence to surrender to the flow of her labor. Becky spoke of this journey, “The mom has to be willing to go into the unknown. That is what spirit is about. It’s a realm that we don’t know about and we have to be curious about and willing to step into the unknown.” Cicely also spoke of surrender to the unknown during childbirth, “Birth is the perfect metaphor for being, and not knowing what is going to happen.” Surrender is not passive. It means letting go and being willing to act on inner wisdom. Claire spoke of the faith that shapes her life: “Faith in what? I couldn’t even tell you. It’s faith that things are meant to happen. It’s faith that I’ll know the right thing to do to help a woman in labor.” Al spoke of surrender, “The spiritual aspect of birth is allowing your wisdom to override the common ideas about birth” (p. 97). Doulas understand that their support contributes to the ability of women to (a) surrender to the unknown, (b) continue to act in accordance with her inner wisdom, and (b) emerge spiritually empowered.

It is interesting and moving to travel with a woman on her journey through childbirth. Cicely spoke of the experience in this way:

I feel so alive and wonderful. The endorphins are pretty good. Every birth is a new experience or a peak experience. It’s a little frightening to think that I might be addicted to the thrill of birth. I wonder what I’ll do next. (Cicely)

Doulas Continue to Serve Despite Difficulties

In the two previous sections I addressed the emotional pull of women toward women and childbirth and the positive feelings they experienced during childbirth. I spoke of the paradox of surrender, action, and empowerment experienced by both mother and doula. In the next section I address the feeling of Mystery that I associate with the willingness of doulas to continue despite the difficulties they encounter.

Many doulas in this study went through a spiritual crisis in response to the treatment they experienced or witnessed in the hospital. Their stories are included in the portraits and discussed in Chapter 4: Results. Doulas were discouraged by unnecessary medical interventions that, despite their best efforts, continued to occur during the births they attended and among the general population of birthing women. The National Center for Health Statistics (2004) reported that the cesarean rate of all first time mothers was 27.1% in 2003. Peggy O'Mara (2003) spoke for many doulas in an editorial in *Mothering Magazine*:

These statistics are very disillusioning. Many of us have worked for childbirth reform for over 30 years, only to feel that we are losing ground. Have we not done a good enough job of educating mothers? Have mothers themselves come to accept technological, surgical birth as normal? Is the practice of defensive medicine so widespread that evidence-based care is just impossible? (p. 4)

Other factors contributing to the difficulty of working as a doula include (a) long hours, (b) an unpredictable schedule, (c) the disruption of family life, and (d) low pay. Lantz (2004) and his colleagues at the University of Michigan titled the report on their national survey, *Doula Work Delivers Love Not Money*. They noted that few doulas reported earning more than \$5,000 per year from their work and only 37.5% of respondents reported finding their work financially rewarding (p. 109).

Through my interactions with the doulas I came to appreciate the difficulty of being a doula and to admire their willingness to continue to serve. I conclude that they continue to work as doulas because they find the work spiritually meaningful. I keep thinking of the line from the Matthew 5:4, "Blessed are those who mourn, for they shall be comforted." I find it moving that some people feel compelled, not just to seek comfort, but to comfort others. I feel that doulas are among those people. As Cicely said, "I'd

rather be there with the mother in the hospital than have her there without me.” Judy spoke of her continued support of birthing women, “Someone once told me that God said that you must work toward a goal, but he never said you have to achieve it. That makes so much sense to me. You need to work for what is right; that is what is required.”

Comparing Cycle 2 Lenses and Cycle 4 Lenses

In the following I describe the relationships between the preliminary lenses in Cycle 2 and the final lenses in Cycle 4. I mention the areas where there has been significant change in my understanding.

Cycle 4: Lens 1: Oh, Mystery, you are alive. I feel you in a woman as she gives birth to her child. This lens is a refined statement of (a) Cycle 2: Lens 1 There is a spirit of love in the world and we are all part of it, (b) Cycle 2: Lens 2 My own experience tells me that birth is an opportunity for peak experience, (c) Cycle 2: Lens 11 Birth is wholesome; it does not usually present a danger to mother or child, and (d) Cycle 2: Lens 3 There are many words used to refer to spiritual experiences. Spiritual, sacred, peak, blessed, divine, holy, and grace are among the terms that will need to be defined as I proceed.

