



## BIRTH RITUALS, WELLBEING AND TRANSFORMATION

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Figure 1. Callum 5 days old

### Abstract

Consciously or unconsciously we participate in many rituals throughout our life. Rituals at birth provide a key opportunity to support the physical and psychological health of the baby and mother. In addition, our rituals shape our perceptions and our culture. Giving examples, we describe the rationale, benefits and strategies for actively planning our birth rituals and its potential for personal and societal transformation.

## Introduction

We grew up, like many in the Australian suburbs, believing we had no culture, rituals or deep knowledge, 'we are a new country.' This perspective was associated with laughs and comments of our culture being beer, football, BBQs and meat pies. These were the 'Aussie' rituals.

This message, that we are culture free - devoid of true ritual - infiltrates most of our society and is becoming dominant in affluent Western countries. However, we suggest our lives are replete with rituals that shape our identity and wellbeing. From the earliest moments, our culture shapes the birth we have and establishes the patterns of our life.

## Birthing as Ritual

Consider these birth scenarios as rituals:

**Ritual A:** Candles, birthing pool, music, family, Midwife, home, intensity, ecstasy, joy...

**Ritual B:** Hospital paperwork, enema, pubic shaving, stirrups, Doctors, Nurses, joy...

**Ritual C:** Hospital paperwork, ultrasound, fetal monitoring, cervical examination, oxytocin, epidural, surgery, Doctors, Nurses, joy...

Keeping in mind that birth usually results in a joyous celebration of life almost irregardless of the scenario (hospital, taxi, bush hut...) here we wish to examine how birth rituals are constructed, by whom and with what consequences.

## Examination of Personal Birth Rituals

What are the terms that describe your birth? What is the scenario of your parents' births? What is the ritual that describes your children's births?

For us, our families' births have been many things and reflect the cultural norms of their day and location. For David's parents, they were qualified midwife homebirths for his Father's side (Netherlands, 1915) and un-qualified, Grandmother/midwife homebirths for his mother (Adelaide, South Australia, 1922). He was born in 1960 at Mt Gambier Hospital (South Australia) with late term oxytocin induction, contractions, a family friend, hospital midwife and joy. His first two children were born in Townsville General Hospital in 1990 and 1992 with shift doctors, midwives, epidurals, contractions, forceps, opiates and joy. For Michelle, her parents were born in Melbourne and Perth, both in hospital, becoming first generation Australian. She was born in Melbourne at the Mercy Maternity Hospital in 1971 apparently with no intervention, as she 'slid out.' Her three children were born in 2000, 2002 and 2004 in Northern NSW at home with family, friends, homebirth Midwife, candles, a dawn bird chorus, contractions, ecstasy and joy.

Are the events surrounding birth important for the wellbeing of the parent and/or offspring? What are the rituals of birth? How do we construct birth scenarios? Who constructs them? Why do they occur as cultural norms? What messages do the rituals of birth convey to the mother, offspring and the community?

## Consequences of Birth Interventions

The physical and psychological consequences of different medical interventions in birth have been extensively studied and recently reviewed by Sarah Buckley (2005). She outlines the endocrine disruption, birthing complications and emotional consequences of interfering with the natural sequence of events in birth. Briefly, the artificial manipulation of the timing of the physiological stages of birth causes stalling of the process and long lasting disruptions to the attachment between mother and child.

When pethidine was first introduced for pain relief in labor, doctors were advised to give 25-50 mg. Now it is common practice to give 100-150mg, offered every three hours so that many women receive 400mg over the course of labor (Enkin *et al.*, 2000). The low dose that was initially recommended has vastly different effects than the dose most commonly employed now. In the lower doses, it is shown to be effective as a muscle relaxant and can help dilation; however, with these large doses there can be side effects of drowsiness, nausea, depressed respiration and the slowing down of labor (Enkin *et al.*, 2000; Buckley, 2003).

