

Sacred Joy at Birth

A Hermeneutic Phenomenology Study

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Attestation of authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed.....

Dated.....

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Abstract

There is an increasing secularisation of birth and reliance on technology in the western maternity context. Growing from a concern that something of significance at birth was being hidden or lost, this study explores the experience of joy at birth. This hermeneutic phenomenological study underpinned by the philosophies of Heidegger and Gadamer uncovers lived-experience of joy when a baby is born. The Heideggerian notion of attunement is central to interpretive findings. How those present at birth attune determines how the birth is interpreted and understood as meaningful. 14 Participants were purposefully selected and recruited for their interest in the topic and willingness to participate. Stories of birth were collected from mothers, birth partners, obstetricians and midwives. The study revealed that joy was experienced across professional groups and in different types of births and locations with or without technological interventions. Each has unique experience made intelligible through how they attune. Joy was revealed as a shared embodied, spatial and essentially gathering experience. The coalescence of these emergent themes reveals deepening insights of a holy timeless moment involving numinous encounters and connections across generations. This study reveals how those moments are sacred. The overwhelming nature of joy irrupting suddenly when a baby is born, even when such joy is seemingly hidden, shows itself in care and concern. Joy at birth conceals profound meaning pointing to understandings that provokes further thinking about how modern maternity care is collectively attuned. Joy is revealed as a reminder of our shared natality. The implications of this study call into question our actions and ways of being when a baby is born wherever and however birth unfolds. Birth is more than bio-medical and this thesis calls us to attend to the wholeness of birth. Approaches to how education for mothers, communities, midwives and doctors is addressed. The study contributes new insights and awareness about the preciousness and sacred quality of that shared moment and how that ineffable moment in time needs sheltering and safeguarding. This has implications both for those present and for society as a whole.

Chapter 1 Introduction

A departure

Birth is the primary numinous event. It is our major metaphor for life and coming into being. We talk about the birth of the universe....it is how the world came into being. It is the first act of magic – physical testament to the continuity of human and all life

(Razak, 1990, p. 168).

Introduction

This hermeneutic phenomenological study seeks to reveal the experience of joy at birth and how that joy, in its presence or absence, is meaningful and significant. Numerous metanarratives and discourses seek to shape the world of birth. Technological birth, natural or normal birth, and holistic social models as opposed to medicalised models of care are well defined and extensively written about by their protagonists. Yet the experience of joy when a baby is born and how that is meaningful to those present has received little attention.

Joy at birth is something that matters in ways not yet fully articulated or investigated. To be touched and affected by a mood (which I am naming 'joy' mindful of the limits of any one word) has both intrigued and invoked passion. Birth arouses the imagination. It is a mystery in which all of us have been involved (Forbes-Rogers, 1966). Birth has been seen as a rite of passage which has been identified as a re-enactment of the myth of the divine mother and child (Campanelli & Campanelli, 1998). Birth of a baby, as the epigraph above avers "is the numinous event...the first act of magic" (Razak, 1990, p. 168). Seemingly, birth is a joyful occasion of great significance.

Exactly how joy transcends the type, place and who is present at birth remains elusive. Rhetorical debates continue in the literature and in practice. The social and medical sciences provide knowledge and expertise that assists in alleviating human suffering and minimising loss of life. Yet there is little in the published literature regarding the experiential and meaningful aspects of the moment when a baby is born. The epigraph above infers that birth has a profound meaning beyond social, political and cultural descriptions. Something magical inheres within the experience of being at birth that remains hidden yet embedded within the wholeness of the experience itself. For me, there are unresolved and unanswered existential

questions about what birth 'is' and how 'it' is experienced and meaningfully interpreted.

Thus the research question that guided this study was "*What is the experience of 'joy' at the birth of a baby and how is this joy significant and meaningful?*" In exploring this phenomenon through the words of those present at the time of birth I seek to reveal some of the felt aspects that constitute the phenomenon of joy at birth. Acknowledging that such aspects are not fixed and complete as any phenomenon can never be fully known.

The interpretation of meaning from audio taped and transcribed narratives of mothers, birth partners, midwives and obstetricians in this study seeks to discern the significance of "joy" at the birth of a baby by surfacing meanings that have often remained unspoken. These narratives joined with my own experiences and thinking. It was evident that although birth is safer in terms of mortality than it has ever been in western maternity care there seems to be a mood of fear generated by risk aversion in and around childbirth. The meaning of joy at birth lies within this paradoxical situation.

Choosing a path of meaning

Sarker (1988) would contend that although we are physical, mental and social beings we are fundamentally spiritual beings. Exploration of lived-experiences at birth requires an approach to enquiry that includes this horizon of understanding. I understand holism as various parts of the whole acting in co-operation with each other allowing new insights and possibilities. This study required a methodology that could surface meanings of the phenomenon 'joy at birth'. Thus hermeneutic phenomenology was selected.

Overview of philosophical underpinnings

Hermeneutic phenomenology as described by Martin Heidegger [1889-1976] and Georg Hans Gadamer [1900-2002] focuses on the meaning of lived-experience. Hermeneutics is the philosophy of theory of interpretation that highlights the interrelated contextual world in which experience occurs. The process of hermeneutic enquiry is the surfacing of meaning through iterative interpretive analysis. This thesis draws from philosophical hermeneutics (Gadamer, 2008/1967). Heideggerian phenomenology is the method or way of uncovering what lies within and behind phenomena. It seeks to unconceal what is taken-for-

granted in the background of experience and how phenomena show themselves from themselves through sustained investigation (Heidegger, 1927/1962).

Hermeneutic phenomenology does not seek to construct labels of the phenomenon, thus contributing to a discourse, but rather reveal the 'Being' of phenomenon and surface hidden and unnoticed layers of meaning. It has been argued that this approach is suited to examination of experiences in and around childbirth and midwifery due to the contextual relational quality of related phenomena (Bergum & Van Der Zalm, 2007; L. S. Goldberg, 2005; Miles, Chapman, Francis, & Taylor, 2013; Miles, Francis, Chapman, & Taylor, 2013; Thomson, Dykes, & Downe, 2011). Comprehensive understanding of childbirth requires a phenomenological view of health care that is not solely based on a Cartesian metaphysical approach that objectifies and reduces experiences.

A number of specific philosophical notions derived from Heidegger and Gadamer are used in this thesis. Dasein or 'Being-there', is central to developing understanding of how those at birth are openly engaged.

Dasein

The German word Dasein means, in its most simple translation, 'Being-there'. In essence Dasein, according to Heidegger (1927/1962), is an aspect of our Beingness that is able to inquire and wonder about its own existence. It is the Being-there of human existence; the openly engaged mode of being in situations. Dasein continually engages and interprets the world bringing the entirety of that world together. Dasein is always in the world; Being-in-the-world is thus synonymous with Dasein. Being-in-the-world is always Being-with-others; never alone. Dasein belongs within the world of others.

Therefore Dasein does not restrict its focus to one aspect of birth. It brings all aspects into a unitary whole pointing to the essence of what that moment of birth 'is' and how 'it' is meaningful. Being-there as Dasein means being thrown into situations, such as the moment of birth. The notion of moment is not a lineal and defined measurable moment in clock time but a felt moment that is both in time and beyond time. The mood or attunement that assails Dasein constitutes how that moment is understood.

Attunement

Attunement is another Heideggerian philosophical notion central to this study. The following analogy helps illustrate the inseparable relationship between Dasein and attunement. Dasein is sky, and attunement is weather determining how sky finds itself to be, how it is faring, i.e., cloudy, stormy, blue, starry or red with a sunrise. Sky is never without weather in the same way that Dasein is never without mood. To be at birth is always and already attuned. Being-there at the moment of birth is therefore the Dasein of birth and its attunement. Attuned Dasein is thus tuning into the whole of the experience revealing what it is and how it finds itself faring. These notions help to unravel what is happening at that time of birth when something seems to happen that is difficult to bring to words; a moment that is fluid and without defined borders. This attuned moment at the time of birth is experientially felt and is thus undefinable by static notions of fixed time. A moment, the moment and those moments of joy at birth are therefore inclusive in nature.

Fusion of horizons and use of words

The fusion of horizons describes how differing points of view and interpretations meet and evolve. Once differing perspectives have met none are as they were before. In the actual process of meeting and fusing horizons are in constant change. The changed horizon is not merely an end result but a dynamic on the way process (Gadamer, 1960/1975). Understandings do not conflate necessarily but emerge as more than the parts that came together. This is the same as for words that evolve as differing meanings emerge (Gadamer, 1976).

How language itself can 'speak us' and how texts interact with me, the investigator, through a 'fusion of horizons' is central to research which uses language to convey what is meant (Gadamer, 1960/1975). Words have different meanings for different people, at different times and in different places. Language is a way of being in the world because words describe experience (Gadamer, 1976). It is therefore important that the words that are specific to this study have their meanings clarified from the beginning.

"Mood" and "Joy"

The word 'mood' was discovered prior to the word 'joy' during the research proposal stage. In conversations with my supervisors coupled with ongoing reading, I explored words such as 'presence', 'sacred' and 'spiritual' to see how close they

came to the feeling of the phenomenon of interest. Eventually the word 'mood' arose as the most suitable way of moving the study towards something tangible.

The Heideggerian interpretation of attunement or mood was the closest to what I was 'feeling' and experiencing about the phenomenon. Heidegger interprets mood as a state-of-mind or our way of being disposed to the world. He states "A mood assails us" implying it befalls us suddenly as we are "thrown into situations" (Heidegger, 1927/1962, p. 175). Birth disrupts our everydayness, conceivably exposing us to a joyousness that touches us deeply. Perhaps this joyous mood is the extraordinary something that brings everything together when a baby is born?

Joy is a word that conjures many unique interpretations: great delight or happiness caused by something exceptionally good or satisfying; it can be a keen pleasure; elation, delight, something greatly valued or appreciated, an expression or display of glad feeling, a state of happiness, felicity and cherished contentment (Harrison, 2010; Parse, 1997). One can feel joy; be glad and rejoice. A father expresses strong feelings at the birth of his daughter in an online blog: "...looking at her, I felt nothing but pure excitement and love for her, an explosion of joy; caused by a little girl in a bundle of blankets. Clearly anyone could have figured out why they call babies "bundles of joy" (Joe, 2011). This father's joy is experienced as powerful and elevated emotions; a feeling that is something more than peace, more than delight; but something akin to ecstasy (James 2011).

Joy can be mixed with other powerful feelings (Harrison, 2010; Parse, 1997; Pilkington, 2006). Thompson's (2010) hermeneutic study of mother's lived-experience following traumatic births revealed moments of expanded consciousness or apotheosis moments that were transformative. These elevated divine states provided feelings and a sense of knowing about wholeness and connectedness. Joy does not have to be a state of effusive excitement yet it brings a sense of peace and hope that is connecting, all-consuming and that holds potentially new understandings.

I would contend, drawing from Heidegger's notion of attunement, that this pre-reflexive mood at birth is not a psychological emotion but an ontological act of our pre-understanding. Bringing this mood of birth to reflective self-awareness is the purpose of this study. Using a hermeneutic approach, I have asked women, partners, midwives and obstetricians to tell me about the experience and meaning of being

there amidst such a 'mood'. Mood reveals the experience whether it is a 'mood of joy' or any 'other-type' of mood.

The 'mood of joy' in this study provided a starting point based on my pre-understandings that layers of mood and interpretation were evident in the experiences of being at a birth. Using the word 'mood' without specifying a definition proved challenging in the proposal stage of the research. Alternative phrases used in the initial musings such as 'spiritual mood' or 'sacred moods' are open to myriad interpretations.

Other words beyond those used at the start of this enquiry could have revealed 'what is'. Joy could have been: awe, essence, energy, feeling, devotional state or wonder. Joy is also open to many interpretations but appeared to resonate in early collegial conversations, readings of literature, poetry about birth and my ongoing midwifery exposure to the phenomenon. The word 'joy' was trialled in a workshop presentation of preliminary thoughts and readings at an international childbirth research conference in Europe in 2011.

My intention was to be open with the use of the words 'joy' and 'mood' as springboards to further possible meanings. I was aware, as Sheenan (2000) advises, to remain open to possibilities not yet revealed at the beginning of the research journey. Capturing and describing this phenomenon required openness to understandings as yet unknown that could lead to an evolution of understanding as other horizons surfaced and fused with mine.

Methods

Hermeneutic science is often subject to constraints and criticism because it does not have one clear approach to methodology and thus appears subjective. However, the strength of this methodology lies in its explicit acknowledgment that the meanings of the experience within the participants' stories intersect with those of the researcher. The goal in this research was to bring these two meanings together in a fusion of horizons.

The hermeneutic circle, or spiral as I would prefer to visualise the process, describes how one moves from the parts to the whole and the whole to the parts through a dialectical interplay (Gadamer, 1960/75). I moved from one participant's data to the next, from one literature article or conversation to another as the phenomenon

began to show itself in myriad ways. This was an iterative process that began early in the study as I was faced with tensions that deepened my knowing of what was to be known and what was still to be revealed.

I was constantly challenged with ensuring that past, evolving and present understandings did not further conceal 'joy' at birth by remaining focussed on the task of being open to possibilities, while staying close to the phenomenon. The experience and hidden meanings of joy at birth became progressively more visible through reading, dialogue and writing cycles of interpretive analysis (Smythe, Ironside, Sims, Swenson, & Spence, 2008). The horizons of meaning that I brought were fusing with those of others who I had volunteered to be part of the study.

Interview data was collected following appropriate ethical approval from 14 participants (mothers/family and midwives/obstetricians) via recorded and transcribed interviews. The interviews took place over an eight month period in the Auckland and Northland regions of New Zealand. Crafted stories from the participants were then used for interpretive analysis.

New Zealand context

Because the research has been undertaken in New Zealand, background understanding of the maternity system's context is important. New Zealand has a unique maternity system (Grigg & Tracy, 2013). The present model of care is an integrated women and family-centred maternity service with lead maternity carers (LMCs) (Department of Internal Affairs, 2007; Guilliland & Pairman, 2010a, 2010b; Ministry of Health, 1990). The LMC (named person not an institution), mainly midwives, but also obstetricians and general practitioners, have provided comprehensive maternity care, free of charge to all residents and citizens since 1996 (MoH, 1996).

LMCs are able to work across primary and secondary services in partnership with their clients and other members of the maternity care team. Families are able to choose, in most cases, the LMC and place of birth that suits their needs (NZHIS, 2012). Obstetricians work in the hospital setting and in private practice. Some women choose to have a private obstetrician but also book with an LMC midwife for additional midwifery care. The midwives who work exclusively within the hospital setting are employed and are called core midwives.

LMCs caseload and mostly work in self-employed practise. Caseloading involves following women that are booked anytime in pregnancy through to six week postnatal discharge, referring and transferring care when indicated according to agreed consultation guidelines (Department of Internal Affairs, 2007; Ministry of Health, 2012). The state pays the LMC directly through a contract signed in collaboration with women. Some caseloading midwives work for district health boards and provide a modified LMC team approach service as employed salaried staff.

The system is built upon the three essential pillars of collaboration, partnership and protection (Guilliland & Pairman, 2010a). This places families and women at the centre of care-related decision making. Women have the choice to birth at home, in hospital and, in some areas, at a stand-alone birth centre.

There is a strong focus on women's feedback on services provided. Satisfaction with the LMC model of care continues to emerge and be supported by users of the service (Pairman, 2010). Mortality and morbidity outcomes are comparable and in some cases better than other maternity models of care elsewhere (Grigg & Tracy, 2013). Apparent dichotomous notions of abnormal and normal birth remains firmly rooted in the New Zealand maternity system yet LMCs are blurring these distinctions as relationships with families become central to care (D. Davis & Walker, 2011).

Yet despite what seems to be a family woman centred maternity service meeting the needs of users of the service there are concerns. Intervention rates continue to rise in some regions (McAra-Couper, Jones, & Smythe, 2010; NZHIS, 2012). In addition there are some concerns about long term sustainability of LMC practice and this is being examined (Donald, 2012; Young, 2011). Although not the focus of this thesis I wondered if the political and social pursuit of continuity model of care had missed and made hidden something of significance.

Importance of pre-understandings

All meanings are informed by fore-structures that are culturally, socially and environmentally constructed. As a researcher my pre-understandings shape the questions brought to the study. Pre-understandings are the researcher's prior understandings and assumptions about the topic being studied (van Manen, 1990). They in turn shape everything about the research from the question asked to the way data is analysed. Pre-understandings cannot simply be put aside; hence, it was

important to identify and address the pre-understandings which I brought to the study, prior to the commencement of this research (Gadamer, 1960/1975, 1976; van Manen, 1990). This will be described in detail in the methods chapter.

Use of pronouns

Because my pre-understandings are an essential part of this study it is important to highlight when I am speaking. The pronouns 'I' and 'my' are therefore used to achieve this clarity. 'I' am part of the interpretative process and hence work in a dialectical way with literature and the data provided by the participants in this enquiry. A pre-understandings interview with supervisors was transcribed and analysed to identify 'my' prior understandings. Identification of these pre-understandings and my on-going emerging interpretations are made explicit throughout the thesis.

Some personal history

I have practised in health care for thirty years; over twenty of those within midwifery. With a keen interest in self-development, spirituality and concepts related to holism that incorporate mind-body-spirit interconnectedness I am intrigued by the emotional, feeling and spiritual dimensions of human experience. Being personally drawn to discovering meaning in the lived phenomena that I encounter has significantly influenced the line of enquiry and methodology selected for this study.

My first experience of being present at the birth of a baby was when I was eight years old. It was the birth of my youngest sister at home. I remembered feeling that the event was fundamentally different from my everyday experiences. I remember the feeling that things would never be the same again; it was all so different and somehow delicate. My perception of the midwife as someone mysterious and connected with this something different stayed with me until adulthood. During my nursing education in England in the early 1980s I witnessed a forceps birth in a room full of people, with lights on and the door wide open. I remember feeling both horrified and captivated by a significant 'something is going on here' feeling. On reflection the 'horror' was initiated by the public nature of what seemed such a 'special and intimate process'. Although internally conflicted by the encounter, I continued to be captivated by a 'hard-to-describe' feeling in and around the phenomenon of birth. Eventually, I began midwifery education in the early 90s and

was immediately struck by the mysterious nature of birth. Many years later in my midwifery career another event crystallised this knowing.

As midwife educator I went to a birthing room to see a student and her clinical supervisor. On approaching the door I immediately felt something overcome me; a mood washed over me and seemed to transport me somewhere other. A baby was about to be born in the room I was approaching. It was tangible. It was felt. It was 'sacred' and best left undisturbed unless called in for a purpose. Before I knocked on the door for permission to enter I hesitated and left without entering the room feeling a sense of happiness and warmth; a baby was about to be born and I had the privilege of being near that occasion. I would interpret sacred in this context as meaning a sense of holy specialness beyond mundane yet, at the same time, experienced as imminent and tangible.

Later, in the pre-understandings interview prior to commencing this study, certain words and phrases stood out. I told birth stories about the sensation of being at births which I interpreted as having had a unique taste, something significantly different from my normal everyday 'not-at-a-birth feeling'. I described the similarities of 'people come in and people go out' referring to how people are born and people die. Through the personal experience of being at both death and birth in life I described how they felt in some ways identical and special. Although I have not experienced birth from a gestational mother's perspective, with which I am at peace, I remain enchanted by these existential experiences. Being called to a birth and the anticipation of the experience invokes a certain thrill in me. I spoke about time 'being frozen at the time of birth'. Birth seems timeless and creates a sense of other reality separate from everyday life. I realised through the analysis of this interview that through these professional and personal experiences I remain truly enthralled by my chosen vocation. I am not the person I was before becoming a midwife. Frequent exposure to this intense 'specialness' is a catalyst for inward change that appears to generate a passion in me.

The birth feeling has also moved to self-expression through poetry some of which will be shared in this thesis. Repeated exposure to births lead me to examine the midwifery diagnosis of labour onset for my Master's thesis which highlighted a special nature of inward focus in labouring women that culminated in birth and experiences of euphoria (Burvill, 2000, 2002). I am consistently amazed and

awestruck by a power and/or specialness at birth that seems to affect everyone involved. When student midwives relate birth narratives I can sense the 'something' beyond the physiological explanations; the 'what I did and didn't do' aspects of the telling. Surprisingly, joy and happiness in my own stories came through even in challenging contexts such as working in Sub-Saharan Africa and/or accidental births in the back of cars. Even the story of a baby who died held a significance and meaning beyond that of the overt sadness.

In my pre-understandings interview I acknowledged the distracting forces of technological and high risk births but maintained that these births still hold a sense of sacredness and joy that are just more difficult to feel due to increased activity and noise associated with the use of technology. It seems that positively attuning to birth is more difficult in these fragmented circumstances.

Instead of attempting to explore the phenomenon without addressing my self-knowing and pre-understandings I have made them visible and will show how they have influenced my interpretations. Koch (1996) insists that this is a key step in establishing trustworthiness in qualitative research. She refers to this as 'reflexivity', or the reciprocal relationship between the researcher and the subject of the research. Informal conversations with colleagues, family and friends tested my thinking about this phenomenon and contributed to numerous entries into an on-going reflective research journal. These dialogues provided insights into my own pre-understandings as the interpretation evolved.

Examining pre-understandings helped me to see where I was coming from at the start of this journey. The interview revealed assumptions of which I had not been overtly aware and how I bring the traditions of my past educational experiences as a student, midwife and teacher to the interpretive process. My pre-understandings provide both a place to be and a place of departure from which to go forward (Gadamer, 1976). Without my pre-understandings there could be no beginning to this study. Finally, making explicit my prior knowledge and assumptions about the research question has helped prevent hasty conclusions and potential for superficiality.

I attuned to this phenomenon and methodology and became seemingly obsessed by the call: "To hear a call is to be attuned to the always-there excitement, passion, or concern. If the idea leads only to thoughts of practicalities, or generates a yawn, then

it is merely an idea, not a call” (Smythe 2005, p. 232). From the genesis of the idea, this thesis has always been a call. It is a journey of discovery and unconcealment of a special mood at the time a baby is born. It is a mood, that I name ‘joy’ that assails us transcending all models of care and modes of birth. I contend that such attuned joy lies silently in the taken-for-granted world of birth. I believe that joy at birth harbors rich meaning about our Being-there; a phenomenon worthy of study.

Justification and purpose of study

The possibility of every birth being significant and joyous inspires me in ways that I am unable to articulate. I maintain that birthing practices have become increasingly secular and practical, particularly within the western medical reductionist paradigm that currently informs maternity care. The mention of mood of joy at birth is conspicuously absent in daily maternity practice. I argue that it is experienced but frequently passed by. Busy modern maternity care can be likened to walking with a friend in a flower garden talking through myriad concerns. We reach the end of the walk and have not turned to the roses and taken in their simple but intoxicating fragrance; we seem to have passed by an aesthetic opportunity.

I am concerned that we are missing essential aspects of meaning that are always inherent during the time of birth. Contemporary birth technologies appear to be creating a framework which is self-perpetuating, obscuring the mystery of what birth ‘is’ by reducing it to aspects that are visible and measurable. I would argue that the distinctive vocabulary or language now dominating births are the discourses of risk aversion and medicalisation.

Emotional and spiritual aspects at the moment of birth have scarcely been researched and given little emphasis in modern maternity care provision. Yet evidence is emerging that unmet emotional needs can disrupt human physiology with adverse consequences for biological systems and relationships with others (Schulkin, Morgan, & Rosen, 2005). Recent research suggests that failing to understand physiological and emotional interactions is detrimental (Dixon, Skinner, & Foureur, 2013a, 2013b; D. Walsh & Downe, 2010). What are the long term effects of negative experiences on future choices? Perhaps joyless birth experiences have unknown consequences for those involved. There is a need to explore and clearly articulate the hidden yet significant experiential aspects of birth beyond the type, place and outcome of birth alone.

It is possible that the quality of personal relationships and even society in general would benefit from more positively attuned and meaningful birth experiences. Formative moments at birth are crucial for babies and parents establishing patterns of intimacy and later ability to socialise (APPPH, 2013; Kennell & Klaus, 1998; Winnicott, 1960). This again points to something significant at birth. I am reminded of a colleague's comment: "I work on world peace one birth at a time" and another from a previous client: "if only the world remembered those moments at birth the world would be a better place". Fuller understanding of the moment of birth and its acknowledgement as significant and meaningful may have important consequences.

Metanarratives and discordant voices

Myriad discourses have produced a range of metanarratives surrounding childbirth. Appearing as dichotomous approaches to modern childbirth practices they conceal the essence of the birth experience. Yet this is a false dichotomy, a product of a society that thrives on arguments and wanting to win a position (Tannen, 1998). It infers that there are rigidly marked partitions in these discordant voices. There is little recognition of a middle ground within which common meanings and significance can begin to be understood. The world of birth is split into two parts claiming validity and authority.

I would argue that this dichotomy is not jointly exhaustive. Everything that 'is' birth belongs to all perspectives and approaches. They cannot be mutually exclusive of each other. For example at a highly technological birth there is still the possibility of a 'special' feeling just as there may be in a homebirth situation. There is no evidence to support that certain births are more joyful and special than others; this has certainly not been my professional experience. It is plausible however that some highly technologically focussed births are less joyful in those immediate moments as other concerns take priority. In both situations a baby is born and is equally significant.

Research agendas arising from dichotomous points of view continue to examine safety and risk in relation to issues such as place of birth, birth attendants and birth partners. Metanarratives and discourses informing the childbirth research language confuse and conceal a clear vision of what birth means and how it is experienced.

Many researchers concerned about contemporary birthing practices have attempted to unravel the implications for babies, women and their families and

communities, enquiring into women-centred holistic practices that facilitate gentler, physiological and empowering care while remaining safe (Behruzi et al., 2010; W. A. Hall, Tomkinson, & Klein, 2012; Powell Kennedy, Anderson, & Leap, 2010; D. Walsh & Devane, 2012; D. Walsh & Downe, 2010). Safety means different things to different people (Smythe, 2010). For example, women generally prioritize emerging unharmed and with a healthy baby but also seek peak and meaningful experience as central to the birth itself (Fahy, Foureur, & Hastie, 2008; J. Hall, 2010; Parratt, 2010; Thomson et al., 2011). In my experience, birthing women and those attending them have a need for physical safety but also to experience birth in some way as self-actualising (Maslow, 1964). The experience of being at birth is more than about being safe; it is experientially meaningful.

There is growing concern that belief in women's ability to birth physiologically is being questioned. This is accompanied by fear that something of experiential significance is being lost (Fenwick, Staff, & Gamble, 2010; McAra-Couper et al., 2010). Is something of experiential importance being lost in the face of 'technolust'¹? Some would argue that the ecology of birth is in jeopardy (Odent, 2011). Perhaps this lost experience is the feeling and meaning of 'joy' at a birth? How would birth privative of joy be meaningful to all those involved?

The increasingly technological nature of contemporary westernised childbirth may not be without consequences. Increased physical and psychological morbidity associated with rising intervention rates have been identified (Gourounti & Sandall, 2007). Kingdon, Baker, & Lavender (2006) have called for greater understanding into the complexity of modern technological birth arguing that further qualitative research is required.

Reproductive technologies and place of birth are defining the 21st century birthing experience (Douche, 2009; Downe & Dykes, 2009). Heidegger (1993/1954) argues that the ordered revealing of technologies can conceal or even eradicate the ontological or being of entities. In other words the meaning and significance of birth to families and those that support them through the childbirth experience in a technological atmosphere may be silencing something of significance and burying layers of meaning. Perhaps the increasing reliance and presence of technology at the

¹ Technolust: fascination and attraction to constantly new and perceived better technology in all facets of modern life; including the birth of a baby.

birth of a baby undermines the fundamental essence of the experience and meaning of joy at birth?

Birth place and maternity health providers

The birth environment, and who and how professionals working within it are central to the present organisation of childbirth care. Most childbirth research focuses on these two aspects without specifically examining how they interact during birth. Are those working in maternity care fearful or too embarrassed to express how meaningful and significant birth is to them? Perhaps they are so focussed on practicalities that significance and meaningfulness get buried in the “too busy and too hard pile”?

I am not criticising any one profession, group or individual. Midwives and obstetricians are part of a moral community of experts bringing values and knowledge that can be vehemently debated (Simmonds, Peter, Hodnett, & McGillis Hall, 2013). They gather at birth with understandings that inform their professional priorities. Despite these tensions Behruzi et al. (2010) report that all maternity care professionals believe that humanizing birth is optimal. Yet they claim this takes commitment and energy.

The metanarratives in 21st century birth point to universal beliefs and values based on concepts such as fear, safety and need for protection from intervention or introduction of new interventions. Has the moment of joy at birth simply become buried under the disputes about technological modes of being at birth?

Satisfaction with birth studies do not focus on meaning and do not often consider everyone present when a baby is born. There is no currently published literature focussed on the lived-experience of everyone there and involved at the time of birth. Exploration of how being at birth is a shared experience encompassing all who are present is essential for more complete understanding. How are people attuning to each other and their environment? Does this point to something uniquely shared and significant? What is the feeling of ‘joy’ at birth?

Exploration of meanings within their socio-cultural, historical and linguistic contexts results in deeper and more relevant understanding. Yet research of this type remains uncommon. USAID’s Maternal and Child Health Integrated Program (MCHIP, 2013) launched an international tool kit for respectful maternity care that highlighted culturally sensitive and socially responsive care. Although there are

examples of sensitive ways of working in maternity, the program recommendations appear more concerned with interventions than examining how birth is experienced as meaningful in different localities and peoples.

Birth holds differing meanings in different cultures and is interpreted according to different ethnic cosmologies. The International Confederation of Midwives has a statement of belief in which birth is held to be a profound empowering experience with significant meaning for women and their families comprising emotional and spiritual qualities (ICM, 2008). These aspects of birth are not amenable to measurement, conventional scientific scrutiny or readily accessible through words.

Spiritual and Sacred

The concepts of spirituality and sacredness in childbirth are beginning to be explored more than in previous decades. Some authors have surmised that birth for many midwives and women evokes spiritual experiences (Buckley, 2005; Doherty, 2010; Fahy & Hastie, 2008; Gaskin, 1977; J. Hall, 2012; Lahood, 2007). Published evidence for obstetricians is not available yet it cannot be assumed that they have no spiritual experiences. Spiritual and joyous experiences are personal and often occur in unexpected and surprising ways: “Soon you shall know surgery as a Mass served with Body and Blood... a jubilation possesses me, and I feel myself touched by something divine” (Retired surgeon: Selzer, 2001, pp. 64, 73).

I suspect there are many factors influencing the birthing process beyond those recognized by the current biomedical model and institutional organization of maternity care. These non-biological or non-rational experiences could be interpreted as instances of ‘Being’ or existence prior to thoughts that are pre-reflective. This ‘in the moment experience’, is an embodied knowledge or knowing that is not possible to conceptualize (Merleau-Ponty, 1962/2002; Wynn, 2002).

If spirituality involves a quest for the purpose in life and meaning to the project of living, then birth can be interpreted as the start of an on-going journey for the new baby, the parents, and family/community. Such experiences confront those at birth with something profoundly meaningful yet often inexplicable. Could the moment of joy at birth point to sacred significance and spiritual meanings that have been forgotten?

Bringing phenomenon to “feeling”

The purpose of this study is to more fully articulate feeling aspects of the birthing phenomenon so that those gathered at birth recognise and acknowledge the specialness of the experience. The experiential nature of the phenomenon of joy at birth is central. I believe that mothers and those assisting them will benefit from understanding the significance and meaning of this ‘joy’; an attuned joy ‘that assails us’ (Heidegger, 1927/1962, p. 175), a feeling that allows for the experience of something deep and profound not often spoken about in the world of 21st century western birth.

This study seeks knowledge and meaning about how we attune at birth, how this is significant and what, if any, meanings that holds for all those there. By bringing to light less visible meanings of birth this study deepens our understandings of 21st century westernised childbirth. Exposing the tensions inherent in western maternity could return us to the felt experience of specialness at birth.

What is essentially an interpretive philosophical question has practical implications for contemporary childbirth practices. It is not the intention of this study to assume that that 21st century westernised childbirth practices are privative or unwarranted, but rather to show how such approaches can conceal something significant and deeply meaningful.

This study does not seek to reveal an ultimate unmoving truth or theory, but to reveal, through existential interpretation, the phenomenon ‘the moment of joy at the time of birth’ bringing it to ‘feeling’ and surfacing possible hidden meanings.

Organisation and structure of the thesis

This thesis consists of ten chapters:

Chapter one sets the scene of the thesis, my pre-understandings, purpose, aim and justification of the study as well as central philosophical notions, use of specific words and rationale for using hermeneutic phenomenology.

Chapter two explores the methodology and philosophical underpinnings that inform the process of this study and what guided my thinking and analysis. This chapter is placed early in the thesis because the philosophical tone of this thesis is central to how the thesis unfolded.

Chapter 3 and 4 are a journey through ‘what is out there’ about the phenomenon of this study. This is a unique approach to literature reviewing taking on a hermeneutic lens congruent with the philosophical underpinnings as described in chapter two.

Chapter three turns to the history, culture and tradition through the use of myriad sources including literature, media, novels and historical sources. It explores how pre-understandings and effective historical consciousness construct the world in which birth happens. Drawing out the changing moods concerning childbirth provides glimpses of birth’s significance and evidence of how those at birth are attuned across time and cultures.

Chapter four builds upon this historical and contextual foundation to explore the presentations of joy at birth in contemporary research literature. This review does not confine itself to purely medical or midwifery research but includes texts from other disciplines that also shed light on the phenomenon.

Chapter five describes the methods used to enact this study acknowledging the hermeneutic phenomenological plasticity to method.

Chapter six to nine present the findings. They are named poiesis chapters because they are a gathering of ‘on the way’ insights more than definitive or immutable findings. The notion poiesis is congruent with the unfolding phenomenological analysis. Such analysis is concerned with revealing what is there while never claiming to have completely uncovered the entire truth of the phenomenon.

Chapter six drawing on the participant data reveals how joy at birth is made visible in times of disturbance and disruption. This chapter begins to show how joy at birth exists even when seemingly absent.

Chapter seven describes how that joy is experienced bodily and spatially. Joy in this chapter shows itself as embodied. Joy is also more than can be located or caused by physical places. Joy is experienced as conflation of embodied and spatial experiences. The distinctions of *place* of birth and the *space* of birth reveal more of the quality of attuned joyful moments at birth.

Chapter eight reveals the moment of joy as a shared experience at birth. This chapter points to a gathering that is significant and meaningful. How others are drawn to birth and how they are affected reveals the attractive and inviting potency of joy at birth.

Chapter nine evolves into a poetic style as the phenomenon shows itself in ways that are more difficult to bring to words. Birth is revealed as special, unfolding within a special moment that may include the experience of unseen others. This chapter surfaces more aesthetic and mysterious qualities exploring the space and silences that attune into deeper contemplation.

Chapter ten is the discussion chapter that gathers poetically together like the notes of a symphony playing in harmony. The key interpreted meanings are presented. Recommendations for further research are made and the implications and benefits for those at birth are explored.

Chapter 2

Methodology – philosophical underpinnings

To be successful one must combine a profound knowledge of philosophy with a deep sense of responsibility and an unblemished love for humanity
(Sarker, 1980)

Introduction

This study uses an interpretive hermeneutic phenomenological methodology informed principally from the works of Heidegger [1889-1976] and Gadamer [1900-2002]. In enacting this research I have come to understand that philosophical tenets of a hermeneutic phenomenology are inextricably linked to the study as a whole and thus embedded within the research project process itself. The integrity of a thesis is thus held together by the connection to the underpinning philosophy (Smythe et al., 2008). It is therefore important in this chapter to present key philosophical notions. Particular emphasis is placed on Heidegger's understanding of Being as foundation to interpretation, and his notion of attunement as shared experience. This thesis uses his, 'not-always-easy-to-grasp', words. Gadamer's hermeneutics draws attention to how text and understandings interact with the investigator's interpretations through the 'fusion of horizons' (Gadamer, 1960/1975). Both philosophers emphasised the reciprocity and contextual unity of phenomena that is central to this thesis.

This research is ontological involving the study of existential 'Being' as distinguished from a study of entities or material objects; 'beings' with a small b. Heidegger (1927/1962) argued that constituents of ontological analysis are equiprimordial, viz., having no structural list of lineal importance, "our first aim is to bring into relief phenomenally the unitary primordial structure of Dasein's Being [human existence]" (p. 169). The challenge in describing this philosophical approach is that there is no one place to jump into the process of understanding.

Nascent phenomenologist

Initial readings of the Heideggerian philosophical tradition were at times impenetrable. When trying to understand the application of such philosophical underpinnings in other's studies something of personal value became evident. For example, the Heideggerian notion of thrownness and its meaning in lived-experience was made clear in Young's (2011) thesis exploring midwifery burnout

(p.92). I was then able to revisit the original texts. As the reading progressed and the terminology became more accessible something of significance came to be revealed. As meanings and an on-going openness to possibilities inherent in lived human experiences were uncovered I realised the potential for this methodology to answer questions unanswerable by other methodologies. It quickly became evident that hermeneutic phenomenology resonated with my own life view and experiences. The way in which someone poses a research question is often integral to who he or she is in the world (Gadamer, 2008/1967). I began to understand that this was 'my tradition' as this was already the way I engaged with the world.

Tradition

The history of the phenomenological movement has been associated with several eminent European philosophers that stretch back in time to Hegel [1770-1831] and Brentano [1838-1917]. However it was Brentano's student Edmund Husserl [1859-1938] who is regarded as the father of phenomenology. Husserl confronted the scientific community for not acknowledging the human experience. He claimed that by ignoring this vital aspect of living subjects scientific endeavours produced artificial de-contextualised findings because important variables were missed. Husserl's main focus was exploring how phenomena were revealed in consciousness. He was the first philosopher to openly challenge Cartesian mind body dualism (Husserl, 2001).

One of Husserl's pivotal ideas is that of intentionality in which mind is directed towards objects. Another is the notion of bracketing or phenomenological reduction in which one puts aside the preconceptions and pre-understandings of the researcher. It was possible therefore, to remove outside distractions and personal biases from a study and its findings. Heidegger, Husserl's student, broke from these central Husserlian notions.

Heidegger turned his focus from epistemological questions of knowing to ontology and the study of being itself in lived-experience seeking meaning and sense of understanding. He used the term *Dasein*, Being-there, to describe a being open and intrinsically related to the world (Sheenan, 2000). This is the sense of 'I' that knows that it exists and is of issue to itself. Unlike Husserl, Heidegger understood consciousness and the world as inseparable entities. Consciousness thus becomes interpreted as an historical constructed lived-experience. For Heidegger it is the

situatedness in the world and the historicity of a person's background that allow for understanding the world from a certain point of view (Heidegger, 1927/1962). Context for Heidegger is central to Being and is inseparably part of the whole of our Being-in-the-world. Being and world are one and the same. My analogy illustrates this:

Sugar = a person
 Water = the context
 Sweetened water = Being-in-the-world.

Therefore to bracket or in some way to attempt, as a researcher, to separate my understandings from their context and my own pre-understandings is impossible. As Koch (1996) explains there is an indissoluble unity between the world and people. My life, professionally and personally, is always already with me in the world. Likewise participants in this study are similarly always already in an indissoluble everlasting unity as the sweetened water analogy illustrates. The traditions of phenomenology and hermeneutics are themselves in and of the world. Furthermore, they are not stationary; they come from a rich and textual thinking history that continues to evolve. Gadamer (1960/1975) maintained that such methodology is not fixed but continually open to new insights and possibilities.

Phenomenology

Phenomenology is an invitation to observe and collect data pertaining to people's experience of life world phenomena. It is a method for uncovering what lies hidden. Phenomenology is descriptive, focussing on the structures of experience and seeks to surface meanings of lived-experiences (van Manen, 1997). In the process feeling based understandings are brought into text form helping the invisible become visible (Kvale & Brinkman, 2009). Heideggerian phenomenology is fundamentally about Being and not about theories, ideas and problem solving. Phenomenology in this study focuses on the lived-experience of the phenomenon 'joy at birth'.