I referred to spirit in terms of love and peak experience in Cycle 2. I noted that there are many ways to refer to spiritual experiences and thought I needed to define them. I came to understand that doulas (a) use implicit rather than explicit spiritual language, (b) that the use of implicit spiritual language is related in part to the subtle ways doulas experience spirit, and (c) that doulas use implicit spiritual language to avoid conflict within their community and between their subculture and the medical establishment. I felt

that the presence of Mystery best described the spiritual aspects of birth for doulas and the meaning I found in many aspects of their work. Birth is inherently spiritual.

Cycle 4: Lens 2 Oh, Mystery, you are alive. I feel you in the many forms of intuition that emerge during childbirth. Intuition was not mentioned in the Cycle 2 lenses but the choice of Intuitive Inquiry as my research method implied that I valued intuition. The value I place on intuition has grown dramatically during this project. At the conclusion I might accurately state that in addition to using intuition to study childbirth I have used childbirth as a means to study intuition. Intuition was vital to the spiritual meaning doulas found in their work. They focused on helping women recognize, develop, and trust their intuitions. As one doula said, “They don’t know that they know but they know.” Giving birth to a child is an opportunity for spiritual development. Trusting one’s inner knowing is vital to a woman’s spiritual development.

As I contemplated the role of intuition in the ability of doulas to support women I kept thinking, “Something is happening here.” The connection between mothers and their doulas felt almost tangible. When a colleague sent a copy of Taylor et al.’s (2002) research on gender-related response to stress I sensed that the complicated ability to nurture had developed through evolution and might be an expression of women’s physical make up.

Cycle 4: Lens 3 Oh, Mystery, you are alive. I feel you in the innate ability of women to nurture and support other women. I continue to be troubled by the pervasiveness of medical interventions during childbirth that I alluded to in (a) Cycle 2: Lens 11 *We live in a culture that tends to define birth as a dangerous endeavor*, (b) Cycle

2: Lens 9 *Fear makes birth more difficult. Trust and security make birth easier*, and (c) Cycle 2: Lens 8 *Pain medication may interfere with peak experiences*.

I still believe that doulas are key to improving the maternal care available to women. This belief was expressed in (a) Cycle 2: Lens 3 *I want other women to experience themselves as part of the spirit of love*, (b) Cycle 2: Lens 4 *I want all women, wherever they give birth, to have the opportunity to experience the sacred during birth*, (c) Cycle 2: Lens 5 *Some midwives and doulas are engaged in helping women experience the sacred*, (d) Cycle 2: Lens 6 *The presence of a doula is positively associated with the birthing mothers' greater satisfaction with themselves, their spouses, and their newborns*, and (e) Cycle 2: Lens 7 *The behaviors and attitudes that result in a positive association between the presence of a doula and positive medical and emotional outcomes may also lead to a positive association between the presence of a doula and a peak experience*.

The biggest changes between Cycle 2 and Cycle 4 relate to my understanding of the neurological make up of women as it relates to their ability to nurture women during childbirth. An abundance of recent research indicated that women are gifted with certain forms of intuition, especially Empathetic Identification, that contribute to their ability to support other women. The ability to empathize varies: (a) between groups of men and groups of women, (b) among groups of men, and (c) among groups of women. I believe that doulas may be among the group of super-empathetic women. I feel the presence of Mystery in the evolution of women to empathize and nurture.

Cycle 4: Lens 4 Oh, Mystery, you are alive. I feel you in the calling of women to become doulas. When I began this research I did not anticipate the painful accounts of the mistreatment of women in hospitals given by doulas during their interviews. By the end

of Chapter 4: Results (Cycle 3) I was ready to put aside discussion of the spiritual aspects of birth and focus on providing for the deficit needs of women who give birth in hospitals. I struggled to formulate my final lenses. After a break during which I traveled to Japan, I once again tried to identify my final lenses. Using my intuition as a kind of heat sensor I scanned the research I had done up to that point. I felt the warmth I associate with Mystery in the willingness of doulas to suffer on behalf of birthing women. I contemplated the meaning of vocation as it relates to doulas and formulated this final lens of Cycle 4.

Cycle 2: Lenses 14-16 focused on the effect of the persecution of midwives as witches on the present-day midwives and doulas. That topic is addressed in *Through Our Wounds*.

Intuitive Inquiry and the Researcher

In this section I will discuss my own intuitive experiences and how they have been integrated into my findings. Similar to my experience of being a doula, the Intuitive Inquiry method sends the researcher back, repeatedly, to her knowing. Following is a summary of what I believe to be true, how it may be important, and what action my findings suggest for future research and other action.