Some of the other side effects of pethidine are nausea, dizziness, slowed breathing and therefore decreased oxygen supply to the baby during labor and delivery (Enkin *et al.*, 2000). Depression of respiration in the baby also occurs and therefore can jeopardize the initial breath, sometimes resulting in the need to resuscitate the baby. "Trial data have shown lower apgar [standard measure of health at birth] scores and more neonatal behavioral abnormalities in babies of mothers who received narcotic analgesics during labour than in babies of mothers who received placebo." (Enkin *et al.*, 2000). Traces have also been found to remain in the babies' bodies so that they are not only dealing with the challenges of transitioning from the womb into the outside world but they also need to detoxify their bodies.

The slowing-down effect of this drug can also depress the babies' sucking reflex and therefore interfere with initial breastfeeding (Ransjo-Arvidson *et al.*, 2001). This study found several types of analgesia given to the mother during labor may interfere with the newborn's spontaneous breast-seeking and breastfeeding behaviors and increase the newborn's temperature and crying (Ransjo-Arvidson *et al.*, 2001). This also has potentially far-reaching impacts on the mother-infant bonding.

A key hormone is oxytocin. It encourages uterine contractions and also promotes feelings of intimacy. In a positive feedback loop, the contractions of labor increase oxytocin production in the mother and baby, promoting stronger contractions. Immediately following birth, skin and eye contact continues to stimulate oxytocin secretion, which in turn promotes milk production and suckling. Almost any intervention/distraction has a likelihood of dampening production of this beneficial hormone. The common administration of a synthetic analog (e.g. syntocin) often stimulates contractions too early, causing distress. Syntocin also fails to gain access to the brain of the mother or baby to facilitate an ecstatic birth.

At a birth Michelle attended, a client on entering the hospital birthing suite was repeatedly offered analgesics until acceptance. The intensity remained high for the next 36 hours, with a cocktail of drugs and little progression of the labor before finally an epidural anesthetic was administered and the baby was suctioned out. An oxytocin analog was used to promote placental delivery. The mother and baby survived. However, the baby was too drowsy to suckle from the nipple and no one encouraged persistence in this. Instead, she went to the bottle and the baby spent the next several weeks screaming.

## Ritual

Ritual is an act that involves either an individual or a group. The process reaches beyond the mind, is practised rhythmically, repetitively and has a quality that seems ancient or fixed. An intention is present with the facilitator or celebrant hoping for a particular message to be absorbed. There are no onlookers while ritual is performed, as everyone present is participating in some way.

In any culture there is a diverse range of people. To get a message across, ritual must aim at the simplest cognitive level. This is achieved by the repetition and rhythm of the ritual. There is a bombardment of symbols and messages preventing the participants from questioning the beliefs and symbols they are internalising. The hospital birthing paradigm is an example of this, where families are being constantly exposed to institutional directives and technological imperatives. Name wrist-bands, venous cannula for IVs, form-filling, physical examinations, injections for the newborn, etc. all comprise a defined and extensive sequence that the 'patient' is encouraged to follow.

## How Ritual Affects Stress

When under stress, the mind often becomes panicked, unrealistic and irrational. In such cases, ritual can play a vital role in grounding the individual or collective. Symbols or words repeated at times of crisis introduce a familiar and known process to help ground and make the individuals feel safe or comforted. The ritual anchors the group to bring order from chaos. For example, rhythmic breath of labor not only assists the woman to get through each contraction but brings an order to the group. The reverberation and regularity has a stabilizing affect on all involved. [In the hospital birthing scenario, order is known as routine and it allows the chaos of birth to fit into a structure that the birth attendants feel more familiar with or in control of.] (More on this below.)

Twentieth century birthing rituals in the West have been studied by Robbie Davis-Floyd, (1992). For example, on arrival at hospital a routine induction process is implemented. For our mothers, their admission may have featured shaving pubic hair and administration of enemas. Current routine practices include accepting a plastic arm name band, an internal examination, and offers of pain relief. In this way, the power relationship within the birth ritual is established.

## Birth Culture

Two conspicuous features of contemporary birth are its institutionalization and the application of surgical techniques. Currently, over 99% of births in Australia are in hospitals and approximately one third of these are by Caesarean Section. Other affluent countries share our profile. At a cultural level, we are choosing hospital birthing and its associated rituals.