Phenomenon

Phenomenon, according to Heidegger, is that which is essentially withdrawn, hidden, forgotten, covered up, and even disguised (Heidegger, 1927/1962). Phenomena are always covered over and can never be completely uncovered. They are taken-for-granted in the everyday familiar backgrounds that are pre-reflective and often unnoticed. To examine and bring to awareness this background in its

wholeness is not possible and relates to the Heideggerian notion of truth that is always an on the way un-concealing (see below). Phenomena reveal themselves as appearance which is as close to the thing in itself as we will ever get, such as smiling with joy at birth. This is a hint of background joy yet the joy itself is not revealed entirely remaining both revealed and covered-up.

Phenomena can also announce themselves "I feel so overcome with joy!" Or, they can show themselves as semblance when what seems to be joy for example may in fact be representing something else. Thus the Being of phenomenon is always there but hidden, remaining unintelligible in such a state. But phenomena can be disclosed or unconcealed by reflection upon them making them explicit and seen; although something of that Being always eludes.

The thematising of phenomena brings the background into language. This study focussed on pointing out the background or familiarity of birth and revealing understanding of the phenomenon 'joy at birth' that seemed hidden yet also near. That which was unintelligible as pre-ontological understanding was made to show itself, as itself, from itself. Phenomenology provides the philosophical base and process for this.

Hermeneutic phenomenology as methodology

Hermeneutic phenomenological methodology is used when the research question seeks meanings of a phenomenon that intends to disclose understanding of a human experience (Crist & Tanner, 2003). Hermeneutics is the study of meanings, relationships and thinking upon relationships in context; it is not a study of objects separate from the whole (Gadamer, 1960/1975). Hermeneutics seeks to explicate and reveal inner meaning of human lived-experiences and is the art, skill of interpreting and understanding of such meanings. Hermeneutics names the mode of existence and uncovers conditions of existence. Such an approach does not seek to construct labels of phenomena contributing to discourse, but rather reveal the meanings of Being-there or Dasein as an ontological enquiry. From within life, life is questioned and it is phenomenology as method that lets things show themselves relationally. This corresponded with the guiding question of this project: *What is the experience of joy at the birth of a baby and how is this joy significant and meaningful?*

Inherent in questions of lived-experience is a desire to reveal meaning and to understand the human experience, in this case birth from the perspective of those

present in that moment. The methodology and goals of my study as Ajjawi & Higgs (2007) insist needed to flow directly from my initial research question. Although the initial question lead to the philosophy the philosophical lens consequently both influenced and guided the questions asked of the data and helped reveal the interpretations, relationships and understandings.

Through the interviews, field notes, literature and several public presentations (Crowther, 2011a, 2011b, 2012a, 2012b, 2013a, 2013b) meanings began to be revealed. The methodology provided an opening into the lived-experience of joy at birth. Through the application of a hermeneutic interpretive phenomenological lens I came sensitised to the different human ways of Being-in-the-world of birth (Dreyfus, 1991). The purpose of using this methodology was not to generate theories, solve problems, present generalizations or develop a way of predicting the phenomenon joy at birth. The purpose was to describe the experience of attunement at birth and uncover meanings of such lived-experience whether it was joy or another attunement. Both experience and meaning was sought.

This project required an intimacy between the texts of the participants' experiences and my mind or 'the bridging of personal or historical distance between minds' (Gadamer, 1976, p. 95). Gadamer moved the work of Husserl and Heidegger into a more practical application of hermeneutic phenomenology and therefore informs much of the process of this study. In *Truth and Method*, his major work, Gadamer (1960/1975) articulated a philosophical approach that highlighted the conditions through which understanding itself takes place.

'Hermeneutics' and 'phenomenology' of Heidegger and Gadamer underpin an evolving methodology that can be utilized in the pursuit of human understanding. The participants and the researcher in this study were already and always 'Being-in-the-world' in pre-reflective and self-interpreting states.

The phenomenological approach provided an avenue to delve deeper into the humanly lived-experience of joy at birth. Meanings that may have been forgotten were revealed through sustained exploration and questioning of this phenomenon hermeneutically.

Being-in-the-world

The world and the people within it are 'the world'. Being-in-the-world of birth is a unitary phenomenon. The use of hyphens in Heideggerian notions emphasises the unitary nature of phenomena. Being-in-the-world in effect is an involuntary condition of our existence. This is not to be confused with the idea of a spatial relation but rather an existential relation with the entities of the world (Dreyfus, 1991). Meaning is always in the context of the interrelated notion of Being-in-the-world and is the standpoint for all understanding.

Activities and events unfolding in the world reveal meaningful and significant encounters. Meaning can be submerged in the background of Being-in-the-world as things become unnoticed and taken-for-granted. The taken-for-granted or familiar aspects of lived-experiences are often pre-reflective and common sense (Husserl, 2001). For example, feelings of happiness when a baby is born may appear obvious but the meaning of that happiness or joy can remain concealed or be forgotten.

Heidegger identified modes of Being-in-the-world as present-at-hand and ready-to-hand (Heidegger, 1927/1962). Present-at-hand modes of being are not how things in the world are normally encountered in everyday life. In this mode of Being things become separated from the relational whole of Being-in-the-world. The sugar is separated from the water following the previous analogy. Ready-to-hand is a more primordial ontological mode of being. It is the background familiarity that rarely comes to awareness. Yet, when ready-to-hand things in the world break down they become unready-to-hand, such as the door that gets stuck. The broken down things come to awareness as present-to-hand; the broken lock on the door that needs fixing. The door as a passage to another room becomes stripped of its pre-reflective ready-to-hand mode of being. These notions guided analysis of the participant's stories in this research project. These notions are explored in response to analysis of participant's stories. It is clear that Being-in-the-world is central to an understanding of Heidegger's thesis. Another central and related notion is Dasein that equates to Being-in-the-world.

Dasein and mortals

The words Dasein and mortals are used interchangeably to describe human beings who are always engaged in the world in some way. The German word Dasein means, simply translated, 'Being-there' or an openly engaged human-being. Dasein,

according to Heidegger (1927/1962), is an aspect of Beingness that is able to inquire and wonder about its own existence or its Being-there of existence. It is that sense of I that is at issue with itself. The reciprocal movement between things in the world and mortals contributes to meaning in a relational interconnected totality (Heidegger, 1971/2001, 1982). Dasein, by its nature, lives life relationally with-others. Dasein is thus interpreting and existing hermeneutically.

Dasein is further constituted by several existentials that inform the findings and conclusion of this thesis. This includes the notions of temporality, spatiality, embodiment and relationality. van Manen (1990) called these lived-time, lived-space, lived-body and lived-other. Other existentials were always possible and openness was required so as not to fix interpretation but always return to the phenomenon itself. Thus Dasein refers to an openness to possibility (Sheenan, 2000). I remained open to the possibility that Dasein at birth could be different and more than that found in the philosophical literature.

Dasein's Thrownness

Dasein is also always thrown somehow. We are thrown in our lives; this is an inescapable attribute of our Being-there (Heidegger, 1927/1962). For example we are thrown into our family, our culture and history at birth. I am thrown into moments of birth as a midwife as I am thrown into a world of maternity services. Agamban (1999) suggests "Dasein is brought before other beings and above all before what it is itself; but since it does not bring itself there by itself, it is irremediably delivered over to what already confronts it and gazes upon it as an inexorable enigma" (p. 193). The participants were thrown into the world of the baby's birth. They were thrown into sharing a natal world with others, being confronted and affected in ways that were only partially known.

This thrownness is not referring to brute fact or the factuality of a concrete historical situation but rather that something already informs our existence and is often unnoticed and unattended. This implies dialectic of concealment and unconcealment in our existence. We do not fully know how we are thrown in that moment at birth (Crowther, Smythe, & Spence, 2013). Making this thrownness intelligible is the purpose of Dasein's attunement.

Attunement

I have used Heidegger's notion of attunement to access the phenomenon of something special at birth, in this case a joy at birth that is complex to articulate. In-depth interpretations of this central notion are thus integral to the thesis as a whole and are regularly revisited throughout. It was attunement at birth that claimed my attention at the start of this study. Grappling with a hunch that something shared and significant was 'going on' at births I was inspired by Heidegger's notion of attunement and could see that it provided a gateway into what I understood as shared experience at birth.

Translation issues

Heidegger uses the German word 'Befindlichkeit' to describe that aspect of Dasein which is receptive and provides ways of knowing what matters to it. This is not a common German word and in translation many words have been proposed such as attunement, mood, disposedness, affectedness (Dreyfus, 1991). Smith (1981) suggests *findedness* which signifies how attunement finds a world disclosed to Dasein. *State-of-mind* is employed in the Macquarrie & Robinson translation of Heidegger (1927/1962) but can be confusing as it implies some other state beyond mind. Other words such as *situatedness*, *disposition*, *atmosphere*, and *pathic sensibility* have been used (van Manen, 2007). The literal translation is 'where-you're-at-ness' but, as Dreyfus (1991) states, this removes the aspect of sensitivity to situations.

The German word for mood is 'Stimmung' but used alone only signifies how Dasein is attuned rather than the ontological basis of attunement. Moods as affective states and emotions are only part of what attunement is ontologically. Heidegger moves between definitions and evolved his notion of attunement in later writings (Heidegger, 1995). In this study I use the notion of attunement aware that this may not imbibe the totality of meaning that Heidegger inferred.

Attunement and thrownness

The *thrownness* of Dasein is disclosed through its attunements. In relation to this study, I know that the world I am thrown into is not of my choosing because thrownness is non-volitional. I am caught up in this world needing to continually engage with the values and practices of the maternity world. It is the attunement of

that world which discloses how I make sense of it. Attunement at birth thus unveils our Being-there.

Knowing and naming attunement would thus appear impossible because it is an existential experience. Exploring thrownness assists revelation of the phenomenon of attunement at birth. Attuning allows lived-experiences, such as joy at birth, to become intelligible.

Attunement can refer to the individual attuned state as well as the cultural sensibility or mood of the times and thus provides a context that governs the possibility of other moods (Dreyfus, 1991). Being thrown in terms of cultural sensibility and attuning at birth from a particular perspective raised challenges for me as a researcher. The persistent burden in this research was to ask questions to make transparent that which was concealed.

Attunement and affective states

Attunement is an ontologically descriptive notion that is made concrete in ontic affective states such as moods and emotions. The ontic dimension is that which is measurable and visible. Examining such moods provides an indication of the ontological background of attunements. Ontic moods are foregrounded and attunement is the backgrounded basis upon which ontic moods manifest. In other words, attunement is the background workings of Dasein. Daseins are always attuned somehow making the foregrounded ontic affective states including moods and emotions possible. Attunements are not merely passing personal feelings or emotions but are intrinsically a part of the shared experience of Being-in-the-world.

Attunement as shared communication

Attunements are not necessarily private. They can be social and public and represent ways of Being-with-one-another. They provide a sense of collective and personal experience of how a situation is unfolding and how we are faring; a public shared communication that reveals the situated experience of being at birth. Yet there are instances in which an individual may not share the collective mood, failing to attune to the atmosphere of the moment. Nonetheless, Heidegger contends: "Dasein always has some mood. The pallid, evenly balanced lack of mood, which is often persistent and which is not to be mistaken for a bad mood, is far from nothing at all" (Heidegger, 1927/1962, p. 173). It is possible to turn toward or away from attunements but, in turning away, one is attuned to another as Dasein is always

attuned somehow. We are thus always tuned into the things that matter to us as the *tuning in* is our mood (Blattner, 2006; Q. Smith, 1981). “Existentially, attunement implies a disclosive submission to the world, out of which we can encounter something that matters to us” (Heidegger, 1927/1962, p. 177). Attuning to something that matters to us in our thrownness thus awakens attunement. The attunements available to Dasein in shared experience are governed by fore-structures and historical consciousness that are discussed later in this chapter.

Awakening attunement

According to Heidegger it is not possible to verify attunement but we can draw attention to it and awaken it: “we shall not speak at all of ascertaining a fundamental attunement in our philosophizing, but of awakening it. Awakening means making something wakeful, letting whatever is sleeping become wakeful” (Heidegger, 1995, p. 60). This urged me to pay close attention to the phenomenon of this study as the ‘sleeping’ attunement of joy at birth, was something both absent and present.

Attunement is pre-reflective and pre-cognitive

Attunements set the tone and attune us to the manner and way birth unfolds. Yet, exploring attunements and naming them is difficult because they are only disclosed in a primordial and pre-reflective way (Dreyfus, 1991). Heidegger asserts that attunements are only uncovered in times of breakdown (Heidegger, 1927/1962). Breakdown in birth experiences can serve to awaken attunements so that they become visible (Crowther et al., 2013).

Attunement opens to possibility

Attunements open mortals to forward possibilities: “Mood has already disclosed, in every case, Being-in-the-world as a whole, and makes it possible first of all to direct oneself towards something” (Heidegger, 1927/1962, p. 176). Moreover, such attunements would seem to open the shared world up to possibilities. For example the jollity of a party could open possibilities towards making new connections with others that would not normally be in the circle of contacts of everyday life. Attunements thus provide opportunities that open to possibilities not yet known.

Grounding attunement: Grundstimmung

There are moods as Heidegger identified that are fundamental-grounding attunements or Grundstimmung. We are often unaware that we are attuned to

them. For example families and health care providers are thrown into the grounding attunement of 21st century maternity care. Yet these grounding attunements such as fear and joy often lie quiescent in experiences.

Grounding attunements orientate us to the world; investing that world with significance that shapes perspectives of that world. These are basic attunements that Heidegger calls irruptions that are all pervasive, intense and overwhelming. Such attunements do not just colour our world but take us over and alter its structure, changing the way we view the world in profound ways. These attunements can carry “us away to the limits of beings” (Heidegger, 1989, p. 223), taking us beyond ourselves. Battaly (2011) refers to this as a totalizing attunement that organizes our world into a whole that is meaningful. Heidegger says such attunements “can occur out of the blue, and precisely whenever we do not expect it at all; certainly there can also be situations in which this fundamental attunement irrupts, situations which are personally quite different with respect to personal experience, occasion, and fate” (Heidegger, 1995, p. 135). This last insight is key to understanding attunements as more than passing affective states but something foundational and basic in the experience of Being-there at birth, akin perhaps to the notions of passion and joy.

Attunement and passion

Heidegger (1961/1981) speaks of love as a basic passion, a mode that constitutes Dasein. Passion can be revealed through powerful emotions, such as love, joy, hatred, or anger. Love and hate are thus seen as passions rather than mere feelings. “While affects such as anger and joy are born and die away in us spontaneously, love and hate, as passions, are always already present and traverse our Being from the beginning” (p. 198). Speaking about the passion of love Heidegger says:

Love is never blind: it is perspicacious. Only infatuation is blind, fickle, and susceptible – an affect, not a passion. To passion belongs a reaching out and opening up of oneself. Such reaching out occurs even in hate, since the hated one is pursued everywhere relentlessly. But such reaching out in passion does not simply lift us up and away beyond ourselves. It gathers our essential Being to its proper ground, it exposes our ground for the first time in a gathering, so that the passion is that through which we take hold of ourselves and achieve lucid mastery of the beings around us and within us (Heidegger, 1961/1981, pp. 47-48).

The exploration of Heidegger's analytic of attunement and passion appeared far reaching. It provided a freedom that could reveal an opening to the mystery of something at birth, an "ancient something which conceals itself" (Heidegger, 2002, p. 24). This, in turn, draws upon the notion of longing in Heidegger's work on Schelling where a sense of silenced inner longing for rootedness and belonging gets nearer to a self-concealed self (Heidegger, 1985). It also touches on Otto's (1917/1923) notion of the numinous and Schelling's upsurge of yearning in the ground of God (Heidegger, 1985). These writings reminded me of the vastness of how joy as a possible grounding attunement at birth is experienced and interpreted. They also hinted at attunements as communication between world and Dasein in reciprocal interplay.

Attunements as messengers

The notion of attunements as messengers provides an opportunity for opening to ever-new understandings (Plebuch, 2010). This study required hermeneutic engagement with messages from participants and the reviewed literature.

I became increasingly attuned as the literature and participant data joined with my own thinking by what they messaged. I allowed myself to receive what was being given to me as only what I allowed to address me was received (Heidegger, 1982). Everything that happens to Dasein on some level Dasein allows. Remaining open and attuned I was constantly going beyond my own limits in listening and questioning (Heidegger, 1982).

Knowing how to approach the phenomenon allowed access but in accessing the phenomenon the phenomenon itself changed itself as I was and am hermeneutically in the world (Gadamer, 1976). For example in reading a participant story I was always attuned and interpreting through the process. At the end of the story I would have a different understanding. When I returned to the same story at another time other interpretations called out as the text and my reading where in an endless dialectic process. Attuning to the stories in text was crucial. What was revealed was never static as the hermeneutic relational play in reading text proved continually dynamic "not simply speak its word, always the same, in lifeless rigidity, but gives ever new answers to the person who questions it and poses ever new questions to him who answers it. To understand a text is to come to understand oneself in a kind of dialogue" (Gadamer, 2008/1967, p. 57). To attune to an attunement is to be

receptive to its call and let it appeal to us. Heidegger's later work (1982) and his use of the terms messengers, hints and gestures are central to this thesis. The messenger hints of something to be investigated and invokes questioning. How I was attuned disclosed what was being revealed. I remembered constantly that world came to me meaningfully as messenger and I came to the world always already interpreting yet needing to question the messaged hints being given.

Gestures, hints and traces

For Heidegger, gesture is a pointing out of something that may not be obvious but calls to us as hints. A gesture can point beyond human experience to something ineffable that shows itself from within experience as hints. A gesture announces that something is coming (Heidegger, 1982). For example the gesture of birth perhaps hints at something special arriving. Hint, according to Heidegger, is also a call to questioning that unveils what confounds us as human beings. A hint never provides the final answer it merely signals a possible way forward.

The hint that beckoned me to questioning at the start of this study was something ineffable that provoked a desire in me to know more about the nature of Being at birth and what meanings it held. This hint left a trace from wherever it came. Simply put I was left with a hunch. Hints thus arrive in response to a desire to understand something in an open and receptive manner. They do not come from the receiver but the phenomenon itself which calls out. Hints beckon, invoke and encourage thinking.

Inseparable and mysterious the dialectic continues. Individual stories message the phenomenon that hint at something. There is hinting in the message of stories. Ultimately it was not the individual stories themselves but common meaning that surfaced that forever changed how the phenomenon was understood. Understanding is thus not purely unilaterally coming from Dasein but dialectic between the something at birth and Dasein.

The messages in this research came from a variety of sources; participant interviews, literature reviews and listening to others at conferences, work and in my personal day to day life. This was not only words but how they attuned. I came to see that everything messages; both words and attunements were messengers. They all left me with a trace of themselves in their gifting. Attunements can therefore be messengers that gift something in their disclosing worlds that we are thrown into.

Mortals are always connected to the giver of the message as that is what makes it a gift. Both giver and receiver are left with a trace of each other (Heidegger, 1982). In the gift of the disclosure a trace of the giver remains. Without that remaining trace it is never a gift, for it is not possible to fully appropriate anything. Mortals are, however, touched and affected by these gifts and are grateful. I was touched and grateful for the gifts given in the data collection of this study.

Like a loved one who gives a gift as a gesture of affection that hints at their concern for you; there is a connection. As receiver of the gift I retained traces of the giver. The giver of the gift retained a trace of the gift. Responding to the message, I was left with a trace that connected me with something ineffable that invoked more questions. This indefinable quality at birth is something that I was deeply concerned about.

The structure of care

According to Heidegger we are always concerned with something. Thus our basic structure of involvement in the world is 'care'; only in a dis-interested mode do we become disengaged, disinterested or negligent observers. Concern is a characteristic of existence which makes visible who we are as care. Being-in-the-world is to care and care is synonymous with Dasein's Being (Heidegger, 1927/1962). In care's positive mode, I always care about things somehow and in some way in the world. However I can also be dis-interested or negligent in my care.

Care, in this context, is not concerned worrying but care of something that matters (or not). Defining Dasein's Being as care and therefore Being-with-others relationally is the fundamental way of Dasein understanding. I am reminded of my own primary characteristic of Being-in-the-world as midwife-researcher and my involvements with the concerns in that world and how they are expressed as care. Care as providing comfort and assistance is something that arises from this ontological notion of care. The concern we have of Being-with-others and how we are comported in the world is akin to solicitude (Heidegger, 1927/1962). This notion is revealed further in the findings.

How we come to understanding

There is recognition and acceptance in hermeneutic interpretive phenomenology that those involved in research are inextricably situated in their worlds (Merleau-

Ponty, 1962/2002; C. Taylor, 1989). According to Heidegger (1927/1962) any interpretations are influenced by our fore-structures including our history and cannot be removed from our understandings. In hermeneutics the subject and object are in continuous dialogue until there is a fusion and the boundaries between begin to dissolve.

Gadamer (1960/1975) further asserts that every researcher has prejudices, a culture and a fore-structure. The fore-structure is a template consisting of fore-having, fore-sight and fore-conception. This tripartite structure of understanding is the basis of interpretation and understanding (Heidegger, 1927/1962).

Fore-structures of understanding

Heidegger's three fore-structures of understanding constitute the basis of interpretations. Fore-having is the pre-understanding or judgements that I have in advance due to my historical and cultural background. It is the interpretation grounded in the context of my life that I had in advance of commencing this research. Fore-sight included the seeing something *as* something, such as birth as special or sacred. The interpretive or hermeneutic 'as' recognises that a phenomenon is understood *as* something – in this case, birth specialness *as* potentially spiritual and sacred. I had suspected this meaning in advance of interpreting the data. Fore conception was how I understood and how I was led to the questions asked and what I in advance conceptualised and expected to find. I held conceptions of the phenomenon that were grasped in advance.

Pre-understandings need acknowledging

In relation to this my own pre-understandings or prejudices required continual identification. Pre-understandings are inextricably part of this study and are therefore consistently highlighted through the pronouns 'I' and 'my' as introduced in chapter one. This was vital to understanding the dialectical nature of the endeavour and to achieve clarity and integrity of the research process. My fore-structures of understanding are further explored in chapter five on methods.

Using a Heideggerian approach to phenomenology I was not required to bracket and put aside my own pre-understandings or theories as suggested by Husserl's (2001) transcendental phenomenology. On the contrary, the process included the significance of the existing lived world and its meanings that I find myself thrown into as human being, midwife, midwifery lecturer and researcher.

As researcher I brought my thinking to a phenomenon that continually disclosed itself from the phenomenon itself to me. My thinking and what was being disclosed fused and evolved understanding. I was not separate from this Being-in-the world of birth and this contributed to the creative unfolding methodology. Phenomenology was the seeing and experiencing of the joy at birth and the hermeneutic understanding acknowledged that I was always already in the world of birth interpreting and bringing meaning. This is also influenced by the voice of the One or dictatorial They.

The voice of the One ²

The One is the faceless tide of public opinion and values around birth that leads to conformity or non-conformity. The One is not construed as negative but an aspect of our Being-in-the-world with others. Heidegger (1927/1962) contends that surrendering ourselves to the voice of the One is problematic. To be aware and question the dictates of the One is a more authentic way of Being-in-the-world that reveals further possibilities. Although Heidegger recognises that both authentic and inauthentic ways of Being are part of Dasein to be authentic is to be present and fully aware and engaged and not fallen into the dictates of the One. To be authentic according to Heidegger would enable genuine understanding of contextual complexity in which lived-experiences unfold.

Historical effective consciousness

Gadamer (1960/1975) asserts that our pre-understandings/prejudices are not only existential or ontological but also fully inserted within tradition. Midwifery and childbirth come with their historical consciousness revealing an historical horizon of the birthing human experience as it is now. "In fact history does not belong to us; we belong to it. Long before we understand ourselves through the process of self-examination we understand ourselves in a self-evident way in the family, society, and state in which we live" (Gadamer, 1960/1975, p. 278). All of my pre-understandings were thus historically limited and linked to my prejudices of the phenomenon influencing my interpretations and understandings. Prejudices are often paradoxical, oppositionally coexisting as enabling or limiting, true or false:

True prejudices facilitate further understanding while false prejudices hinder such development. Prejudices originate from past experiences and influence

² The notion is sometimes referred to in Heideggerian writings as the 'dictatorial They'.

future possibility. They enable us to make sense of the situations in which we find ourselves, yet they also constrain understanding and limit the capacity to come to new and different ways of being. It is this contradiction that makes prejudice paradoxical... accepting the notion of paradox is therefore a means of keeping tensions alive and possibilities open" (Spence, 1999, pp. 163-164).

Enabling prejudices thus allow for openness and receptivity. Limiting prejudices do not honour difference and newness, potentially restricting the emergence of novel alternative understandings (Spence, 2004).

My pre-understandings were not merely abstract or ontological but part of the birthing and midwifery tradition made up of that history. This was part of my fore-structured understanding; my involvement in birth is always based on subjective prejudice. This is not just subjective meaning of the historical as my prejudices were not only embedded in the history of the tradition of birthing and midwifery but provoked my ontological questioning.

This historical horizon was not just about the history handed down to me and others about childbirth but how I interpreted and responded to my day to day lived-experience. As historical effected mortals past understandings meet us in the present and thus influence how experiences are interpreted: "Our historical consciousness is always filled with a variety of voices in which the echo of the past is heard" (Gadamer, 1960/1975, p. 285). I understood that I was in a world informed by the actions of those that had been before that shaped my contemporary personal beliefs and understandings that the phenomenon became intelligible to me (Heidegger, 1927/1962). This was unavoidable as prejudices are required to open up to what is to be understood (Gadamer, 1960/1975). Prejudices are therefore construed positively; they are pre-judgements of the phenomenon studied that are able to change. They are the starting point of investigation and provoke questioning from a certain point of view including interrogation of these personally held pre-judgements themselves.

It was imperative to keep questioning so as to enable open engagement with the phenomenon and not become rigid so that new understandings could surface. For example midwifery has a history involving political and professional status struggles. It holds a perspective on birth as a social and normal life event that involves relationships and partnerships. This history and these beliefs are central to my midwife view to birth today. Yet there is also the history of the women's

movement, evolution of obstetrics and anthropological horizons, to name a few, that contribute to the way birth is enacted today. These horizons are explored further in the following chapter.

Historicity is closely bound up with relationship one with the other; past and present. The historical horizon of conscious Beings is in the world and can appear to be limiting. Yet, Gadamer (1960/1975) contends that understanding of contemporary experiences and their historicity results in a fusion that contributes to a more comprehensive understanding of the present. I acknowledged the messages of the past while remaining conscious not to be totally thrown into that historical perspective. This would have left me unreceptive to the messages and hints from the phenomenon of the experience as it was in front of me now. I heeded Gadamer's (1960/1975) cautionary advice:

Does understanding in human sciences understand itself correctly when it relegates the whole of its own historicity to the position of prejudices from which we must free ourselves? Or does 'unprejudiced scholarship' share more than it realises with that naïve openness and reflection in which traditions live and past is present? (p. 283)

Engagement with the historical horizons opened up ways to view that which was unfamiliar. I was able to move beyond and see things that did not sit well in the initial knowing concerning the attunement at birth. Further understandings and deeper meanings hidden within and part of traditions that inform 21st century birthing practices were able to surface and join my thinking. My past met me continually in the present and was part of the understanding that made up the flow of spiralling interpretations. As researcher, educator and practising midwife I therefore had a sense of what matters, a hunch and prior understanding. Gadamer calls this prior understanding our historical effective consciousness "...an element in the act of understanding itself ... (that)... is already effective in *finding the right questions to ask*" (Gadamer, 1960/1975, p. 301: original italics). As natal beings we are all affected by birth and thus distantly or intimately always in and around birth somehow. As discussed earlier the phenomenon messaged and hinted towards something. I was therefore affected and touched by the world I live in as natal being and midwife and compelled to question.

Gadamer suggests that disclosure of my own interpretations and pre-understandings helps to develop awareness of my prejudices (Gadamer,

1960/1975). This is an iterative process that deepens the knowledge of what is known and what is being sought to know through a dialectical interplay between the parts and the whole (Gadamer, 2008/1967). This process began from the start as I was faced with the tensions revealed in the literature and challenges of bringing this research topic to the academic world. It was important to continually ensure that past, evolving and present understandings were constantly questioned to further reveal the phenomenon.

With the above in mind, excavating and becoming clear about my pre-understandings or pre-judgements was crucial. Effective historical consciousness highlights how understanding emerges in the hermeneutic situation. Personal pre-understandings and evolving interpretations were collected in a concurrent field notes diary and are throughout this thesis. This is in order to show where I was coming from and how I was attuned and faring as researcher. This is explained further in the methods chapter.

An endless interpretive process

The interpretive process was an on-going movement from the parts to the whole and the whole to the parts relating to the phenomenon of joy at birth (Gadamer, 1960/1976). Entering the interpretive process began at the inception of the study, in my thoughts, readings, discussions, draft proposals and initial presentations. I was already engaged and drawn to the phenomenon. The phenomenon always and somehow held meaning and significance for me. I was not able to hold the phenomenon 'out there' objectively. My deepening understandings were not so much a hermeneutic 'circle' but a dialectic movement that spiralled and expanded.

The notion of a hermeneutic circle was challenged by Heidegger in his later work. The circle became more expansive and relational with the mirroring of beings and Being in ways not articulated in the 1927 *Being and Time* (Heidegger, 1982). The reciprocity of relational interpretation was understood as a process that develops and grows; parts to whole back and forth constantly expanding. This more expansive and inclusive view shows how world, in this case world of birth, gifts messages providing hints that take us to limits beyond that which is purely within our own capacity to understand and interpret. According to Gadamer the world and Dasein are in constant dialectic play (Gadamer, 2008/1967). The world no longer depended on Dasein and things in the world were no longer purely purposeful

objects for Dasein. There is reciprocity between the things of the world and Dasein which was not explicated in Heidegger's earlier work (Heidegger, 1971/2001, 1982).

The metaphor image of a circle is therefore limiting because the line of a circle always arrives back on itself. I found that the circle metaphor became a never ending spiralling of expansion at the limits of endless possibility as the play unfolded. To spiral and expand in this study meant never to arrive back at the start as I found that the start no longer existed; I was unable to return to my prior understandings.

Fusing of horizons

The process brought new insights and new experiences to the fore in an ever-evolving process as conflicts and readjustments to the new were brought into play. This is dialectic of meaning that is the scientific systematic way to build up deepening understandings according to the intention and ideological disposition of myself the researcher. I needed to remain both methodical and disciplined while dwelling in and working with the data of this study as emerging horizons of understandings surfaced. Lavery (2003) describes Gadamer's notion of horizon as "...a range of vision that includes everything seen from a particular vantage point...to have a horizon means being able to see beyond what is close at hand" (p.10). This study was a process of different horizons fusing that revealed new wholeness that was more than the sum of its parts.

The intention in this thesis was to gather knowledge about a human phenomenon. This knowledge was revealed by coming to understand it and interpret it through a dialectical interplay of inside and outside meanings of its wholeness. Engaging with the data of this study was a process of bridging between my limited horizons with those limited horizons of the data.

Truth as un-concealment

The Greek word *alétheia* (ἀλήθεια) used by Heidegger to mean truth, includes the notion of un-concealment. Truth is not mere agreement or/and correctness but in Heideggerian terms an un-concealment of that which was hidden, covered up, forgotten (Heidegger, 1927/1962). Dasein is both in truth and untruth in a dialectical play. Truth is thus an un-concealing of phenomenon. Heidegger's allegory shows Dasein's constant dialectical movement: "The goddess of truth who guides

Parmenides, puts two pathways before him, one of hiding; but this signifies nothing else than that Dasein is already both in truth and in untruth" (1927/1962, p. 265).

Something in phenomenon remains always concealed even though parts become un-concealed. Phenomena are always in withdrawal, always partly hidden, never fully grasped. Bringing phenomena to language and interpreting exact meaning remains often elusive. A phenomenon plays between showing itself and hiding itself. It is never possible to get to the whole truth. The phenomenon of this study was no different.

The spiralling understanding of experience never ends yet, articulating the meaning of a phenomenon within the context of research requires some form of ending. This was not an abrupt moment in time but a moment always on the way. This time was a time when contradictions in the data ceased and previously hidden meanings had been unconcealed revealing a new horizon that was brought to language. The end of this study was where I chose to step off. The interpretation of 'truth' was only revealed to the point I chose to finish.

Heidegger as unique philosopher and controversial political agent

As a student new to Heidegger's work, I was cautioned by my supervisor of his collaboration with the Nazi party. Derrida in an interview quoted on film an Aristotelian notion, 'philosophers are born, think and die' (Kirby & Kofman, 2002) . However, Heidegger also did things that led to his life being one of controversial behaviour and attracting international distain particularly his involvement in the Nazi party and treatment of fellow Jewish colleagues. As this chapter has argued; all things arise in context. Gadamer (1994) his student remarks that an appreciation of the mood at the time in Europe needs to be understood.

How Heidegger was attuned at the time perhaps reflects the grounding attunement of pre-war Germany. This remains open to debate and conjecture. It appears that Heidegger stopped his involvement in the Nazi movement once leadership changed to advocate overt racism and genocide but he did however remain a member. Many authors have presented their interpretations for and against the actions of Heidegger at this crucial time in German history, Farias, (1991), Bambach (2005), Lang (1996), Krell (1992), and Safranski (1999).

Farias (1991) is particularly convinced of Heidegger's proven involvement in the Nazi regime and is opposed to the notions of mere self-protecting and personal compromise often advocated in Heidegger's defence. He accuses Heidegger, using evidence through historical documents, of being a principled adherent to National Socialism and that his philosophical works were in effect anti-democratic and totalitarian in emphasis: "philosophical and political ideas in themselves bring us back not only to the world in which they exist but also to the practical objectives of the person defending them" (Farías et al., 1991, p. 3). I was thrown by my readings and felt unclear initially by this connection to Nazism.

I do not wish to provide a detailed account of Heidegger's involvement or wish to engage in the debate surrounding the controversy but to assure the reader that I am focussed on the philosophy which Heidegger has given us and the profundity of his thought. Having read and informed myself of the issues laid here I was particularly aware of reading Heidegger with a cautious lens returning always to the phenomenon itself. I had misgivings about using Heidegger's work for this study and reflected on each aspect of what I included to ensure it was not coloured by social nationalist values. As with other writers, such as Hannah Arendt and Jacques Derrida I have not seen in his writings any trace of his connection with Nazism or anti-Semitic thought but I remain open and vigilant to that possibility. Arendt argued that his involvement with Nazism was an error of his judgement at the time and has little to do with his philosophy (Arendt, 1971, Oct 21st). Heidegger did things, things that shall never be totally understood and remain indefensible. It was a challenge reconciling a philosopher's behaviour to the sublime philosophy he gifted to the world.

Reading and interpreting the works of related 20th and 21st century philosophers that built upon Heidegger's work I was able to see through to the essence of the philosophical insights and move onto evolving such insights in the process of this study in praxis. I remained aware that perhaps any philosophy from such a man may prove unworthy of what I was hoping to reveal in this study. However Heidegger's analytic of Being in the 1920s and his later works on how that Being reveals itself in relation to the beings of the world is central to this methodology. His notion of attunement is the essential connecting thread of this thesis. As such his philosophical notions provide an invaluable depth to this study.

Conclusion

This chapter has introduced the philosophical underpinnings of this research and explored the central notions used in my thesis. The implications of Being-with-others-in-the-world-of-birth have been presented and the relational quality of existence highlighted using the notions of hints, gestures and messengers. Being, attunement and how beings are in a state of reciprocity are crucial to understanding my argument.

Through personal and clinical engagement with childbirth I brought pre-understandings to this enquiry. Identifying the fore-structures of understanding provided a background for subsequent interpretations. The notion of horizons; both temporal and cultural, revealed different perspectives and how these were dealt with using this methodology. The use of Heideggerian language afforded speaking in a distinctive way about the lived-experiences of being at birth in 21st century western maternity. My concern was that contemporary language concealed something essential yet hidden in the experience of birth as it is often enacted daily in maternity services.

Bringing to light the concealed demanded a methodology that acknowledged the depths and detail in pre-reflective human experience. I sought to avoid superficiality and sentimentality by remaining close to the phenomenon. Bringing the phenomenon 'joy at birth' to language demanded a methodology that would uncover the ontological experience and surface hidden meanings in a flexible yet systematically scientific way. Hermeneutic phenomenology as the philosophical basis for this inquiry also provided the tools for engaging with the phenomenon and a call for sustained contemplative thinking that allowed something of significance to be un-concealed.

Returning to the notion of effective historical consciousness, an aspect of the hermeneutic situation, the next chapter contextualises this study historically and contemporaneously through the seen and unseen stories of joy at birth as it has evolved through the ages.

Introduction to the literature review chapters

The next two chapters examine the literature in relation to joy at birth. The purpose of these reviews was to situate the phenomenon, identify that there was no other study focused in the same way on the same phenomenon of this study. It was never intentioned that this would be a critical examination of all social and political issues that surround birth. It was a way of opening up the phenomenon of this study and making it more visible. The data collection and analysis for this study were done concurrently with these reviews. These reviews were always about opening a dialogue with the reader and provoking thinking. It is acknowledged that there is always more to probe, more to critique, more to add. It is not possible to have it all “wrapped up”.

I was always cautious about not following customary, expected and familiar horizons of knowing that would dictate and guide my reading as this may have covered up what I was seeking to reveal. I had to stay true to the phenomenon of this study. The phenomenon claimed me and I attuned to the phenomenon in a certain way that guided my choices and interpretations of the texts plucked from an endless source of perspectives. The first drafts of these two following chapters where twice as long as they are in this thesis. It was always a tension about what to include and not what to include. These review chapters use a hermeneutic lens which sought to surface relationships between the parts found in the literature. Other readers would always become other dialogic partners and come with their own attuning to the phenomenon and guide them to other sources.

Chapter 3

History and Culture of Human Birth

A new baby born
Born last night
Smelling of roses
Coming through the thorn
Into the
Shining light
(Zisken, 2002, p. 94)

Introduction

All human experiences are culturally and historically determined, including birth. This chapter explores the effective historical context of birth. I argue like others that birth is not purely physiological but enmeshed in its own unique context (Clarke, 2012; Crouch & Manderson, 1993; McIntosh, 2012; Odent, 2002; Selin & Stone, 2009). To explore any phenomenon at birth is at once to address all of birth, past and present which at the same time is connected to future possibilities.

Hints from historical horizons gesture towards birth as significant which fuse with contemporary horizons and inform how birth is unfolding into possible futures. Attunement at birth is revealed within historical and cultural horizons contributing to how birth is understood. Experiential stories taken from historical novels, theses, dissertations, anthropology, historical writings, movies and television as well as text books open windows into different times and cultures. These windows provide glimpses of influences on attunement at birth over time.

Influences on birth-attunement

Human civilisation has witnessed changes in the social and cultural context of birth. These changes involve continuing modification in symbolism, behaviour, organisation of care and emergence of new value systems. The influences on birth experience and attunement are dynamic and change reflecting social, religious and emotional meanings:

Birth is a unique and crucial social event as well as a singularly important one for the persons concerned. As a consequence of its social significance, practices related to birth reflect salient cultural conditions and values and articulate these further within their own domain of meaning and reference. (Crouch & Manderson, 1993, p. 56)

The experience of being attuned at birth is uniquely personal as well as societal. Birth ideologies, medical or natural, comprise significant cultural and political discourses that reveal the effective dominant beliefs and ideas of a time and place. Over time values form images of the prevailing cultural and social interpretations of birth.

Figure 1 (p.47) outlines a history of western maternity. This flow chart serves as a guide for the chapter rather than a detailed synopsis. It is acknowledged that aspects of this history overlap and can be depicted in a different order. Furthermore, some themes flow through time without defined beginning and end. Other, more global, influences from birth culture around the world are also acknowledged but are not the primary focus. The flow chart is not intended to provide the nuanced complexity of influences; this would warrant a thesis in its own right. The chart is only an overview demonstrating the enormous evolution of human thought that affects birth.