Dreams

A series of dreams informed my understanding of birth and doulas. The first took place before I formulated my research topic. The next three occurred during the period of close interaction with the doulas through meetings and repeated listening to the taped interviews. The fifth and sixth dream took place as I edited this chapter.

1. I saw simple bed with a white cover among the redwoods. The feeling was peaceful and welcoming.

I had this dream before Judy told me of her vision of herself in a bed in the sky, being comforted by an old woman. The feeling of this dream is similar to the feeling of Judy's vision, as she described it. I imagined a bed where women could be safe. Nature was a feminine, loving, and protective presence.

2. In this disturbing dream another bed was featured. This time the bed was a gurney. I saw the gurney from outside the door. It was standing in a bare room with metal walls. My challenge was to find a state of mind that would allow me to calmly go in, lie down, and be executed.

I empathized with the terror women sometimes feel when they enter the hospital after being taught that birth is dangerous. I had not been afraid of giving birth to my two children, and this new information made me more sensitive to the fears of other women. It is part of the role of a doula to address the mother's fears, and help her view her birth through the lens that women are strong and capable of giving birth to their children.

Reflecting on this dream I realized that the prospect of death was not as worrisome as the internal demand that I approach death with the right attitude. I felt that I would be judged harshly if I didn't die gracefully. It is my hope that in encouraging women to give birth within the midwifery model we don't make them feel they will be judged harshly if they make another choice.

3. I dreamt that I was a baby inside my mother's womb. I was afraid of entering the world.

My identification with the unborn baby reminded me that a baby is present at childbirth, and that she has feelings. Some women in the alternative birth community make a distinction between doulas who are especially interested in the mother and doulas who focus more on the well-being of the baby. While I remain focused on the empowering of mothers, I have a growing interest in prenatal and perinatal psychology.

This dream also reflected my anxiety about becoming a doula. In 1975, I had three copies of a poster on my wall. Each showed a Matisse-like cutout of a woman and the phrase, "I am a woman, giving birth to myself." Completing this project and more fully engaging in the work of a doula is an exciting and anxiety-producing prospect.

4. A series of chaotic dreams featured tiny babies, the size of the little naked plastic dolls sold in toy stores.

I believe this dream was a response to the suffering of birthing women in hospitals experienced, witnessed, and reported to me by doulas. It was painful and disturbing to hear their stories.

5. While sleeping in a chair next to my husband after his heart surgery I shouted out, "Life!" When he asked me what I meant I told him I didn't know because I was asleep.

This outburst was an exclamation of the spiritual meaning I find in birth and in being a doula. I am in awe of the life force and the ability of women to create new life. During the days after my husband's surgery I felt that we were free of neurosis and focused on the preservation of his life. When supporting a woman during childbirth the superfluous tends to fall away. Nothing is more important than the birth of this child by

this mother. The compassion and intimacy that often emerge do so without regard to personality, body shape, class, or other considerations.

6. I dreamt of a woman standing on a hillside. She said we would start a new religion based on the love of women and children.

This dream was encouraging but slightly melancholy. The modest proposal that the love and respect of women and children should guide us highlighted the lack of that motivation in most settings. Later I came upon Brizendine's (2006) quote, "Women have a biological imperative for insisting that a new social contract take them and their needs into account. Our future, and our children's future, depends on it" (p. 163).

Face Gazing

The choice of my topic for this research was influenced by my response to *The Madonna and Child with St. Anne* by Leonardo da Vinci. After reading about the role of mutual face gazing I was once again moved by this painting. Mary and baby Jesus are portrayed engaged in mutual face gazing. Mary is mothering Jesus while being mothered by St. Anne. St. Anne supports Mary on her lap and gazes at her lovingly. This painting continues to evoke in me an appreciation for the role of doula as she mothers the mother.

Intuition During Massage

I had approximately 25 massages during the course of this research. I worked with a variety of bodyworkers and experienced many styles of massage. I recognized a pattern in my thoughts during massage. For the first few minutes my mind was busy and distracted, I had trouble being present. After a few deep breaths, I focused on the touch of hands on my body and began to relax and enjoy the massage. Many times I would spend the last third of a one-hour massage engaged in altruistic thoughts toward both people I

know and people in general. I found it interesting, and gratifying to observe my loving thoughts about helping others and resolving difficult situations. The same warm feelings sometimes led to ideas for artistic expression.

Certain women spoke and touched in ways that elicited or allowed these good feelings to emerge. These women entered the room quietly and did not chat during the massage. Some of these women mentioned how much they enjoyed working with me. One woman tearfully thanked me for allowing her to use her skills in a deep way. I thought of doulas, and how much they want to nurture women during childbirth.