Most people and families feel vulnerable at the time of pregnancy. Placing faith in the 'experts' does make a lot of sense. Experts have seen many pregnancies and have the skills to guide one through the process. Trust may be placed with the experts, it may be placed with spirit, it may be placed in one's own body and feelings, with the community or family or, with clear communication, it may be placed with a combination of these. By developing a clear picture of the event beforehand - the responsibility of the participants, the setting and the timing, one can create a ritual to guide the birthing. Birth Plans are commonly recommended and formulated by parents prior to births. These plans provide an opportunity to specify the physical surroundings,

personnel, and use of technological interventions within the birth; i.e., to consciously put a ritual in place.

Births rarely go according to 'plan' for many reasons. Firstly, the planning process often fails to acknowledge the power of hidden cultural norms to shape the birthing event. Similarly, the birthing institutions have defined protocols and a weighty authority that is often not flexible enough to accommodate individual Birth Plans. Two camps may be established, pro Birth Plan and pro Hospital Protocols, and this conflict will play out in the birth. Also, every birth is different and no birth will proceed exactly as anticipated. Failure to accept events and one's own responses to them may create dissonance that affects all of those present. In the event of discord or lack of progress in the labor, a powerful member of the group will often endeavor to impose their own system/ritual and demand full acceptance of the process from the team.

Thus the mother and all those attending bring their subconscious expectations of the setting; timing, intensity and needs for expert intervention that only become apparent at late term pregnancy and labor – after the Birth Plan was discussed. Accompanying these expectations about the ritual, those attending also bring their emotional baggage – fears (e.g. discomfort, death), insecurities (e.g. nudity, level of patience and impatience) and phobias (e.g. blood, noise).

Those in a position of power perform our cultures' rituals, establishing their status and the importance of the set of beliefs that sustain them and their positions. Most commonly, across cultures, the role of staging the ritual and maintaining confidence in its appropriateness is given to a midwife who is present prior to labor, through birth and following birth. However, this charismatic role can be played by any member of the team, including the mother. The dominant Western culture birth ritual currently places an obstetrician as the most powerful figure.

### **Ritual as Cosmic Contract**

In a larger sphere, ritual is often seen as an unconscious contract with spirit or the cosmos. As long as the individual or group does their part of prayer or paying respects, then the cosmos/gods will convey the group through safely. In birthing, the connection to the divine or a force greater than the human is often apparent. Those present have a profound experience regardless of the location, technology or personnel present. However, the depth of this connection and the meaning it conveys and perpetuates is dependent on the ritual performed. Were interruptions to the labor minimized or dealt with compassionately? Were beautiful/sacred objects present? Was the dawn chorus permitted to make its presence felt?

### **Transformation**

Pregnancy and birth are major transformations for the mother and child. Through ritual, this transformation is given cultural context and the capacity to influence many people. These structures provide us with a framework and connect us to a deeper acceptance of the importance of life. They connect us to ancestors, archetypes, the past, the present and the future, and offer a deep sense of belonging and identity.

Ritual can also bring about individual and social change by demonstrating a change in beliefs through the performance. New belief systems are effectively transmitted through the new ritual performed. Due to the nature of ritual being repetitious, and the redundancy of symbology, it may have the illusion of being a traditional practice, even if being performed for the first time. Ritual is a profound and powerful way to change societies' belief sets and create new value systems. This can be a direct response to internal growth or it can facilitate growth, with the development

of new beliefs. By questioning deeply these ceremonies and rituals we can decide to follow or change messages handed to subsequent generations.

Most women in my research experienced major life changes in this period that were reflected in various ways: A feeling that there had been a loss of 'something,' a desire to go back to their pre-baby state; accepting their new role. The first birth for most women represents an opening, a loss of innocence and a sense of newness. One woman described this as never being the 'carefree girl' again. Despite how we give birth, we are connected as mothers through our deep transformation.