The human birth story reveals an evolving multi-cultural and multi-historical spiralling that dialectically converses as the themes present. The horizons weave into each other in timeless convergence. Some cultures appear to change faster than others. Some remain connected to ancient meanings depicted in birth ritual and practices. However, each theme relates and builds upon the whole and uncovers something about how those present at birth attune.

The voice of the One shaping birth

There is a danger in one dimensional ways of looking at birth; the western approach is only one of many views. Cross cultural and historical perspectives are essential in any attempt to reveal the attunement at birth. Yet, as the epigraph above infers, the new born baby can be a joy that is born through a precarious even dangerous process. This simple truth resonates through all cultures and through known history.

Ways of understanding the mystery of birth and its dangers are evident throughout human culture and history. Historically, birth has been cloaked in mystery associated with notions of sacredness, taboo, pollution and fear. Birth can be recognised as a liminal time of danger but also as one of communal joy. Many changes have occurred in the way birth is enacted through time and across cultures and passed to us in stories, pictures and written material from a variety of sources.

Birth, as social metaphor reflects how the dominant social context informs interpretation of birth (Crouch & Manderson, 1993). New Zealand (NZ) can be viewed as a unique blend of culture and history that merges with a global contemporary westernised birth culture that has changed over time. It could be construed that there is now a global birth culture with its own distinctive dictatorial voice of the One.

I argue that the voice of the One resonates throughout the history of birth. Heidegger's notion of The One introduced in chapter two can be seen as shaping behaviour and practice that "...retains and enhances its stubborn dominion" (Heidegger, 1927/1962, p. 165).

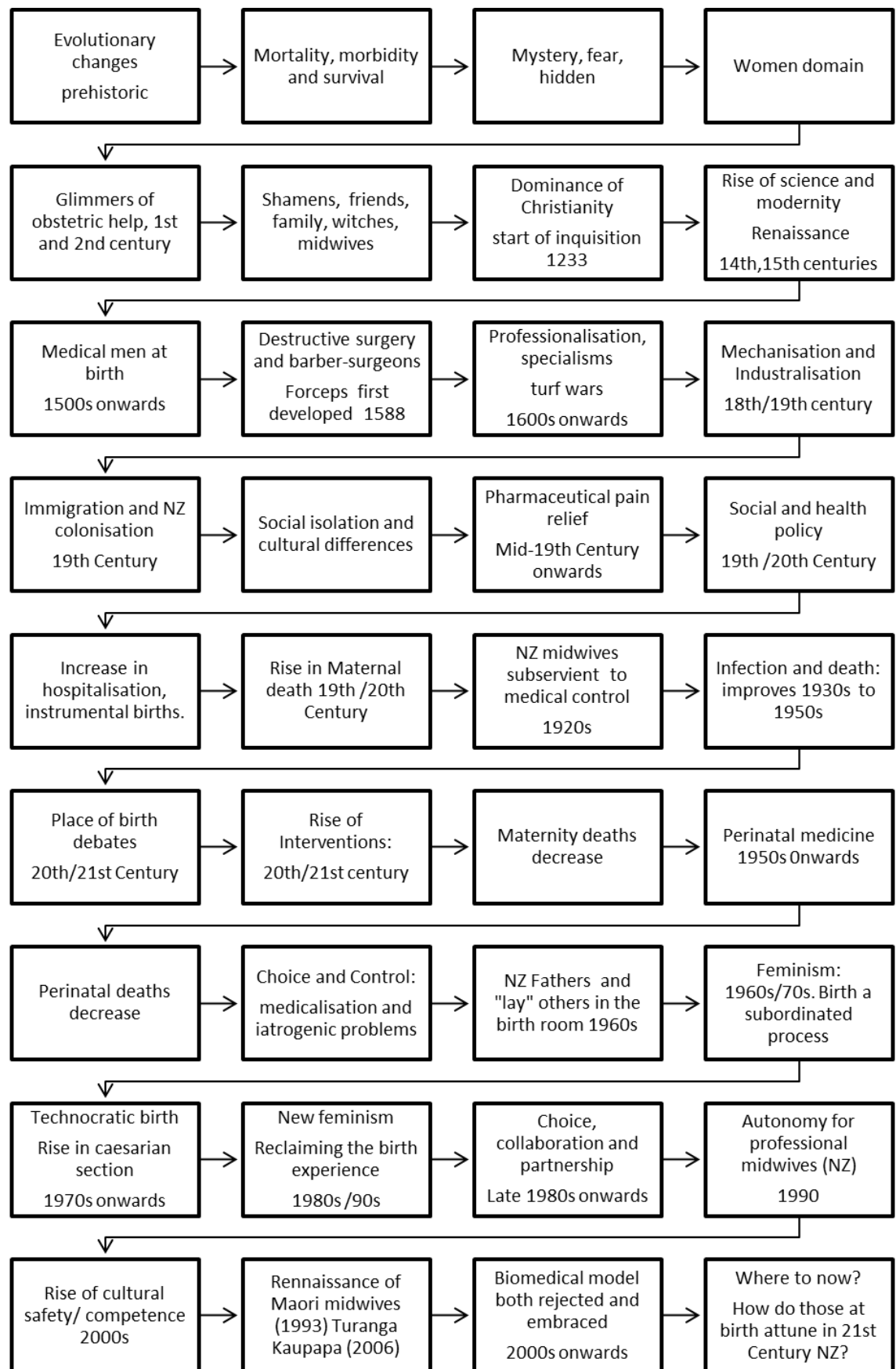


Figure 1: Flow chart of human birth history until contemporary New Zealand context

Pre-New Zealand colonisation

Magical and sacred protection

Childbirth practices in primitive societies were probably informed by magical and supernatural beliefs as well as empirical experiences. Anthropological discoveries uncover birthing and dying as spiritual occasions from prehistoric times (Kitzinger, 2011). To this day myth and magic, ritual, sacred acts and holy rites around birth continue to be found universally throughout human cultures (Campanelli & Campanelli, 1998; Selin & Stone, 2009). The idea of birth being under the auspices of Earth Goddess and other female deities was strong (Crowley, 2001; K. Hill, 2011; Kitzinger, 2011). Women birthing may have called upon a feminine divine presence dwelling in the universe providing order and purpose. For example, the Gnostic gospels speak of God as Mother or Sophia (wisdom) who exists before all else. There is evidence that birth was interpreted as sacramental with spirits invited or/and sent away (Kitzinger, 2011; Selin & Stone, 2009).

Early and traditional creation stories tell of wonder and joyousness at the advent of new life (Kitzinger, 2011; Rimene, Hassan, & Broughton, 1998; Selin & Stone, 2009). Support from others and belief in holy other is found through early history and remains throughout many religious cultures (Callister et al 1999). Birth practices that intended to spiritually protect birth potentially uncover something meaningful and perhaps sacred. Attuning to spiritual help and use of ritual aid continues in traditional birthing cultures today (Begay, 2009; Kitzinger, 2011; Rimene et al., 1998; L. V. Walsh, 2009). Many of the birth practices and rituals in early birthing point to women as supporters with men only occasionally involved. The introduction of others at human birth is perhaps one of the earliest cultural birth practices as humans sought ways to ensure survival of their progeny. Bringing others to birth initiated practices and rituals that allowed cultural values, beliefs, sacred symbolism and meanings to evolve.

Others at birth begins

The pain and anxiety associated with changing physiology brought others to birth. The altricial status of a human baby coupled with the evolutionary changes created what were previously only rare issues amongst mammals. There was discordance between the mammalian birth process and the speed of human evolution and changes in birth practices occurred (Trevathan, 1987). Bringing others to assist

occurred as a response to the risks associated with bipedalism and increasing brain size (Davis-Floyd & Cheyney, 2009). The need for assistance at human birth had become a necessity for survival (Davis-Floyd & Cheyney, 2009; Selin & Stone, 2009). Who those others were at birth has evolved.

Birth as women's business

In ancient cultures the skill of midwives was essential to a community. Births would have been attended by known others, often women and sometimes shamans and/or traditionally skilled attendants (Begay, 2009; Clarke, 2012; L. V. Walsh, 2009). In rare cases, giving birth alone and away from the domestic situation was common practice (Cassidy, 2006; Kildea & Wardaguga, 2009; Selin & Stone, 2009).

As belief systems changed in Western and Middle Eastern thinking, persecution and control of women and midwives grew. Western culture became influenced by Christianity and Goddess worship vanished as more organised religion took root within communities. The Goddess spirituality became a domestic affair with the dominant patriarchal religiosity dominating the public world (Kitzinger, 2011).

The dark ages descended upon Europe and midwives, women's birth knowledge and experience went underground (Brodsky, 2008). Women represented sexuality that was of the devil representing abeyance to senses. Paradoxically, birth became progressively hidden and feared as Western society evolved. There is little evidence of how those attuned at the moment of birth at this time. However, it is known that moods of shame, punishment and fear at birth percolated society in the dark ages in response to the cultural interpretation of the early Christian scriptures that influenced much of Europe.

Bible and birth

Biblical stories of birth often depict suffering. According to some interpretations the imagery is a powerful deterrent (Kalmanofsky, 2008). Kalmanofsky believes the horror and pain of birth was used by the Old Testament authors as a ploy to bring Israel back into God's favour. Kalmanofsky interprets biblical childbirth as a metaphor for crisis symbolic of the plight of Israel as exposed, vulnerable and time of suffering. The imagery is certainly vivid. Birth as a metaphor for crisis and disclosed through fearful attunement could be argued as influencing western culture through to contemporary experience.

The Old Testament writings were by men as far as we know who, at that time, were probably excluded from birth. Bergmann (2008) examined texts taken from the Ancient Orient and the Old Testament and found women's voices were hidden. What was experienced and meaningful at birth in those times remains open to biblical hermeneutic exegetic interpretation. It is clear however that the Western culture has been profoundly influenced by Judaic-Christian biblical doctrines. For example, the birth of Jesus is a celebrated nativity in Christian culture recorded in the New Testament. Yet even the birth of Jesus was surrounded with crisis including where to birth and the social political tensions of the era³.

Historical author Anita Diamant attempts to address the silent voice of biblical women in her novel *The Red Tent* (1998). Diamant provides a voice to biblical women in which joy, sacredness as well as the potential for death and suffering at birth is described. In this women's world birth is not crisis but a shared womanly experience.

Fear of birth and magical women

Fear of birth as unclean, taboo and dangerous fuelled prejudiced notions about women and birth through history and cross culturally (Kirkham, 2007). For example, the fear of the mysteries in and around birth induced stigmata (Murray, 2007). Murray argues that aspects of women's religious culture were found to be threatening to Jewish religious leaders of the 1st century. Women were suppressed and feared for their reproductive knowledge and abilities.

Birth as female and private had become mysterious and associated with magic as something that could not be controlled. Those attending births came under scrutiny. Suppressing women and vilifying them helped establish the authority and truth of the suppressor (Murray, 2007). The witch hunt holocaust swept Europe many centuries later ignited by such prejudices.

The witch hunts resulted in the execution of thousands in Europe following the 1486 *Hammer of Witches* that accused midwives of being the guiltiest of demonic

³ I am aware that care is required in comparing the birth of Jesus with other births. Jesus' birth was a holy event for many. What is being revealed here is that the birth of avatars, saints and prophets are often depicted as both challenge and joyous hope. The symbolism provides a powerful indication of the power of birth and its possibilities. It can be imagined that the birth of Jesus was fearful and full of hope. The actual lived-experience of Mary and Joseph at the moment of birth however is not revealed.

practises. Birth was paradoxically auspicious yet unclean and dangerous thus tarnishing birth attendants with the danger of performing unholy acts. Yet stories about respect and honouring of the midwife also stretch back in time; for example Aristotle's own mother [circa. 300 B.C.] was a respected and revered midwife.

In Medieval Europe women would gather and assist each other at the birth. The mood of attendants and their charges as they went about their silenced hidden work remained unseen. They were known as 'god-sibs' providing the physical and emotional support through a woman's travail (Kitzinger, 2011). The god-sibs included the mother's sisters, her mother, grandmother, neighbours and friends. Often their role would extend to being a Godmother; an important role in medieval Europe when maternal death was high and survival of the infant thus ensured. It can be construed that these god-sibs attuned in a particular way. It can be speculated that the atmosphere would have been supportive and jovial. Unfortunately, again, this nurturing group would be criticised.

The term 'god-sib' etymologically evolved to 'gossips' which later became a negative description of women speaking together (Kitzinger, 2011). Women, though central to the birth process, were silenced in the world of men with stories of birth uttered solely amongst women. Any moment of joy at birth remained within the women's world. Yet co-existing with such joy there would have been the spectre of pain, suffering and death.

Pain and Joy

The paradoxical coexistence of pain and joy is common in birth narratives. Across cultures, birth is a significant rite of passage that involves pain and joy emerging through ritualised practices (Davis-Floyd & Cheyney, 2009). Anthropologists studying cross cultural birth describe dichotomous notions: agony and happiness, bitter then sweet, more pain than thought possible, then more happiness than thought possible (Selin & Stone, 2009). Calliste and Khalaf (2009) gathered words that describe birth in cross cultural stories:

...scary, exciting, easy, peaceful, beautiful, incredible, amazing, really hard, spiritual, humbling, joyful, bittersweet, painful, overwhelming, wonderful, satisfying, worthwhile, hard work, exhausting, frightening, indescribable, love, caring, awe and amazement, brilliant, its just like it has an aura about it, magic, miracle, happiness, fulfilling, unknown, exhilarating, difficult, stressful, and rewarding...no word to express the experience...it is more than special. It is a

gift and a privilege that God gives to women...an overwhelming feeling of responsibility that gushes over you... (p. 35-36).

Such words seem timeless. Historically birth has brushed near to death the world over as the Chad proverb goes “when a women enters childbirth she has one foot in the grave” (Kitzinger, 2011). In the novel *The Red Tent*, the angel of death lurks in the background at birth waiting to take either or both. Women prepare themselves with prayer and other spiritual practices, their lives precarious, all cognisant of other women who had died (Diamant, 1998). Like the epitaph at the beginning of this chapter states, there was a knowing that the “thorn” needed to be traversed to experience the light of joy. Then came times when men were called to assist as the thorn became a crisis and the light of joy threatened.

Early men-midwives at birth

The history of others at birth and across cultures has become progressively conflictive over the last 200 years. Male involvement in birth has a chequered history (Brodsky, 2008). Prior to the advent of obstetricians, barber-surgeons who later became known as men-midwives would come to births when invited by women. They had limited skills and little or no physiology or anatomy knowledge having no access to medical education. Despite this, 17th Century men came progressively into the birthing room to face crisis. These early men-midwives were segregated from the physician who continued to be regarded as superior in status. Obstetrics, as a specialty taught in medical schools, was to come a century later.

In the late 19th and early 20th century obstetricians were charged with not antagonising women during birth. Attunement at birth remained intimate and female focussed. It is plausible that the attunement of early obstetricians at birth would have been significantly different to midwives and others.

Men at birth attuned to the crisis they were called upon to attend. Relationship with the parturient woman and her family was not essential. The call for medical help would have invoked fear because events would not have been unfolding well. For the most part, birth continued within a women’s world. But the tide was changing.

In the 1800s the professionalization of men at birth was evolving. The pursuit of modernity, in the guise of industrialisation, was gaining momentum. The rise of science and modernity was affecting all aspects of life in the mid-1800s when colonists arrived in NZ.

Immigration and colonisation

For the most part birth remained in the domain of women for European settlers as had been in the countries of origin. The world of midwifery and birth was sustained by women in early colonists regions, even when the early men-midwives and obstetricians were called to birth (Brodsky, 2008; Clarke, 2012; Ulrich, 1991). Women sought each other's help for birth in early colonial New Zealand (Clarke, 2012). Midwives and 'god-sibs' only called upon doctors in times of difficulty (Brodsky, 2008).

Early European settlers in NZ faced many challenges. They needed to adjust to cultural differences as well as social and geographical isolation. Marianne Williams, mother and local midwife in early colonial NZ describes one of her own births at home in the 1830s:

...left entirely to myself, did feel more justly my only aid to come from God, and cling more closely to the only source of strength. As soon as the children had played themselves to sleep, I made my preparations and went to bed. I gladly heard Captain Moore depart [husband]! And a short time afterwards Mrs Fairburn arrived to my assistance just as the dear little one began to cry. I never felt so much joy before (Fitzgerald, 2004, p. 71).

The physicality of the birth is left to the reader's imagination. Yet the joy of the baby's arrival shines through despite the contextual hardships. Marianne is happy when her husband leaves and the children sleep. She is content to have a local Pakeha [European] woman arrive to help her. Social and geographical isolation, fear of death and suffering would have been a reality. Death and birth was closely related in society and both kept discreet by early European colonists around the world (Clarke, 2012; Ulrich, 1991). Lack of sanitation, medical assistance and lack of extended family support would have made life hard, especially for the poor. Coupled with this was the socially constructed shame and distaste of anything sexual in Victorian society. Mere mention of the process was distasteful. This need to conceal birth would have made birth a particularly trying time for early European settlers in NZ (Clarke, 2012).



Figure 2: Unidentified Māori woman carrying an infant on her back 19th Century⁴.



Figure 3: Elizabeth Shewry in a horse-riding habit just before the birth of a son in 1894.⁵

Māori and colonists birth cultures

In 19th Century New Zealand (NZ), when colonisation began in earnest, Māori birth outcomes were scarcely acknowledged. Māori society and birthing practices were vastly different to the colonists⁶. The cosmology and community structure were also different. The once sacred nature and simplicity of Māori birthing changed as colonisation increased. The notion of Atua central to birth as to all other aspects of life recognises and honours the Tapu (restricting/sacred) and the Noa (common) essences of experiences and things: “Europeans could be ignorant or insensitive about Māori cultural practice, acting in ways that risked the spiritual and psychological well-being of the Whanau” (Clarke, 2012, p. 28).

⁴ Hislop, Patricia: Photographs of Maori, and thermal areas. Ref: PAColl-0378-1. Permission to use image granted April 2013 from Alexander Turnbull Library, National Library of New Zealand, Te Puna Mātauranga o Aotearoa Wellington, New Zealand. <http://natlib.govt.nz/records/23114756>.

⁵ Mander, D R: Ref 1/2-151314-F. Throughout the Victorian era and most of the 20th century pregnancy was purposefully concealed by clothing. Permission to use image granted April 2013 from Alexander Turnbull Library, National Library of New Zealand, Te Puna Mātauranga o Aotearoa Wellington, New Zealand. <http://natlib.govt.nz/records/23146796>

⁶ Any reading on Maori culture is my own interpretation. From my understanding there are two broad main differences in worldview; a western individualism that was juxtaposed to the Maori collective living that is more interconnected and less hegemonic with a spirit-world consciousness that informs Maori Tikanga (values/customs and rules). The intention is not to delve into Maori beliefs as I am not Maori. I came to NZ in 2005 in my mid 40s and have not been immersed in Māoritanga (Maori culture). Although I have taken te reo Māori (Maori language) classes and cultural safety seminars I remain largely naïve about Maori culture and history.

Both Māori and Pakeha, having survived a brush with death, would have undoubtedly been relieved. Clarke's (2012) maternity history of 19th century NZ recognises the bicultural birth experience of Māori and Pakeha women highlighting this commonality:

The tales of two very different women, who represent two sides of this country's history, remind us that childbirth very often brought immense fulfilment and joy for those involved (p. 243).

For early NZ settlers and local indigenous people, culture was bound up with the natural process of birth and the joy at birth was a shared cross cultural experience.

Women-midwifery and early colonists

Ulrich's (1991) 'Midwife's Tale' examines American 17th Century midwife Martha Ballard's diaries highlighting the type of relationship that early colonist midwives had with mothers; a connection that appears congenial and emotionally enhancing. Familiarity of women-midwives with mothers was acknowledged and respected in contrast to the male doctor who would not have the same manner of emotional connection "...the word 'friends' appears repeatedly in doctors writings from the mid-18th to mid-19th century...female healers identified with the patients they serve in ways that male physicians could not..." (ibid., p. 65). In the 18th and 19th century midwives and doctors were often found in acrimonious disputes where the growing men-midwives who came to be known as obstetricians were increasingly present at birth. Power struggles arose in the birthing room. The same situation would have permeated midwifery in much of early colonial New Zealand in the 1800s (Clarke, 2012).

Popular fiction

As attendance of others at birth changed so to popular fiction contributed to views of changing attunement at birth. Riley (1968) takes the reader on a disquieting and harrowing voyage through the literature in which birth is continually interpreted as bleak and cynical. There are only infrequent hints in the fictional classics of birth as something more than pain, death and suffering requiring women to surrender and hope for survival. Yet something elusive glimpsed occasionally in the literature. Thackeray's novel, *Vanity Fair*, provides a glimpse of miracle at hearing the first cry of a baby yet avoids explicit descriptions about birth (Thackeray & Pollard,

1847/1978). This avoidance in the popular literature of the times only increased fear and mistrust.

The reputation of midwives and doctors at birth in the 1800s inspired authors to incite further prejudice. The Dickensian novel, *Martin Chuzzlewit*, paints Mrs Sairy Gamp, a community midwife, as uncaring, uneducated, lacking integrity, callous and frequently drunk. Dickens also criticised the conditions of birth and the men-midwives of the time (see 'Little Dorrit', Dickens, 1857). The conditions of 19th century maternity would have generally been unpleasant. Although cloaked in cultural prejudices something beyond the physical event of birth remained silenced. Women would have had to find information and help where they could because little written information about birth was accessible. However the following excerpt from a late 1800's book called *Tokology* points towards something more at birth:

What more helpless and dependent than the newborn infant! A human soul, with all the possibilities of life, yet of itself it cannot supply its slightest need. No wonder that so great a wealth of maternal love is called forth in administering to such helplessness! No wonder that the mother's heart is humbled at the greatness of her mission as special guardian of the little one! May divine love and wisdom aid and guide her! (Stockham, 1890, p. 204).

Perhaps this was a 1890s challenge to the increasing obstetric presence at births and the perennial lack of skilled assistance in the colony?

New Zealand Midwives Act

For NZ colonists the scarcity of skills at birth was significant. Midwives, trained in Europe and proved themselves in the community, were welcomed, as were the General Practitioner for their skills. There were however many lay practitioners or "handy-women", some more skilled than others (Clarke, 2012).

The first NZ Midwives Act, which was not passed until 1904, aimed at improving the skill of birth attendants many of whom were said to be incompetent and unclean (Neill, 1961). There was resistance to educating midwives and a growing focus on birth as pathological. De Lee, an American obstetrician argued that birth was pathological, promoted prophylactic forceps deliveries and campaigned in the early 1900s against midwifery (Cassidy, 2006; Murphy-Lawless, 1998). However in NZ the 1925 Nurses and Midwives Registration Act finally ended the legitimate practice of untrained handy-woman birth attendants. Most western nations were similarly

organizing maternity care and the attunement at birth gradually changed to something public and less personal. Industrialisation was entering the birth space.

Infant Sorrow

(William Blake 1757–1827)

My mother groan'd! my father wept.
 Into the dangerous world I leapt:
 Helpless, naked, piping loud:
 Like a fiend hid in a cloud.

Struggling in my father's hands,
 Striving against my swaddling bands,
 Bound and weary I thought best
 To sulk upon my mother's breast.

Blake's poem criticises the wave of industrialisation in the 18th and 19th century. The symbolism illustrates the anguish of birth and a future endured in the world of depersonalised modernity. Even the nurture of suckling is denied in this new world as Blake helplessly surrenders to destiny sulking at his mother's breast. Industrialisation brought an era attuned to scientific reasoning when aspects of life had mere utility value. It ushered political change in the guise of liberal democracy and social reform. The poem evokes a sense of birth as a social mechanism to feed the industrial cogs of the new thinking. Any joy would seem hidden in the avalanche of modernity's vicissitudes.

Technology era

Obstetrician

The evolution of technology was an aspect of the increasing presence of the new birth professional; the specialist obstetrician (Brodsky, 2008). Yet the position of obstetricians has not been easy. They were, and still are, only called in NZ when things are not going well (Department of Internal Affairs, 2007). In the early days of obstetrics there was little that could be done for haemorrhage, pain, infection and eclampsia. Ergot preparations were used for bleeding by herbalist midwives but dosage was hard to calculate and often resulted in harm in the hands of the less skilled. Pharmacological utero-tonics did not appear until the 20th century. Pharmaceutical pain relief was an early contribution welcomed by many but would also change the attunement at birth in dramatic ways.

Evolution of pain-free birth

The evolution of obstetric analgesia attuned birth in ways not previously experienced. This is dramatically illustrated in the emergence of 'twilight' birth. Chloroform, an early analgesic, was initially available only to the socially elite. Its use is depicted in Mackenzie's 1912 novel, 'Carnival', about a woman given chloroform towards the end of her labour who slips into oblivion awaking after to meet her newborn. This is not to infer woman had no choice. The diaries of women in early 1900s England depict the domestic nature of birth and highlight women's choice (Llewelyn Davis, 1915/1978). Twilight sleep was actively welcomed and had become common in New Zealand by the mid-1940s (Clarke, 2012). Mothers would be routinely anaesthetised for the labour and birth and awake after the birth, as a New Zealand obstetrician in the early to mid-20th century describes:

When the baby was four hours old, and Rose was out of her anaesthetic to appreciate the situation, I carried in the infant. 'Rose, I've got your baby here.....would you like to touch her wee hand? (Gordon, 1957, p. 64).

She then elaborates:

One could never forget the little wife who, having disclosed to me her secret dread of labour pains, sampled my earlier twilight sleep technique and opened her mouth just after her babe was born to sing in a sweet treble, "I dreamt I walked with God in the garden!" (p. 67).

The practice continued into the 1960s. Other analgesic injections and inhalants were developed through the 20th century. Eventually epidurals and the new obstetric anaesthetist arrived at the end of the 20th century. Such advances were welcomed and continue to be requested to ease the pain of birth thus further shaping the birth experience (Douche, 2009; McAra-Couper et al., 2010). How society attuned to birth had become progressively positioned in a technology.

Maternal death

Obstetricians, both past and present, are charged with reducing maternal death and morbidity and thus are placed in an unenviable position. Obstetricians in the 19th and early 20th century would have had little at their disposal to save lives. Deaths attributed to eclampsia and infection continued. Eclampsia remained untreatable and women frequently died well into the 20th century.



Figure 4: Robert Stiles and daughter by his wife's grave, c.1895. ⁷



Figure 5: Mrs Gilmore and baby, deceased, c. 1910s. ⁸

A dramatic depiction of death in 1920 by eclampsia illustrates the helplessness of the obstetrician and local GP in a British period drama set within post Edwardian England “Downton Abbey” (Webb & Fellowes, 2012). After an aristocratic home birth the mother begins fitting. The medical men essentially stood back helpless as she convulsed and died; the grief stricken father stood in the corner of the room holding the newborn. It was not only those in poverty that continued to suffer and die. The grandmother in this Downton Abbey story poignantly comments that “...mothers die and sad as that is, it is a part of life”. The mood in the household both in the family and the servant quarters was despairing at the loss of the mother yet there was also a glimpse of happiness for the surviving newborn. Similar scenarios would have played out across the 19th and 20th century NZ colony often leaving a father to care for the baby (figure 4). In some tragic situations both mother and baby would die (figure 5).

As birth came more under the auspices of medicine another spectre of misfortune struck. As interventions and increasing hospital bed provision occurred maternal death increased. This sense of joy at birth would have been juxtaposed to the increasing fear of death and suffering.

⁷ Nelson Provincial Museum, Tyree Studio Collection: 69278. Permission to use image granted May 2013

⁸ Nelson Provincial Museum, Tyree Studio Collection: 179367. This picture is from the 1910s when NZ childbirth continued to be perilous. Death in these times would have been a realistic fear for women. New Zealand infant and maternal mortality rates were high by international standards until the mid-20th century. Permission to use image granted May 2013

The tragedy of infection

The early to mid-20th century was regarded as the golden age of medicine yet a major risk of this time was death by iatrogenic puerperal sepsis. The terror of maternal mortality worsened. In 1913, a serious outbreak in puerperal sepsis in NZ brought about review of maternity services and resulted in increases in midwifery training (A. A. Hill, 1982). Yet maternal death due to sepsis increased from 1.37/1000 live births in 1926 to 2.51/1000 in 1927 coinciding with an increase in the hospital birth rate (P. M. Smith, 1986).

Conflict over 'meddlesome' midwifery (obstetric interventions such as instrumental births) and fiscal issues endured through the interwar years. From early times, infection continued to prove difficult for the emerging new science of obstetrics (Murphy-Lawless, 1998). However, the domination of hospital based medicine gained respect as asepsis, antiseptics and reducing mixed hospital wards brought infections down.

Domestic to public

Maternity through cultures and history is one of following fads and trends (McIntosh, 2012). One of these pertains to the place to birth. In some cultures birth occurred in dwellings separate from the home (Kitzinger, 2011; Naraindas, 2009; Rimene et al., 1998; Stone, 2009; Yanagisawa, 2009). Having birthing separate from domestic living quarters is connected to ideas of birth as polluting and due to beliefs concerned with attracting evil spirits and misfortune (Begay, 2009; Dureau, 2009; Kirkham, 2007; Kitzinger, 2011; Naraindas, 2009). In other cultures birthing occurred outside (Cassidy, 2006; Kildea & Wardaguga, 2009). In New Zealand Māori women are recorded as birthing in specially constructed dwellings or outside (Clarke, 2012; Kitzinger, 2011). Birthing outside was vastly different to the European colonists of 19th Century New Zealand who birthed, as did their European counterparts, at home on a bed.

Early maternity hospitals were stigmatised as places for the destitute and women of low morals. They were dirty, overcrowded and places where the early men-midwives/obstetricians could experiment and learn. Infections and death rates were high. In the 18th and 19th centuries they were unpopular places to birth (Brodsky, 2008). The first maternity hospital in NZ opened in 1883 in Dunedin (A.

A. Hill, 1982). In 20th century NZ, like much of the western world, hospitals began increasingly to centralise and relocate the place of birth (Banks, 2007; Clarke, 2012).



Figure 6: The arrival of Nancy 17th December 1916; at her home. ⁹

From the 1920s, NZ women had progressively less say on the maternity care they received. Midwives lost their autonomy and birth became centralised, state organised and medically controlled (Pairman, 2010). Birth had become institutionalised and procedural. By the mid-1930s hospital birth under the supervision of a doctor was viewed as safe and became expected and desirable in NZ (P. M. Smith, 1986). In 1939, NZ maternity care became free and state paid. The 'something' about the Being-with relationship at birth became hidden in the move to public institutions.

The domestic private womanly process was now institutionally separate from communities. Maternity services were medical and male dominated with midwives working as assistants (Banks, 2007; Pairman, 2010). The introduction of sulphonamides in the late 1930s, and antibiotics, in 1945, further reduced the human misery of sepsis making hospital birth safer than before. New Zealanders' place of birth had changed significantly in a short period of time and presumably brought changes to attunement at birth. A change in the authority of who was at birth and where birth happened had occurred and not everyone was happy with the changes.

⁹ Museum of New Zealand Te Papa Tongarewa Reference: B.022666. Photograph by George Leslie Adkin Permission to use image granted May 2013.

The 1980s and 90s in NZ saw political challenges and grassroots activism to maintain homebirth services for those that wanted to avoid hospitalisation (Banks, 2007; Donley, 1992). In western societies, place of birth remains a persistently disputed topic that can seem like a battle between opposing research agendas (Crowther, Gilkison, & Hunter, 2010; Gilkison, Crowther, & Hunter, 2011). The language of maternity care history often reads like a military battle for control for power and financial gain (McIntosh, 2012). However, institutionalisation was a by-product of an era that had begun back in the late 1700s and homebirth is an obvious challenge to the industrialising of birth. It is reasonable to assume that how births were attuned during this time would have changed; although this is not documented.

Industrialisation and medicalization

The notions of industrialised and medicalised births have subtle yet significant differences. Medicalization is employed to improve outcomes, while industrialised birth is more about standardisation, control and centralisation. The industrial model, keen to maintain economic control over something unpredictable, promoted technocratic medicalised birthing practices. This became a confrontational rhetoric in the late 20th century that continues today. Odent (2002) argues that the industrialisation of society mirrors the industrialisation of human birth; a story of controlling and disturbing. There is dissonance between medicalization as overly technocratic but at the same time providing lifesaving possibilities. It is not necessarily the medicalisation that is at issue but the industrial context in which it is used.

Throughout the past 100 years the mood of midwifery texts has changed and increasingly favoured the scientific model of care which privileges medical technology (McIntosh, 2012). Early NZ midwifery texts were very procedural. Instruction comprised mainly of a manual of management conforming to the syllabus of the Nurses and Midwives Registration Board NZ (Corkill, 1932). There is no mention of relationships or emotional or spiritual aspects of birth. This is perhaps a reflection on a time when many women and babies continued to die. Yet there was an obstetrician who attuned differently at birth during this era.

Grantly Dick Read [1890-1959] resisted and challenged the degree of interference at birth. He believed birth should be calm and peaceful. Fear, he suggested, was the

enemy of natural birth. 'Natural Childbirth' (1933) and 'Childbirth Without Fear' (1942) became internationally recognised as proclaiming a new approach to obstetric practice. Dick-Read condemned much of the media fear inducing propaganda. He especially scorned novelists for dramatising the fear of birth. He drew attention to how birth was attuned and encouraged an awakening of attunement other than fear. He was criticised by professional contemporaries but celebrated by women who were at the time challenging the birth practices they were experiencing.

His books were published at a time of rapid change in perception about birth. The desire to replace the unpredictable with the predictable gained favour. The 1950s, for example, heralded the development of antenatal care and an increasing focus on the physical wellbeing of the foetus.

Antenatal care and focus on the baby

The proliferation of antenatal care in the 20th century saw the increasing medicalization of reproduction. From the 1950s, biopolitics shifted focus to the unborn baby (Weir, 2006). The fetus increasingly occupied a central concern in maternity care and the sociological evolution of birth altered how New Zealanders attuned to reproduction. This new mood of pregnancy shifted as improved living conditions and new reproductive technologies reduced perinatal deaths. Maternity services became increasingly technocratic, structured and standardised in order to improve certain outcomes.

Evolution from social to technocratic

The evolution of technology and increasing medicalization of birth replaced the social model of birthing that had existed for a millennium (Brodsky, 2008; Kitzing, 2011; D. Walsh, 2006a; L. V. Walsh, 2009). The trend continued with minimal opposition. From the 1950s, the community intimate focus diminished and the overall way of attuning to birth appeared more fearful despite improvements in outcomes. The focus was on avoiding risk and danger. Notions of sacred or spiritual birth had little place in this new world. Yet there were still those who condemned the technological positioning of birth.

Lamaze, a French obstetrician, focussed on pain free labour and birth. The magic and mystery of a natural physiological birth attuned him towards something more than the procedural aspects of birth in the mid-20th century. His book 'Painless

Childbirth; the Lamaze method' was published in 1956 and hints at preserving the 'specialness' inherent at birth.

However, many practitioners continued to embrace technology because it seemed to reduce the uncertainties associated with birth. The concept of birth as normal was only accepted retrospectively. Arms (1996) suggested that, by the 1970s, technology had gone too far in its pursuit of rescuing from the expected dangers inherent in the birth process. She claims that the whole maternity system was built on fear and the expectation of pathology. This supports De Lee's pronouncements in the early 1900s (Cassidy, 2006). A mood of seeking out problems rather than promoting the natural physiological process prevailed. Arms (1996) highlighted the passivity of women in the western model of maternity care arguing that the authority at birth was handed to health professionals.

The polemic discourse of abnormal/pathological versus normal/natural fuelled a culture of risk management and mistrust in the physiological process (Downe, 2004; Downe & Dykes, 2009). The specialness of birth became hidden in pursuit of the scientifically managed birth. Yet it is also possible that the concern of society to protect birth by controlling and making it predictable could be due to birth's specialness beyond bio-medical concerns. It would seem that society's concern for birth safety had paradoxically hidden its specialness.

Birth as a social occasion became replaced by something under public dictate and separated from community. The rhythms of labour and birth began to be replaced by timings and structured labours and births that followed defined parameters or required intervention. A commonly used textbook for midwives reflects the procedurally focussed 1930s textbook but increasingly focuses on the technocratic positioning of birth:

It is inevitable in this mechanised age that the seventh edition has technological bias.....new photographs depict some aspects in which mechanical aids are being employed (Myles, 1971, p. vii).

The pictures in the 1971 textbook depict midwives and doctors clad in white gowns adorned with masks in clinical institutional environment. The woman having a baby is in the role of patient. The instruction to the midwife at the moment of birth is to look at the clock so that the exact time can be recorded on the birth certificate. This text mirrors the New Zealand medical obstetric text written at the time (Green,

1970). A demeanour of detachment to birth permeates these instructional manuals. A midwife's poem of the same era challenges the detached nature of medical presence:

Procedure-normal spontaneous delivery.
 He couldn't have been with her.
 He couldn't have marvelled as she reached down,
 Drawing her daughter to her breast
 Laughing, shouting, crying- all the emotions of birth.
 No, he couldn't have been with her.
 (The Essence of Midwifery: Walsh, In: Styles & Moccia, 1993, pp. 198-199)

This poem hints at the attunement at birth and reflects the groundswell of this feminism. However, it would be decades and a second wave of feminism in the 70s and 80s before NZ women's and midwives' voices would begin to be heard.

Another book written by Frédérick Leboyer, invokes a similar mood:

Birth may be a matter of a moment. But it is a unique one. To be born means to begin to breathe, to embark on that perpetual motion which will be with us till we die (Leboyer, 1975/1991, p. 99).

This excerpt from "Birth without violence" hints at how birth projects into future possibilities. Leboyer raised awareness of the newborn and the manner in which a baby is introduced to the world. The moment of birth was acknowledged as significant.

Ina May Gaskin, an American midwife, who worked to revitalise American midwifery, promoting sensitive approaches to birth also began to publish in the early 1970s. Her seminal book, 'Spiritual Midwifery', published in 1977 has undergone several editions. She continues to advocate that birth is sacred and the experience is special for all involved (Gaskin, 2011). Her focus is on gentle, women-centred midwifery practice enacted safely in the 'right' state of mind. Gaskin points to an attuned way at birth that encompasses more than the medicalisation prevailing at the time.

Being actively aware of the birth process and having positive experiences increasingly gained popularity in the 1980s (Balaskas, 1989).

Bringing birth to awareness rather than blindly following social constructions of birth is congruent with Heidegger's notion of authenticity and not being swayed by the One's prescriptive approach to birth. NZ has proven itself a world leader in

maternity legislation over the last century yet NZ midwifery education has progressively moved away from the defined community focus. (Guilliland & Pairman, 2010b; A. A. Hill, 1982; Papps & Olssen, 1997). The history of New Zealand midwifery education from the 1980s focussed more on research based knowledge replacing storytelling and learning through empirical experiences (Gilkison, 2011). Midwifery found itself attuning to the prevailing mood of the times.



Figure 7: The theatre at the Paraparaumu Maternity Home 1971.¹⁰



Figure 8: Father at the birth of his child in NZ, 2007.¹¹

Textbooks, medical audits, statistics and reductionist research methodologies continued to prove the validity of technocratic births throughout 21st century (Pairman, Pincombe, Thorogood, & Tracy, 2006). The growth of mass media has also influenced acceptance of technology in the name of safety and pain free birthing (McAra-Couper et al., 2010). This is a trend epitomised by the rise and the normalisation of caesarean sections (Douche, 2009; Fenwick et al., 2010). The euphemism of the 'natural caesarean' used by the media drew public attention in London in the 1990s and 2000s as a woman-centred approach to birth (J. Smith, Plaat, & Fisk, 2008). The increasing use and demand by women for birth technology seemed to act as catalyst for the further proliferation of technological intervention.