Intuition Associated with Being Close to Doulas

I felt calm, safe, and loving in the presence of some of the doulas I interviewed. Listening to the taped interviews I was surprised to hear a sort of cooing sound that emerged from me as I listened to doulas' narratives. These sounds were similar to the cooing a mother makes over her baby. I believe these sounds were associated with the release of oxytocin. The pleasant sensation of oxytocin flowing through my body was similar to the let-down response I felt when nursing my babies, but more diffuse. It was similar, although less intense, to the feeling I have experienced when tending to women in labor. This feeling is best described as warmth. It pooled in my upper abdomen, just below where my ribs part.

My coresearchers and I did not touch during the interviews. I believe that touch is an integral part of nurturing but is not required in its early stages. I believe that when good will is present, proximity and mutual face gazing are enough to trigger the release of oxytocin and begin the tend and befriend process between women. Doulas are trained to stay within 10 inches of their clients. This is about the distance between the mother's

and infant's faces when the baby is nursing. Future research may explore whether or not this distance is optimal for the emotional and hormonal interplay between two people.

Taylor et al.'s (2000) research and my experience with doulas suggested reasons why some women are drawn to become doulas and why they are effective in their work. Not every woman is drawn to become a doula. Over the course of this study I spoke to dozens of women about the work of doulas. Many, including one of my birth clients, responded with distaste and something close to disgust at the idea of being with women during childbirth. While this distaste may be informed by a cultural bias against sexuality and physicality, it makes intuitive sense to me that women within and across cultures vary in the strength of their tend-and-befriend responses. Becky suggested,

The women who are drawn to this work often have a capacity for intimacy. New doulas know pretty quickly if they don't have that capacity. If a new doula feels uncomfortable being really close to the birthing woman and gets nervous if the mom is grabbing her or in her face, she probably shouldn't continue. (Becky)

I believe that many doulas are among a subset of women who are especially gifted in their ability to care others, and that this gift may be associated with the release of oxytocin. I felt a strong sense of warmth in the presence of many doulas. I interrupted one of my coresearchers to ask if people often commented on the warm energy around her.

I don't want to overstate the pleasant feeling associated with the release of oxytocin as a motivation for women to become and continue as doulas. The work is too difficult and the flow of oxytocin too easily blocked or interrupted. It is a more accurate description of the reality of birth to say that when the natural desire and ability of women to care for each other during childbirth is realized, both may experience positive feelings associated with the release of oxytocin.

Taylor et al. (2000) referred to the difficulty of fighting or fleeing during pregnancy and nursing (p. 412) and I believe their theory extends to the need for support during childbirth. It was my goal, from the beginning of this project, to contribute to the harmonious working relationship among birthing women, their midwives, doctors, nurses, and doulas. Taylor et al.'s research suggests that the natural tendency and ability of women to take care of each other during childbirth was interrupted when medical intervention became the norm and that it would be in the best interest of birthing women to reinstate doulas in the role of nurturing caretakers during childbirth. It is not necessary to blame anyone for the interruption of the tend-and-befriend process during childbirth in order to redress the problem. The power of doulas to help the birthing woman is discrete from and may be complementary to the knowledge and skills of medical professionals.

Another goal of this research was to honor doulas. I want women who work as doulas to become aware of the research that affirms their ability to intuit the needs of birthing women and to effectively nurture women in ways that result in fewer medical interventions and greater maternal satisfaction.

Through Our Wounds

In her description of Intuitive Inquiry, Rosemarie Anderson (2004) suggested that some intuition occurs through our wounds. I found this to be true, especially in regards to Cycle 2: Lenses 14-16 regarding the absence of discussion of the sacred in doula training material and the persecution of midwives as witches. None of the doulas in this study mentioned the burning and hanging of witches, but I believe they are aware of these events. The effect of the persecution of midwives as witches on present-day midwives and doulas is a topic ripe for further research. I believe that like the wisdom of childbirth

the fear of persecution has been handed down from woman to woman. In their essay, *Witches, Midwives, and Nurses* Ehrenreich and English (1972) wrote:

The witch-hunts left a lasting effect: An aspect of the female has ever since been associated with the witch, and an aura of contamination has remained—especially around the midwife and other women healers. This early and devastating exclusion of women from independent healing roles was a violent precedent and a warning: It was to become a theme of our history. The women’s health movement of today has ancient roots in the medieval covens, and its opponents have as their ancestors those who ruthlessly forced the elimination of witches. (p. 5)