### **Summary: Choosing Consciously**

Given the above cultural forces and their consequences on the wellbeing of the mother, child and family, what are the choices available for conscious parenting? Firstly, the parents may be empowered with the knowledge that their children's birth events may be determined by their choices. The process of investigating our physical, personal and spiritual issues in birthing, helps us to create a ritual which can offer healing of intergenerational traumas for the adults, children and the establishment of stronger bonds within the family.

Here are three sub-rituals we have incorporated in each of our births, a Blessing Way Ceremony, constructing a Birth Altar and installing a birthing pool.

The Blessing Way Ceremony is becoming more popular in our culture with a women-only gathering two to eight weeks before term. My ceremony for each pregnancy provided a chance for the women to share their blessings for me and the family. This was both a personal gift and an acknowledgment of the collective energy of mothering and birthing. We tied string around our wrists, only cutting the cotton once we were all connected, this symbolised our connection and support to each other.

Another ritual within this ceremony was threading a bead by each person while giving blessings to the expectant mother and for the safe arrival of the baby - the chain holding many stories, blessings and offers of support. The chain was then placed on the Birth Altar. The Altar included photos of family members physically absent or deceased, to honor and include them in the process. It also featured artwork and representations of totemic items inspired or dreamt by us during the pregnancy. Another function of the Altar was to involve the older children so that they can begin to engage with their sibling prior to birth, often by offering something they had made.

The birthing pool was delivered two weeks before term and installed centrally in the home adjacent to the Altar. This ritual provided a physical focussing for those in the home and established that the stage was set for the main ritual. Installing the pool and then managing it during labor also provided a defined role for me, the father, and was an excellent contribution for the masculine in these proceedings.

**Figure 2. Altar prepared prior to birth of Callum**



## Integrating Natural Birthing

Principals of conscious birthing rituals apply to any birth. For example, 10-20% of births in the West are currently by scheduled Caesarean Section. In these births considerations for providing a harmonious environment and maximising skin-skin contact to promote oxytocin mediated love and attachment are again pivotal. Indeed, the foreknowledge of the timing can be used as an advantage to exclude and include the people needed to facilitate the process.

If a gentle birthing plan is to be achieved in hospital, a useful addition to the birth team is a person of strong will and a knowledge of the institutions' protocols. Professionals who will provide this service (as well as pre- and post-natal care) are termed natural birth midwives or doulas. This individual can take responsibility for fielding questions from hospital staff and minimizing disruptions to the ritual. Creating a sacred altar in the hospital is also possible – featuring your own special objects, photos, cloths etc. An electric essential oil vaporizer can provide harmonious scents. We have even heard of some birth teams organizing with the hospital beforehand to place cloths on the overhead lights to soften the space.

Finally, we would emphasize that the birth process of each child has its own physical and metaphysical drivers that result in a wondrous end-point: A child is born.

## References

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Davis-Floyd, R. *Birth as an American Rite of Passage*. Berkeley and Los Angeles, California, University of California Press: 1992.

Ransjo-Arvidson, A. B., A. S. Matthiesen, Lilja, G. Nissen, E. Widstrom, A.M. Uvnas-Moberg, K. Maternal analgesia during labor disturbs newborn behavior: Effects on breastfeeding, temperature, and crying. *Birth* 2001, 28, 5-12.

Enkin, A. *Guide to effective care in pregnancy and childbirth*. Oxford University Press 2000.

## Recommended readings and Resources

Sarah Buckley - [www.sarahjbuckley.com](http://www.sarahjbuckley.com)

Byron Child - [www.byronchild.com](http://www.byronchild.com)

Natural Birth Education and Research Centre - [www.naturalbirth.org.au](http://www.naturalbirth.org.au)

Robbie Davis Floyd - [www.davis-floyd.com](http://www.davis-floyd.com)

Sheila Kitzinger - [www.sheilakitinger.com](http://www.sheilakitinger.com)

Mother and Child: Ngalangangpum Jarrakpu Purrurn - Margaret Stewart & The Women of Warmun Capers Bookstore - [www.capersbookstore.com.au](http://www.capersbookstore.com.au)

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