¹⁰ Dominion post (Newspaper) Ref: EP/1971/4025/13-F. Permission to use image granted April 2013 from Alexander Turnbull Library, National Library of New Zealand, Te Puna Mātauranga o Aotearoa Wellington, New Zealand. <http://natlib.govt.nz/records/22445251>

¹¹ John Roberts supports his wife Kate during contractions, while family friend Rachel Dickinson (left) applies acupressure for pain relief. Permission to use image granted April 2013. Kerry Pollock. 'Pregnancy, birth and baby care - Childbirth, 1950s to 2000s', Te Ara - the Encyclopedia of New Zealand <http://www.TeAra.govt.nz/en/photograph/26170/father-at-the-birth-of-his-child-2007>

Feminism and birth

Feminism is not a homogenous ideology. The first wave of feminists in the 19th and early 20th century focused on suffrage and overturning legal obstacles with little focus on the reproductive rights of women. New Zealand, for example, granted women the right to vote in 1893 (Lloyd, 1971). Then, in the mid-20th century feminism was to take another turn.

Simone de Beauvoir, a feminist philosopher, was concerned that women were being perceived as "other" in the patriarchal society. She concluded that male-centred ideology served to reinforce the notion that women are different due to their capacity to birth. This was not a rationale, she argued, for positioning them as an inferior gender (de Beauvoir, 1949/2009). Her book "Second Sex" was influential in igniting the second wave of feminism; a wave of feminism that focussed on inequality issues such as reproductive rights.

Family size

Most early immigrants to NZ had larger families but this has changed over time (Clarke, 2012). Extended family members often lived apart for economic reasons and new parents found themselves socially isolated as post 2nd world war demographics altered (Dobbie, 1990). From the late 1940s, parent centres grew in response to a need for friendship and support of these often isolated nuclear families. With the advent of contraception and the second wave of feminism in the late 60s and early 70s women had fewer babies. Choice and control over the experience of birth began to be sought as the feminist movement gained momentum in the 1960s and 1970s. How families attune at birth now that family planning was possible may-be considerably different from the larger families yet this is unknown.

Birth as feminist issue

Survival remains central to safe care but addressing the experience of birth became an increasing concern. The second wave of feminism highlighted the dissonance in the western phenomenon of birth; being safe and wanting individualised care that lessened medical interference. Notwithstanding heated debates in feminist literature, birth as a significant social event extended beyond feminist concerns (Crouch & Manderson, 1993).

The socio-political mood of the early 1970s New Zealand maternity was volatile. This is highlighted by Corkill 1972 report that called for maternity service

restructuring in the Wellington region favouring the development of obstetric infrastructure. Vitriolic feminist responses tell of the struggle at this time:

...it [report] never made any pretence that the interests of women or 'safety' were at issue. What was at issue was specialist control and the specialists were determined to achieve it...Family doctors were squeezed out and mothers and their babies were to suffer...the desired monopoly of the obstetricians in NZ was almost within the grasp...the hospital midwife had long ago been transformed into an efficient handmaiden...only a few domiciliary midwives remained beyond the reach of specialist control (Donley, 1986, p. 64).

The mood was beginning to change and feminism evolved further. A third wave of feminism from the late 1980s early 1990s onwards, often co-existing with the second wave notions, addressed diversity and cultural differences (Tong, 2009). Midwifery and maternity care in the second and third waves of feminism became a central feminist issue leading to social change in maternity care provision. It increasingly emphasised the desire for consensus decision making with women at the centre (Guilliland & Pairman, 2010b).

During these turbulent years there was evidence of gentle affirming care that acknowledged the unique specialness at birth (Balaskas, 1989; Bowen, 1993/2000; Gaskin, 1977; Leboyer, 1975/1991). In the 1980s, obstetrician Wendy Savage emphasised individualised care and won wide support at the time. An advocate for change in the UK, she called for an end to the controlling nature of obstetrics (Savage, 1986). The voices of women emerged more clearly in political discourse. Hierarchical organisation of maternity care was not acceptable in the new feminist discourse. The third wave of feminism, akin to post-structuralism, focused on the individual as unique. As the focus of feminism unfolded so did the emphasis on birth experience.

Choice, control and apogee of "good birth"

Obstetric hegemony was challenged at the end of the 60s through to the 80s. The fight for choice and empowerment of women became increasingly visible (Banks, 2007; Dobbie, 1990; Donley, 1986, 1992). The experience of birth was also becoming more central. Something special at birth was beginning to be recognised and sought. London based obstetrician states: "Modern-day life and our highly stressed, risk adverse societies have led to medicalised, fearful model of childbirth, which has stripped the process of its wondrous magic" (Lokugamage, 2011, p. 78). It was as if the attunement of wonder or joy at birth called to be reawakened. The

hint of magic at birth resonated in the desire for reaching the apogee of birth experience “...an exalted quality of the birth experience that represents an existential moment in women’s lives” (Crouch & Manderson, 1993, p. 56). The political ramifications reverberated globally in the western community.

Fathers and intimate others welcomed at birth

Part of this emerging choice and control related to who could be present at birth. This was a time of emerging parental rights as an extension of feminist rights; the baby was now “our baby”. In the western context, fathers’ presence at birth began gradually from the early 1960s (Mander, 2004). They were invited by their partners in the belief that the presence of a familiar other would alleviate anxiety in the alien medical world. In addition there was the assumption that the presence at the birth would facilitate attachment with the newborn and strengthen marital relationships (Mander, 2004). Yet fathers have, on occasions, been at birth throughout history and within some traditional cultures (Craig, 2009). Māori men have, for example, acted as midwives and supporters (Clarke, 2012). In European homes, fathers were often present to provide assistance and take on tasks given to them by the midwife. In colonial NZ the father may have been the only person available to assist.

Today there is an expectation that fathers participate and it is unusual to attend a birth in the western context when the partner of the woman is not present (Kunjappy-Clifton, 2007; Mander, 2004; G. White, 2007). Men had become part of the birth environment, either as health care professional or family.

Some believe the introduction of the father to the labour and birth is disruptive and detrimental to the physiological process (Odent, 2002). As with all changes and new trends, the debate continues. Yet the lived-experience of this father at the birth of his daughter in 1977 attests to the specialness of being there:

...with a slithering dive into the breathing world, there was our baby, a purple, raging thing... ‘It’s a girl’, I repeatedly idiotically to Sally [wife] over and over, crying helplessly...she was perfect and beautiful in every detail. I felt a great onrush of love, which had a force and immediacy I had never known before. Nor had I ever felt such pride and gratitude as I felt then for Sally ...we held her [daughter] together, both crying... (Source unknown)

There is something significant in this father’s lived-experience that hints at birth attunement as shared and overwhelming in its intensity despite being in an age when medicalisation was peaking. How fathers gather and attune collectively with

others at birth and how they are affected and what it means to them remains mainly hidden (Dellman, 2004; Kunjappy-Clifton, 2007; G. White, 2007). Recent literature on father's experiences provides some insight to their experiences at birth. This is presented in the following chapter.

Today, in New Zealand, others at birth can include family members such as maternal or paternal grandparents, friends and siblings. How these people attune at birth is equally unknown.

Contemporary New Zealand birth

The political struggles and tension between society's wish for improved experiences have been coupled with publicised medical mishaps and choice violations. This has manifested as a grassroots challenge to change the status quo (Committee of Inquiry into Cervical Cancer, 1988) and resulted in legislative change in the form of the Nurse Amendment Act (Ministry of Health, 1990). The new Act provided a challenge:

The majority of women have been socialised to perceive birth as an illness. The challenge of this legislation is to change that perception. (Prime Minister Helen Clark, p.1)

This act significantly altered the face of maternity in NZ (Pelvin, 1990). The autonomy of midwives was reinstated through professional efforts and NZ families applying pressure (Banks, 2007; Guilliland & Pairman, 2010b). Trusting relationships in the maternity system were sought. The choice of a known maternity care provider became a reality for New Zealand women and midwives were able to work autonomously across the full scope of practice (Guilliland & Pairman, 2010b). NZ maternity services became congruent with the growing desire for individualised positive experiences and attuned to maternity differently in ways not common elsewhere in the western world.

Attuning to partnership

The midwifery discourse in New Zealand since the 90s has been one of partnership, openness, flexibility and collaboration with women without compromising safety. These cultural values are now embedded within the maternity system (Guilliland & Pairman, 2010a). The partnership model embraced feminist issues of power and liberation of women from the tyranny of hegemonic patriarchal medicine. This discourse engendered an autonomous and empowered midwifery renaissance supported by women and their families (Tully, Daellenbach, & Guilliland, 1998).

The new Lead maternity carers (LMCs) provided partnership focussed care that did not use authoritarian coercive modes of communicating (Pairman, 2010). The focus was on working with women (Page, 1995). The new focus avoided 'jumping in' to do things while providing the opportunity for the birth to unfold with minimal interference (Smythe, 2010). The notion of partnership invoked a sense of reciprocity and equality; something shared (Kirkham, 2010). It seeks to achieve shared commitment to optimal birth experiences that both families and midwives enjoy (Smythe, Payne, Wilson, & Wynyard, 2014).

Treaty of Waitangi and maternity

Underpinning Māori sovereignty as indigenous peoples of Aotearoa New Zealand was the 1840 signing of the Treaty of Waitangi between British Crown and Māori. This was a commitment by the crown to a set of principles for co-governance of Aotearoa New Zealand (Orange, 2011). Since then the Treaty has traversed decades of dispute over interpretation of its meaning and significance. This will not be discussed in detail here. However, in 1988, the Royal Commission on Social Policy examined the Treaty and healthcare. The Treaty principles of 'partnership', 'protection', and 'participation' were promoted as central to New Zealand healthcare (Royal Commission on Social Policy, 1988).

As a result, cultural safety guidelines were created and based on Treaty principles (NCNZ, 2011). This included cultural awareness and understanding that cultural difference must be accepted; a cultural sensitivity where difference is legitimated and leads to self-exploration and where safe service is defined by recipients of care. The notion of partnership in healthcare was born from this unique bi-cultural history and our legacy as a colonised country. Social policy documents attuned to partnership and collaboration that influenced maternity re-structuring.

The colonisation of birth in the form of modern obstetrics had spread into Māori culture. This thesis acknowledges the consistently lower socio-economic status and poor maternity outcomes for Māori families that reflects a history of dramatic changes and need to adapt to a rapidly altered world; the negative social and health consequences of which continue to unravel (Harwood, 2013; R. Paterson et al., 2012).

Ostensibly, Māori birth atmospheres changed as emotional and cultural-spiritual dimensions of the birth experience became lost (Rimene et al., 1998). Tangihaere

and Twinaime, (2011) argue that constant focus at policy and management levels is required to maintain the integrity of Māori social and spiritual identity. This is beyond the remit of this thesis but what is apparent is that continuing work in healthcare towards implementation of these Treaty principles is foundational to the partnership model evident in NZ's contemporary maternity care.

Media attunement

Mass media continues to influence the mood of contemporary birth. The popular TV sitcoms depicting women screaming for help as they are safely delivered in the hands of the hospital staff. 'Call the Midwife' and 'One Born Every Minute', two UK based television drama broadcasts in New Zealand depict birth in a variety of often dramatic scenes (Bowden, 2010; Lowthorpe, Payne, Goldberg, Moo-Young, & Spiro, 2012). Yet 'Call the Midwife', the original autobiography of a midwife in post war 1950s East London slums, clearly depicts the joy and awe birth amidst the poverty:

...I am almost as overwhelmed as Muriel, the relief of a safe delivery is so powerful...He breathes. The baby is now a separate being. I wrap him in towels given to me, and hand him to Muriel, who cradles him, coos over him, kisses him, calls him "beautiful, lovely, an angel" (Worth, 2002, pp. 11-12)

Conversely, televised and film depictions can fuel a fear culture. The simple miracle of birth can become hidden in the miracles of modern science that saves and protects. Stories of drama and anxious moments dominate the narratives often leaving the moment of joy at birth concealed as illustrated in this field note:

Student midwives in a tutorial explained to me how the mood of 21st Century birth in their experience was one of fear. Yet juxtaposed to this fear culture is the joy in the same student's faces as they tell of the moment at birth itself. (Field notes 2012)

Contemporary birth mythology

There is a modern western birth mythology; the drama is in the emergency caesarean section, the heated and anxious moments within an instrumental birth, the haemorrhaging woman and the ambulance transfer to a major hospital from a rural area. There is the sense of women's helplessness, of being thrown into motherhood having to sacrifice herself completely; even if, in 21st century NZ, she is unlikely to make the ultimate sacrifice of death for her baby(s). It would seem that, despite the renewed maternity attunement, many NZ midwives are attuned to fear of birth yet at the same time affected by the specialness at birth.

Control and aversion to anything less than perfect outcomes appears to dominate practice and experience so that technological birth cannot be refused or rejected and thus attunes western maternity care. This is often welcomed by families and maternity care providers alike in contemporary NZ maternity (McAra-Couper et al., 2010). Yet fear does not appear to be lessened with modern childbirth technology. Some would argue that the fear of birth as a result of technology attunes birth to more fear (Cassidy, 2006; Davis-Floyd & Cheyney, 2009). A newly attuned mythology emerges; the real *fear* is perhaps related to uneasiness with *what* has been hidden.

Conclusion

In presenting this chapter, I have accessed resources specifically to respond to hermeneutic questions. I concede that not all aspects of such a complex phenomenon can be addressed and acknowledge that my selection and interpretation privilege certain perspectives. The story of birth is a human journey of mysterious beginnings, a story that is connected with creation and evolution that is culturally and socially constructed. It is not a story that can be completed. I argue that within the birth experience something that hints at the spirit of birth risks being lost. Perhaps attunement at birth gifts something of that spirit.

21st century maternity evinces change and sense of hope. Yet, despite the many changes in maternity care provision something is conspicuously absent in the language of birth that weaves itself through history. Contemporary birth experiences may pass over and elide something important. An attunement at birth (which I call joy) is often relegated to a passing comment or paragraph at the most, sometimes a mere inference for the reader to ponder. The experience and meaning communicated through birth attunement remains fundamentally unspoken. The next chapter turns to contemporary research for further glimpses of this phenomenon at birth.

How do we attune?

Mysterious holy voyage

Women's magic –

Thorny

hidden and sacred

silenced

uncertain

yet

When we industrialise -

how do we attune?

Centralised and standardised –

how do we attune?

Medicalised,

become technocratic, electric and mechanised–

how do we attune?

Globalisation and consumerism –

neo-colonialism

new feminism

how do we attune?

-

A baby born –

into the light

alive, unfurling

we are silenced

how do we attune?

(Field notes: September 2012)

Chapter 4

Literature review

Introduction

This literature review seeks to provide a call to thinking and dialogue related to the phenomenon “joy at birth” through exploration of literature. My quest was to seek that which lies *within* and *between* the words that conceal joy at birth. (Harman, 2007) states:

The true being of things is actually a kind of absence. A key term for Heidegger is “withdrawal”: all things withdraw from human view into a shadowy background, even when we stare directly at them. Knowledge is less like seeing than like interpretation, since things can never be directly or completely present to us (p. 1).

I thus searched for hints and glimpses of this silenced unspoken attunement; a phenomenon that “shows itself in itself” (Heidegger, 1927/1962, p. 51) in a revealing-concealing manner. I explored the scientific literature to find where the writing of others attuned to the same phenomenon. Such authors became dialogical partners in thinking and raising questions. The primacy of hermeneutic interpretive work is the ability to listen to what is read and prioritize questioning of texts and how they question me (Gadamer, 2008/1967). I remained receptive and attuned to the messages from literature that conveyed hints of the phenomenon joy at birth.

Reviewing literature as contamination

My research questions began as a call to seek something out in response to hints in my midwifery practice. I had a strong felt sense of what I was looking for, but struggled to bring it to language that ‘said it all’. A provisional literature review was undertaken as a requirement for doctoral admission. It could be argued that through such reading I had become contaminated by the views and findings of others, running the risk of repeating what had been said before or of closing down my own thinking. However, from the methodological perspective, I am reminded again that there is never a place where I am not pre-shaped in my thinking or come to a phenomenon in a neutral unbiased way (Gadamer, 1960/1975). My fore-structures and pre-understandings influence how I interpreted what I reviewed and come to understanding. As I read and interpreted I brought my historical effective consciousness, past experiences and understandings.

Revealing the phenomenon of joy at birth in the literature has been challenging and required a “willingness to be surprised” (Smythe & Spence, 2012, p. 17). The phenomenon seemed to play hide and seek; at times silenced and at times withdrawn leaping out when least expected. Reviewed articles revealed other understandings and interpretations on re-reading them as different questions arising from expanded horizons occurred. The Heideggerian notions of withdrawal, appearance, announcement and semblance were thus in constant play (Heidegger, 1927/1962, pp. 51-55).

The phenomenon ‘withdrew’

Often I would read an article and nearly grasp something but as I read on or thought upon the content the glimpse seemingly vanished. Try as I might, I was not always able to retrace my steps to find the section in the article that hinted at the ‘something’ I was seeking to uncover. Sometimes the article as a whole spoke to me about the joy but the “feeling” quickly fell back into silence. Many times in this process I would return to articles covered in annotations such as “great paper – really showing the joy”, to be left puzzled on where and how my thinking had led to that insight.

The phenomenon ‘appeared’

Some articles provide rich descriptions of the lived-experience of being born that spoke of the shedding of ‘tears’ at the birth of a baby. Yet tears are an appearance of joy, not the joy itself. They could be tears of relief harbouring unsurfaced meanings and significance of birth. The tears revealed the phenomenon as ‘appearance’ which is as close to the thing in itself as is possible but I was left wondering about the meaning and significance of the tears.

The phenomenon ‘announced’

Some articles attuned to the phenomenon when excerpts from qualitative data included a statement about birth as sacred experience: “Birth is a fantastic connecting celebration of life...it’s something I look forward to and look back on with great joy. I consider myself blessed to be allowed to participate in something so amazing and miraculous” (Schneider, 2012, p. 220). Another example, from the words of a midwife, announced the special attunement at birth: “The awe of birth has never diminished...the spirituality of the moment, the tears in my eyes, and the

lump in my throat” (Doherty, 2010, p. 100). The phenomenon of joy was thus announced in the stories but seldom interpreted further.

The phenomenon disguised as semblance

Another way the phenomenon was hidden was through semblance, a façade that seemed to be joy but was not:

The uncovering of anything new is never done on the basis of having something completely hidden, but takes its departure rather from uncoveredness in the mode of semblance. Entities look as if....that is, they have, in a certain way, been uncovered already, and yet they are still disguised (Heidegger, 1927/1962, p. 265)

Semblance cannot be the complete phenomenon itself because tears are not the essence of joy. The tears may point to something still concealed. In reading and reviewing the literature the notion of semblance was constantly part of my questioning engagement with an article.

Reviewing literature as circumspection

Circumspection describes taken-for-granted everyday doing and experiencing in the world of birth. It is the coping and dealing with what is invisible, withdrawn and transparent in that world. In reviewing the articles I noticed when authors only paid attention and brought to words those activities in the world of birth when something was going wrong. Much of the literature was concerned with the material, measurable, present-at-hand or ontical¹² aspects at birth that disclosed epistemological understandings.

Focussing on researchable present-at-hand entities concealed the ready-to-hand taken-for-granted ontological background at birth that I sought. For example much of the literature examining place of birth concentrated largely on safety, medical intervention and mortality rates (Chervenak, McCullough, Brent, Levene, & Arabin, 2013; D. Davis et al., 2011; D. Walsh & Devane, 2012). Yet babies were born in all locations. Safety and judicious use of birthing technology are important of course but the ready-to-hand lived-experience of Being-there at birth (wherever that physically happens) remained often invisible, withdrawn and silenced. I was

¹² Ontical is used by Heidegger to denote that which pertains to entities or beings/things that can be categorised, measured and often (but not always) seen. The ontic world (made up of entities/things) thus confronts us materially and is discoverable and encountered. Ontological in contrast pertains to Being which becomes unconcealed and disclosed through phenomenological method. Determining the differences Heidegger termed the ‘ontological difference’.

constantly seeking the phenomenon joy at birth that was disguised and hidden in the unnoticed circumspective background at birth.

Reviewing as questioning

With these guiding philosophical notions I remained resolved not to get lost in ontical descriptions. My questioning remained openly engaged to what would be revealed, “The essence of the question is to open up possibilities and keep them open”(Gadamer, 1960/1975, p. 298). I paused at times as insights arose that were dissonant from which further questioning was initiated. Questions and answers became a dialectical play. I asked the literature; *what is silenced and unspoken regarding joyous attunement at birth? What is concealed about joy at birth? How is joy at birth announced? How is such birth joy meaningful?* Attuning my questioning this way deepened understanding, clarified and sharpened the process. Attuned in this way I was sympathetic to any hints that gestured towards what I sought.

The experience of reviewing the literature

In pursuit of credible sources I looked beyond midwifery and medical disciplines, to management, psychology, anthropology, sociology and comparative religious studies. This chapter focuses principally on the scientific literature. Other forms of gathered literature are integrated throughout the thesis providing context as in the previous chapter, then in the findings and discussion chapters.

The powerful drive for maternity evidence based care to answer everything has resulted in many studies remaining divorced of “how” questions. The lived-experience is thus absent in many published papers because of the dominance of reductionist scientific focussed research (Berg et al., 2008). Access to the lived-experience of joy at birth was often silenced and withdrawn. I noticed the dichotomous and paradoxical claims provoking the polarised debates as described in the previous chapter. Yet these issues of contention, areas of confusion and differences just led to more thinking and more questioning.

In my literature search I used words from participants, words from my reading of articles and books that lead me to new words and meanings. The gathering of words grew from conversations, words from presentation feedback and the use of a thesaurus (see figure 9). I kept asking: *“Has anyone published work on the phenomenon of joy at birth?”*

Birth and ...	Mood, aura, ambiance, environment, atmosphere, feeling, emotional, experience, satisfaction, positive, feeling-space, joy, spirit, sacred, special, significant, meaningful, enriching, awe, divine, spiritual, epiphany, love, happy, ecstatic, joyous, thrilling, overwhelming, enigmatic, mysterious, mystical, religious, wondrous, numinous, goddess, god, divinities, holy, peak experience, emotional contagion, rite of passage, enriching, overwhelming, enigmatic, mysterious, mystical, wonder, natality, happy, attunement, mood, spiritual, love, inspiring, joyous, wondrous, rape, trauma, abnormality, death, stillbirth, interventions, post-traumatic stress syndrome, fear
Childbirth and...	

Figure 9: Words and phrases used to search databases and internet

The search took me to libraries and book shops browsing unrelated shelves for a glimpse. I consulted friends, work colleagues and family book collections. I scrutinised the references used by and suggested by others. I surfed the internet for glimpses and hints of the phenomenon. I read novels, poems, watched movies, listened to radio shows constantly jotting down moments of inspiration that leapt out and claimed my attention. Some articles inclined towards me as I inclined towards them provoking more thinking (Smythe & Spence, 2012). Examples of titles that gestured towards what I was looking for included: Stanley's (2006) "Sadness and joy: giving birth in Zimbabwe" and Hall's (2006) "Spirituality at the beginning of life". The process continued throughout this project generating huge amounts of data until, in a thesis supervision meeting, I was advised to stop reading and write the literature review chapter.

Nothing was found that used the Heideggerian notion of attunement to reveal the phenomenon "joy at birth" other than a paper published by myself (Crowther et al., 2013)¹³. Yet other writers had, in various ways, gestured towards and provided glimpses of the phenomenon.

Glimpses from the literature

The glimpses of the phenomenon of joy at birth were always in a dialectical play between whole and part understandings, yet beginning requires a place of

¹³ This journal article was written in the early stages of analysis and was drawn from Chapter six; to see full article refer to appendix B.

departure. Thus I begin with the assumption that there may be a link between 'joy at birth' and 'birth satisfaction'.

Birth as satisfying

The literature on birth satisfaction spans several decades but precise ways of measuring and assessing this experience continues to be difficult. Most of the literature pertains to maternal satisfaction. Britton (2012) examined factors influencing satisfaction at birth and how these are measured. She concluded that measurement was often focussed on models of care and type of carer, outcomes, population or disease specific. Britton's thesis was that enhanced satisfaction with birth improved general health outcomes arguing the need to implement targeted interventions to improve satisfaction.

Yet the variables chosen to measure satisfaction reduce the lived-experience at birth to standardised results. Psychometric scales and quantifiable questionnaires are employed to measure birth satisfaction (Larsson, Saltvedt, Edman, Wiklund, & Andolf, 2011; Martin & Fleming, 2011) but much remains silenced. The time to best assess birth satisfaction is open to question; nearer to the birth itself can produce the halo effect; yet long term birth recall does not seem to lose details of feelings and events (Simkin, 1992), although it is plausible that interpretation alters in other ways.

Often the motivation behind measuring satisfaction at birth is centred upon the cost and quality of maternity services and, as such, measurable actionable criteria (Martin & Fleming, 2011). Most birth satisfaction research focuses on negative experiences and the interventions that mitigate such experiences. However, measuring and assessing 'ideal' birth or positive birth is context driven, multidimensional and influenced by expectations, beliefs and responses of those involved at birth (Christiaens & Bracke, 2009; Martin & Fleming, 2011; Sawyer et al., 2011). Cultural and ethnic influences are not usually made explicit in satisfaction surveys.

The literature revealed how birth traverses a variety of positive and negative feelings and emotions including sorrow and joy. The seemingly paradoxical manner in which joy and sorrow can co-exist has been highlighted in the nursing literature (Parse, 1997; Pilkington, 2006). The birth of a baby is expected to attune those present to joy and happiness and be a defining moment in women's and families'

lives, yet it can also be a time of sorrow, hardship, distress and fear of harm (Sawyer et al., 2011). Anger and sorrow were found to replace the joy at birth when a baby is unwell or died (Adelsperger & Graham, 2010).

Often there was spoken wondrous joy at birth that appeared to transcend context. Stanley (2006) described his time in Zimbabwe with local midwives when tension, joy and relief were part of the birth experience "...he let out a strong gusty cry. The relief dispelled the tension the three women began to laugh and smile with the wonder of the birth" (p.58). These shared fleeting emotional responses provide an appearance of the phenomenon attuned joy at birth.

Birth as unsatisfying

There are times when birth is simply not satisfying. Negative experiences at birth are multifaceted. How women attune at the moment of birth in adverse situations remains unclear. Nilsson, Lundgren, Karlström and Hildingsson's (2012) longitudinal study highlighted how women's perception of negative birth experience explained subsequent fear of childbirth more than mode of delivery. Harris and Ayers (2012) found that interpersonal difficulties and complications with the neonate increased the chances of developing postnatal emotional and psychological morbidity. However, the association with intervention and negative experience is less clear.

Størksen et al (2013) reports previous subjective negative birth experience to have greater influence over perception of the experience than obstetric interventions and fear of birth alone. The majority of women in their study experiencing interventions did not report overall lack of satisfaction with the birth. Britton (2012) aptly called upon birth satisfaction studies to focus on affectivity as well as the other objective variables commonly measured.

Larsson, Saltvedt, Edman, Wiklund, and Andolf (2011) found that positive birth experience related to the continuity and confidence of the midwife. Trusting relational continuity has been found to enhance positive birth experiences and potentially open the possibility of family empowerment (Dahlberg & Aune, 2013; Halldorsdottir & Karlsdottir, 2011; Howarth, 2011; B. Hunter, Berg, Lundgren, Ólafsdóttir, & Kirkham, 2008). But how were others attuning at birth especially when birth was traumatic?

Attunement to each other would seem vital for overcoming traumatic birth experiences and achieving long term benefits. Harris and Ayers (2012) concluded that focus on the hot spots in birth care such as interpersonal difficulties, providing support and reassurance, would lessen traumatically experienced births. There were assumptions that traumatic births decreased satisfaction. Yet care-giver support and attitude is often highlighted as contributing to increased satisfaction more than the amount of interventions used.

Anderson (in Kirkham, 2010), argued that a skilled and sensitive midwife creates an unobtrusively calm and safe atmosphere whereas an insensitive and intrusive midwife undermines women's confidence creating negative experience. Leaping-in¹⁴ and doing things to woman was interpreted as intrusive and damaging to the experience of birth (Leap, 2000). Perhaps birthing technology and technical care devalue caring relationships?

The privileging of technology over care is evident throughout health care and much of the discourse of modern nursing and midwifery demonstrates how status comes with technical rather than caring work. If time is limited, it is the technical rather than the caring work which must be done. (Kirkham, 2009, p. 232)

Whether or not technology alone disrupts the atmosphere at birth remains unclear. Kirkham (2009) differentiates between technology and technical care. Care, for Kirkham, is connected to relationships.

Focusing on emotional responses to unsatisfactory experiences at birth provides opportunity to glimpse what is often covered up in the taken-for-granted background of experience at birth when things go smoothly. Emotional morbidity following unsatisfactory birth experiences, including symptoms of acute trauma and increased risk of postpartum depression correlated with childbirth complications, has been repeatedly demonstrated (Blom et al., 2010; Creedy, Shochet, & Horsfall, 2000). Previous unsatisfactory birth experiences have been shown to influence future fears associated with birth (Størksen et al., 2013) with potentially adverse repercussions on future childbirth experiences.

¹⁴ Leaping-in is a Heideggerian notion that is part of Solicitude; concern or helping of others. It is the taking on of another's burdens and resolving them. Conversely leaping-ahead, the other part of solicitude, one helps the other to resolve his/her own burdens.

The ability for women to control what happens to their bodies has been reported as central to achieving a positive birth experience (Martin & Fleming, 2011). Women, at the moment of birth, have been found to have embodied transformative and/or traumatic experiences (Lupton & Schmied, 2012). The moment of birth can be described as liminal; the mother's body births a baby, transitioning from a body coming out to a body out. Lupton and Schmied's study found the suddenness of birth provoked emotional responses of relief, shock and strangeness. Yet joy at birth was not mentioned in this study.

Work on improving satisfaction at birth is important. Improvements in intrapartum care are connected with increased satisfaction, long term health and wellbeing outcomes (Fahy et al., 2008; D. Walsh & Downe, 2010). Yet what birth satisfaction means to women and those with her at the moment of birth remains hazy. How women attune at this transformative moment in their lives is not well understood.

Birth experiences as timeless

The notion of birth memories was significant in terms of announcing the timeless nature of the lived-experience. There is evidence that birth experiences are remembered long term (Lundgren, 2009; Simpkin, 1992). Simpkin's seminal study revealed how memories of birth were often recalled vividly 15-20 years later with delight, sadness or both. Some participants wept with joy: "Feelings-absolutely wonderful, happy tears and elation..." (p.74). Women in the study recalled distress: "I still remember the separation and the dehumanizing aspects of the delivery room, with people all around...being exposed" (p.78). Some remembered conflicting emotions: "It was a mixture of being angry at these doctors and just real joy at seeing that baby of mine" (p.76).

Research by Lundgren (2009) further demonstrated that participants recollected 2-20 year old memories of others at birth. Being-with-others at birth emerged strongly in the literature as impacting on birth attunement.

Being-with-others

A systematic review on maternal satisfaction found support and quality of that support influenced overall satisfaction at birth more than the environment, pain management, mobility and use of interventions (Hodnett, 2002). It is now well established that continuity of care provided in labour and birth enhances satisfaction (Hodnett, Gates, Hofmeyr, Sakala, & Weston, 2011; Howarth, 2011;

Howarth, Swain, & Treharne, 2010). The positive effects of this approach are reflected in emerging NZ research findings showing greater satisfaction due to relationships with midwives (Howarth, 2011).

New Zealand midwifery views childbirth as a continuum that bridges the gap between binary polarising ideologies of normal and abnormal (D. Davis & Walker, 2011). Although models and theories of midwifery care have been explored in depth in the literature (Berg, Ólafsdóttir, & Lundgren, 2012; Halldorsdottir & Karlsdottir, 2011; MacLellan, 2011; Pairman, 2010) none have revealed the experience of birth attunement. The midwife has often been the central focus. How would birth attune if no midwives attended? Are midwives and continuity of care essential to joy at birth? This remains unknown.

Kitzinger (2012), a long term advocate of women's experience of childbirth, interpreted the western technocratic style of birth as rape. She challenged maternity services to ensure woman-to-woman support at birth, implying that the medicalisation of birth diminished the birth experience to one of violence unless women were present. Is a positive experience solely dependent on female relationships gathered at birth? There was no evidence, as yet, to support this assumption. However, the benefits of a positive relationship with one's maternity care provider are strongly represented in the literature.

Reciprocal relationships between women and midwives would seem key to the atmosphere at birth (Berg et al., 2012). Berg et al defined this reciprocity as presence, affirmation, availability and participation. Parratt (2010) reports that good relationships with midwives can empower women to access their own intrinsic power in unanticipated ways. Parratt argued that the inner and outer lived-experience at birth became interconnected. The implication is that positively construed reciprocal relationships with others at birth safeguard the birthing atmosphere. This reflects Bergum's (2007) hermeneutic phenomenological analysis on mothering that revealed a relational spatial quality at birth. Hunter et al., (2008) similarly maintained that the quality of relationships are central to birth, yet not always recognised: "the warp threads that hold it all together, but which are hidden in the final work" (p. 136). How would birth attune without female midwives? This remains unclear and is beyond the remit of this review.

The measured attributes of satisfaction are only semblances of the phenomenon of mood at birth. Understanding of attunement at birth remains unacknowledged and hidden. Are there interventions that could further improve the experience for all who are present at birth? How is the birth experience as a whole understood? Can the ontic attributes at birth alone constitute birth experience as a whole?

The background, taken-for-granted attunement at birth remains concealed. Occasional glimpses of joy appear only to withdraw and vanish again into the background. The literature calls those at birth to create a positive birth experience for women yet leaves aspects unspoken and hidden.

There is evidence in the literature that Being-with-others at birth is fundamental to maternal satisfaction. Yet these intimate and professional others also experience something and attune somehow at birth. They come to understand their experiences at birth through the disclosure afforded by attunement. How is birth satisfying for them? Continuing to search the literature I wondered whether anyone, other than mothers, gave voice to others' attunement at birth.

Professional others

Professional others are called to birth for different reasons and are significant to the gathering. Some literature focuses on the notion of good midwife/ bad midwife (Powell Kennedy et al., 2010), good doctor/ bad doctor dichotomies (Odent, 2008). Doctors are portrayed as perpetrators of violence while midwives are often viewed more positively but part of a hegemonic system (Kitzinger, 2006). In contrast, non-institutionally connected doulas are presented as providing better outcomes (C. Hunter, 2012). These, of course, are improbable generalisations. The point is that there are 'others' present at birth. Their various labels serve to cover up what is happening in the uniqueness of human encounters at each birth experience. How do individual midwives and doctors attune at birth?

Midwives

Midwives work within complexity that consists of challenging perspectives across multiple areas of changing moods. Midwives have been shown to straddle two opposing ideologies that impose emotional stress (D. Davis & Walker, 2011; Rice & Warland, 2013). Loss of trust and bitterness arising from differing points of view, and responsibilities amongst maternity care professionals has been highlighted (Simmonds et al., 2013).

Midwives can also be adversely affected by witnessing trauma. Rice and Warland (2013) reported how midwives became personally distressed due to over sensitivity and empathy for mothers in complicated births. Shared attunement arises at birth revealing that midwives are not separate from all those at birth. Midwife participants appeared to vicariously attune to the traumatisation. The authors connected this to potential burnout, retention, job satisfaction and emotional exhaustion. Would attuning to positive aspects at birth potentially have the opposite effects?

Developing reciprocal relationships appears to help with the emotional challenges for those present at birth. McCourt and Stevens (2009) found that reciprocity added to job satisfaction and less stress in midwifery. However workloads and differing ideological tensions in the workplace challenged such relationships (B. Hunter & Deery, 2009). A study on community midwives in the UK found that midwives became emotionally fatigued when relationships were not reciprocal and fulfilling (Deery, 2009).

Deery's research suggests that midwives calibrate their professional behaviour literally performing as a 'good actress' (Deery, 2009, p. 76). Are others 'performing' at birth? If this emotional work threatens reciprocal relationships does attuning at birth become challenging? Deery argued that the emotional work of midwives can adversely affect their ability to be there fully in their work. There appeared to be a dialectic tension between midwives' work experience with others and their environment. It is clear that reciprocity and collegial relationships are essential for midwives to enjoy their work (Kirkham, 2009). Yet shared joy at birth remains unexamined.

The focus of research is often on breakdown and distress rather than on the presence or otherwise of joy. Yet for there to be breakdown in something there has to be something that can break down. Examining times of breakdown at birth can reveal how midwives attune at birth (Crowther et al., 2013).

Obstetricians

There is little literature about the lived-experience of obstetricians at birth. What is obstetricians' lived-experience of attunement at birth? Perhaps they are emotionally fatigued due to professional performances that shield them from the potential of birth.

Yoon, Rasinski, & Curlin (2010) reported links between obstetrician burnout due to emotional exhaustion and continual clinical decision making. Interestingly, another study highlighted the lack of personal connection with women as strongly correlated to obstetrician emotional exhaustion, burnout and depression (Govardhan, Pinelli, & Schnatz, 2012). Lack of personal connection with recipients in their care coupled with professional responsibility and workload demands reduced job satisfaction. Scully (1994) described 'distancing' the process by which obstetricians had become more detached from the affective aspects of birth. Is professional detachment at birth problematic? Perhaps distancing is a respected professional demeanour in response to the voice of the dictatorial One influenced by medicine's history and culture.

The professional worldview of obstetricians could be construed as significantly different from midwives. Perhaps they rarely focus on building reciprocal relationships unless in private practice although no evidence to refute or prove this was found. Obstetricians often hold beliefs that see birth as potentially unsafe until retrospectively proven normal (Lokugamage, 2011). This view is of course influenced by the manner in which they work. Obstetricians are constantly called to emergencies and problems requiring their medical expertise. Prioritising the reduction of risk would appear to overshadow their experience of wonder and joy at birth. How obstetricians and other medical staff, such as anaesthetists and paediatricians attune at birth is yet to be explored.

It seems that the taken-for-granted moment of joy at birth remained unreported and silenced amongst maternity health care providers. Yet Kirkham (2011a) argues that to be absorbed skilfully at birth and attune joyfully can be sustaining for all those there.

Intimate others

How others attune can influence the mood at birth overall. However, it was not the remit of this review to focus on the merits and rationale of intimate others at birth but rather to explore the literature for evidence of experiences of joy at birth. The focus here is therefore on fathers, while acknowledging that single sex couples and non-gestational parents are also experiencing being at birth from differing perspectives and concerns (Bergum & Van Der Zalm, 2007; L. Goldberg, Harbin, & Campbell, 2011); a non-gestational lesbian mother speaks of her joy: "I was there

for the whole thing, right by the midwife, and it was a miracle, seeing him born ... and thinking that he was ours" (Renaud, 2007, p. 196). I recognise there are emotional experiences of surrogate mothers; another complex perspective (Teman, 2010) and similarly know that intimate others can include friends, siblings of the mother and/or baby, grandmothers and other relations. They all have unique experiences at birth but to discuss them all is not the remit of this chapter.

Fathers' experience at birth

The presence of fathers has become more common in western birthing. Fathers are now commonplace at birth in New Zealand (Howarth, 2011). Yet their experiences in the birthing room have only been researched in the last decade. The reported experiences have not always been positive or healthy. Father's experiences have shown to range from feelings of distress to wonder, some even leading to post traumatic stress disorder symptoms (Dellman, 2004; G. White, 2007). Kunjappy-Clifton (2007) identified themes of fear, disempowerment and helplessness amongst fathers at birth. The intense emotional responses can be connected with mode of birth and care giver attitudes (Johansson, Rubertsson, Rådestad, & Hildingsson, 2012). It appears that fathers experience birth as "an interwoven process pendulating between euphoria and agony" (Premberg, Carlsson, Hellström, & Berg, 2011, p. 849).

Johansson et al. (2012) found that most fathers experience birth positively despite the uncertainties and challenges. The degree of satisfaction with birth was also found to be age related (Schytt & Bergström, 2013). Yet at birth Premberg et al. (2011) report that fathers experience an avalanche of emotions with tears of joy and happiness that was mutually shared with the mother. Fathers appear to experience a moment of shared joyful attunement at birth.