This paper began with a quote from Charlotte Bronte, written in 1849. It beautifully expressed the spiritual meaning of birth as I understand it. In the novel, *Shirley*, the main character speaks to her friend, who is walking to church:

I will stay out here with my mother Eve, in these days called Nature. I love her, undying, mighty being! Heaven may have faded from her brow when she fell in paradise; but all that is glorious on earth shines there still. She is taking me to her bosom, and showing me her heart. (1849/2006, p. 304)

This quote was published 157 years after the burning of witches in Salem, Massachusetts, and reflects the tension between patriarchal religion and those who align themselves with women and Nature. I like to think of doulas as members of a grass roots movement committed to making changes through education and building alliances with doctors, nurses, and hospital personnel. I don’t like to think of the dangers associated with openly challenging the medical establishment or speaking too clearly about spiritual beliefs. I believe that doulas have adopted a spiritual language that is implicit rather than explicit in part as a protective measure.

Revised Literature Review (Cycle 5)

Because Intuitive Inquiry depends so much on the intuition of the researcher regarding the truth of an important human experience, it is imperative that the process be as transparent as possible. This is especially true as the researcher arcs back from Cycle 4

to revise the literature review. If the process is not transparent it might appear to the reader that the researcher revised the literature review in order to better support the results. It is not the purpose of Intuitive Inquiry to prove something; the researcher is trying to better understand a deep human experience. The Cycle 4 lenses suggest areas of literature for review that could not have been recognized until the researcher had collected and engaged with the new data.

I had originally framed the Literature Review using Maslow's (1968) theory of human development, in part because his description of the peak experience matched my experience during the birth of my first child, Matthew. In retrospect I understand that I had privileged the peak experience as described by Maslow as central to the spiritual meaning of birth, then tried to fit the work of doulas into the framework of Maslow's theory of development. Using that model I described doulas as self-actualized and suggested that they provided birthing women with the basic needs listed in Maslow's hierarchy, thus removing the barriers to peak experience. Maslow described, and valued, a movement from the needs of the body toward a higher state of being. In contrast, doulas stressed the importance of the body as a source of wisdom and the possible site of the spirit.

The wisdom of the body arose in ordinary women and their attendants during childbirth, regardless of their status in terms of self-actualization. Doulas found this spiritually meaningful. They also found it spiritually meaningful to help women recognize and experience the power of their bodies. Doulas were practical; they were more interested in facts and experiences than they were in theories. They appreciated research showing that their presence was associated with positive outcomes for mother

and child. They were interested in research-based practices; practices that had been shown to be effective through qualitative and quantitative research. They believed that future research would affirm their intuitions about how best to care for women during childbirth, but were willing to consider evidence to the contrary.

In revising the Literature Review I reduced my dependence on Maslow's theory to frame the discussion, deleting references to the hierarchy of needs and putting less emphasis on the peak experience. I found that his description of self-actualized people was useful in understanding doulas. My revised Literature Review focused more on the possible reasons for the effectiveness of doulas. In addition, research on gender-related differences in human interaction was reviewed. I believe this will be more interesting to my readers and may provide useful information to doulas who are working to provide midwifery-style care to women in hospitals.

My Experience of Intuitive Inquiry

My relationship with Intuitive Inquiry mirrored some aspects of the relationship between a birthing mother and her doula. Intuitive Inquiry called upon me to have faith in the process and in my intuition. Judy described her first meetings with women who could not, at that early stage in their pregnancy, imagine the openness and vulnerability that would emerge during childbirth. Reading over the guidelines for Intuitive Inquiry I could not foretell the intensity of my engagement in this project as guided by the research design. I enjoyed Cycle 1 and found it relatively effortless. A compelling topic did emerge from my engagement with the text and I had a slight recognition of the process that would be repeated throughout the project. Something would catch my attention, I would notice that my attention was caught, and I would pay attention. I think this process

is the essence of Intuitive Inquiry. I read dozens of research articles but felt a sense of excitement after reading Taylor et al.'s research on gender-related response to stress. A phrase from an interview, a tone of voice, and a silence each caught my attention at different times. My dreams became intense and often focused on childbirth. I noticed that my attention was caught, and paid attention.