However, as previously stated, tears are not necessarily joy itself; they may also be a semblance of something else such as sheer relief. The tears nevertheless reveal an unfolding of something significant that fathers may experience. Longworth and Kingdon's (2011) phenomenological study captured the experience of joy at birth, "It was like everything! It was just relief, joy...everything!", "...it was pure joy, didn't know whether to laugh or cry" (p.591). Perhaps surprisingly this effusive joy announced itself despite the circumstances of labour and birth. Male stoicism was difficult to maintain in the intensity of the moment (Premberg et al., 2011). A father

in Lahood's (2006) study described birth as "the most amazing experience I have ever had...I cried for the first time in years" (p.39). Interpretation of the meaning of such ways of attuning at birth was missing in these papers and the effect that intimate others have on the attunement at birth as a whole is not adequately articulated.

Like mothers and health care professionals, fathers are attuned somehow at birth. Is birth a shared experience with everyone gathered? The next aspect of birth explored in the literature was where birth takes place and whether this contributes to the joy at birth. Distinctions between birth places [physical locations] and the notion of birth space are evident in the literature.

Birthplace and birthspace

Birth place is often referred to in terms of physical structures such as personal residence, hospital or birth centre. Conversely the notion of birth space or atmosphere is the feeling dimension of place, an attuned space, a lived-space which is not necessarily connected to physical places (Crowther, 2013c).

Berg et al's. (2012) model of midwifery was the first where the notion of atmosphere at birth is explicitly included. Berg's model speaks of radiating calmness, quiet presence, trust, sense of safety and support for normalcy. These attributes overlap with reciprocal relationships and personal and professional knowledge that is grounded and embodied. Midwives attune to a sense of coherence and meaningfulness, promoting a sympathetic birth space by creating a sense of homeliness and familiarity.

Place of birth has repeatedly been shown to contribute to a positive birth experience (Foureur et al., 2010; Hodnett, Stremler, Weston, & McKeever, 2009; Laurel Merg & Carmoney, 2012). For example, changes to ambient environment in hospitals demonstrated a reduction in medical interventions (Hodnett et al., 2009). Thus there have been many attempts to improve institutional birth environments and make them more gentle and welcoming (Gaskin, 1977; Leboyer, 1975/1991).

How maternity institutions enable or constrain midwifery presence at birth has been questioned (MacKinnon, McIntyre, & Quance, 2005). Davis (2010) argued that the hospital environment often determines how birth is managed. She found that the place in which birth occurs is often influenced by the discursive spaces that influence ways of being and behaviour. Public hospitals are accused of perpetuating

the industrial model vanquishing the intimate social nature of birth (D. Walsh, 2006a, 2007a). This assists understanding of polarising ideologies yet does not reveal how those at birth attune in different environments.

The place of birth, in the literature, was often related to safety concerns and the reassurance of being secure in technological environments (Bedwell, Houghton, Richens, & Lavender, 2011; De Jonge et al., 2013). Does such research reveal a common attunement of anxiety and mistrust in nature or desire to control a biological process? Does the physical environment and use of technology matter to attunement at birth? Bergum (2007) argued that the relational engagement at birth included all there at birth and extended to feelings of connection with the environment that opened possibilities of love, commitment and growth. Yet how birth attunes in varying locations remains unclear. Are there less moments of joy at birth in a highly technological hospital than in a birth centre or homebirth setting?

The birth space can be fearful and feel impersonal or intimate and joyful. Smythe, Payne, Wilson, & Wynyard (2014) describe how a New Zealand rural birthing centre works to honour birth as amazing and safe by creating a positive birth space. Their research shows that such attunement influences satisfaction with the experience at birth pointing to a felt-space. Does the attuning of those there at birth open a joyful felt space regardless of the physical birth place? This is unclear.

Institutions attune somehow

The previous chapter explored the notion 'mood of our times'. Yet there is also the 'mood of maternity institutions'. Hunter & Deery (2009) discuss the ways in which individuals and managers can influence the tone of institutions and organisations. Volmer (2012) advises managers to be aware of their own mood because emotional contagion affects the tone of the workspace. She argues strongly that positive moods create positive affective states in the workforce. Do the working patterns of maternity health care providers facilitate positively attuned spaces at birth? Research on how physical environments are attuned does not articulate attunement in the moments surrounding the birth itself.

Workloads and increasing acuity have been found to place demands on Australian midwives adversely influencing their affective wellbeing and attitudes to work (J. Paterson, Dorrian, Pincombe, Grech, & Dawson, 2010). The notion of emotional

contagion and institutional attunement thus points again to shared mood or atmosphere.

The work on birth attendants, place of birth and style of organisational care would seem to imply that positive attunement at birth can be engineered. Do such interventions provide the 'ideal birth' when those present say "that was a joyful uplifting experience?" The 'tone' of an institution may potentially dictate how those present at birth attune but this is not evidenced. The focus is on emotional states leaving ontological attunement hidden.

Something ineffable continues to be missing from the literature reviewed. The experience of being at birth as joyous, extraordinary and meaningful is yet to be articulated.

Birth as self-actualizing¹⁵ and peak experience¹⁶

The notion of ideal joyful birth implies an experience of self-actualisation and/or peak experience connected to a meaning central to birth itself (Fahy et al., 2008; J. Hall, 2010; Parratt, 2010; Thomson, 2010). Birth, as rite of passage, has been described as a powerful self-actualising experience manifesting an array of deepening insights (Cheyney, 2011; Lokugamage, 2011). Birth often provides fulfilment of purpose for women. Schneider (2012) described women as bearers of miracles with a deepened sense of unity with others especially women.

Maslow (1964) coined the term 'peak experience' to describe moments of joy in everyday experience making the distinction that they do not have a lineal progression as does the movement to self-actualisation. This is a key distinction. Peak experiences appear to catapult one into different awareness with new understandings recognisable to self and others.

Lahood (2006) found that fathers in New Zealand repeatedly reported these types of peak experiences at birth, "I was awe inspired...each and every woman at that moment of birth is capable of complete, one hundred percent, spiritual awareness"

¹⁵ Self-actualisation according to Maslow is the linear progression towards a state of being that involves creative self-development in terms of one's potential toward a goal and a sense of meaning in life.

¹⁶ Peak experience is a state of heightened awareness. It can be compared to spiritual experiences but not necessarily. A peak experience can mean feeling high or humbled. The core experience is one of unity. For a full description see Maslow (1964) pp. 59-68.

(p.245). The overwhelming nature of the moment at birth invoked physical responses despite birth circumstances in Gray's (2011) study: "It made me cry, simply the miracle of it" (pp. 145-147). One woman in Lahood's (2006) study described a peak experience at birth as "the ultimate spiritual orgasm" (p. 266).

Described as the happiest moments in life, peak experiences have been found to involve a shared joy wherein individual experiences unify with others and not be gender and career dependent (Hoffman, Kaneshiro, & Compton, 2012). Maslow also revealed how such experiences were common throughout all cultures. This again points to the potential for a commonly shared quality of joyous attunement at birth that has not yet been articulated in the literature.

Biological explanations of shared attunements

Biological explanations for this shared phenomenon are beginning to appear in the literature. The emerging science in neurophysiology regarding mirror neurons and empathy provide physical evidence of shared encounters (Häusser, 2012; Oztop, Kawato, & Arbib, 2013). Behavioural work concerned with the notion of emotional contagion is also providing evidence of shared empathic experience (Neumann & Strack, 2000; Wild, Erb, & Bartels, 2001).

In childbirth, neuro-hormonal processes have been shown to influence affective states for the mother at birth producing ecstatic and peak experiences (Buckley, 2005; Dixon, 2011; Foureur, 2008; Moberg, 2003; Odent, 2001). Yet, for Maslow, how a person arrives at peak experiences is secondary to what is revealed as deeper knowing when experienced. Similarly the phenomenological uncovering of joyful peak experience and its possibly hidden meanings are central to this thesis. Biological explanations although intriguing cannot give voice to these peak experiences at birth as meaningful. The time of birth seems to harbour an excess of meaning that is barely recognised in westernized maternity services. Remaining focused on the lived peak experience itself could provide access to the phenomenon allowing meaning to be revealed in ways not yet addressed in the literature.

The phenomenon of joy at birth is glimpsed in the literature and hints towards something meaningful. I searched further to find what understanding is revealed at that moment of birth, the experience of attuning at birth seemed to open to spiritual and sacred possibilities.

Spiritual and sacred possibilities

Spirituality is a personal search for meaning and purpose in life, which may or may not be related to religion... [It] brings faith, hope, peace and empowerment. The results are joy, forgiveness of oneself and others, awareness and acceptance of hardship and mortality, a heightened sense of physical and emotional wellbeing, and the ability to transcend the infirmities of existence. (Tanyi, 2002, p. 506)

Tanyi's definition of spirituality reminds us of significant distinctions between religion and spirituality. It also implies that joy can derive from spiritual experience. Yet there is little in the way of formal research that addresses this aspect of birth. Non-rational non-dichotomous experiences are often unexplainable but paradoxically the most meaningful and important: "...the experience can seem too strange, awesome or wondrous to put into words...described variously as mysterious, sacred, spiritual and intuitive" (Parratt & Fahy, 2008, p. 38). Childbirth as a spiritual meaningful experience is becoming evident in the literature (J. Hall, 2012).

Spiritual experiences at birth

Midwives have described their spiritual experience at birth: "...the awe of birth has never diminished...Birth never ceases to amaze me. The spirituality of the moment, the tears in my eyes, the lump in my throat, and the prayer of thanksgiving are always there for me" (Doherty, 2010, p. 100). Midwives, in Linhare's (2012) study, also describe birth as spiritual: "The spiritual experience of birth is seeing that baby crown and emerge, and start crying...that is the most spiritual moment to me" (p. 169).

The midwives in these studies acknowledge spirituality at birth as opening possibilities for harmony, trust and love in the families with whom they worked. They speak, furthermore, of ways to enhance the spiritual quality at birth through relationships, the environment and attitudes. There is a sense of connective knowing that grows as reciprocal trusting relationships are formed.

The literature also points to a sense of "other" as constitutive of the experience of being at birth that further enriches the atmosphere. Ólafsdóttir (2009), for example, found that some Icelandic midwives felt the presence of "other" providing inner strength, of "not being alone" (p.196). She highlighted an inner knowing learned through being present with women. The notion of inner or intuitive knowing

surfaced in the midwife stories as attuned ways of being at birth: "...the wholeness of the experience of inner knowing...appears not so much in words as in atmosphere". One midwife described how the power of birth changed atmosphere: "she can sense if the baby has already been born when she arrives, as the home changes" (p. 206). Yet not all midwives hold spiritual or religious convictions and may be working with families of differing cosmologies and belief systems. Lennox (2002) argued that midwives can honour the sacred at birth without sharing families' cultural and social beliefs.

Spiritual experiences were also reported by mothers. Gray (2011) found mothers experienced joy at birth and a connection to a sense of an unknown past stretching back in time. The same study reported that even following a caesarean section a woman reported awe filled spiritual experiences. Thus joy at birth, even in times of intervention, is a recurring theme (Crowther et al., 2013; Thomson, 2011).

Spiritual experiences at birth are evident across cultures. Callister & Khalaf's (2010) review of anthropological studies reported birth as a sacred and spiritually transforming experience rich in meaning. Some women connected deeply with their religious beliefs. A mother recalls: "...right as she [baby] was born... It felt honestly like a moment frozen...it was one of those moments when the spirit is there" (p.18). Another woman recalls the mood: "...there was something holy around me, something beyond the ordinary, a feeling, a spirit about being part of God's creation of a child" (p.18). Some Israeli women experienced birth as spiritual, a miracle with a heightened sense of holiness strongly connected to relationships (Sered, 1991). The joy at birth as spiritual phenomenon is made visible through these mother's stories although the shared quality of that experience was not mentioned.

Spiritual experiences at birth are not gender specific. Fathers in Lahood's (2006) study spoke of spiritual experiences: "I would put it on par with a spiritual experience where your mind stays out of your body" (p. 287). However little was found that revealed the spiritual experience of obstetricians at birth other than my own study (Crowther et al., 2013).

Sacred possibilities

The time around birth appears to provide an opportunity for a peak joyful experience that can be construed as sacred. Gaskin (2011) speaks of birth as sacred; that the experience is special and that those involved need to have reverence for the

occasion and attune in the right way. Leboyer (1975/1991) refers to this birth attunement as “a matter of a moment. But it is a unique one” (p. 99).

Sacred experience is based in reverence, in awe and love for creation, valuing it for its own sake, in its own right as a living presence. It is based in the emotions – zest, joy, passion – that helps life process flow as opposed to the stuck unexpressed emotions that may distort experience. (Reason, 1993, p. 278)

Sacred experience at birth stirs at the edge of the unspeakable in the literature. Yet the sacred moment when joy attunes for all those present remains largely unannounced and invisible; its meanings concealed. This review has sought meaning and experience of joy at birth remembering that “...sacred inquiry will start with awe and love rather than suspicion, scepticism” (Reason, 1993, p. 278). The challenge in a world of scientific certainties was to remain openly attuned to possible forgotten understandings as I reviewed the literature.

The literature points to how ordinary life becomes extraordinary at the moment of birth. Is the moment of joy at birth a common unifying and levelling experience that liberates those present at birth from everyday trivia? Is joy at birth able to reveal new sacred understandings and meanings? It appears that joy at birth in the literature glimpses sacred possibilities and meanings. Yet until now ontological implications at the time of birth have largely been ignored.

Birth as meaningful

The literature was searched for birth as meaningful. As shown previously, birth can be experienced as spiritual and sacred. Birth can thus be understood as a unique and positive life experience rich with meaning that can be spiritual or otherwise. Birth as a spiritually meaningful event was found in the literature (Etowa, 2012; J. Hall, 2012). Matrescence as spiritual awakening and meaningful with long-term effects on how women relate to the world are reported (Thomas, 2001). Hall (2012) found the work and role of the midwife to be meaningful holding spiritual significance. Hall (2006) extended this spirituality to encompass the unborn baby adding further meaning. Perhaps each newborn gestures towards continuous possibility, hope and ontological creativity as Arendt's (1958) thesis of natality argued.

Sacred meanings of birth could be related to the flow of life generation to generation. Dilthey's [1833-1911] intergenerational journey of existence and our ceaseless historicity hint at birth as meaningful (Dilthey, 2002; O'Byrne, 2010). Dilthey's

concept of generation is embodied, social, historical and political and points to a unifying wholeness at birth. It is plausible that this is a specially attuned moment.

Conclusion

This chapter has revealed what remains hidden and unreported in the scientific literature related to the notion of shared joyous attunement at birth. It has begun to make this silenced attunement visible. The identified research areas appeared to circumscribe the background attunement at birth providing mere hints of the presence of something and its hidden possibilities. This thesis will journey from the epistemological understandings of birth to more ontological understanding of joy at birth reflected in the research question: *What is the experience of joy at the birth of a baby and how is this joy significant and meaningful?*

The reasoning and justification of the research question has been established through the iterative dialogic conversation with the literature and my initial call to seek which lay hidden. Congruent with an interpretive hermeneutic approach this review has revealed openings in the literature. Bringing the phenomenon into the open makes it more visible. The philosophy underpinning this thesis further increases its visibility; how this was achieved is explained in the following chapter.

Chapter 5

Methodology to Methods

Introduction

This chapter presents how the thesis was conducted and flows from the philosophical underpinnings described in chapter two. Hermeneutic phenomenology is an emerging process and has no specific method (Gadamer, 1960/1975; van Manen, 1990). It is a journey of thinking and interpretation without recourse to creating fixed findings (Smythe et al., 2008). Engaging with phenomena while remaining open to possibilities is central to this method. Not settling for mere exploratory descriptions but surfacing interpretive meanings from context and content of lived-experience was an important tenet of realising the method.

Chapter two showed how meaning is brought to the world through fore-structures and history. Meaning as Nancy (1993/1997) defines it is always a signifying of “as something” that assigns intelligibility. I found myself thrown into this study continually interpreting meaning. Everything was and is ‘as’ something, “the hermeneutic ‘as’ which is basic to everything that confronts and engages us” is thus always and already there (Grondin, 1994, p. 95). A method that allowed for openness to new meanings as they arrived through lived-experience, often unseen through scientism’s lens, was essential. Diekelmann (2005) asserts that lived-experience of hermeneutic phenomenology as an experience “is understandings that are transformative such that meanings and significances must be held open never to be completed” (p. 11). This was the experience of enacting this method.

Questioning and thinking

The dialectical interplay of thinking and questioning was evident as questions pointed to new possible ways of ‘experiencing’ and understanding joy at birth. The thinking and on-going discussions about how to proceed developed a unique yet trustworthy map that was full of crossroads. This thesis epitomised a journey of thinking that was receptive and responsive to the messages and glimpses of the phenomenon that were inherent in the gathered data. I was continually called to thinking, questioning and decision making. Hidden meanings were more fully revealed through this thinking and questioning process.

Declaring pre-understandings

Chapter two highlighted the importance of declaring my pre-understandings. van Manen (1990) suggests a process of uncovering pre-understandings at the start of a study. This enabled me to articulate the following fore-structures of understanding and interpretation;

- The experience of joy at birth is something that I live with as practising midwife and midwife educator. This was made explicit in my pre-understandings informed by my own interview with the research supervisors.
- This phenomenon is of serious interest to me, involving deep personal and professional questioning. It commits me to the world of midwifery and childbirth.
- It is not a purely conceptual understanding but experiential professionally and personally.
- I understood the time of birth as meaningful and significant for myself and others yet believe this to be unspoken and unacknowledged.
- I understood birth as more than bio-medical and physiological and wanted to describe the phenomenon through the art of writing bringing to language and thoughtfulness the lived-experience of being joyfully attuned at birth.

I intended to maintain a strong orientated focus on the phenomenon of lived-experienced joyful attunement at birth rather than settle for superficial findings. The reflexive activities of the method involved balancing the research context by considering the parts and the whole that encompass attunement at birth remaining constantly vigilant not to be distracted in the process.

The methods used in this study demonstrate a continuous flux between my pre-understandings and the interpretive work or “movement of uncovering” the phenomenon (Packer & Addison, 1989, p. 279). The on-going dialogical and dialectical processes characterising the research derived from and extended understandings from the context of my own life, professionally and personally. Informal conversations with colleagues, family and friends also tested my thinking about this phenomenon.

Personal narrative

In the introductory chapter I provided a summary of my personal background. I now build on this with a narrative from my midwifery practice drawn from a ‘pre-

understandings' interview with my primary supervisor at the start of this journey which was taped recorded, transcribed and interpreted for meaning. This provided access to my biases highlighting my affinity to the phenomenon and helped develop initial indicative questions for the interview protocol (Chenail, 2011). This narrative reflects my historical and on-going personal lived-experience of the phenomenon.

The mother was in strong expulsive labour on my arrival, we had not met before. I left her in her process undisturbed and just whispered I had arrived. It was dark when I arrived. It was electric and still. I had prepared myself on the drive over and did my pre-birth thing (a prayer of gratitude) to be ready to enter the house. The father was seemingly detached; wanting to go to bed, there was tension. Yet it was still magical. The sun was coming up as she began pushing. I prepared my equipment for the birth; there was no time to call for a 2nd midwife to assist. As the head came I just grabbed the father's hand and pulled him into the birthing space and he caught the baby. He was just smiling and smiling. Then I saw the mother's face for the first time. It was all so sudden. The husband and I collapsed in silence watching mum with her newborn. I felt privileged. 'Welcome' I say to the newborn. I enjoy birth when it is not shattered by a sledge hammer when others come in; like bulls in a china shop. This birth was extraordinary as all are. I feel intervention births require more effort to hold that sacred space. But even when the space is not held and the whole process is taken over by intervention it is still very special when the baby is born. However I could not work with lots of intervention all the time as the mystery is somehow taken away.

In a later part of the interview I remarked,

Something fundamentally shifted in me as a person when I started being at births, something happens at those moments of birth that are not there before. There is something about birth that I now miss as I am now busy with academia.

Yet understanding is never static. The following excerpt is from my field notes a year later after having completed most of the interviews and attended a hermeneutic conference:

I am not a mother myself but have been at hundreds of births in many cultural settings and social backdrops. I am human therefore born and natal, I am a midwife; I am exposed to birth professionally. I am Being-with birth just by being alive. I am in relation intrinsically with others at birth globally. I am a member of the generation in which modern western birthing is largely informed and structured by biomedical science and technocratic ways of being. I am an historical being that was born because my ancestors were born. I think and act in a particular way around birth because of what I believe and what I have been academically and professionally required to learn to practice. I seek to ensure the next generation is born "safely". I am concerned and care about the way birth is enacted. I am sensitive to and inquire about how we attune at birth and what that might mean. I am seeking disclosure of what

lived-experience of joy at birth is and what that tells us of the way we provide maternity care. The way we birth the next generation would seem significant as a global concern in the 21st century. I suspect birth harbours much hidden meaning not yet spoken.

This reveals my emerging understandings and how I found myself interpreting during data collection and concurrent analysis. It reveals how I understood experiences of Being-in-the-world-of-birth and the sense of joy felt. This was an understanding that continued to spiral and expand and highlights my forestructures. Returning to Heidegger's forestructures the above narratives are interpreted further.

Fore-sight

My fore-sight showed how I always approached the phenomenon of birth as one that is natural, quiet, intimate and dynamic. I saw birth through a professional midwifery lens and knew which professional tasks needed performing. There was the understanding I had in advance that birth could be one of potential risk and professional responsibility as well as something special, joyful and even sacred in nature. It is also the understanding I had in advance that birth could be both painful and special. It is also an understanding that doctors may see it very differently to me and that home is a wonderful safe and intimate place to birth.

Fore-conception

My fore-conception was an expectation of what would be revealed in the study. It was how I understood and questioned in the interviews. It was also how I analysed the data. The narratives showed my concern and intrigue about this phenomenon. This highlighted what I expected to find. There was the sense that birth is special; that there is perhaps something extraordinary about the event or even sacred in nature that drove me towards interrogating this phenomenon, wanting to surface its meanings. My fore-conceptions thus pointed towards anticipated findings allowing me to recognise findings congruent with my midwifery practice and perspective.

Fore-having

My fore-having was my familiarity with the phenomenon, the view from which I approach birthing as a western midwife working predominately in the community. I approached this study as a midwife educator intrigued about the phenomenon of

birth in the context of evolution and spirituality. I was, and am, professionally immersed over time in the rhetoric and debates surrounding childbirth. I had understandings derived from attending hundreds of births and still held a small caseload. I attuned to the joy of birth and enacted what I do in a style that shelters and gathers something special. My fore-having also highlighted how I understood the phenomenon and how that understanding changed in the course of the study.

My interpretations are thus entwined. These exemplars assist the foregrounding of fore-meanings and prejudices that are so near to me they could be overlooked. It was not possible for me to be neutral. It was beholden on me to be explicit about how I am attuned to such hidden prejudices that could blind me to what others may say (Gadamer, 1960/1975). My own and participant pre-understandings, according to Gadamer, can overshadow judgements of the situational reality of the lived-experiences. Declaring pre-understandings is central to achieving engaged openness to the phenomenon in question.

Ethics

Participant interviews were not conducted until full acceptance of the research proposal by faculty and appropriate ethical approval via Auckland University of Technology Ethics Committee (AUTEC) was received (Appendix A). Cultural safety was addressed from the beginning. I followed the guidelines from the New Zealand Health Research Council for researchers on cultural and social responsibility in order to maintain cultural safety. There were no apparent or obvious conflicts of interest with either institutions or funding bodies that directed the process or findings of this study but I acknowledge that all research in New Zealand is of interest to Māori. This study therefore used the following guiding principles from the Treaty of Waitangi that underpins health care and research in New Zealand (Hudson & Russell, 2009; Kingi, 2007; NCNZ, 2011).

Partnership

Consultation was undertaken with appropriate people or groups to ensure that the process of the research and the results of the research were carried out and disseminated in an appropriate way. Consulting with Nga Maia, the Māori midwifery arm of the New Zealand College of Midwives was initiated from the beginning. Participants had the opportunity to bring Whanau (extended family), Iwi (tribe), Hapu (several families) or persons of other cultural, religious or social significance

into the process of consultation and interviews. Research outcomes based on the information provided by participants was expected to be of benefit to maternity care and health care educators as well families and maternity unit managers. Distribution of findings and conclusions are to be used to contribute to an added and deepening sensitivity to childbirth. Two articles from initial analysis have been published in the process of this thesis (Appendix B); a further article is with journal reviewers at the time of thesis submission.

Participation

The research and the process were guided by participants in terms of how they participated, the setting, the involvement of Whanau and other considerations. If the participant so required, the material for consent and information could have been made available in their first language. Māori participants were invited and selected from one Whanau/Hapu region as suggested by a pre-study Māori consultation on collecting data (Appendix C). According to Tikanga (values/ways of doing) of Māori participants and the nature of the phenomenon being studied it was deemed safer and less confusing to remain within one Whanau/Hapu. This was due to the regional distinctiveness and differences in Tikanga. Participants were informed the reason for gathering data, the use of the information and their rights with regard to the information gathered (Appendices D, E).

Protection

Participation in this research was voluntary. Participants could withdraw themselves or any information they had provided for this research at any time prior to the completion of data collection. Participants had an opportunity to review crafted stories (see below) from transcripts of their interview and to make comments and suggestions on their contributions. They were provided with an opportunity to have a follow up interview to clarify their own ideas and beliefs in relation to the subject being studied.

It was acknowledged that memories of sensitive issues of a personal and/or spiritual nature from their birth experiences could have been upsetting. Some could have found the subject matter explored opened up vulnerability. Several participants cried during the interview for a variety of reasons. All participants were free to enter or leave the study and free not to answer any questions as well as terminate the interview at any time. I am an experienced midwife who continued to

maintain clinical responsibilities and was able to be both supportive and sensitive to the needs of participants. Facility for ongoing and separate counselling was also arranged. The availability of free counsellors and chaplaincy support via AUT University was made explicit within the information sheet along with contact details (Appendices E, F). However, to my knowledge, no participants required this service.

Confidentiality and privacy were central to the process. The participants were not anonymous to me but their confidentiality was maintained. In accordance with the Privacy Act of 1990, pseudonyms and change of details that could identify participants, was undertaken collaboratively with participants to ensure their confidentiality. Participants were also given an opportunity to delete and change data from the crafted stories drawn from their transcribed interviews. This only occurred on two occasions in reference to minor aspects of the data. The data will be stored for ten years from completion. I acknowledged that data was available to me in accordance with the New Zealand Privacy Act 1990.

Recruiting participants

The participants were recruited by purposeful sampling and snowballing by word of mouth including professional networks. They were chosen for their experience of the phenomenon and interest in the study topic. They all lived on the North Island of New Zealand at the time of data collection and were selected from all areas of practice and the population.

Participants were approached initially by a letter of invitation to the study along with the information sheet (Appendices D, E), accompanied with a stamped addressed envelope, my phone number and email address if clarification was required. Initial interest was often garnered by telephone or email or third person mutual contact. Potential participants were given two weeks to respond to the introductory letter and information sheet. There was no coercion or inducement to participate. Non response to the formal invitation was an easy way for people to opt out of this study. If they responded and wanted to join the study, appointments were set for an interview at mutually suitable times and venues. The interview began with ensuring that introductory letter and accompanying information sheet had been understood and a consent form was signed before commencement (Appendix G).

A small koha/gift such as food or flowers was provided as culturally appropriate. Reimbursement of travel and parking costs were offered at the end of the interview

in the form of petrol vouchers but neither koha nor travel costs were provided as incentive.

Bloor, Fincham, & Sampson (2007) suggest that researcher safety be assured and encourage consideration of personal safety when gathering qualitative data in community settings. Therefore a personal safety protocol was drawn up as part of the ethics process (Appendix H). There was never any reason for the protocol to be implemented other than informing a colleague or my husband where I was at both the start and end of interviews via mobile phone.

Sample size and the hermeneutic project

The data was collected by 14 unstructured in-depth interviews; 4 mothers, 4 midwives, 3 obstetricians and 3 birth partners including a grandmother. The number of participants chosen to be in the study was an on-going deliberation as interviews and level one analysis evolved (see below) and conversations with my research supervisors. A constant tension was felt, *'is there enough or is there not enough data? Whose voices remain silent? How could unheard participants add to deeper understanding and meanings?'*

A variety of perspectives in the study emerged until there was a sense of sufficiency in terms of variation of meaning. At this time enough essential gathered meaning was already revealing many aspects of the phenomenon. As interviews and time unfolded new participants began to reveal less and less new meanings than already gleaned from previous interpreted stories. It was not anticipated that participants would be interviewed more than once but provision for this was in the ethics approval had clarification of data been required. There was no situation when this arose.

The word 'sample' is not a hermeneutic word or notion. The aim in this study was not to produce generalizable results but to direct questioning towards their experience of joy (or not) at birth and how that experience was meaningful to participants. The quality of this project was not dependent on demographic diversity as my purpose was not to compare difference but rather to invite other voices to merging conversations. It could be argued that different stake holders would have other crucial perspectives but I realised that phenomenological research was never going to 'get it all'. I would never have the phenomenon entirely 'wrapped up'.

I considered the data to be sufficient when interpretations were both explicit and visible and fewer fresh insights were surfacing. I was not aiming for saturation but a point where more interviews and their resultant narratives became seemingly redundant (Benner, 1994). It was important however, not to privilege the voices and interpretations of particular perspectives but stay fully orientated towards the research question and uncover the essential constituent parts of the phenomenon.

Introducing the participants

Participants were purposively selected from varied cultural and social backgrounds. I wanted stories of primordial common concern from the background familiarity of lived-experience of attunement at birth. It is possible, but not necessarily the case, that differing cultural and social demographics could contribute different interpretations of experience. I excluded women and/or partners who were experiencing some degree of depression following birth and practitioners involved in complaint proceedings. I excluded my present midwifery students as well as anyone under my professional midwifery care during or prior to this study. The following criteria guided the selection:

Midwives: Practicing registered midwives

Mothers: Given birth at least once in the past two years and collectively cover a range of different birthing experiences

Birth partners (partner, relative or/and friend): Been a birthing partner at least at one birth within the last two years

Obstetricians: In clinical obstetric practice

All those recruited fulfilled one of the above criteria. A number of potential participants declined prior to interview either through non communication or verbal/email communication. None of the participants withdrew during the study. All names within this report are pseudonyms agreed by participants.

The mothers

- **Pat** – 1st time mother who planned and had homebirth. Caucasian.
- **Amy** – 1st time mother who wished for a homebirth but transferred to hospital and had a forceps birth. Caucasian.
- **Cathy** – 1st time mother who planned low intervention hospital birth but had induction of labour. Caucasian.

- **Laura** – Mother of 2 children. Both hospital births, one at 32 weeks gestation. Māori.

The birth partners

- **Tui** –grandmother, attending as birth partner for family and friends for 25 years. Community and hospital. Māori.
- **Karl** – father of 2. Present at both their homebirths, interviewed with his partner Pat. Caucasian.
- **John** –father 1st time father. Present at hospital birth, interviewed with his partner Cathy. Māori.

The midwives

- **Diane** – self-employed midwife over 10 years; urban area. Also midwife educator. Caucasian.
- **Simone** – self-employed midwife over 10 years; semi-rural areas. Worked in community and tertiary hospital settings both in the UK and NZ. Caucasian.
- **Marie** – self-employed midwife over 20 years; urban-rural areas. Caucasian.
- **Anahera** – self-employed midwife over 10 years: urban practice. Māori.

The obstetricians

- **Brenda** – junior obstetrician. Caucasian.
- **Carol** – senior obstetrician worked both in NZ and overseas. Caucasian.
- **Steve** - senior obstetrician working in both private and public services. Caucasian.

Further contextual information is highlighted in participant narratives within the findings chapters.

Others at interviews

Some interesting challenges arose during the data collection. In one interview several ‘others’ were around, sometimes in the room listening or sometimes doing other things. This was culturally congruent with the participant’s world. The participant in this situation was happy to be interviewed in this way and seemed to not be distracted by the others. I was reminded that “Every individual is simultaneously the group or community in which they reside” (Diekelmann, 2005, p. 33).

Two interviews were conducted with couples. Taylor & de Vocht (2011) examined interviewing couples in phenomenological research comparing the merits of both one-to-one and joint interview approaches. The couple interviews in Taylor and

Vocht's study enriched understandings of the phenomenon in ways not expected. I was initially concerned that one or both partners would be constrained by joining individual interviews in this way. However, many participants indicated that having a baby is having 'our' baby. I realised that this was a natural flow emanating from the fundamental 'Being-with' strongly evident in the data collection. It would have been contrived and false to force one way of collecting data, given that human experience takes place in different contexts so I adopted an open flexible approach to each interview.

I acknowledged that the historical consciousness of each person was different. Yet the merging of horizons in couple interviews served only to add rather than detract from what was revealed. Taylor and de Vocht (2011) summarize this well: "Individual and couple perspectives represent the two sides of the Heideggerian coin: Dasein is involved in the world, but is at the same time existentially an individual. Combining both individual and couple perspectives would result in a broader picture of the phenomenon and, as a result, reveal more aspects of "truth." (p. 1586). Both individual and Being-in-the-world with-others at birth were highlighted.

I was intrigued by how participants within couple's sessions asserted their own experiences of attunement at birth and what that meant. Like two friends discussing their interpretations of a painting, richness and depth emerged as individual meanings joined. The shared experience became one voice that may not have been captured any other way. If there were tensions between individual perspectives more of the phenomenon was revealed in the play of the interview. Yet in the process of couple interviews each in turn was asked questions and provided opportunity to tell "their unique" stories. In transcribing each participant in the couple interview was treated as a separate participant. Two transcripts thus came from each of the couple interviews and stories crafted from each individual transcript. I was also aware at both individual and couple interviews that partners, birth partners and others at births were present in narratives even when not present in the interview itself. It was as if being physically in the interview room was not a prerequisite to being present, each participant whether interviewed alone or not was both an individual and their community.

Equally defensible is the notion of interviewing everyone present at 'a birth' as suggested by faculty members early in the study. I pondered this approach to gathering data. However I decided that interviewing all involved at 'a birth' would be challenging to facilitate. It would have raised logistical, confidentiality, anonymity, ethical and professional issues without furthering the study's purpose. I left this idea behind and saw no recourse to pursue this way of inquiry.

Unpicking a 'messy' method

The method of this study was not linear. It followed pathways and steps that overlapped and changed order as occasion required. This structurally stepped presentation that follows attempts to unpick the often messy 'method' of this study. I journeyed through the process constantly exploring new ways to proceed. This helped to reveal more of the phenomenon and to arrive at ever deeper and more plausible interpretations.

Gathering stories

Participants were encouraged to talk about any 'joy' experienced at birth through the narrating of their birth stories. The interview was undertaken in conversational style and encouraged the telling of detailed accounts of personal experience. Open questions were used to delve deeper for rich descriptions of experience. I began with some of the indicative questions that were developed for ethics approval however these were not overtly used in interviews themselves as the participants conversations took on 'a life of their own' (Appendix I). It was essential that detailed, rich and nuanced descriptions of the lived-experience of joy at birth (or no joy) were captured in the participants' everyday language. Participants also lent me books, DVDs, recommended articles, shared poetry and showed photographs revealing more than the dialogue of interviews and contributed to my thinking.

Questioning listening interpreting

The style of questioning in interviews was important. The phenomenological orientated questioning was directed to being. These were questions seeking detailed description of the phenomenon. Questions beginning with "tell me about...?" provided access to such stories. My questioning of the participants and in the subsequent analysis reflected my pre-understandings. In questioning there is always the sense of an expected response but it was often in the unexpected response that a deepening of understanding was revealed that departed from my

own pre-understandings. The differences created tension within which something new was often revealed. New insights and possible paths opened up within the questioning allowing an on-going possibility for new revealing (Gadamer, 1960/1975)

Eliciting what participants meant was also essential and questioning to clarify such meanings was part of the process. Sometimes I would provide an example of how participants used words or phrases as a way of checking or seeking expansion of meaning, such as *"you say birth is special for you"*. Then I would delve deeper into this, *"can you tell me about how birth is special?"* or *"In what ways is birth special to you?"* To get at the lived-experience of birth as special I would continue, *"Tell me about a birth that was special"*. In this way an expansion of meaning could be brought out in the interview process.

Another approach was the use of examples that elicited further storytelling, *"when you help someone birth in a car away from the planned place of birth, does that alter the mood?"* Rewording, and paraphrasing also helped open up possibilities of finding insights and checking supposed meanings. On other occasions I checked non-verbal meaning, for example one participant exclaimed through tears: *"I was speechless"* and I responded with *"tears of joy?"* She nodded and said: *"I don't know where the tears came from"*. This process provided on the spot confirmation, disconfirmation or the revealing of contradictory and multiple interpretations during the interviews (Kvale & Brinkman, 2009).

Participants spontaneously revealed new meanings and interpretation while narrating their stories in response to questions. For example, another participant spoke about *'surrendering to the birth'* processes and realised that this involved an acceptance, faith and trust in something greater and 'other'. The questions encouraged participants to remember the experience in the moment. Their interpretations then joined mine in the analysis. I was then charged with demonstrating how such interpretations came about.

The need to test and retest my own assumptions by inquiry into issues again and again with different participants was crucial. Listening carefully and constantly challenging superficial statements was important. This was true of participant's assumptions as well as my own. For example I assumed that a doctor entering the birthing room would alter the mood and so I asked this question several times

during an interview and again with different participants: *“When the doctor enters to perform intervention how is that?”* In this way common themes surfaced and personal assumptions were highlighted. Finding the right questions through thinking and dwelling during the interview was part of the interpretive process.

I remained open and accepting that what was revealed in a telling could also be a concealing of something more or other. I learnt to embrace this notion and return to similar questions in response to other stories in a participants’ interview, seeking a different avenue into their lived-experience and gathering further textual understandings of that which had been provided already. I returned to previous and similar stories interrogating them in a different fashion. I was often surprised about the differences that emerged through such an approach. It was within differences and the paradoxical feeling of sameness that something of significance came into the fore. The questioning-listening-interpreting were not separate aspects but merged in a singular experiential process that had no defined borders. Understanding and meaning emerged in this dialectical play.

Tension

Ironside (2005) reminds us that questioning encourages a willingness to be open to differing perspectives on the phenomenon. Gadamer (1960/1975) refers to the motion of hermeneutical experience explaining that “the questioner becomes the one who is questioned” (p. 457). On occasions I was also questioned about the phenomenon and in the dialogical process more meanings were uncovered. Becoming clear that I was integral to the interpretation as Dinkins (2005) asserts, proved essential to the ongoing flow of the interviews. Listening and questioning in an open way was therefore central to the interview and whole interpretive process.

The tensions inherent in being a participant and researcher was acknowledged and construed positively. This aspect of the process deepened as interviews progressed. Dinkins (2005) contends that much of the interpretation should occur in the interview itself to ensure close adherence to the phenomenon in question. I therefore needed to remain vigilant to the risk of unattested interpretation which could have seeped in once away from participants. However the interpretive process was already occurring pre-interview and greatly expanded during and beyond the interview. Interpretation was never at an end point and evolved constantly.

Transcription

Recorded interviews were taped then transcribed. The first two interviews were transcribed personally and provided me with insight about my interview style. During transcribing I was constantly aware not to lose the contextual aspects of the data as transcripts can become “impoverished, decontextualized renderings of the live interview conversation” (Kvale & Brinkman, 2009, p. 178). Time constraints meant I employed a professional transcriber for later interviews, giving her clear instructions (e.g. to signal in the transcript moments of silence, crying and laughter). The transcriber was required to agree and sign a confidentiality agreement (Appendix J).

I was conscious of re-reading the transcripts while listening to the audio voice recording and reading the related field notes. In this way I was able to get a feel for the social and emotional aspects of the original interview. I focussed on the context of the interviews and surfacing meanings. Attention was drawn to how departures from everyday conversation revealed nuances and differences that hinted at something at birth that covered up possible further meanings. In response to these hints more questions arose that focussed on uncovering meanings that remained unspoken.