Sometimes I experienced my thoughts as heavy and immobile objects in my mind. Intuitive Inquiry suggested ways to cause these thoughts and ideas to move around, opening space and allowing new understandings to emerge. Listening was my primary tool. I also read, counted, sorted, collected images of pregnant women, wrote, and rewrote. In between each of these activities were periods of contemplation.

I can hint at the feeling associated with the emergence of a new intuition by likening it to the feeling of seeing something out of the corner of your eye, then moving your head quickly to look directly at it. Vision blurs and there is a momentary feeling of vertigo. Not all intuitions are clear or lasting. I've often caught a glimpse of a friend out of the corner of my eye, and then turned to find that she was not there. I relied on discernment to understand whether I was interested in the person who caught my eye, or whether I was thinking about my friend. I noticed patterns in my thinking and how these patterns changed. Acknowledging my lenses in Cycle 2 and Cycle 4 helped me notice how my understanding of the spiritual meaning of birth changed.

Intuitive Inquiry was especially useful when dealing with two aspects of this research that I found difficult to resolve: (a) deciding how to address the pain expressed by doulas who experienced and witnessed mistreatment of women in the hospital, and (b) noticing and understanding the general use of spiritual language by doulas. I didn't want to focus on

the problems associated with birth in the hospital. Intuitive Inquiry taught me to listen to the words the doulas spoke, to appreciate the emotional content of those words, to count how often words were used, and to recognize themes. The power of doulas' experiences overrode my hesitation and added more poignancy to Cycle 4, Lens 4 *Doulas continue to serve despite difficulties*.

I knew when I began this project that Klassen (2000) had found that women in the alternative birth community use spiritual language in a broad, inclusive, and elastic way. She found that using language in this way allowed women to avoid conflict and work together toward common goals. I sensed that this explanation did not fully address the way doulas in my study were using spiritual language. Many of the women in Klassen's study were religious, and there were serious differences of opinion about core values within the community she studied. The women in my study were not religious, and I did not sense serious differences in their core values. I believe that doulas often mediate their language in order to avoid conflict with the medical community. I also came to realize that doulas used general language to describe the spiritual aspects of birth because they experienced these aspects in a general way. They were accurately describing their experiences, and I had been trying to fit them into another model.

Taylor et al.'s (2000) article on gender-related aspects of response to stress led me to imagine that many of the spiritual aspects of birth were related to the release of oxytocin. The wonderful sense of unity I experienced after the birth of my son probably coincided with the release of oxytocin. This understanding did not diminish the spiritual aspect of the experience for me. Instead I felt gratified that my body responded to

childbirth by opening my mind to the unity that did exist. This was another example of how the body is knowing and powerful.

I found it difficult to make the distinction between my understanding of what the doulas said and meant, and my understanding of the spiritual meaning of birth for doulas as it emerged and changed during this research. For a period of time my own understanding was merged with that of my coresearchers. Only after I was able to list my Cycle 4 lenses was I able to go on and write about the meaning and possible uses of this dissertation.

Future Research

I accept the premise that most women are able to give birth to their children without medical intervention and that doulas are able to support birthing mothers in ways that decrease medical intervention and increase maternal satisfaction. I believe that doulas may be among a subgroup of women who are especially gifted at caring for others and that this gift is associated with oxytocin. Taylor et al. (2000), Goleman (2006), and Brizendine (2006) reported on differences in the human brain associated with differences in nurturing behavior. Baron-Cohen and Wheelwright (2004) reported that while women were three times more likely than men to score in the “super-empath” range on their test of empathy, only 9.5% of the women in their study scored in this range (p. 170). Light and his colleagues focused on the rates of change in oxytocin level among women. They found an association between levels of increase in oxytocin among women who responded to imaging of positive attachment experiences with (a) lower blood pressure, (b) a more time-limited response to stress, and (c) lower rates of reported stress and

postulated that these women had more frequent oxytocin releases during daily life (p. 566).

Further research may determine whether high oxytocin responsivity is associated with the heightened inclination and ability of some women to care for other women during stressful times, including childbirth. It would also be useful to explore whether there is an association between women who scored in the “super-empathetic” range of Baron-Cohen’s test of empathy and women with high levels of oxytocin responsivity.

I believe that physical and psychological exhaustion is associated with a loss of nurturing ability. Further research may determine whether exhaustion depletes oxytocin or interferes with oxytocin responsivity. Research in these areas may increase appreciation for the work of doulas and lead to increased support for them.

In order to best develop programs to support doulas it would be helpful to know how many of the women who complete training are working as doulas 2 years later, and what, if any, factors are significantly associated with the persistence of women in the profession. I believe it is in our interest, as a culture, to support doulas in ways that allow them to contribute to maternal care.

Limitations

Research limitations are unavoidable restrictions in the research design. Some are clear at the start of the project while others emerge as the research progresses. For this project, they were as follows:

First, I met the first 4 doula participants through informational meetings held for expectant parents in the San Francisco Bay Area. They were helpful in identifying other doulas. I believe that all participants were white, and that the demographics of my coresearchers were similar to those found by Lantz (2004) and his colleagues at the University of Michigan. Their nationwide study of American doulas, "*Doula Work Delivers Love Not Money*" found that 96% were white. Questions such as (a) why are women of color under-represented among doulas? (b) what is the effect of this under-representation on the care provided to women of color? and (c) what are strategies for engaging more women of color as doulas? are ripe for further research.

Second, women in this study were aware of exclusionary policies regarding doulas at some hospitals. I sensed hesitancy among doula speakers at informational meetings for expectant parents to speak of either spirituality or their concerns about the medical model of childbirth. I could not judge how much their concern or fear limited the ability of doulas in this study to speak openly and directly about their spirituality.

Third, I understood at the beginning of this project that the content of the doula interviews might be influenced by recent events. A recent birth or series of births that were especially inspirational or discouraging may have influenced the doula's perspective on the spiritual meaning of birth. When the influence of recent events was apparent those events were included in the portraits.

Delimitations

Delimitations are deliberate limitations included and identified in the research design. In this project, they include:

First, consideration of results must take into account both the relatively small

number of participants and the limited geographical range from which they were drawn. Findings may not be relevant to doulas working in other locations, or reflect their experiences.

Second, my research plan did not specify a level of experience required for participation. Three of the doulas had attended two or three births. Two of the doulas had attended between 3 and 25 births. Two of the doulas had attended between 25 and 50 births. Three of the doulas had attended between 50 and 100 births. Four of the doulas had attended more than 100 births. While I enjoyed the richness and variety of perspectives, it is hard to know if their attitudes about the spiritual aspects of birth are associated with their depth of experience or simply express an individual point of view.

Future Action

The doulas in this study were practical women. They were good at managing matters and dealing with problems. They wanted to be useful and effective. They appreciated the ordinary and everyday occurrences of childbirth. In the spirit of the practical I am committed to future actions that contribute to the well-being of birthing women by increasing their access to doulas. I will work as a doula and contribute to the education of the general, doula, and medical communities about the role and effectiveness of doulas. I will work to provide financial support for doulas who work with school-age mothers.

I am scheduled to teach a class titled “Birth Narratives” at Stanford University in Fall 2007. During that course participants will be encouraged to explore the stories of their own births and the births of their children. We will explore various maternal care models with the goal of understanding the paradigm within which each has meaning.

Participants will be encouraged to express their understanding of the meaning of birth through written word and artistic expression.

In November 2007, I will invite members of the Birth Narratives course, participants in this research, and others active in the San Francisco Bay Area birth community to a celebration of birth at the Bechtel International Center at Stanford University. The results of this research will be presented and my artwork, alongside the artwork of the students in the class, will be on display.

I have been invited to sit on the Board of Directors of Blossom Birth Center in Palo Alto and look forward to working with other doulas and midwives on behalf of birthing women. I am especially interested in offering retreats for doulas.

A summary of this research will be submitted to DONA International for presentation at the 2009 national conference. I will identify other venues for presenting my research.

I share a commitment with other members of DONA International to provide a doula to every woman who wants one. In my hometown, Redwood City, California, there is a program that supports school-age mothers. I intend to set up a foundation to provide stipends of \$250 to women who serve as doulas to these young, and often low-income, mothers. Raising funds for this project will give me the opportunity to educate the community about the work of doulas. Distributing it will allow me to acknowledge and thank the doulas who do this important work.

I have listened with an open heart to the stories doulas told of their experiences and have adopted a plan for my own doula practice. I plan to volunteer my services as a

doula or midwife's assistant for families planning homebirths, and to attend about 10 other women a year during their hospital births.

Knowing About Mothers and Daughters

On September 16, 1982, I met eyes with my mother across her mother's grave. I held my daughter, Nicole, in my arms. She was 11 days old. My mother said, "Now you know about mothers and daughters." The doulas in this study have helped me understand that we are not born alone; our mothers are there to love and nurture us. We are not meant to labor alone. As part of nature, women have evolved in ways that predisposition us to look into each other's eyes, to create relationships, and to care for each other in times of stress. It is natural for us to care for each other, mother to daughter, woman to woman, and doula to birthing mother.