Crafting stories

Crafting stories from transcripts involved re-reading the verbatim transcripts and asking what mattered in the stories that captured the meaning of this study. This process called ‘deriving narrative from transcripts’ by Caelli (2001, p. 276) provided a way of managing the raw verbatim transcribed data. These were read with the audio recording and then re-read as stories began to ‘leap out’ from the dialogue. Some interpretation simultaneously occurred in this crafting process and from concurrent research field notes. Following Caelli’s recommendation irrelevant details were deleted from the developing stories and the majority of my questions were deleted except when crucial to appreciation of the answers given. The actual words of participants were used but the grammar and syntax corrected from the verbatim transcripts resulted in clearer and more focused stories and was another way of respecting the participants as their stories. Stories were thus lifted from often brute everyday parlance and ‘polished’. Stories were often re-crafted in the writing and re-writing process as analysis deepened. The stories were identified, crafted to

capture surfacing meaning and aspects of the phenomenon and collectively constituted the phenomenon and were the data with which I worked (see appendix K for example). Neither paraphrases nor verbatim quotes were used in the findings chapters but parts or whole of these crafted and re-crafted stories that powerfully brought the phenomenon to light and penetrated into layers of meaning.

The crafted stories were returned to the participants to ensure they remained close to their detailed described experience. This provided opportunity for clarification and for participants to request deletion of any part they did not want included in the study. Like Caelli's (2001) experience of returning crafted stories to participants, several of the participants in this study were moved by their crafted stories. They verbalized how touched they were to read them and several wrote emails in response to their crafted stories grateful for the gifting back of their experience in written form. Sorrell and Dinkins (2006) similarly discussed benefits of being interviewed. Some participants found the process cathartic. One participant narrated the story of maternal death through tears and found re-visiting the experience with the focus of the interview both enlightening and helpful. In another story a public employed obstetrician realised, during the interview process, how she missed the cherished rapport with women compared to her previous way of working as a private obstetrician and how that impacted on her sense of joy at births. I found the process to be one of co-operation and respect.

Messages and hints from the interviews

The crafted birth stories provided an opening into the lived-experience of joy at birth. Using a hermeneutic phenomenological lens I became increasingly sensitised to the different human ways of Being-in-the-world of birth (Dreyfus, 1991). I became receptive to messages within the stories and followed hints that called from the detailed and contextual data. In this way, the stories were the messengers of something hinted at in the phenomenon. The hints provoked further questioning. The mood of participants also provided further hints, such as the mother crying and smiling as she described the first meeting with her newborn. New meanings emerged from gathered stories yet some meanings hinted beyond individual stories gesturing towards commonly experienced understanding.

Hermeneutic move

From the beginning I was looking for emerging insights and themes. I was also aware, in using this method that the science-based thinking of my intellectual world began to fall away as I became immersed in a different ontology. I was conscious of those parts of the interviews that resonated ontologically and thus required further exploration. I was also conscious of the silences within interviews and sought to find meaning in these moments.

I paid attention to the meanings of words that often moved beyond that which was verbally expressed (Gadamer, 1976). For example, “birth is special...” was inherent in my pre-understandings. I was also attentive to the tendency to drift towards psychological explanations that depart from philosophical hermeneutic inquiry. Philosophical hermeneutics is a process of ‘reading out’ of the texts not reading something into them (Gadamer, 1976).

This iterative process required moving back and forth between the parts [interviews] and the whole [emerging analysis]. Each story had something to contribute to unveiling the phenomenon. Reading individual stories while moving amongst other gathered stories required engaged aware openness. The tension between the understandings of the whole and the parts was evident. It was not possible to do one without the other, the parts informed the interpretation of the whole and the whole the parts. The process was not one of transformation or to formulate a critique but instead, as Caelli (2001) contends, one of changing “interpretative awareness” (p. 279).

I recorded in my field notes things that ‘jumped out’ or resonated after each interview and throughout the interpretive process. A separate folder was established for each interview. Within each folder were various files: the digital tape recording, verbatim transcript, crafted stories, interview field notes and a file on emerging interpretations, insights and themes. In this way I was able to manage each part and move freely from parts to whole and back adding to emerging interpreted themes for each interview. As I learnt to dwell across and within all of the crafted stories the files grew in terms of enriching interpretive content.

Level one analysis

Level one analysis of the crafted stories involved developing meanings from the data and bringing my own pre-understandings to the interpretive process. This stage was

concerned with bringing out what was there in the text, between the lines, under and within the words used. The metaphor of traveler and miner, used by Kvale & Brinkman (2009), aptly explicates this process. I was both a miner, digging for meanings within the text, and a traveler on the journey of discovery of new insights and meanings.

I remained mindful that my questions and pre-understandings revealed unique interpretations when put to the text. I quickly realised that this did not mean text reduction but an expansion of the text as interpretations increased wordage. Analysis involved a process of writing and re-writing in which stories were iteratively analysed for meaning. This was not a process of describing and counting occurrences to develop themes but a process of 'aha' moments when essential aspects of the phenomenon surfaced in a way that resonated with the whole.

Level one analysis incorporated tentative connections with philosophical writings and professional literature. This assisted in drawing meaning from the stories while keeping the research question in front of me at all times. Each article read, each new interview, feedback from each presentation, related emails, phone calls and monthly meetings with supervisors, each re-draft of a chapter evoked further thinking. Writing, re-thinking, and re-writing was a process of spiralling expansion into an 'I didn't know what I didn't know' abyss that was paradoxically thrilling and yet felt deeply 'known'.

Dialectic process

Having dwelt with the data in this way I sent titled crafted stories and interpretive work to both supervisors. I had to learn to trust my own knowing when to stop this process, step out of it and move on. I continually questioned the interpretive data: *"Am I seeing new themes emerging between transcripts? Is there anything new? What stories do I pull out?"* Themes and insights began to emerge as stories resounded with one another and subsequent analysis deepened as one story resonated with another. Interpretations under each story lead to lists of words and phrases, mind maps and scribbled notes. These were filed in my field notes.

My supervisors would read and comment on the crafted stories, provide phenomenological nods where appropriate and question or challenge me to examine different aspects or directions as required. Monthly thesis supervisory conversations informed forward direction in the unfolding process. These face-to-

face meetings further contributed to the interpretation leading to ever widening horizons.

Ongoing dialogues with professional and academic colleagues also provided another platform from which to explore my emerging insights. At the time of collecting data and analysing I maintained a personal self-employed caseload and continued to be exposed personally to the phenomenon being explored. I also continued to work with undergraduate midwifery students. Students would draw me back to practice through their narratives and academic assignments. I was continually dwelling and immersed in-the-world-of-birth.

Thinking is working

I was always thinking in the working of this thesis. As thoughts arrived and hinted at something I was filled with a sense of gratitude. Heidegger states: "We never come to thoughts. They come to us" (Heidegger, 1971/2001, p. 6). I remained intrigued and at times surprised at the mystery of the interpretive process. Seeking clarity of thought in aspects of interpretation, I would dwell with the phenomenon in different ways; reading poetry, walking on the beach, wandering in the forest, attending to my garden, being lost in a painting in an art gallery. I would occasionally leap up with 'aha' while engrossed in a movie or seemingly unrelated conversation with someone. Listening and seeing the world with different receptivity lead to moments of vision. I responded to the phenomenon's messages furthering my interpretive work as hints pointed at on-going depth of hidden meanings.

Level two analysis

This level of analysis involved revisiting all level one interpretations, the literature, philosophical underpinnings, my field notes and my pre-understandings. Other influences came into play such as conference presentations and the resultant conversations that arose. It was through the blending of stories and these multiple influences that an evolving fusion of horizons occurred. Insights and themes began to arise disclosing a commonality in the lived-experience of the phenomenon. This was a dwelling and bringing all together that evolved organically from the previous level of analysis. There was not a moment in clock time in which this level began to be enacted; it came upon me as I found myself amidst and attuned to the interpretive process.

Level two analyses were essentially about a deepening of understanding through reading, thinking, writing, re-reading and re-writing. It was a constant voyage of engaged contemplative thinking from which a thematic argument emerged (van Manen, 1990). Smythe (2005) reminded me that the interpretive research journey was an ever deepening contemplation in which interpretations were constantly re-interpretations.

At this stage I had been dwelling with the data for a long period of time. Stories that had once been used were returned too. The intention was not to repeat stories yet each story held so much of the phenomenon. The whole and parts of the phenomenon weaved through all the stories. It would have been contrived to isolate one story to say one thing and use another only to say another thing. Yet some stories “said it all” more than others. The repeating of stories also provided emphasis to how the phenomenon shows itself in different ways. In repeating certain stories the reader is taken on a journey as further deeper meanings were surfaced. The use of repetition is used in poetry and song to increase respect and visibility of meaning as words read again draw attention to them in new ways.

Insights that mattered most in the analysis began to show themselves. This stage culminated in preliminary formation of what was essential to the phenomenon. I continually asked myself in this stage: *‘What matters most? What is jumping out? What is concealed in what is said? What do these stories have in common? How do these stories reveal new understandings?’* This was a time of dwelling in the juxtaposition of ‘aha’, and ‘oh no’ moments. At this time I emailed my supervisors the following: *“I am so in the data and assailed in its mood that it looks both confusing and clear, both obvious and complex, both great and terrible...”*

To help articulate these insights and unfold their deepening meanings I drew on the philosophical notions discussed in chapter two. Ideas from the historical and contemporary literature as well as different disciplines were also used to shed light on the possible meanings which became the final presentation of findings. Throughout this process my own pre-understandings became more explicit (Koch, 1996). They entered into the analysis with the stories thus co-informing the analysis as questions posed of the data directed the analysis. I remained vigilant not to limit my questions and this was reflected by my emerging understandings

which changed over the time of this study. An example of transcript to crafted story to interpretive levels one and two is provided (Appendix K).

Play of light and shadow

Truth, for Heidegger, is an un-concealing as explored in chapter two. This method shone a light along a particular path revealing what was concealed in shadow. The light of interpretation was able to guide out of shadow into a clearing what was concealed.

Occasionally treasures disclosed in conversation in amongst and between the narratives shone into such shadowy spaces; instances such as a slip of the tongue, gesture, atmosphere or the last sharing before or after the recorder was turned off. These messages hinted at deeper appreciation of the phenomenon. I often felt like the midwife; allowing, encouraging, supporting, listening and responding as new meanings were born. I was reminded that the birth of babies always somehow involves others even if only the mother and baby are present; similarly the birthing of interpretation was about always Being-with-others. This method was a midwifing of understanding that facilitated remembrance of something hidden and/or forgotten in shadow. Yet I was aware that not all aspects of the phenomenon can be grasped as there is always something more than the “sum of specific incidents” (Dinkins, 2005, p. 118). Something always remained in shadow; there was always more to discover.

Trustworthiness and rigour

Achieving trustworthiness and ensuring conclusions were plausible and credible was essential in maintaining integrity and dependability of this study. However generic criteria for judging the trustworthiness of hermeneutic phenomenological research methods have not yet been established. Rolfe (2006) argues that strict criteria in qualitative research are debatable and that different methods require differing ways to discuss rigour. Rolfe goes so far as to suggest abandonment of any unified framework in favour of an individual study’s trustworthiness. Having read the available literature, I have utilised the work of de Witt and Ploeg’s (2006) as a framework for ensuring rigour. In this section I describe how I have addressed trustworthiness using their categories in a systematic yet individualised framework.

Balanced integration

This chapter demonstrates how various voices contributed to the study. The human voices were blended with philosophical notions and wider reading of relevant literature. A congruence of philosophical underpinnings, the research topic and my pre-understandings permeate the study. For example, the way in which the literature review in the previous chapter was undertaken is congruent with hermeneutic methodology (Smythe & Spence, 2012). Employing caution not to settle on superficial and sentimental understandings care was taken to provide in-depth insights from philosophical notions blending them with participant stories. This was a dynamic and complex conversation between all the parts that lead to deepening of understanding (Greatrex-White, 2008). Striking a balance between the gathered stories, literature and guiding philosophy was central to balanced integration.

Openness

A detailed audit trail of the research process was documented (Koch, 1996; Lincoln & Guba, 1985; Rolfe, 2006) through research field notes and stored email communications with my supervisors. van Manen (1997) suggests that openness reveals my orientation and attunement to the phenomenon. Pre-understandings were therefore made explicit throughout the process, and were explored and challenged. I was aware that my ceaseless engagement in meaning and significance of this phenomenon inextricably connected me to understanding something 'as' something, for example "birth *as* sacred, birth *as* special". Care was therefore taken to avoid biased subjectivity as this would have reduced trustworthiness (Kvale & Brinkman, 2009).

I was aware that my interpretations of data unrevealed unconscious meanings that could be my own pre-reflective pre-understandings. Remaining attentive to how my own opinions could lead to selectively interpreting the data that excluded counter or alternative meanings was required. Gadamer (1960/1975) contends that it is not a requirement to agree in order for the phenomenon to be intelligible but to dwell with openness to furthering possibilities of meaning while not embracing the notion of an unnecessary romantic empathic harmony. Highlighting my pre-understandings throughout served to mitigate this and opened this inquiry to scrutiny.

Concreteness

Concreteness has been established through presentation of my pre-understandings and present life situation as I am “concretely in the context of this phenomenon” (de Witt & Ploeg, 2006, p. 225). I am enmeshed in the lived world of birth as midwife and midwife educator. The historical and contextual aspects of my perspective are made explicit. Concreteness also refers to the justification of the study, the usefulness or the ‘so what’ and how it relates to maternity care. This study was not concerned with proof or certainty but a way of thinking upon the phenomenon resulting in potential for further investigation. No one was the expert; I merely invested thinking and writing time to the process.

Resonance

This study has provided resonance. I have witnessed how others connected with how the expression of this topic evolved. Contributing to trustworthiness was seen through effects of the study upon others which demonstrated the value of the knowledge gained in light of its potential improvement of a human situation (Kvale & Brinkman, 2009). The phenomenological nod (Smythe, 2011), a gesture of agreement and mutual understanding, at national and international presentations from work colleagues and others provided feedback on how the findings induced an experiential effect on others. Everyday conversations with those continuing to be involved in the experience of birth outside of the participant group demonstrated trustworthiness of the findings and allowed the surfacing of further insights (Smythe et al., 2008). When my interpretive work resonated with others outside of this study I was reassured that I was surfacing the essential and common concerns regarding attunement at birth be it joy or not.

Actualisation

The potential of this study unfolded as resonance with the findings was experienced. Acceptance of papers in peer review journals and at conferences is actualising the study findings. Publication and presentation of findings provides others at birth alternative ways of thinking about birth. Detailed exploration of birth attunement offers evidence of deeper meanings at birth than evident in contemporary discourses allowing continuing actualisation of results.

Summary

In this chapter I have demonstrated how I have engaged with the phenomenon 'joy at birth' using a phenomenological hermeneutic approach. I have shown that this method requires acknowledgment of who I am and what I brought to the interpretive process. The tension between rigid and flexible methods was revealed as a question of meaning. Although this study embraced plurality of meanings it was not purely postmodern in the sense of rejecting the possibility of interpretation that reveals a grounded commonality of the phenomenon. What mattered most in this study was uncovering a deeper primordial truth that reflected common concerns. This is a truth or un-concealing that was constantly just out of reach; an ineffable wordless absolute sense that remains consistently in the proximity of interpretive work. Although final ultimate true meaning was impossible a relational web of significance was surfaced using this method that pointed to commonality in the lived-experience of joy at birth. The hermeneutic task can never be completed for there is always something beyond the current understanding. I was not seeking an ultimate truth but something of the phenomenon on the way of its self-showing from experience that could be plausibly interpreted. It was essential therefore that I remained cautious in my conclusive declarations and receptive in my listening and understanding.

This method required sustained effort not to be distracted by fore-grounded present-at-hand objectifications, such as the professional behaviour of a particular person, or the mode of birth in a participant narrative. Rather than seeking theory creation and truth as fact, this method was one of being-on-the-way; revealing meaning, an invitation to join in open thinking and interpretation. The openness and acceptance of having no formalised structure was both intimidating in what seemed a messy method and liberating in what was revealed.

This study is my unique interpretation of the interview data and contextually relevant literature mediated by my pre-understandings. This is congruent with the hermeneutic paradigm that holds no final proclamation. There was no uncontaminated place to be and no one interpretation is correct; the most plausible interpretations have been communicated.

Introduction to the Poiesis Chapters

The next chapters present rich description and interpretation of the phenomenon often termed findings, however the term 'findings' is misleading in this study. To be congruent with the methodology findings are in fact 'makings', a poiesis. Poiesis is from the Greek word 'ποίησις' to make. In this sense the Heideggerian interpretation is used implying a threshold moment (Heidegger, 2000). This moment is a process of bringing forth into appearance something from the data that flowed from description and interpretation like the threshold of frozen river water melting in spring; a moment when the flowing water un-conceals a plethora of remembered meanings. Poiesis is thus making something from the revelation of what was forgotten and concealed when one thing(s) becomes another. Poiesis is a horizon of interpretation that is on-the-way; it is a making not a finding.

It is not the intention that the poiesis chapters are lineal or hierarchical and contrived along artificial lines but organically provide pauses in the building of a whole. The poiesis chapters evolved from a mind map highlighting relationships amongst the evolving fluid nature of themes that arose from the data analysis (Appendix L). The mind map created the multidimensional quality aspired to, providing distinctions that flowed one to another as each of the parts were simultaneously within the interior of the others.

I took care not to hang interpretations on readymade frameworks but rather to allow the phenomenon to show itself unencumbered by previously fixed notions. As interpretation of this thesis evolved it was apparent that any existentials that attempted to examine the whole of joy at birth could not be understood in isolation. Themes that arose in the poiesis slid and folded over each other, moving as they did so from parts to whole and back in dialectical play. Remaining open to whatever possibilities were revealed allowed a constant being-on-the-way of an unfolding 'poiesis' or 'makings'.

Chapter 6

Poiesis One: Making Joy Visible

Introduction

There is such a thing as attunement of joy at birth; this chapter both reveals its presence and claims that it is worthy of attention. The moment of joy is intangible and hidden within the lived-experience of Being-there at birth:

Whatever is sleeping is in a peculiar way absent and yet there. When we awaken an attunement, this means that it is already there. At the same time, it expresses the fact that in a certain way it is not there. This is strange; attunement is something that is simultaneously there and not there. (Heidegger, 1995, p. 60)

Heidegger draws attention to the invisibility of attunements and their evanescent quality. Attunement can be awoken or left sleeping until we turn towards it. The possibility of revealing something so elusive required access. Through examining the emotions, feelings and passions that arose in participant's stories a background attunement of joy at birth as common experience began to be uncovered: "pointing something out is, by its very meaning, an uncovering" (Heidegger, 1927/1962, p. 271). For example, transient visible affective states or ontic moods provided a hint of what was sought. They gestured to an unseen and covered up attunement at birth. Through the concretising of affective moods, distinctions were found that uncovered an ontological pre-reflective grounding attunement at birth embedded in complex contexts.

In pursuit of this invisible and evanescent phenomenon I dialogued with the data interrogating it continuously. Each answer provoked further questioning: *Is there something covered over and disguised? What is it that appears both 'taken-for-granted' and elusive? What am I not seeing? What lies in the shadows created by such disturbances? How can an attunement be retrieved or restored if hidden or lost?* The themes illustrated in this chapter describe how birth attunement is revealed through the recognition of distinctions that danced and slid over one another bringing forth the first of the poiesis: disturbance reveals a taken-for-granted joyous attunement at birth.

Safeguarding/sheltering at birth

Stories of sheltering and safeguarding something at birth revealed that participants knew *something* needed careful handling:

It's unfortunate in a lot of ways that we have to open our packs, because they make noisy rustling and instruments too can make a bit of a noise if you're not careful I'm just trying to do it quietly and surreptitiously. . . It's like interjecting into something that is normal and natural with a sort of medical aspect. However much I keep a birth normal, and aim for that, there are just always little things that I think are intrusive. (Diane - midwife)

Diane reveals a protective mode of activity and tries to create and safeguard a particular attunement at birth. Even the rustle of opening delivery packs worries her because she is concerned that the attunement at birth will be disrupted. She moves around the birth in ways that shelter and protects something precious. The sheltering hints at a constitutive attunement that conceals the mystery of birth that she safeguards.

Shelter, in Heideggerian terms, is that which conceals harboured possibilities of our existence. To shelter something implies the hint of something, in this case a specific attunement to birth: "Sheltering and concealing belong together in the very essence of truth. The economy of truth is equally and simultaneously one of in-scription and erasure, of the mark and the crypt, in short, of the trace" (De Beistegui, 2005, p. 81). The stories of sheltering hint at a constitutive attunement that conceals a trace of something mysterious that is safeguarded at birth.

To safeguard is "to set something free into its own essence" (Heidegger, 1971/2001). Diane's safeguarding *something* at birth provided the opportunity for this *something* to awaken and presence. What is the '*something*' that is safeguarded and sheltered? The words of William Blake (1908/2011) perhaps give glimpse of what is sheltered at birth:

The angel that presided o'er my birth
Said, "Little creature, formed of joy and mirth,
Go love, without the help of anything on earth

Can ways of being at birth *guard and shelter* something such an attunement of joy so that it awakens?

Solicitous care¹⁷

Tui, a grandmother, tells a story of a rushed midwife and the sense of loss of something she felt from this midwife's solicitous care:

It was a strange birth; it wasn't long but the midwife, when my daughter didn't want to push, just reached in and pulled the baby. It was a strange feeling for me, it felt the time had been rushed. I knew that everything was alright. I didn't have any doubts. But when baby arrived, when I saw the head it felt too fast. It was rushed because of the midwife's actions. That is the only birth that I haven't felt that real joy. We had to quickly adjust as it was a jolt, we weren't ready for it. My daughter quickly adjusted because she had to. For me it was a bit harder. I held my granddaughter afterwards, but it wasn't nice. It was lovely to see this beautiful baby being born, but it wasn't that same feeling, it didn't flow. (Tui)

This midwife, according to Tui, did not know how to get her mode of care right. Her rushed actions altered the attunement of joy at this birth. This story is one of disappointment, the flow of events disrupted due to the midwife's way of caring. Tui is upset by the seemingly rushed way the midwife 'leaped-in' and took control, speeding things along. She tries to reconcile her feeling by acknowledging that her daughter was distraught and needed assistance but despite this felt that something was disrupted and taken from her. The birth felt like 'a jolt' that they 'were not ready for'. Tui was left feeling that it could have been handled differently. The joyous attunement of birth was not honoured. The flow was absent. Mother and baby were well but something was lacking. Tui felt bereft and deprived of the special joy at birth that she had come to expect.

Heidegger's (1927/1962) notion of solicitude can be seen as guarding and sheltering something at birth. Something of the nature of an ungraspable attunement at birth is revealed in the solicitous modes of leaping-in and leaping-ahead as sheltering and guarding. Yet these are not mutually exclusive modes of being; one is not necessarily better than another. They are situation dependent. Neither are participants always going to get the optimal mode of solicitous care right or achieve it. The tension is always to know when to do what. It's the wisdom, tact or perhaps indeterminate ways of being that helps get that right, known by attunement.

¹⁷ Solicitous care according to Heidegger is an activity or mode of caring of others who need help. There are two modes of solicitude: Leaping-in, a taking over of the other's project, a mode of care that dominates the other that can lead to dependency and leaping-ahead that is concerned with allowing others to carry out their own projects and become more transparent to themselves in their coping.

The feeling of being invaded physically and left bereft of joyous attunement at birth is highlighted in several stories when a mode of solicitous care does not shelter or guard attunement at birth:

It was interesting, when there were people in the room, it felt more stressful. I remember another midwife or another nurse wanting to watch, asking Dina [Cathy's midwife] if she could watch what she was doing because she wanted to see how she did it and wanted to learn from it. There was just a lot more busyness. It was more stressful; I was less calm when there were more people in the room. I think it's because they're all working towards you and working on you but not working with you. Once everyone left it was easier to calm down. The lights were dimmed again. The mood changed and I could rest more. It was a restful calm mood as opposed to the busy hospital room. (Cathy-mother)

The behaviour of hospital staff alienated Cathy. They were 'working towards you and working on you but not working with you'. Her description is not so much critical but an observation of the calming influence and positive difference once they left. Exposing solicitous care draws attention to a specific or constitutive attunement at birth that can be sheltered or disrupted, made absent or present by how others enact care.

Protecting "something" at birth

Pat [mother] describes how she sought to shelter and guards an attunement prior to the birth by taking steps to avoid others leaping-in and taking over:

In the months leading up to the birth reading books about natural birth and learning about the natural hormonal processes helped me to surrender into this process. I also chose the midwives to be the right people to be there for me. I was able to see that taking drugs would hinder the process and would start a downward spiral of intervention and I wanted to avoid that. (Pat)

Pat talks of surrendering to something special at birth. Leaping-in with interventions for Pat would be the anathema to her wishes. The attunement at birth was important and needed to be protected. She explains why:

It's definitely a time to surrender, we needed to surrender and accept that Mother Nature, God or whoever has got it all under control. That mood of surrender is quite powerful, having faith and trust in that it is all going to go the way it needs to go. The result will be the result we require to help us on to the next stage of our lives. (Pat)

Pat speaks of a knowing, faith, trust and ultimate surrender to the powerful forces at play in the process of birthing that she experienced. Her belief system is pivotal

to her understanding birth; she is attuned to birth in a certain way. Her story demonstrates an unshakable faith in the process into which she is thrown:

I believe that God made us women to give birth and I had a lot of faith and determination as well that nature would help my body to behave in the way nature made my body behave in childbirth. (Pat)

The birth would play out in accordance to some preordained divine process that needs protecting and sheltering. For Pat, the meaning of birth is connected with surrendering to this natural process. She speaks of being a conduit for life to express itself through her. This story reveals something significant at birth and an attunement to birth that requires others to leap-ahead in their solicitude allowing sheltered possibilities to surface. Birth is spiritual and sacred for Pat. She cares about attuning joyfully at birth as this, she believes, is something precious and beneficial to the process. Perhaps there is something quintessentially vital in the desire to protect joy at birth that leads to safeguarding something sacred?

Participant midwives also care about preserving something precious at birth:

I want to respect the sacred thing that's happening and I don't want to impede it. I think you can impede it by invoking the rationality of things by engaging rationally with women when they should be doing what their body tells them to do; so that they can access the instinctive stuff. Like this woman yesterday she needed the time. The obstetrician wanted me to break her waters for high blood pressure. They wanted the baby out because of the potential for a pre-eclamptic fit! This didn't make sense to me because it had been such a close onset thing and the blood tests were absolutely normal. But he wanted me to break her waters. I tried to create the space for her to do what she needed to do. I feel this would have impeded this sacred space at birth. (Simone – Midwife)

Simone describes her frustration at how others, in this case the obstetrician, can disrupt and disturb the attunement at birth that she treasures. This attunement appears vulnerable to the intrusive nature of rushing into doing things. The obstetrician appears to be leaping-in, interfering and disrupting the ability of this mother to cope with labour and birth. Simone is demonstrating leaping-ahead and avoids hasty interventions. She accuses the obstetrician of lacking the sensitivity to see how labour reveals itself. She thinks that such leaping-in unnecessarily relates to the obstetrician's need to control the process and, in doing so, impedes the attunement at birth. Simone prefers to facilitate freedom to possibilities in her care as she believes "...that which leaps in...dominates, and that which leaps forth...liberates" (Heidegger, 1927/1962, p. 159). This is akin to the findings of

Thomson's (2011) study in which women felt that childbirth was done to them and for them in times of intervention.

These stories highlight the way caring influences the lived-experience of attunement at birth. For Heidegger care is "the totality of Being-in-the-world as a structural whole" (Heidegger, 1927/1962, p. 231). Being-in-the-world-of-birth is therefore one of care indicating how all are enmeshed in the world of birth experiences. Attunement at birth, here named joy, reveals itself more in the way participants care about birth and the nature of solicitude. It is through such care that birth attunement is revealed as significant. Care implies significance, a relational interconnected totality of the whole birth experience. Attuning in a particular way at birth would appear to uncover how birth matters to participants.

Calmness

Throughout many of the stories the centrality of calmness is revealed. Calmness, in its different descriptions, is often juxtaposed with instances of disturbance and interference. It appears that attuning to calmness is a notion significant to birth. Some participants in the current study reported feeling anguish when the calmness of birth was broken:

There was this amazement that all this was happening so quietly; it was the first birth I was at. I was just amazed about the process. The silence keeps coming back to me. It's probably why now when I hear women screaming I have an internal reaction because there was something of the quietness of birth that amazed me. (Marie – midwife)

This story of Marie's first birth experience speaks of innocence, wonder and amazement. But it is the silence and quietness of the birth that strikes her and revisits her daily in her work as a midwife 40 years later. Yet how is it possible to think or speak of silence? "[Silence]...almost by its nature, is unspeakable..." (Rethmann, 2006, p. 44). The silence keeps coming back to Marie as something essentially part of this miraculous process. She remembers lucidly the sense of silence and quietness. She is surprised by the simplicity juxtaposed to the miracle unfolding right there in the room in front of her. Marie found the whole experience one of wonder surrounded by calmness and silence. She continues:

I get thrown when something happens like this instrumental birth. It's not a failure on anybody's part, violence is too strong a word, but when you have had a quiet, gentle, respectful intimate thing like yesterday, then suddenly (raises her voice and opens arms) THE LIGHTS ARE ON, EXTRA PEOPLE ARE THERE AND ITS ALL A HISS

AND ROAR. That is why I still have difficulty about being rational afterwards. I don't think I have failed but it is the opposite of the gentle physiological birth. An intimate thing changed into something else. After all these years I can look at it and say that it is okay when the outcome was good, yet I don't feel that it is always okay. (Marie – midwife)

Marie's story illustrates how the calmness is disturbed and how she is literally 'thrown'. It is in stories of disturbance that a constitutive mood at birth begins to be revealed. When the gentle quietness at birth is shattered, Marie finds herself suddenly attuned to anguish. Once disturbed, it is difficult to regain the intimate nature of birth. She continues:

It is just that prayer and reflection is important in my life and I know that stillness is a huge part of letting go. For me it is about letting the process happen and being ready to intervene if it does not. (Marie)

Stillness is important for Marie. In her own life and spiritual belief systems she sees stillness and calmness as a way of facilitating the letting go. She finds it difficult to reconcile when birth is disturbed. The dramatic changes in the physical environment move from a gentle intimate calmness into something public and disturbing. The quest for silence is echoed in many other participant stories:

I stay quiet because it's sacred, it's a special time. It's so privileged and special to be there that I am conscious of making noise. (Diane - midwife)

I am reminded in my own practice of how childbirth can be thrown into a dance between the frantic features of emergencies while remaining sympathetic to the calmness of birth. There seems to be something fundamental and basic in the desire to shelter calm at births.

De Leon (2005) argues that stillness is healing and transformative. She found that within chaos and activity a moment of stillness can be transformed into wisdom in which a sense of connection with oneself and with others is engendered: "a transpersonal sense of Something greater and beyond the dance...an ecstatic sense of aliveness imparting the ability to transcend fixedness and supporting the capability to maintain integrity and a sense of self in the midst of turmoil" (p.103). Marie and Diane's stories resonate with De Leon's insights regarding stillness within the movement of dance as an "engagement and connectedness with presence" (p. 103).

Dwelling at birth in a particular way

There is a sense of how participants desire to dwell within something at birth. For Heidegger (1971/2001) to dwell is to spare and preserve a place where we are at peace. Marie and Diane dwell in a particular way at birth that gives them freedom to shelter, preserve and guard that special peaceful quality at birth. It appears that attuning to the stillness and silence of birth provides an opportunity for the authentic to surface and be known.

Marie and Diane's experiences thus reveal an attunement specific to birth that they prefer to dwell within at birth, a dwelling akin to remaining home. Dwelling in the joy at birth reveals the experience in sacred ways. Heidegger (1971/2001) argues that many have forgotten how to dwell in the speed of modern life never feeling at home; never completely severed from home and at the same time never completely at home.

For Marie and Diane disturbance in stillness is challenging to reconcile. To dwell in a place of stillness at birth even in times of childbirth intervention perhaps awakens the possibility to attune '*in the right way*' transforming anxiety to joyful calm. Midwife participants speak of feeling unsettled at how the beauty of quietness at birth is disrupted by others who appear to lack sensitivity to the mood. Anahera [midwife] expresses her concerns about noise and how disrupting calm can cover up '*something*' at birth:

We were all calm. I don't like people coming in and being loud and getting stressed. I don't like midwives walking in disturbing. If I call them in I don't make a big scene about it. I like babies to come into their world calmly with a controlled mother. If mothers start screaming, I let them have their moment of screaming, and then I'll pull them back in. That's part of my job to bring them back to themselves. A calm birthing room is about everyone being in that state of mind, in that feeling that goes nicely with meeting the baby. We're all excited about meeting the baby; for most families it's a really joyous time. But I feel like that moment of joy can be overridden by fear and chaos. I go into some rooms where birthing women are screaming down the house and it just sounds like a room of fear. I just think for our little ones that have to hear that when they're being born, I find that incredibly sad, but obviously that is their little journey. (Anahera)

Importance of dwelling in calmness at birth is highlighted once again. The main aspect of Anahera's midwifery practice other than facilitating safety is to facilitate a favourable attunement into which the baby is born. The need to attune to calmness is central to her way of being at births. Anahera finds it challenging to work with women who lose control and scream. She reveals how joy at birth can be obscured

by chaos, noise and frantiness leaving birth fearfully attuned. Midwife participants hint at something of significance being absent at birth during noisy frantic disruptions. They treasure the calmness that greets a baby and have a sense of responsibility for holding and protecting this essential part of birth.

An essential attunement at birth

It appears that birth can be privative in that an essential attunement remains sleeping in times of disruption. I am reminded of midwives guarding the mood of birth in other stories and not letting it dissipate or “guarding against it falling asleep” (Heidegger, 1995, p. 79).

In a seeming paradox, the noisy chaotic birth acts soporifically on the grounding attunement that midwives attempt to shelter. The scope of professional practice both nationally and internationally charges the midwife to maintain the sanctity and affirming quality of the birth experience (Guilliland & Pairman, 2010a; ICM, 2002, 2008; Lewallen, 2011; D. Walsh & Downe, 2010) and the need to focus on the ‘art’ of midwifery (Davies, 2007; J. Hall, 2012). This points to recognition of a special vulnerable attunement at birth that requires sheltering and protection. The midwifery literature emphasises proactive midwifery that keeps awake spiritual and emotionally safe birth spaces by safeguarding the feeling of sacred at birth (Fahy et al., 2008, p. 36; J. Hall, 2010). Solicitous midwifery care again points to the presence of a joyous grounding attunement at birth.

Midwives’ and mother’s stories reveal the significance of maintaining, sheltering and guarding birth, attuning to a quiet, calm and undisturbed attunement. They are thrown into the birth world and thus situated and attuned in a particular way. Midwives reported feeling honoured to be part of this journey taking on their role at birth seriously attuning with reverence and sensitivity.

The natural childbirth literature contends that calmness at birth is required for physiological processes. Unnecessary disruptive intellectual brain activity activates the primitive brain activity and oxytocin levels become sub-optimal leading to dystocic births (Blix, 2011; Foureur, 2008; Gaskin, 2011; Gunning, 2008; Lokugamage, 2011; Moberg, 2003; Odent, 2001, 2008; Schulkin et al., 2005). Yet it is the experience and meaning of attunement at birth that is sought in this study; not possible explanations of how it occurs. Participants are always attuned somehow at birth. I would contend that the attunement that they turn towards, shelter and

protect is joy; an ontological joy gesturing towards something in the silence and stillness.

Stillness and silence awakens joy

Whatever the rationale for midwives' actions, mothers speak of their need for calm as labour flows into birth:

There was this need to be in a real still silent space. By silent I guess I mean "Still" - no mind chatter. It was one of the few times in my life that I genuinely did not have to deal with any mind chatter and felt really focused and happy. (Amy - mother)

Amy speaks of the importance of silence and stillness. The inward focus facilitated by the stillness reduces the internal voices so that she is able to turn towards and awaken the joy at birth. I am reminded of the notion of genius birth in Parratt's (2010) thesis that revealed how women are able to access their own unique coping skills, as long as there was minimal interference. The breaking of this stillness and calmness through unwarranted leaping-in modes of care appears to disrupt this turning towards and awakening of joy at birth. This is a notion inherent in midwifery and being with woman in labour (Gaskin, 2011; Kennedy, 2000; Powell Kennedy et al., 2010). The stillness and calmness at birth seems important to the process and deeply meaningful. There is the announcement of joy as Amy describes this stillness and its meaning at the birth of her baby:

There was a great sense of hope and optimism. There was this great sense of divinity, a kind of stillness. There is a great sense of joy at that moment. (Amy)

The safe arrival of a baby enriches the lived-experiences in expected ways. The power of birth attunement is evident in this story. Amy attunes to hope and optimism that gesture to future yet-to-be-realised possibilities. However it is a 'great' joy that brings the experience into wholeness. This special joy at birth is beautifully expressed by Amy when her baby is delivered in the unexpected turmoil of a forceps delivery. Despite the mode of birth, joy awakens from stillness hinting at something divine in nature that fills Amy with hope and optimism. This is akin to Maslow's (1964) notion of peak experience when sudden elevation to a new vantage point to see life in its wholeness assails her.

Importance of privacy

Another aspect of this calmness concerns the importance of privacy and ability to focus on something significant:

Even though we could hear people in the other rooms, it's still quiet; a secure peaceful place; in our own little private room. We could just focus on Carol. I was pretty focused. I can't really judge what the room was like, it was a great place to be in, and it allowed us to focus. (John-father)

For John the most important aspect of the birthing room in the hospital was that it was private. Despite hearing other women in the throes of labour their room was a secure peaceful place. The room was merely a place to be able to focus exclusively on his partner and the birth. At the birth John is unaware of anything going on in the room except the birth itself. In attuning calmly at birth John found what mattered most.

Davis (2010) states that the contextual environment was important in affecting the normalcy of childbirth. This is John's experience; for him what mattered was that the space was private and calm with minimised distractions. The notion of place of birth as significant recedes into shadow as dwelling within a particular calm and private space comes to the fore.

A quality of calmness at birth is revealed as constitutive of the experience. This calmness can be disrupted but it beckons and yearns to be sheltered and safeguarded. Participants care about a special mood at birth becoming custodians of it so that it continues to 'be'. By safeguarding 'it' they ensure its continuance holding it safe from harm.

Suddenness of joy's arrival

Another quality that is revealed is that of suddenness. The suddenness of events at birth appears constitutive of attuned joy itself. The arrival of joy can be so powerful and overwhelming that those there burst into tears:

At the C. Section there are the bright lights, a lot of people, and if it's an emergency situation there is all this uncertainty. This is fear for the Mum's and baby's well-being. When that baby is born because of the situation it is out and handed to paediatricians. Sometimes the obstetrician will lower the curtain and show the baby. Then there is this void time of waiting. The elation isn't there immediately but from seeing the baby comes the joy. When the baby is finally given to the mother then tears of joy, the welcoming, touching and quiet voices and meeting of the family. It happens afterwards; after a 5 to 10 minutes time lag. (Selene -midwife)

In situations of intervention it seems the joy of birth either irrupts instantly or after a delay, but still with a sense of suddenness. From nowhere and everywhere joy and amazement floods into the room revealing the occasion as special and significant.

For *something* to arrive suddenly, even after delay, implies that it already and always exists.

Delayed joy

In some stories, like the one above in which intervention and leaping-in were required, the joy at birth was not vanquished entirely but arrived later. This is another distinction that surfaces joy at birth. For an attunement to be waiting or absent means that it is merely away, on its way, soon to arrive; not non-existent. Brenda, a junior obstetrician, tells of amazement and how such an attunement of joy is always there despite medical intervention and how joy eventually arrives:

We had a lady with twins in premature labour at 28 weeks. The decision was to do a caesarean as the first twin was breech. The whole family is there and it's very tense, all are scared. The paediatricians had come to talk to them about potential outcomes and prognosis. The first baby came out fine. Then the second baby was delivered in its gestational sack. The consultant, slowly eased this little sack out, you could see this little baby still swimming around with its hair floating like a little mermaid; its hands bouncing against the sack. It was so slow and controlled and then she popped the sack in which this little thing was. The baby splattered out and started breathing. The Dad looked over and instantly on seeing his baby burst into tears. Then the mother burst into tears. Tears of relief and joy... [Pause and smiling] of amazement. I was focused on the medical right up until I could see the safe delivery. That moment is present in every birth but there's just some in which it's stronger. I think at this one it was very strong. (Brenda – obstetrician)

The attunement of fear and tenseness that is seemingly a part of Brenda's work is evident. Yet the joy awakens eventually bringing into relief its existence. The stress is palpable in stories in which obstetricians are called to assist. Everyone is tense until the babies are delivered by caesarean section in the above story. Yet something magical occurs in the birth of the second baby as Brenda has the opportunity to peer into another world. Within the same high risk experience as if deeply asleep until awakened, joy assails suddenly after delay: "[taking] hold...in an instant like a flash of lightning" (Heidegger, 1995, p. 148).

There is an eerie mysterious otherworldly quality in Brenda's story. The consultant she assists is slow and controlled and eases the fragile tiny twin into the world. Then there is an outpouring of emotion following a delay in response to the changed attunement initiated by relief. A unifying joy floods into the room that is so powerful and overwhelming that the father and mother burst into tears. There is a timeless quality to the attunement that is "Neither merely the present not merely the past nor merely the future, nor indeed all these reckoned together" (Heidegger, 1995, p.

148). There is something about joy that completes and makes whole something extraordinary at birth. Even in times of adversity when anxiety and the potential for sorrow are awakened they give way to the awakening of joy.

Brenda says that it is a medical act up to that moment but something powerful shifts at birth. Sudden overwhelming emotions hint that attunement has switched, “*like a flash*”, to an attuned existential timeless unified wholeness. Joy at birth shows itself as having a totalizing and gathering power despite being delayed. Yet those there at birth appear vulnerable to influences that can turn them away and force them out from this moment of joy.

Forced out of joyous attunement

Participants speak of being attuned in a particular way and how that can be disrupted. Being forced from one mood into another also reveals more of the quality of suddenness. Amy [mother] speaks of her forceps birth and relates how she felt suddenly jolted out of being joyfully attuned:

I was not feeling joy. There was a big sense of feeling degraded in these stirrups, just that position in itself felt very disempowering. I was okay up until the lights got turned on full and the obstetrician came in. She was a bit cold and not very communicative. The legs went in stirrups [clicks her fingers] and there was a lot that changed very quickly; all of a sudden there was this team of people who came into the room....doing things around me. My midwife tried to prepare me for that, but it was the obstetrician what changed everything. I can remember when Ellie was crowning and the forceps are there. The obstetrician pretty much just guided her head out. I did most of the force myself. The obstetrician had the awareness to say that to me, but her hands felt really foreign, she hurt more than anybody else. She was a very good mechanic, she did her job very well, but she wasn't totally connected to me or the situation. Her approach did snap that sacred space out. I think that it's a fundamental basis for me, being in that sacred space. (Amy)

Amy felt violated by the suddenness of the events unfolding. It was as if she was forcibly pulled from an affirming attunement to attuning despairingly. She refers to this as being snapped out of sacred space. The unexpected vulnerability and suddenness of her thrownness means that the experience becomes construed negatively. The obstetrician is efficient at what she does but remains disconnected. The lights are turned on without consent and a different mood floods the room. Anxiety is awakened; fear replaces joy as a medicalised hospital event unfolds. The previous mood, which she names as sacred, is covered over by an avalanche of other feelings which undermine the prior sacred and joyful attunement. The voices of the

One penetrate into the private and intimate space. The intimate atmosphere is broken. The occasion is now one of hospital routines and unknown others.

As with other similar stories when lights are put on it seems everyone is forced out of the proceeding attunement. Switching on lights is analogous with flooding the room with a different attunement that awakens anxiety and fear. In this abrupt disturbance a backgrounded attunement at birth is further revealed. In joy's sudden withdrawal into absence joy becomes startlingly known in its 'not there' presence.

Mothers, birth partners and midwives try desperately to maintain a modicum of joyous attunement at birth in the context of medicalised hospital events that seek to shelter physical safety of mother and baby. Perhaps there is something quintessentially embodied in the desire to protect calmness at births; a sense of safeguarding something sacred, of holding and protecting a precious gift.

I am reminded how the sudden 'jolt' from one attunement to another leaves something at birth in darkness. The fact that attunements can be changed attests to their presence as we are always attuned somehow. Participants have described the possibility to turn towards joy and turn away from fear that reveals their experiences at birth in different ways. This would seem significant. Can those at birth influence and awaken joyous attunement at birth? If joy is not attuned to at birth what can be done to awaken it?

Meeting the baby awakens joy

Participants reveal a sense of joy being delayed due to intervention and more specifically because of lack of contact with the parents. Selene describes a situation in which the mother is under general anaesthetic:

There was this crash section three weeks ago under GA. The mother is unconscious and so Dad was out of the theatre. For me the joy was being there to welcome this baby, I spoke to the baby, touched the baby and wrapped the baby in warm towels and held the baby. Then the second midwife took the baby to Dad straightaway, skin to skin. I felt absolutely relieved when I saw the baby being lifted out as it had been really traumatic crash run to theatre. I was overcome completely with relief because it had been a situation where there was serious brachycardia; it was one of those life-death situations. When I heard the baby cry I just smiled because everything is good and right. This baby's fine and there's the joy, it was there. However it is not quite the same until the parents experience their baby; that's really when I feel that explosion of joy. (Simone – midwife)

There is relief following the anxious events leading to the delivery. This sense of relief once the physical aspects are completed is a common theme throughout

participant narratives. When it is apparent the baby is well, joy arrives as if waiting for the right moment. There is an irrupting joy as the parents first meet their baby after delay. What is significant is that there is joy at birth despite the milieu of intervention. Paradoxically the need for life saving intervention acts to hold hope of a yet-to-awaken joy even if that joy must be delayed. The baby's safe arrival and first meeting with the parents enriches the lived-experience in those precious initial moments in palpable and expected ways.

A rich tapestry is being woven revealing a picture of how there is a significant and meaningful joyous attunement at birth, that it can be delayed and hidden by disturbances. The stories unconceal an attunement that awaits the right moment to awaken. Disturbances in joyous attunement at birth point to different ways of care in maternity practice and how such practices can guard and shelter or disturb.

Childbirth technology and joy

It would seem that the technocratic infrastructure now ubiquitous in western 21st century does not necessarily conceal or prevent joy at birth. The joy at birth appears to 'show' itself in myriad unexpected circumstances:

The vulnerability of being with legs tied up, forceps and pain, it was dreadful. However I still don't have any regrets. It felt like a real journey for me and there was something very necessary about every part of it. There was gold in every part of it even the dreadful last bit. It was dreadful, but it wasn't. It was what was needed. I remember feeling very teary very quickly when she was out. Like an intense wave of emotion. I had an immediate sense of empowerment that came back. The emotion was love. It was a pretty whole-body experience I think of love and reverence. It was just this feeling of reverence and I'm like "Wow", it's happened, a wow moment. The reverence was just like having all your hands up like that [hands rose] to be a witness to the wonder. Witnessing and experiencing that spark of preciousness and to see it in that moment. Reverence – it can mean lots of things, but I think that's what it means. (Amy-mother)

Amy speaks of a reconciling of the emotional turmoil that Ellie's birth brings. She speaks of the dreadfulness of the forceps experience but then tells of how she incorporates this aspect of her daughter's birth in a greater whole. She spontaneously brings meaning to this part by looking at the whole of her childbirth experience. For Amy, this was a journey of self-discovery a voyage into motherhood. Each part of the journey, she reflects, is a bit of gold. The significance of the whole and not the parts in isolation are again highlighted.

Even amidst the dreadfulness she relates the awesome wholeness of the first encounter, the sense of awe, wonder, gratitude and reverence. She describes a love at birth which captivates and overcomes her describing this as a 'spark of preciousness'. Like an alchemic process, the second stage of labour and the moments after birth reveal gold from the dark places that went before. The mix of powerful feelings as the birth unfolded transforms the occasion despite the technocratic positioning of the birth experience. Amy's birth appears to be made of many elements that provide a rich layered story of joyous attunement at birth. The tensions in her story further revealed the power and potency of attuning joy at birth that is being uncovered.

The magnitude of interference in Amy's story is incorporated and fused with wonder revealing an essential paradox. Being positioned within childbirth technology has saved her baby from harm and also enriched her journey to motherhood. If her baby had come to harm such attunement would have retreated into shadow as she became attuned instead to anxiety and sorrow. Joy and sorrow have been understood as co-existing in experience because either one can surface depending on situation (Parse, 1997).

Anxiety and joy as attuning possibilities are always available in experience yet when joy attunes it is fully realised and complete when not accompanied by anxiety (Q. Smith, 1981). This is congruent with the findings in this analysis. What is significant is that an attunement of joy at birth can surface when things go well revealing an awakened presence of joy through the milieu of technology. Equally there is a possibility of attuning anxiously as challenging medical events unfold and an awakening sorrow if things end badly. There is a sense that joy is intensified due to this co-existence and continual possibility of anxiety and sorrow. The awakening of joy at birth has shown itself as relief in stories of high acuity and increased medical intervention.

Westernised childbirth is now positioned within technology informing the thinking and discourse around birth as shown in chapter three. Positionality¹⁸ is a term

¹⁸ The German is *Gestell* often translated as 'enframing' and re-interpreted by A. Mitchell. In Mitchell's opinion Heidegger intended the notion of *Gestell* not as surrounding and framing like water is surrounded and enclosed in a well, but of a gathering; a 'placing and putting' movement of technology (Heidegger, 1994/2012). For the purposes of this thesis I use Mitchell's interpretation which is congruent with the data analysis.

coined by Heidegger that sees technology as ordered revealing, gathering and restructuring that constantly closes possibilities of further revealing (Heidegger, 1993/1954). The privileging of technology over natural approaches often provokes polemic debates as discussed in chapter two. Yet this study does not show birthing technology as wanting; positive or negative. What is evident is that technology in itself can shelter and protect that which is precious maintaining the possibility for joy to awaken even when delayed as in high risk births.

Even in high interventionist births, participants speak of joy and elation. Birth technology can close possibilities but equally holds the potential to provide opportunity to attune joyfully at birth when such joy would not have arrived. Congruent with these findings, Thomson (2011) found that the original birth experience is still enacted and experienced in the context of technological modern childbirth. Concerns that technology and modern maternity care disturb, prevent and hide a joyful attuning at birth may be inferred although there is no literature examining this notion neither does this data analysis support this view.

Heidegger (1993/1954) might argue that opening ourselves to the essence of birthing technology would free us in our projects. I am cognisant of this Heideggerian orientation but also acknowledge that technology and the bio-medical approach to birth can pose tension as apparent different worlds meet and/or collide. A perceptible tension however provides further glimpses of an attunement at birth that I seek to bring to language. As one thing collides with another something that was not seen or heard before surfaces. In that meeting of seeming opposites attuned joy at birth calls out and is further revealed.

When worlds collide and meet

Although there are areas of conflict in western childbirth it is evident from participant stories that they all care about birth from differing perspectives. Birth matters to them all. I would argue that their care, however that is enacted, gestures towards birth as meaningful. In addition to their concerns about safety they care about how birth is attuned. This reveals the significance of joy at birth and highlights how birth matters in their modes of solicitous caring.

Participants appeared to attune reverently and sensitively at birth feeling frustrated when others disrupted and disturbed joy at birth. The vulnerable treasured joy that participants sought to protect is an essential part of their lived-experience at birth

which matters to them. Joy announced itself through the different modes of solicitous care which in turn makes joy more visible.

Midwives' perspective

Simone's [midwife] care of the pre-eclamptic mother highlights these colliding worlds:

So instead we negotiated and gave her the Labetalol which lowered her blood pressure and the contractions faded away. I just feel like he [the obstetrician] has no understanding of a different approach to birth. That he manages birth and I just go with it and try to help facilitate it, whereas they try to control birth. The obstetricians I think can change the feeling. I think they can have an impact on birth, absolutely. (Simone)

The medical hospital tradition and the primary midwifery centred tradition appear at odds in this story. Simone reveals an attunement at birth that she holds as precious and safeguards. She accuses medical presence at birth of impacting on how the occasion is attuned. Once again, by dint of perceived disturbances caused by others, such an attunement can be inferred; joy is being disturbed.

It was not about loss of control and power as I knew the baby needed to come out and needed help to do so, but it was that what had been a quiet respectful thing suddenly became the opposite. I was relieved as one part of me knew we needed to get help. But I also felt disappointment for her as they had wanted this lovely normal private birth. There was certainly no fear in the atmosphere before. When I say the word violation it was the change in atmosphere, something special changed when the doctors came in, the lights were on, 3 unknown men entered, her legs were suddenly up in lithotomy, there was an unknown paediatrician, an extra midwife, lots of noise, the gentleness of it had been taken away, the silence was gone. (Marie – midwife)

Marie is deeply troubled. She highlights the disturbance due to different worlds colliding and meeting revealing the cultural differences in the two main health care professionals involved at births; midwives and obstetricians. It was important that the baby and mother are well and the parents are delighted to have a healthy baby in their arms but Marie is haunted by the fact that silence had been replaced by anxiety, noise and frantic activity. She accepts the fact the baby needed assistance to be born but is concerned about the manner in which it was instigated without reverence or courtesy. The suddenness of medical intervention is construed negatively and Marie laments the thrownness of such disrupted occasions. She continues:

I could have understood it if it had been urgent but it was not urgent. It was upsetting due to the lack of courtesy to the woman; I just couldn't believe that it was like that. In fact I have not gone and spoken to them about it as it makes no difference and they will not listen anyway. I was mortified; I felt that I had betrayed her somehow, because I had not prepared her for that. I had gone for help but didn't know he was going to bring two others in and then spend another 5-10 minutes teaching the house surgeon how to put the cap on. I am trying to be professionally collegial and not saying anything nasty to him, trying to be in partnership with the couple. I moved the student away to do the notes as I was trying to protect her from feeling upset and from this feeling that the atmosphere had changed suddenly. I wanted to protect her from being yelled at by an obstetrician, for not moving fast enough or handing him the wrong thing, as that had already happened to her by another obstetrician. Something changed in the atmosphere that made me feel different. (Marie)

Marie encourages the process to be calm and quiet in order to turn towards and awaken joyous attunement at birth. The breaking of this stillness and handing over of the process to others is a collision that seemingly prevents this attuning that Marie recognises as an essential part of birth. The collision of perspectives is a violent confrontational meeting that she attempts to shield the student from.

Obstetrician's perspective

Carol [senior obstetrician] gives another perspective:

I think most times the atmosphere in the room has already started to change before I get there; the tension level might have already risen. I know the patient and the family knows that the midwife has called the consultant and there's concern, there's some issues, maybe if it's a woman who's exhausted or in pain she is already anxious. There's always a little bit of anxiety that's already started simply because the doctor's had to be called. Something's going on. Sometimes I find that hard to be in that role; the one who's going to have to sort it out. I don't feel antagonism at all, it's not like I'm walking into a death trap or anything! Sometimes it is hard especially people who wanted everything without intervention and at home naturally and that's frustrating for people too. (Carol)

Carol suggests that attunement at birth is altered before she gets there because events are not going well. It is in these situations that she is called upon; that is her function, in the maternity team, to attend when things are going wrong. There is usually associated stress and anxiety due to the nature of her being called in to help. Carol finds it difficult, professionally and personally, to come in and change plans and management of care that are not what the woman and family had originally hoped for. Carol is called upon to leap-in and help. The call of the doctor seems to be the harbinger of intervention and others' need for surrender to institutional processes rather than a calm joyous attuning.

However something is revealed in this apparent tension. Something is altered in the doctor's arrival. The 'how' of Carol's obstetric actions reveals more of the joy at birth. She is aware of the potential impact of her ways of solicitous care upon others. The meeting of different professional groups and family cultures reveals tensions in the lived-experiences at birth. This is supported by the findings of a Canadian study in which maternity care providers experienced difficulty resisting technology within a risk-adverse culture while attempting to preserve the sanctity of birth (W. A. Hall et al., 2012). Carol is similarly respectful and sensitive of others at birth while acknowledging the existence of joy at birth.

The frustration and disappointment of some families when Carol arrives appears at odds with the mutual desire for a positive outcome. How is the tension brought into play when all wish for the same outcome? Perhaps it is the basic fear of being interfered with medically, or is it something fundamentally upsetting when a birth requires obstetric help? Do those present at birth grieve the loss of 'joy' once obstetric assistance is called upon? Is joy covered up, hidden and left un-awakened in times of medical involvement?

Yet Carol is certainly not divorced from joy at birth. She is aware of anxiety, potential for sorrow and her impact on others at birth. How does she attune differently to the others present in the birth room?

I'm a little surprised at how clinical I'm sounding and how lacking of emotion I am! I realize that my job is different here than what I came from where I was more involved in the whole pregnancy of someone, versus here where I'm mostly involved with whatever issues it is at that moment. So I'm much less emotionally involved here. Being emotionally connected allows me to get into that feeling of happiness more. You know that my job isn't necessarily to be happy at the birth, it's nice, I can feel nice when that's the case like a happy baby born into a lovely family, and it's a nice feeling. I think there's so much anticipation around the mother and her family and her partner having a baby; the baby is going to be their baby to love and raise and nurture and in our society that's a treasured thing to be able to do. So in most cases it's a happy much anticipated event. It's something people have been longing for and looking forward to and therefore I'm happy when it's all going fine. (Carol)

Carol narrates a sense of grief as she turns away from joyousness at birth inferring that joy exists. It is not her '*job to be happy at the birth*'. This statement shows how Carol is denied the full experience of being immersed in a joyous attunement. She turns away from the joy and thus paradoxically acknowledges it is present at birth. She is glad when all goes well but does not allow herself to fully experience joy's arrival. To be able to turn towards or away yet again reveals joy at birth. There is a

sense of sadness as the wholeness of the birth experience for Carol becomes privative in some way. How it is that Carol's role as an obstetrician denies access to such human experience?

Conflating perspectives

The convergence of differing professional and personal ways of being highlights the tensions within these experiences. Carol's primary concern is risk management and sorting things out when she is called. Despite the distinctions between medicine and midwifery, both traditions reveal the presence of joy at birth. It is plausible that birth holds special meaning to all natal beings, whoever and whatever roles they play in Being-in-the-world-of-birth. Carol expresses something about the universal power of joy at the following Ventouse birth:

When this baby was out there was that happiness in the room. I would say it's pretty universal. I mean there might be some underlying emotions again about why did the vacuum have to happen? What was going on? But I think overall it's a universal happiness as there's now a baby in the room. I think there is happiness, a relief that finally this part is completed and we have this end product. I think probably there is some sort of emotional thing there because otherwise we would neglect our babies and not feed them. It's one of those life events that have a lot of emotion tied to it. In that sense its special, but I don't think of birth as an epiphany or spiritual sacred event or anything like that, it's a part of life; it's a very normal life process that is special, that's all. It is not cosmic to me or spiritual or things like that. It's a normal part of life but one we attribute a lot of specialness too! There is something special going on; though I can't define special. (Carol)

Carol struggles to find words to express how she experiences the joy at birth; yet she acknowledges the specialness of birth attunement. The way Carol and other participants articulate their experiences is influenced by their pre-understandings, fore-structures and effective histories (Gadamer, 1976). The languaging of joyous attunement at birth differs but the sense of specialness is increasingly evident.

History, culture and tradition

The history of conflict and difference amongst maternity care providers and service users as explored in chapter two does not belong to the participants in this study. These conflicts belong to maternity care traditions of which they are part. The distinctions provided by these differences and challenges highlight joy at birth further. I would contend that the joy at birth seemingly dances within and around these histories representing a coming together of differing understandings. I sought the differing perspectives conscientiously eager not to privilege the voices of one

group over another, albeit recognising the embodied nature of my own midwifery perspective (Gadamer, 1960/1975). I sought common understanding through dialogue with these differences which uncovered more than was possible from singular individual perspectives.

Fusing horizons reveals more

Gadamer's (1960/1975) fusion of horizons shows how interpretations and understandings of events reveal what matters most at the heart of participant's actions in the world of birth. For example, it is only possible for Marie to interpret within her own culture of midwifery and for Carol to interpret within her medical tradition; perhaps neither fully appreciating the culture of the other. The midwifery profession and medical profession each has its own culture within which myriad interpretations and divisions have developed. For Marie, the silence and intimacy are central to birth and are entwined in the parent's wishes and expectations. For Carol, obstetric practices at birth are imbued with responsibility and risk reduction rather than being happy. Birth for Marie is a normal event unfolding in quiet gentle calmness that opens the birth experience to something more than a healthy birth outcome. Carol believes it is her responsibility to address problems.

Both obstetricians and midwives care about birth. It would seem a truism that birth is significant yet they care about it in different ways. It can be construed that this care arises due to the significance of birth that lies in the commonality of their worlds. For example, the sense of sacred or special articulated by Carol and Marie points to a commonality in their lived-experience. The history of their perspectives is not so much of worlds colliding, but of meeting and working together from different points of view. All participants belong to a western maternity care tradition constituted of different cultural points of view that make up that world.

Obstetricians practice within the world of medicine and acute hospital labour ward concerns. There is an interwoven totality of concerns that makes up their world. Obstetricians are often thrown into situations of high acuity at birth, situations they need to 'sort out', situations about which they are professionally concerned. This is particularly intense for obstetricians who represent the final frontier of those who are able to avert tragedy. The obstetric mood at birth is one of anxiety arising from responsibility in times of high acuity, risk, uncertainty and unknown outcomes.

Conversely, midwives describe ways of guarding and sheltering at birth that is concerned with keeping awake and holding a particular attunement at birth that they treasure and understand as precious. This is a notion intimated at but not made explicit in the midwifery literature (Blix, 2011; Buckley, 2005; Powell Kennedy et al., 2010; D. Walsh & Devane, 2012).

Obstetricians have spoken about the specialness of birth and recognise the significance of the occasion juxtaposed to the notion of turning away from this attunement to do the medical job required of them. Do midwives and obstetricians appreciate each other's unique contribution to joy at birth? Are such perspectives as dichotomous as they first seem? What is revealed in these differences is that birth is disclosed as significant through the arrival of joyous attunement at birth despite cultural differences. The existence of the phenomenon "Joy at birth" is made visible through these differences.

Conclusion

This chapter has established that the phenomenon joy at birth exists, both in its presence and absence. In interpreting participant stories of disruption distinctions have been highlighted. These distinctions revealed that 'something' almost intangible is inherent in the world of birth. They drew attention to what is experienced in addition to or beyond the average every day experiences at birth. They assist us to see the 'something' at birth that is or is not there in the everyday taken-for-granted modern maternity care when all is going smoothly. Taken-for-granted moments of joy at birth have been highlighted through stories that sought to shelter, defend and protect joy at birth.

When joy at birth is disturbed and retreats into shadow, evidence of its absence leaves a trace of its existence. Drawing attention to this trace uncovered, restored and unconcealed what was already there in its veiledness. This is not to be construed as a polarity of opposites but an endlessly moving play of hide and seek; a process of moving simultaneously far and near. Thus being attuned to joy at birth is paradoxically a failure to see the attunement itself because it is always in the background just beyond our grasp. Yet, when joy at birth arrives suddenly, it is a shared experience which appears to sweep those present with an overwhelming intensity.

I argue that this joy at birth, is so familiar and much a part of an everyday taken-for-granted experience at birth that it has become ignored, lost and forgotten. The labour and birth process can be interrupted by medical intervention, mothers can for whatever reason reject their babies and birth experiences can be unpleasant; for that is always part of the dialectic nature of the phenomenon. Yet once the baby is born and well the possibility and likelihood of a powerful attunement of joy irrupting and awakening is always there. The potential for sorrow and anxiety at birth recedes as joy awakens 'in a flash'. This chapter has uncovered how such joy can be awakened or left asleep but that it is always already there in lived-experience of birth through different concerned practices and contexts. The power of this irrupting joy can eradicate the unpleasant feelings associated with disruption.

This is not a proof or absolute truth but more a pointing towards an emerging horizon that beckons further thoughtful exploration. Neither does this chapter privilege metaphysical notions of presence as temporal phenomenal essences that are enduring and fixed. Analysis has remained firmly focussed on accounts of lived-experience which have begun revealing the nature of this constitutive joyous attunement at birth in its presence, vulnerability and strength. The purpose of this chapter was to bring forth this phenomenon into a clearing allowing possibilities of what joy gifts as it arrives at birth. The key message of this first poiesis chapter is that a moment of joy at birth exists, hidden within taken-for-granted everyday shared experiences at birth. The revealed shared experience of joy at birth hints at profound and concealed meanings awaiting unconcealment.

Sophia

Silence finds its way into the theatre today

wisdom fills the air –

The mystery unfolds

as Joy born again

This time,

into air through this mother's abdomen

I cry....you cry...we cry...our cry

green sheets, red blood and lots and lots and lots of things and doing!

Chaos abounds

technology gathers and saves

Yet Sophia, my silent love, you remain present

calling and radiating

a melodious blissful wonder

(Field note - Sophia¹⁹: November 2011)

¹⁹ The Goddess Sophia is the 'Mother of All' or 'Wisdom'. In Gnostic tradition Sophia was born of silence. She is the feminine figure of the human soul, coexisting as the feminine aspect of Divinity (Matthews, 2001).

Chapter 7

Poiesis Two: Joy as embodied and spatial

There's such pure and utter joy in me that I constantly want to sit quite quietly at little Jorg's basket and thank you. A wholly new element of experience has entered our love, one so strange that I cannot grasp its primordial character at all. It's as though we'd received a new consecration, one that flows through every moment of life anew. If you ask me from time to time why I'm so quiet, it's the quietness of a deep, reverent joy.

(Heidegger, 2008a, p. 60)²⁰

Introduction

The previous chapter revealed an attunement at birth through the distinctions of disrupted and disturbed birth. The remaining three poiesis chapters reveal how joy at birth is experienced and the meanings interpreted from those experiences. This chapter introduces “embodied joy” and builds upon this with the notion of “spatial joy”, seeing both as constitutive parts of the phenomenon “joy at birth”.

Embodied joy

Participants speak of how the experience of birth is felt bodily often throwing them into feelings that are physically intense:

I'm just moved because it's on those times where you just get to be a bit more human and soak up the awe. To be honest when you get that rush of emotion from the parents I get the little tears well up and I sort of have to sniff them back and focus on doing the stitches and medical things! That happens often actually that I have to pull myself back into the medical stuff. I don't know exactly what happens in that moment. I can't remove myself from those beautiful experiences and enjoying it. So it is more than the medical stuff to me it's spiritual as well, cos it seems so special, if it were all just chance I wouldn't be touched so closely. (Brenda – obstetrician)

Brenda narrates an account of recent births and describes how she is physically affected as a clinician. She speaks of an intense attunement that comes from nowhere and everywhere that is embodied. She is touched physically as she marvels at the mysterious nature of birth. This is far more than a physiological event. It is an event infused with an ineffable mystery into which she is physically thrown as she sniffs back tears. Brenda finds herself attuned in awe to something special and responds in an ontologically embodied way. This is similarly described by Dixon (2011) where mothers are awed by an embodied and intensely physical experience of labour that changes to joyousness at the moment of birth.

²⁰ Excerpt from Heidegger's letter to his wife in 1919 after the birth of his son Jorg.

Smiling all over the body

A sense of totalizing embodied joy irrupts. Tui [a grandmother] describes this beautifully:

There was this great wonderful feeling and I was just kind of in it. It's like having a smile all over your body. It is a smile that just kind of spreads and doesn't go away. It feels like your whole body's just smiling. It's a time in which there is a very peaceful joy. A feeling of being part of the world too, like the world is real and you're really in it. You're right there and you're right in it. (Tui)

Smiling all over, the smile spreading and remaining; the story, too, invokes a smile. Down to the last fibre of her physical body, Tui is joyful. Her body sighs and smiles in pleasure at the birth. This is an ontological experience. Wrapped in a warm blanket of bliss, she is touched deeply.

Tears of joy

Karl [father] similarly experiences the moments of his son's birth with tears of joy:

When his head started to come out I could feel a sort of excitement rising in the room, the midwives began moving around...I could see them all getting zingy and the sense of excitement was in the room, everyone was getting excited. I could feel that it was happening and I remember at times feeling soft waves of tearfulness, the realisation that wow, it really was happening, it is really real the baby is here, arriving. The soft tears were thankfulness and gratitude to God, to the universe and life for producing the moment. (Karl)

Karl is aware of the increased midwife activity and a mood of inescapable excitement that spreads. His son was finally coming. He is bodily overcome by the shared nature of excitement and relief; attuning to an irrupting joyful mood that shows itself in embodied waves of soft tearfulness and gratitude. He is assailed from inside and outside, from no-where and everywhere.

Amy [mother] describes the tearful first moments after birth:

I remember feeling very teary very quickly when she was out. Like an intense wave of emotion. The emotion was love. It was a pretty whole-body experience It was just this feeling of reverence and I'm like "Wow", it's happened, a wow moment, having all your hands up (hands rose) to be a witness to the wonder, that spark of preciousness and to see it in that moment. (Amy)

There is a sense of tremendous fulfilment and achievement, a bubbling up of love, and tearful exuberant joy as the newborn arrives amidst them. The joy is embodied.

Joy takes your breath away

Lorna [mother] speaks of how the events at the moment of birth are so overwhelming that her breath is taken away:

The love is so overwhelming that it could stop your breath. I just never, never let anyone hurt her. Just to protect her my girl! It is an all-encompassing love. Very special, very special precious jewel. (Lorna)

This sudden and intense change in mood at the birth is such that it alters the breathing of those present.

Anehera [midwife] recognises and facilitates this shift:

I just like to give them all that moment... just to realize she's just given birth and for everyone just to take a breath. I give everybody the chance to catch their breath while I am drying the baby. Allowing the baby to fill their lungs up. Taking time...the baby is still all curled up trying to take their first breath. I like babies being able to take a big breath and have a cry and let everyone know they're here. (Anehera)

This tells of the preciousness of those initial moments embodied through breath. There is a feeling that everyone needs to take pause for the enormity of what happens in the time of birth. The intensity of the event is over. There is relief, and everyone in the room takes a breath along with the baby. Embodied relief becomes embodied joy as those at the birth catch their breath. The breathing seemingly breathes life into an awakening joy to which they turn collectively.

Hearing brings joy

Hearing the first cry adds to the joy of the occasion:

I think that when the baby was here, the elation and the relief and the joy flooded in and it didn't matter who's there, or if the lights are on, it didn't matter, the baby came out crying and went straight to the parents, 'just be there', then everything was alright. (Simone – midwife)

These immediate moments are a time of collective attunement as the baby announces itself through those first sounds of life; a cry and deep inhalation. They are significant kinaesthetic moments wherein all the senses are heightened.

The sensory impact of a baby taking its first breath and crying awakens joy from within the relief at a safe birth. Tensions and anxieties evaporate in the sound of new life. This auditory experience reveals more of the sudden overwhelming sensory pleasure of joy at birth.

Seeing brings joy

Often there is an intense knowing upon seeing. The visual expression of embodied joy is captured by Amy's [mother] story of seeing her partner's face:

One of the strongest memories of that whole experience actually was seeing Bill's face in those precious early moments after Ellie was born. Those seconds after Ellie was born and seeing Bill's face and the emotion on his face; it was all just pouring out, relief probably, but also happiness and amazement. I felt like his face reflected exactly what I was feeling. It was amazing to see it, because you can't see yourself. It was amazing to have that mirror and I'm sure my face looked exactly the same. (Amy)

Amy describes experiencing the mood through the mirror of Bill's facial expressions: emotions of relief, happiness and amazement "pouring out". There is a fluidity of feelings flooding the spaces and informing the mood of the moment. This memory is central to Amy's experience and speaks again of the collective nature of the experience at birth.

Simone [midwife] similarly captures this shared embodied joy through seeing the first glimpse of the baby:

When I saw the hair of the baby, suddenly there is this flooding in of joy. It's like the mood suddenly changed in the whole room; the mood changed totally. We were all there around the birthing pool and the baby just emerged and her partner reached down and picked the baby up out of the water and it was calm; that connection between everybody there is beautiful. Including me, what a privilege! (Simone)

Joy can be delayed but it is in the 'seeing' that joy irrupts, Simone speaks about a caesarean section:

...the elation isn't there immediately but from seeing the baby comes the joy.

The visual impact, not just of her baby but of the physical environment, is revealed in Cathy's description of seeing her baby for the first time following hospital induction of labour:

When I looked at him, I felt in awe. I was in awe. I was in awe that I'd given birth; amazed that we'd gone through it. I remember thanking Dina [midwife], just saying: 'come look, come look at him'. That was the point that dawn had just broken and the fog was covering the building, the new day had just broken and he was lying on me. It was pretty magical. (Cathy – mother)

There is such a sense of joy and connection in this story. The view of the sky through the hospital window infuses the occasion in a meaningful visual way. The visual is

ontological as the seeing penetrates into poetic symbolic timeless realms. Seeing warms and cheers the heart turning her to joy.

Look of joy

Marie [midwife] speaks of how a woman is enthralled by repeatedly seeing the video of her rapid birth on the toilet floor of the hospital:

Her perception was that it was wonderful and therefore it was lovely. It was the perfect birth for her. She kept going on about how wonderful it was and the joy of being able to see it not just the memory of it. She kept looking at the video and seeing herself looking down in joy at her baby. This woman had a look of joy on her face. (Marie)

The joy becomes visible in the mother's face as she embodies joy at the birth of her baby. The mood at birth is often initiated visually as participants tell of how seeing the baby all changes. The magical intense moment of seeing the newborn is an irrupting joy that is embodied.

Joyful fragrance

Along with seeing, the sense of smell is also heightened:

He smelt yum. I thought he smelt nice, not yum. I thought he smelt good. I was just like, mmm, he smells lovely. Ah, hello, you, I can remember the smell of both of them. (Lorna – mother)

A special scent brings a smile to Lorna as she remembers each of her baby's fragrances. Olfactory memory of her newborn's scent re-kindles a warming sense of joy. The sensual communication between mother and baby is instant and sweet, adding to the lived-experience of the initial joyful meeting. I am reminded how the scent of newborns connects to tenderness and a string of memories invoking a warm bodily sense of joy in me. Smell has both physical and ontological dimensions.

Joyful touch

Closely connected to smell is the tactile experience, an intra-corporal joining associated with profound release into joy:

As soon as he came out there was this rush of love, maybe within seconds, he came out and he went straight on me. Just looking at him, just touching him, the smell of him. The eye contact, just looking at you, almost like we're just both seeing each other for the first time but we've known each other for a long time. He knew who I was and I knew who he was. It was so special. So special, a feeling of 'I will protect you with my life. (Lorna - mother)

Each of the senses is part of the bonding process and central to the joy at birth.

Carol [obstetrician] speaks of the 1st touch during the caesarean section operation:

When I get to touch the baby at section I don't actually feel different, perhaps just a little actually. (Carol)

There is a sense that the physical touching of the baby invokes a certain mood that touches participants. Brenda [obstetrician] speaks about this moment of touching at caesarean section:

As soon as I reach in and can touch the baby, then I can sort of feel excited as I get to be the very first one to touch it! So I sort of reach in and it's like this first connection with the baby cos I have to feel exactly how it's lying. I have to touch it for the first time to bring its position up. As soon as the hand goes in and touches the baby and the head's coming out, I can kind of transition to... it's hard because I'm constantly balancing between the medical bit and the connection, then in that instance I'm focused on me and getting the baby out safely (smiles). I think that it is a privilege. (Brenda)

When Brenda touches the baby for the 1st time a special connection is made. In that moment an intimate relationship comes into being between her and the unborn baby. The baby and Brenda move together, akin to an instantaneous spell cast on tactile contact.

I am reminded that to touch is to be touched (Merleau-Ponty, 1962/2002); a shared communication through the body through the medium of touch. When participants touch the baby they also feel themselves being touched. Thus touch unlike seeing and hearing involves a double relation. Touch distinguishes us from objects as the body senses itself.

Brenda is warmed by the memory and smiles; it is a special and thrilling moment in her work. The obstetric concerns and responsibilities juxtapose with the intimate human connection between doctor and unborn infant. How does the baby bring forth such powerful changes? This 1st physical touch is significant, initiating a profound sense of spiritual connection in otherwise medical situations. The tactile contact seemingly transcends this bodily aspect and speaks of an ontological touching; a touching of souls perhaps?

Touching, in the Heideggerian sense, involves worlds touching. Conversely two world-less objects, like a chair and a wall, can touch each other physically yet cannot touch ontologically. Human beings or Daseins thus touch each other physically and ontologically. Dasein is not merely intra-worldly but inextricably one in the 'worlds'; participants are Being-in-the-world and therefore always touched. Touching the

baby's body feels separate but is paradoxically not separate. Through the touching experience participants become the world-of-birth. Touch at birth reveals a sense of connection as participants literally 'body the experience'; they are touched in physical and ontological ways that feel joyful.

'Chocolate' feeling

Tui [grandmother] speaks of a 'chocolate feeling' as all the senses are flooded with delight:

A couple of days after the birth when his bowels hadn't moved and my daughter was really worried about that she suddenly realised that she loved this baby so much that she couldn't stand it to happen to him. So that was great, she got the chocolate feeling. When the bond was there straight away with the last grandchild's birth I stood back. It was like, the world's right. (Tui)

Tui points to the importance of that initial bonding through holding and touching that embodies joy and love. The world is not right until the newborn is touched and bonds with someone. Tui believes that the moment of birth is privative without this and is relieved once her daughter attunes to that feeling. The bonding feeling appears essential to the particular nature of birth and significant in its absence.

Tui's wisdom reflects what others have said about the deleterious effects when there is lack of bonding (Bowlby, 1979; Kennell & Klaus, 1998). The need for a newborn to bond is replete in the literature (Altaweli & Roberts, 2010; Elliott-Carter & Harper, 2012; Kim et al., 2011). The cocktail of hormones at birth induce something special that Tui describes, as a 'chocolate feeling', a falling in love with the newborn. Oxytocin has been labelled by Odent (2001) as the hormone of love when it surges through the new mother.

It would appear that such love or joy spreads to others despite their not having an oxytocin surge. How this occurs is unclear yet it is part of Tui's lived-experience at birth. For Tui touch is more than bodily contact. It is about being touched and is constitutive of the experience of attunement at birth. The birthing mother's physiological changes may or may not be shared somehow but Tui points to how a special feeling spreads regardless. The chocolate feeling is a delicious, sensual, embodied joy that brings sudden overwhelming surges of love for the newborn.

Suddenness of embodied joy

The sudden nature of this embodied reaction is described:

I felt very shaky, like I was actually physically shaking like a leaf. I also had that sense of relief. I had done a good job and gave myself a pat on the back. I was really proud that I'd had a homebirth and that it was really calm and everything went well. (Lorna-mother)

Lorna speaks of a mixture of experiences at birth. Relief is evident at the birth process being completed safely. There is physical shock as her body reacts then adjusts to the suddenness of events. The physical experience floods her and she is inseparable from the embodied joy.

Cathy [mother] also speaks of the sudden changed mood once the birth is over:

The birth itself is different too; to having him on you at the end. It's something altogether different. The birth is the hard work and once he's on your chest it's the beginning; the birth was the end and this is the beginning. They're not one and the same. (Cathy)

Cathy describes how the intra-corporal contact with the newborn suddenly turns her to an irrupting joy. The actual birth is a sudden overwhelming change in intensity that is experienced bodily. It seems as if there are layers of emotional states like happiness and anxiety as well as corporal/visceral aspects that flow into an intensely joyful embodied experience. Lorna continues:

I was just really delighted to meet him that sense of meeting him properly. All the time I've been carrying him and growing him and keeping him safe from harm and now he is out into the world and there was this intense rush of love, just so happy to meet him finally. So much happiness. (Lorna – mother)

The events seem to reveal something else, an overwhelming passion of love for the newborn whatever the circumstances. Lorna had birthed a 32 week breech baby in hospital following an ambulance transfer from a remote rural location.

Joy is an embodied experience at birth

Joy at birth is experienced through the totality of bodily senses. The nature of touching, holding, smelling, seeing, and hearing, something captivating and attracting in the experience of birth mood is revealed. Powerful sensual and ontological responses reveal a joyous attunement at birth.