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Appendix A: Solicitation Letter for Doulas

Dear Name of Participant,

I am writing to you because I recognize and appreciate the work you are doing on behalf of birthing women. I am a doula and am also working toward a Ph.D. in Psychology at the Institute of Transpersonal Psychology. My topic is, *The Spiritual Meaning of Birth for Doulas*.

The informed consent form and a list of possible questions are included. Please review this material and let me know if you would like to serve as a coresearcher in this project. I can be reached by email (Brandt@Stanford.edu) or by phone (650 856-2131).

Soon after getting your response I will call to discuss the project, answer any questions you may have, and set up a 1-1/2 hour meeting at the place of your choosing.

At the end of this project I will host a celebration of birth; a party for all those who have helped with this project and others interested in the topic of spirituality and birth.

I know that you have a lot of wisdom to share with me, and I hope you will decide to participate in this project.

Sincerely,

Patricia Brandt

Appendix B: Interview Questions for Doulas

Dear Name of Participant,

Thank you for taking the time to review the questions below and consider joining me in my quest to understand the spiritual meaning of birth for doulas. You don't have to answer all of the questions. You are encouraged to talk about aspects of being a doula that have meaning for you, even if they are not mentioned in these questions.

1. How would you describe the spiritual aspects of childbirth?
2. Is there a spiritual tradition that inspires your work as a doula?
3. How do you experience the divine during childbirth?
4. Have you found ways to increase the positive spiritual experience of your clients?
5. Please describe a birth that was especially meaningful for you.

There are no right or wrong answers to these questions. I want to learn from your wisdom. Thanks in advance for any help you can give me with this project.

Sincerely,

Patricia Brandt

Appendix C: Informed Consent for Doulas

To the Participant in This Research;

You are invited to participate in a study to explore the spiritual meaning of birth for doulas. The procedure will involve an approximately 1 and 1/2 hour interview. We will meet at your home or other mutually agreed upon location. The interview will be tape-recorded for the purposes of this research only.

To insure your privacy your identity will be kept confidential. You will choose a pseudonym and that name will be used to identify you during the taping session, on all written documents, and in all publications. The tapes from the interview session will be kept in a locked location and will be accessed only by the researcher and a transcriber. The transcriber will sign a confidentiality agreement. In reporting this study in any publication, any information that might identify you will be altered to ensure your anonymity.

To insure the privacy of your clients you will choose a pseudonym for each client you discuss during the interview. That name will be used during the taping session, on all written documents, and in all publications. In reporting this study in any publication, any information that might identify your client will be altered to ensure her anonymity.

Potential benefits from this study include a deeper understanding of the spiritual meaning of birth and the satisfaction of knowing that you may help others better understand the spiritual meaning of birth. You and your guests will be invited to a celebration of birth to be held at the end of this project. The results of the research will be presented at that event.

No psychological or physical risks have been associated with this research. If you do experience physical or psychological problems associated with this research, I can provide referrals to local support people, including licensed psychotherapists and psycho-spiritual counselors. If at any time you have any concerns or questions, I will make every effort to answer and resolve them. I can be reached by phone (650 856-2131), by email (Brandt@Stanford.edu), or by mail (12 Peter Coutts, Stanford, CA 94305).

You may also contact Rosemarie Anderson, PhD., Chair, Dissertation Committee, (r@rosemarieanderson.com). Dr. Anderson also serves as Chair, Institute of Transpersonal Psychology's Global Ethics Committee for Research (650 493-4430).

If you decide to participate in this study, you may still withdraw at any time during its conduct for any reason without penalty or prejudice. You will be invited to the celebration of birth whether or not you withdraw from the project. You may request a summary of the research findings by providing me with your mailing address with your signature.

By signing below, I certify that I have read the foregoing, that Patricia Brandt has explained this study to me, and that my questions and concerns have been answered to my satisfaction. My participation in this study is entirely voluntary, and I agree to participate in this research without any pressure having been applied.

Research Participant

Date

Mailing Address (if you would like a summary of the research findings):

Researcher

Date

Appendix D: Transcriber Confidentiality Agreement

As a transcriptionist, I agree to maintain confidentiality with regard to all participant information, specifically the tapes from the interview sessions, but also the assessments and any other related written material. I will also help to aid the researcher in protecting the identity of participants to ensure anonymity.

Transcriber's Signature

Date

Researcher's Signature

Date