According to Merleau-Ponty the body is the medium of all perception (1962/2002). van Manen (1990) explains this as “...we are always bodily in the world” (p. 103). Embodied joyful experience is both the material body and the living experiencing body. Body and experience are an inseparable one; everything, according to Heidegger, “down to the last muscle fibre and hidden molecule of hormones”

belongs to existence including our senses, "...we are not able to see because we have eyes; rather, we can only have eyes because, according to our basic nature, we are beings who can see" (Heidegger, 2001, p. 232). Joy at birth is not determined by sensorial experiences only; it is those experiences and more.

Heidegger does not condone the 'splitting' up of the human being into body-soul-spirit conceiving of ourselves as a unity of this tripartite notion. Instead Heidegger challenges us to think in a different way by changing the word body to a verb contending that to live experience is to body experience. The existential of embodied joy has shown how the world of birth reaches out to participants due to the spatiality of the body and how participants reach out towards birth attuning as they do to birth as embodied experience. I observe in my field notes (February 2013) that participants are bodily attuning to joy at birth in shared reciprocity:

*Moving and being moved
holding and being held
touching and being touched
feeling and being felt
seeing and being seen
hearing and being heard*

Spatial joy

Embodied attuned joy cannot be understood in isolation. Participants equally point to a special space in which a joyful embodied birth experience unfolds. This is an attuned spatial joy, a feeling space which is embodied. As previously mentioned, joy at birth has meaning in terms of both place and space. A place of birth is not defined as hospital or home, but rather is significant as a safe place to birth, a friendly place, a warm place, or as a noisy room, a cold room, an exposed room. Birth space is experienced and disclosed differently.

Amy [mother] describes birth space:

It was both beauty and potent. The beauty is what happens for me in my life when I'm in that place of being myself and being in my body and feeling connected with myself and those around me, and I'm connected with what's happening. The different expressions of love were there in this room; there's this smiling at each other, lots of physical contact, lots of holding, lots of space. There's that real sense of knowing and feeling. Being aware of each other. Love for me relates to those around me as it's more tangible when it's reflected back at me. The fundamental basis at birth was being in this sacred space. (Amy)

For Amy there is a sense of connectedness that is constitutive of birth space; a quality of feeling-space that is appreciated. She speaks of the space of birth as a field

of gathering, a space that holds and invites. This is an experience of tangible love. It is an interconnected sense of knowing and awareness of others in the birth space that constitutes the birth space. This reminds me of Bergum's (2007) relational space at birth.

The joyful experience of her daughter's birth engenders pinnacle awareness. The joy is brought to experience through her body, her own emotional world and those around her. There is a sense of nurture, honouring, loving and delight in this story. Amy speaks of an open and sacredly enriched space that is not privative; a space that is enjoyed in its wholeness and completeness, a space in which she enjoys dwelling.

Amy had planned a homebirth but had been transferred to hospital with labour dystocia. She found herself in the clinical hospital environment yet the joyful space at birth opened a feeling of nurturing; not an alien, hostile, hospital room. Amy experiences the hospital in ways that she may not have done on a different day. Heidegger refers to this aspect of spatiality as 'directionality' (Heidegger, 1927/1962)²¹. This refers to how space can be perceived differently according to situation and ways of attuning.

The notion of feeling-space is both separated yet one in the same as physical-place. This feeling-space is experienced as a space infused by a spirit of Being and attunement that discloses safety, belonging and loving care. Smythe, Payne, Wilson, & Wynyard (2012) described postnatal space that reflects Amy's experience of dwelling at birth within a particular feeling-space that is pleasing, homely and inviting: "To dwell is to be known, to be in relationship, to feel so special that one wants to stay" (p.2). To be in that sacred space, as Amy names it, is to be at once attuned joyfully; a joy that is at once the melding of space and place itself to which one belongs and feels at home; place and space are inseparable.²²

²¹ Heidegger's notion of spatiality is possible only on the basis of Dasein always Being-in. One of the characteristics of 'Being-in' is directionality. The spatial world of participants is not fixed and directionality shows how Dasein is always in motion in becoming aware of its 'Being-in' situations in a pre-reflective manner that constantly interprets and reinterprets itself in its thrownness (Heidegger, 1927/1962). Thus the surrounding world blends and integrates the world of participants; that is to say, the spatial world of participants literally 'worlds' perpetually.

²² Preliminary interpretive analysis of the notion "Sacred space at the moment of birth" has been published (Crowther, 2013c). See appendix B.

“With-in” Sacred-space

Simone [midwife] describes being with-in the birth space:

I felt in awe and just so privileged to be there but not interrupt it, but to be present and give them what they wanted and just facilitate their ability to do that. I just kept the door closed and nobody else came in the room at all in the hospital. Outside the rooms a lot is going on; hustle and bustle and bright lights and talk around the board of whom is in the birthing rooms. There is a lot of activity and technology. In the room we could create our own space, a sacred space. (Simone)

Simone describes a sacred space in which labour and birth occur. There is something outside of that sacred space existing in the physical room. This sacred space is described as open but small and warm, a space that is calm and devoid of disturbing or unsettling activity. In this intimate quiet space something magical is emerging, the deepest tenderness and connection of all there moving as one. Outside this special meaningful space is the hospital and its related ‘*hustle and bustle and bright lights*’, the antithesis of the sensitive mood in the room where this labour and birth is unfolding. Outside lacks the personal and sensitive nature of this gentle attuned sacred space.

Amy [mother] describes this space as being in a ‘bubble’:

The three of us kind of like huddled together, just kind of felt this intense sense of togetherness. It was like in the room around us there were lots going on because the obstetrician had been in and people were coming and they would stand in the corner, and there was a whole team of them. I don’t really remember that as I was too busy. Ellie and I and Pete were in our own little bubble then. (Amy)

There is the sense an inside and outside of attuned space. The bubble seems to provide a protective gossamer-like layer around them affording an intimacy and calmness. Within this bubble Amy and Pete are busy meeting and bonding with their new baby while all outside concerns evaporate. The attuned joyous space reveals itself as having boundaries.

Simone [midwife] speaks about the boundaries further:

I just kept the door closed and nobody else came in the room at all in the hospital. Outside the rooms are a lot going on; hustle and bustle and bright lights and talk around the board of who else is in the rooms, in the hospital. There is a lot of activity and technology. Sacred space is being quiet, very intimate, not big and expansive and open, but small and warm; like a bubble, a calm, safe space. (Simone)

There is noise and chaos apparently going on outside the space with the sense that to be in such a space is to get the full potency.

Tui [grandmother] describes the full potency of being in the space:

There is something about being there. I think you have to be ... you have to feel it. Some of my children have had babies and rung me afterwards. But it's not the same. The grandchildren that I have been there for their births, I'm much closer to, that bond is stronger. It's certainly stronger when I've been there for the birth. (Tui)

Tui highlights a significant attribute of the experience of spatial joy at birth by distinguishing being there in the space and not being there. According to Tui, one needs to be in the room, the physical location where the birth occurs. Otherwise it is simply not the same. It would appear to lose its potency. Tui compares being at the births of grandchildren and not being there expressing that it is not as strong a lived-experience of being there in the place where it happens. She then shares the consequences of not being in the place of birth. Significantly Tui has noticed that she is more closely bonded to the grandchildren whose births she has been able to experience Being-in the joyous space.

How does experiencing spatial joy at birth engender bonding and nurturing behaviours? Does experiencing spatial joy invoke a sense of responsibility born out of the love experienced by being with-in that space? It is unclear what proximity is required to be touched and affected by joy at birth. However, from my field notes I recall that material objects are not a barrier:

I just went to see a student on the birthing unit. The staff said she was in a room with a labouring woman and that it was okay to go in. I approached the door, and then stopped before I knocked, I pressed my ear to the door and the silence was deafening, then a series of deep guttural breathes. I retreated and went to my car. I have been touched by the space of birth and I find myself smiling as I organise to drive home, everything looks sparkly somehow. [In the car park of the hospital - November 2011]

Although I was not physically in the room, the birth space reached out to me and I, in turn, reached into it; I was touched enough to be concerned not to disrupt a special feeling-space and yet at the same time experienced some of its uplifting essence.

Birth place is a special space

There appears to be a fluidity of a joyful feeling-space that discloses a communal sensitivity and tact. This sensitivity and tact reflects the findings in a meta-synthesis of midwifery-led units (D. Walsh & Devane, 2012). It seems that something about the space of birth is special regardless of physical aspects:

Every time I go into a hospital and it's very clinical and sterile and clean, there's still a part of me that says, 'even though this is a hospital, this is a sacred place because life is brought into the world here, new life emerges here, therefore there has to be something special about that place, something sacred. (Simone-midwife)

For Simone, the place where a baby is born is always special. The place of birth appears to open a space that engages and holds us. I am reminded of how parents proudly point out the stained carpet on a home visit and say that was where he/she was born, 'right there!'

Joy is just 'there'

Even in times of intervention, as shown in the previous chapter, birth is special and often joyful. Lorna [mother] describes how place of birth is not as potent as the space of birth:

I just felt, just very euphoric actually at the birth, just real euphoric like Wow!!!! I've done a good job; I've got her out good. I didn't need a c-section. Yay for listening to midwife, yay for just being in my own body, listening to my own body, breathing with it, and just letting the contractions just letting the contractions do their thing and just helping baby out and just working with it rather than against it. Everyone in the room, until she came out, didn't know if there was going to be a problem. There was definitely a tension until she came out! She came out and she squawked away, good lungs, and Apgar scores got 9. There was a real sense of relief. But then there's something else going on there as well. You definitely felt the tension in the room go. (Lorna)

Lorna describes how the potency of joy at birth can transcend obstetric intervention. Even in a high risk situation of a 33 week baby being born following an emergency remote rural transfer when outcomes are not known the joy seems so penetrating that it opens the space of birth.

Simone [Midwife] has similar experiences relating to prior relationships and high technological environments:

It's not dependent on that relationship, knowing the family and what they want; the joy is always there...childbirth is joyful. The birth has just got this thing going on, this sense of joy even when you don't know them, whatever environment it is in, even at a caesarean section. (Simone)

The moment of birth is just joyful according to Simone. The physical place of birth is not 'that' important because joy is always there, although, as will be shown later, joy can be covered over by tragedy, social and political influences.

I am reminded in the debates about place of birth and how they can infer exclusionary moves. Attachment to a particular place can lead to separation and

exclusion of others through political, cultural and traditional dictates, for example the birthing room can be protected from unwanted others such as fathers (Abushaikha & Massah, 2012). Although place of birth is imbued with meanings that differ according to circumstances (i.e. temporal and sociocultural contexts) it appears that joy at birth overrides exclusionary border debates and disputes.

Simone's previous story reveals an insightful aspect of attuned joy at birth and how it can disclose a special space even in an operating theatre at the time of birth. Even when there are no established relationships, as often the case when others arrive to assist at an emergency, joy is just there. Rather than being exclusory birth's feeling space involves an experience of gathering and a sense of belonging. It seems plausible to assume that birth is always significant wherever and however it unfolds. This is not to deny that interventions do not and cannot alter the attunement at birth.

Cathy [mother] speaks about dynamic changes in the physical room and how that altered feeling-space:

When the anaesthetist was there the lights went on, we were in this amazing room with this humongous panoramic window. Because it was night time and the lights were on, I was worried as I didn't know what was on the other side of the window! I said 'What the hell's out there! Can everyone see me?' (Cathy)

Cathy is feeling vulnerable and exposed. However the physical place altered at the pushing stage:

Each time I opened my eyes after working hard and pushing the room would be a bit lighter. There was this amazing sunrise and the city was covered in fog. You could just see all the tall buildings popping out of the clouds. It was actually the point when I was giving birth. Every time I would open my eyes the room would just be that much lighter and it was like he was coming into the world at the same time as this new day was dawning and it was pretty cool. And that big panoramic window, it was awesome for that! It was pretty magical that part. (Cathy)

Place announcing itself in a different way as space opens to new possibilities. Heidegger's notion of directionality is once again pertinent in this story. Cathy now finds herself enjoying the 'now' magic of the same physical place spatially attuned to joy. The space for Cathy becomes wholly symbolic at the moment of birth.

Joy at birth in unexpected places

Birth also happens in unexpected places. In my pre-understandings interview I recalled experiencing a birth in the front seat of a truck:

The birth was in the car park outside the birth unit. There is pandemonium as emergency services and medical practitioners arrive. Meanwhile my head pops into the birth space to reveal a mother trying to prise her newborn out of knickers smiling as she does so at the wriggling baby. We laughed, discovered the sex of her baby and enjoyed the birth.

Few would choose to birth in a vehicle, yet even such a birth can open a feeling-space. The birthing 'space' in the truck is enjoyed while others panicked at the 'place' where it was unfolding. Birth can be unplanned and sudden which can lead to unexpected situations; yet, joy is still possible.

Lorna [mother] speaks of her precipitate unplanned homebirth:

I was just really delighted to meet him that sense of meeting him properly. All the time I've been carrying him and growing him and keeping him safe from harm and now he is out into the world and there was this intense rush of love, just so happy to meet him finally. As soon as he like came out there was this rush of love, maybe within seconds, he came out and he went straight on me. (Lorna)

The unplanned "place" for this birth is flooded by love that discloses the specialness of the feeling-space. It appears that physical environment of birth can fade as a special birth space opens. In that opening the physical birth place can become symbolic and integrated as in Cathy's dawn birth story and Lorna's unexpected homebirth. There can even be a sense of hilarity at birth, as in the truck birth. Whatever and however birth unfolds, those present at that moment are thrown into a feeling-space that invokes a response, even if the response is to turn away.

Turning into or away from joy

Karl [father] describes the mood at home immediately prior to his son's birth:

It was a lovely sort of atmosphere, a very quiet mystical time of night with just the soft glowing lights. When the midwives arrived it sort of put an end to that time. They were respectful although they weren't participating in it, it was not as free and open as it was before they [the midwives] arrived. When the midwives arrived it was still a nice atmosphere but it was not quite as magical as it was before they got there. (Karl)

Karl speaks of private mystical space and describes its mood as a spiritual flow:

There was flow within the atmosphere to connect the heart and mind with that intention of the spiritual realm. Infuse everything with that flow. The birth process needed to be in a spiritual flow. (Karl)

Karl goes on to describe a special attuning that he can turn to and enter but not generate. There is a sense of flowing that takes him into that space once he turns

towards it. A feeling-space that exists whether he is aware of it or not that requires a turning towards, openness and engagement:

You are in the flow you are not generating it. You are opening yourself to an ever present flow that exists. By opening to it you begin to feel it and become aware of it and you can perceive it more. (Karl)

It is plausible that attuning to spatial joy at birth acts as a doorway to how differences and possibilities can be revealed. Although birth 'place' and birth 'space' seem distinctly different, they intertwine. As place and space become conflated they become a clearing in which awareness of birth's significance shows itself. The birth space revealed by Karl is disclosed by an attunement of wonder. Participants are thrown into the experience at birth that seemingly confronts them with the dynamic mystery of being part of life. Turning towards and being in that spatial joy at birth is 'magical'.

Joy as addictive and intoxicating

Such joy filled space appears to entice and mesmerize as Simone explains:

I think it can be a bit addictive! When someone calls me I feel elation for them really! That there is an awaited baby – this baby that's been growing inside them is ready, has decided to come. It's still that same feeling, even when it is complicated...it can be addictive, that addiction to joy can lead to a lot of sacrifices in my family. It's very fulfilling and I'm very privileged to have that experience...I have got a little bit addicted to that joy. (Simone – midwife)

There is a magnetically captivating quality to the joy at birth that claims Simone. This hints at seductive quality of the space at birth:

That joy and that feeling of love is like you're absolutely intoxicated! This is the highest feeling and each time afterwards I would think, I really want to be a midwife! I want this all the time, this really high intoxicated feeling. I want to hold onto that intoxicating feeling for all it's worth. (Tui – grandmother)

Tui [grandmother] craves to be in this cherished space for as long as possible and enjoys its intoxicating quality. She is helplessly drawn into this feeling and carried away by the intense pleasure of being in a spatial joy opened at birth. There is a sense of surrender to a power that literally detaches her from everyday preoccupations with past and future, a sense of dislocation from time. Birth demands her full attention. It drags her into the moment. Tui describes a strong and lingering 'feel good factor':

I was high for maybe a week after that. I was just kind of walking around in a cloud, smiling to everyone, loving the world. I think with all the births I've been at there is always this lasting feeling that lasts for a long time afterwards. (Tui)

There is a sense that joy at birth captures and literally 'gets to you'. It is a feeling that she cherishes and she hopes to retain. Tui wants to be engulfed by this treasured joy at birth. There is no fear in her narrative. She craves to be with-in this joy and be carried away by its mystery.

Privilege of Being-with-in joy

Birth space is a feeling-space that is perceived with delight, appreciation and connectedness; something extraordinary in quality that touches participants profoundly. Birth-space as spatial joyfulness is something altogether different from the everyday spaces of their lives. It is a revered and honoured space that holds a sense of the miraculous.

I note in several post interview field notes how the notion of privilege comes through strongly and sense of wonder and miraculous nature of being in the space at birth. Marie [midwife] articulates this well:

I look on my life as a midwife as being very blessed, privileged always to be invited into this amazing journey. I am somehow renewed by my midwifery. I believe that now as I plan to retire I will treasure those years of being invited into the family. I am always "drawn", I hope I never lose that. (Marie)

Marie feels fortunate to be there and be part of this event and is humbled by its auspiciousness. To be in that spatial joy at birth discloses her concern with authentic ways of being in the world of birth. She dwells in an opening of genuine concern that releases her from the dictates of the One: the dictatorship of policies, guidelines, mass-media and professional politics. Spatial joy at birth is wholly different to the place of one's identity and everyday professional and personal concerns.

Spatial joy would seem to hint at a coming home at birth. This homecoming points back to the primordial questionability of being that has always already been there; a space in which being-towards-life is played out. Birth-space is perhaps a play of the places in which birth unfolds, for *anywhere* can enact the sacred at birth and the joy that discloses such potential. It is not only the quiet intimate homebirth that opens joyful sacred spaces at birth. The place where a baby is born becomes sanctified as birth can even be in the front of a truck and still be joyful. As Simone suggests maternity hospitals can be sanctified places where birth is equally joyful.

What comes to light is a treasured spatial joy in which participants are moved, touched by awe and thrilled. Marie reveals to us after a career of being in this spatial joy at birth that it continues to inspire. Marie is deeply touched in the ontological sense of being touched in this space and the joy that discloses it. Experiencing joy at birth is a privilege that can be addictive.

Fluidity of attunement at birth

Joy at birth is not static; there is an inherent sense of movement. In the previous chapter there is evidence of traversing anxiety prior to arriving at an attunement of joy when birth is complete. This is coupled with the notion of suddenness and change in the attunement at birth. I wondered if it is always necessary to traverse anxiety, relief, and happiness before being assailed by joy and love. Is the dynamic nature of attunement at birth constitutive of the lived-experience?

The following field note reveals more of the fluidity of changing mood:

I have been struck by how the labour process story is vital in appreciating the contextual layers inherent in women's and father's stories. Midwife participants are often able to relate one birth after another with some context to embellish and bring to life a birth story and its moods. For mothers and their partners it is the unfolding and gradual revealing of their labour culminating in the birth and greeting the newborn that brings to light in dramatic way the changing moods and the seemingly explosive mood of joy that ensues once the baby is born. The lead up to the births seem so varied in the interviews to date but a common lived-experience of joyful and amazed moods surface in those initial moments. The tears, the smiles, the feeling of an opening space. Before this a myriad of moods arise and fall, get covered up, remain hidden and can again be unconcealed. The joy however seems to burst forth from the actual birth and first meeting. [Field note entry - April 2012]

Perhaps the joy spoken of at birth is fundamental to the experience concurrent with an ever present anxiety? Is it through such anxiety, as Heidegger contends, that something more authentic is revealed in "unshakable joy" and "bliss of astonishment" (Heidegger, 1995)? Are joy and anxiety entwined and fundamental to experience as Harrison suggests, "both interacting in a never-ending tidal sway" (Harrison, 2010, p. 284). The notion of co-existing attunements is also supported by Parse (1997).

There is a sense that the turbulence of mood undergoes a continual metamorphosis that culminates as an awakened intense overwhelming moment of joy that is felt bodily and spatially at birth. Fear can move to love, anxiety to relief, and relief to joy.

These feelings lead to nurturing, safeguarding and sheltering of the newborn which may have evolutionary consequences in terms of survival. These co-existing and dynamic attunements seem integral to the lived-experience of joy at birth. What is not known is if this movement is required to awaken joy at birth. Todnes and Gavin (2010) describe such dynamism as part of an existential theory of wellbeing potential that leads us to feeling home. The dynamic attuning and eventual explosive nature of an irrupting joy is being revealed.

Re-calling the moment re-opens the space

The significance of birth-space and the embodied nature of this experience may hold greater than assumed importance. Re-calling the experience of joy at birth re-opens that joyous space.

I, too, moved into a joy filled feeling-space along with the participants as I listened to their stories, feeling physically stirred again and again in the reading and analysis. Participants often became positively attuned as they narrated their stories. They entered into a spatial and embodied joy made visible through their tears, laughter, smiling and touching. There was tangible pleasure at the remembrance of precious moments that hinted at the profundity of potent and tender experiences:

The birth is just the launching pad for this person (looks at his son) so you want to provide a really good experience as he comes into the world so he has a good impression of this place (tears in his eyes). That he can feel loved and supported, nurtured and it's a very firm foundation to grow and to become a good person. It is a benefit for all humanity to have as many good people on the planet as possible. (Karl- father)

Embodied joy reawakened as Karl narrates. There is a sense of acknowledgment of overwhelming responsibility that brings him to tears of joy as he gazes upon his newborn son. Significant long lasting impressions from the direct experience of dwelling with-in an embodied spatial joy at birth are revealed in Karl's story.

Birth experiences are consistently reported as fulfilling, absorbing and meaningful. Birth is a powerful event that acts as a rite of passage bringing responsibility and change of life roles. Life feels different after the birth and leaves those there at birth opened to possibilities previously not considered. There is a sense of a lasting on-going deepening happiness, growing connection and love for the newborn, a baby that appears to be centre stage in this feeling-space and embodied lived-experience. It is an occasion of caring and concerned ways of being.

When joy is challenged

There are, however situations when joy at birth is not awakened; times when sorrow awakens at birth. Simone [midwife] remembers a maternal death and the juxtaposition of being confronted with life and death:

I think of a time when I felt this sacred space was disrupted most was the death of a mother. The relationship between the woman and her husband and the intimacy and the anticipation of the new life coming... [Long pause] the mother went to the bathroom and didn't come back [long pause] then it was just like white lightening and bright lights and people... [cries] I just didn't think it would come back like this [crying]. But when you contextualize it in relation to the beauty of birth and new life and then death enters. The joy was there because the baby was coming; there was no hint that kind of thing was going to happen...the baby could've died, but it didn't. It's almost like it wasn't the baby's time to die, [whispers] but it was the mother's time. I did not really think on the baby then but now when I look back, it is a miracle. (Simone)

A deep feeling of concern and connectedness is revealed in this sad experience. The absence of joy is obvious as sorrow awakens. The potential for joy dies with the death of the mother. Death disrupts the sacred birth space and Simone is deeply upset. Attunement in this story is one of sorrow; a tragedy that is embodied in tears and silence. Joy is covered over by sadness yet a trace of joy remains. When Simone reflects she sees the survival of the baby as a miracle that was somehow hidden in the tragic events. In her re-calling joy awakens amidst the sorrow.

Even in a stillbirth there is something both sad and joyful. In my pre-understandings interview I describe a 34 week stillbirth in my caseload practice:

It was sad to be called to this stillbirth, it was so calm, so family warming somehow special and holy, yes it was still a sacred moment.

There is a deep sense of reverence and care that touches ontologically at birth regardless of outcome. Death at birth feels dissolute compared with what may have been. This mother relates the power of joy and love while physically holding her dead baby:

I have found an astonishing, infinitely more paradoxical joy, embedded even in that memory of my first child, unmoving in my arms. Such love is instantaneous, it is absolute...The love that overwhelmed me, even a seven-month-old stillbirth, also deepened my understanding, comforted me, and, in the end, held up for me a mirror of the divine. Our capacity to grasp the humanity, the luminous beauty, of every child who comes into being is our capacity to love as God loves. (Koncelik Lebec, 2000, pp. 104-105)

There is evidence that allowing the space for bonding with a still born is advantageous (Erlandsson, Warland, Cacciatore, & Rådestad, 2012). Perhaps this again points to the significance of birth in all circumstances and how respect and tenderness for the spatial and embodied qualities of the experience are important to acknowledge. Following presentation of some findings of this thesis at a conference, a woman approached me and told of how she was overcome with a peace and joy when holding her stillborn child while others in the room remained overcome with sorrow. Those at birth when there is tragedy attune in ways that attempt to reconcile the irreconcilable. There appears to be hidden depths to the meaning of birth however and in whatever way it unfolds even if joy seems to be challenged.

Birth engenders care and concern and it can be assumed that all those there would wish for the occasion to be attuned joyfully. The potency of attuned space at birth and how this reaches and touches our deepest aspirations and desires to care are revealed further in times of loss. To care, according to Heidegger, is our facticity, our way of Being-in-the-world that constitutes who we are as a whole (Heidegger, 1927/1962). How birth attunes, spatially and bodily, matters. Those present at birth are consistently inspired to safeguard and shelter an embodied and spatial joy. Joy is meaningful and significant and discloses how in embodied mood and attuned space participants are focused on Being-towards-birth collectively through their care and concern:

There is just insecurity about the family having this new baby. I sit on the perinatal mortality and morbidity [meeting] for this region and I can see that the still born birth and neonatal death rate is high among these young women who have very little support, very little economic support. I see those babies being born into that scenario and it makes me sad. This makes me feel sad at the time of the birth if I can see that or know about the situation. (Carol – Obstetrician)

Carol reveals her deep concern about babies born into socio-economic difficulties. This brings into focus that not all births are contextually happy events. The feeling-space at such births is often sad for Carol as she feels concern for how that baby's life will unfold after having been born into this situation. For Carol such circumstances lack the joy associated with birth, the birth lacks the openness to the potential of new life. Possibilities are hidden in the milieu of social risks of what may happen. The significance of joy at birth is further highlighted in such concern.

Does such sadness and concern reflect the significance of birth that spurns us to care? Carol's concern reflects van Manen's (2002) care-as-worry "the more I care for this other, the more I worry and the stronger my desire to care"(p. 270). van Manen weaves the interpretation of care and worry together revealing the experience that Carol describes. A concern that carries the "burden of responsibility" (p.277) that van Manen compares to a chronic condition of worrying. There is a recurrent theme in which joy at birth is experienced differently when there are challenging aspects at birth. Yet the experience at the time of birth always opens an attuned space and is always bodily felt somehow.

Joy as 'embodied spatial' experience

This chapter has brought together the existential notions of attuned joy at birth as embodied-spatial phenomenon. The constitutive notions have revealed 'something' about how joy at birth is experienced, something, as Heidegger's quote at the start alludes to that is "...so strange that [we] cannot grasp its primordial character at all". Through the distinctions of embodied and spatial experiences birth attunement reveals textual dynamic lived-experiences that culminate as an irrupting moment of joy at the actual time of birth.

Joy discloses the world-of-birth through embodied and spatial ways. Yet, without Dasein (open engagement in the situation) such embodied and spatial interpreted experiences would not be possible. The sacred-space at birth is opened due to Dasein's Being-there. It is the Being-there which opens sacred joyful space at birth. In other words that moment of birth 'is' Dasein openly engaged in that world. The world of birth is not something that is only known in a sensory manner but is presented to participants through the facticity of their always already attunement. To be spatially and bodily attuned to joy at birth is to be Dasein thrown into that occasion. Dasein is Being-in and at once becoming the joyous space and embodied joy.

Conclusion

This chapter has shown that the lived-experience of a moment of joy at birth is constituted by spatial and embodied joy. The distinction in experiential terms is that felt place and felt space coexist yet are equally important parts of the whole phenomenon. Conflated with these notions is the experiential nature of embodied

joy. These constituent aspects of joy at birth are not divided or separate but are in the interiority of each other.

Something special and sacred about being at birth is uncovered; a profound experience wherein the arrival of a new human being invites and pulls participants into joy that is embodied and spatial. A time that transports those at the moment of birth, as Heidegger's quote at the start infers, into "the quietness of a deep, reverent joy". A joy that is ineffable, ungraspable, potent and enticing is being uncovered that hints at a depth of meaning yet to be surfaced.

This chapter gestures towards unconcealment of wholeness yet I remain cautious as any interpretation is always on the way. Understanding of the phenomenon is far from complete and other existential notions require examination. Part of *how* joy at birth is experienced has been described and points to an interconnected relational whole that continues to be built upon. By bringing to language the lived-experience of joy as spatial and embodied, new horizons have opened up that point towards others still to be uncovered. Participants frequently refer to those at birth and how they contribute to Being-there attuned in particular ways. The next chapter uncovers how others gather near at the time of birth further revealing the phenomenon 'joy at birth'.

Chapter 8

Poiesis Three: Birth Gathers Others Near

When imagination is allowed to move to deep places, the sacred is revealed. The more different kinds of thoughts we experience around a thing and the deeper our reflections go as we are arrested by its artfulness, the more fully its sacredness can emerge.

(Moore, 1992, p. 289)

Introduction

The previous chapter uncovered the phenomenon of joyous attunement at birth as embodied and spatial lived-experience. What began to be revealed is how attunement is shared and how we are with one another in situations. This chapter turns to ‘others’ at birth and uncovers how attuned joy at birth is not individuating but a gathering: “Attunement is not some being that appears in the soul as an experience, but the way of our Being there with one another” (Heidegger, 1995, p. 66). This chapter shows how Being there with one another as gathering is constitutive of how we attune in the world-of-birth. The nature of this joyfully attuned gathering appears to unfold over the process of birth intensifying the moment when a baby is born. It is a gathering that speaks of a joined world at birth that beckons others to draw near and collectively attune. Something about birth seems to gather others near into a shared space and embodied experience.

Others draw near as birth approaches

In the period leading up to birth anticipatory anxiety often co-exists with an expectation of joy. Sometimes that anxiety can be felt as non-specific dread or fear related to a specific threat (Heidegger, 1927/1962). This is not to say these are separate moods but a tension as birth approaches. Lorna [mother] tells of frantic phone calls as she finds herself in strong labour about to birth a premature breech baby:

I phoned my Mum and my sister because they really wanted to be at the birth. When they told me the birth was going to happen I quickly get on the phone to my sister. But they missed the birth by ten minutes. I phoned them because I was at the birth of my sister’s twins and I really wanted my sister at my birth and I wanted Mum there for support emotionally, mentally, and physically. I just really wanted them there. They told me later how they raced towards the birth worried about what they would find. (Lorna)

Birth gathers and draws others into its attunement. The family members 'raced towards the birth' worried for the potential outcome but also wanting to be there at the birth. Lorna wants significant others there also; especially as there were issues of risk. Feeling safe and feeling fear play together at this time.

The advent of a new human being appears to act as a clarion call to others to be near, to help, to gather and greet this new baby. They come to birth in anticipation of something special, knowing that birth is significant whatever the outcome; to be at birth is more than everydayness. Lorna's family are compelled and need to be there. The prospect of being at birth is magnetic.

Magnetic and addictive qualities

John [father] narrates how birth attracts as a magnet gathering others to itself:

My Mum came up and she stopped in and just said Hi. They went and Carol's [his wife] sister came and they were a little bit drunk and provided some entertainment. It was a bit of a family event starting to brew; Carol's sister came also and one of her friends. They all come round because they were excited that baby would soon be here. (John)

John's story describes how birth brings relatives and friends close to the place where the baby will be born soon. His family is very excited. There is a sense of intimate inclusiveness yet also a public aspect of this birth drawing others. There is a spirit of growing collectivity as birth approaches; a coming and pulling together as the communal experience unfolds. Feelings of excitement mean others leave their everyday lives to be near. Something special, momentous is about to happen that draws others into this intimate yet paradoxically public expression of being alive.

This is something of significance in the lives of family and friends who are close to the couple and the baby; a meaningful encounter with the essence of something special is alluring. Like a warm fire in winter brings others together around the family hearth so too birth gathers. The magnetic and gathering nature of birth emerges as constitutive of joy's potential.

There is also an addictive quality:

I think it can be a bit addictive! When someone calls me I feel elation for them really! That there is an awaited baby – this baby that's been growing inside them is ready, has decided to come. It's still that same feeling, even when it is complicated. I have got a little bit addicted to that joy. (Simone-midwife)

The intensity and feelings of elation as birth draws close are like a drug. Simone recognises an element of addiction. The experience continues to pull her in magnetically regardless of the circumstances of each birth. A human baby is to be born; that is special and wondrous for Simone.

The moment of birth gathers near

The joyful anticipation of pregnancy and labour draws to an end amidst concerns for safety and perhaps fears and dread. Then the baby is born. A constitutive aspect of the moment of birth is Being-with-others in suddenness, surprise and movement. Participants are flooded and soaked by waves of emotions instantly as labour changes to birth. Karl [father] experiences a “*Release of pent up energy*” as his son is born that results in strong protective feelings and pride as he feels drawn nearer. The sudden thrownness into that first meeting with the newborn surprises as joy irrupts:

That was a special moment when he just ‘flew out’; especially seeing him on Carol [wife]. It was peace, relief and love; we’ve got a baby, pfoof! He’s alive; we’ve made a human being! (John – father)

There is a sacred or special quality that seems to come from the baby as it unfurls in joyous gathering as a feeling of family deepens in that moment. Something changes and seemingly illuminates as “there is a light that comes into the room when a baby is born” (Merewether, 2013). The moment awakens an intensity of joy in its fullness as the baby draws others near. The dramatic changes can be unsettling as waves of emotions surge through the gathering. This speaks of tenderness and affection towards the baby that is potently alluring, intoxicating and fascinating to those there. Mothers and others speak of tears suddenly irrupting at the suddenness of birth (see Poiesis two) the awe of the lived-experience shines through the data gathering them closer.

Simone [midwife] describes this significant gathering moment as “*Beautiful naturalness*”. Happiness exudes the gathering in that moment like a light switched on like a “*universal happiness in the room*” exclaims Simone. Carol [obstetrician] feels something distinctive in that moment as “*there is always happiness in the room when the baby arrives*”. There is a feeling that any sense of duality dissolves in the lightness of first joyous meeting. The shared attuning to joy is revealed in the tears, smiles,

tender touches, hugs and gentle words that draw the gathering nearer. For Lorna [mother], these moments are gifting a “*precious jewel*”.

There is something inherent in the moment of birth that can't be put into language; an awe beyond spoken words that is difficult to articulate: “*an oooh feeling, a whoa or whoo moment!*” [Diane, midwife]. Lorna [mother], with tears in her eyes, describes this as “*beyond special, a moment of grace*”. This is a sudden moment that shifts into joyous gathering holding potential for profound connecting. A moment harbouring inexplicable mystery that gathers all into joyful nearness.

Nearness at birth

Being near to birth is more than being physically present. To be near is also a ‘feeling close’ and ‘felt belonging’ to the gathering.

I called my dad as he really wanted to know right away when the baby was born. I left a message on his phone and I felt myself welling-up telling him he is a grandfather [begins to weep] I didn't know where the tears were coming from. I am just amazed; I was able to produce a healthy boy for my husband [silence while crying]. (Pat – mother)

To be near even in absence was revealed in the stories of how birth gathers. This story speaks of an evolution of relationships and emotional connections. Family dynamics are evident as Pat reaches for the phone to gather her father near into the magic of the moment. Birth appears to unite and connect, deepening family feelings and relationships. One can imagine the sense of joy the grandfather would have on hearing that his grandson is born safely. Although physically not there he is intimately near to the joy at birth within Pat's tears. To be physically present at the moment of birth is not essential to be in the gathering.

Birth appears to hold participants captive in its gathering power as they draw near. Even if it is only the mother and baby physically there at the moments of birth, the thoughts and feelings of others bring those physically far into nearness. To be in the world is always and already to be with-other. Is it possible to perish alone but to be born is to be gathered with-others? Is this unique to birth? Ontologically we are therefore never alone either at birth or death, others are always near and far. The notion of this nearness in this study as constitutive of gathering at birth is uncovered. In this sense nearness is not measurable but felt as so near as not to be visible. This distinction of nearness is emphasised by the familiarity of family gathering near.

Tui [grandmother] highlights this nearness of others as it spreads out into the community:

My daughter who was one at the time was between my niece's legs as the baby came out. Once the baby was born we all went to a communal bath in a different house as we had no bath. We then had a bath with the baby. There was this lovely kind of parade down the street with this new baby to the communal bath. People were waving out their windows and cheering! It was lovely. I remember feeling just warm and exciting. It was great with everyone there, lots of little kids. (Tui)

This story reveals a sense of shared jubilation at birth. The community draw near into the celebration. Others may not be close physically but they draw near to birth as a communal event of great significance. The children in the story have an important relationship to the event and belong there in the thick of it, all contributing to the shared joy. Physical circumstances do not appear to spoil this occasion. The sense of celebration at the mystery and magic of new life gathers them all near in shared joy. The coming together at birth and how they attune discloses its specialness collectively. Being-with-others at birth lies at the heart of how joy is experienced.

Karl [father] speaks of how others draw near just after the birth:

There is a special feeling around birth it is joy, everybody is so happy. When you tell people you've had a baby people are instantly happy and joyful about it. They are so happy and want to contact you and want to come round, they just want to be around 'it'. You can definitely see it even in other people who are not involved. Even people who you hardly even know it is just 'wow that is just so awesome, congratulations, that is awesome' and I am thinking 'you have hardly spoken to me before!'(Karl)

Karl observes that even others whom he does not know well become ensnared in this net of happiness: "Everyone is just so happy" he exclaims. There is a sense of communal attuned joy and shared wonder at the advent of new life. Others respond to the joyous news and want to get as near as they can to the specialness.

Mesmerizing quality

Karl [father] speaks of a mesmerizing quality just after the birth:

In that hour after the birth you get mesmerised by the baby. Just totally focused, it is just 'woo' you're just watching and listening, just looking at him. Just focussed right in, I was magnetised. (Karl)

Karl describes the intense experience of meeting his son for the first time as mesmerizing; his baby acts like a magnet drawing him in and holds him captivated.

Due to birth's hypnotic qualities and pleasurable feelings others are captured into the gathering. Yet the mood at birth is not always joyful for everyone. There are times when some who are present must simply turn away from joy.

*I sometimes feel myself overcome and fight back the tears as I have a job to do.
(Brenda - obstetrician)*

Brenda needs to turn from joy in order to do her job. She says she sometimes has to fight being overwhelmed. This signals the intensity and strength in the moment of birth. All those gathered at birth have roles and responsibilities despite the special potent quality of the atmosphere.

Working together

There is a gathering of others who come together for a variety of purposes. Turning to joy at birth can be difficult. Brenda [obstetrician] speaks of facing unknown situations in which she feels little joy due to the anxiety and despair of uncertainty:

My first thoughts when I was called to the room to assess and help was just about organizing the problem into my head and establishing the most vital information. The midwife had handed information before I entered the room. – “where is she in labour, how long has she been pushing for and is the baby positioned well. What are the features on the trace, how urgently do we need to act?” When I first entered the room it was quite anxious because I entered expecting the worst we’ve been called in for a problem. (Brenda)

There is an inherent attunement of anticipatory anxiety and uncertainty in this story. For Brenda birth brings the potential for life and death. Perhaps she experiences a chronic worrying about the birth outcome that translates at times into a turning away from the joy at birth. Brenda's contribution to the gathering is to ensure a positive outcome and safeguard the potential for joy to irrupt and open possibilities to all there. Working as a team for the best outcome appears an aspect of joy at birth.

Being-there in the ‘right way’

The shared mood at birth shows how participants can turn towards and attune to joy at birth or not. There seems to be a fine line between leaping-in excessively that can potentially cover up the joyful experience and leaping-ahead that gives freedom to joy's expression in the gathering. Yet neither situation is static. Sometimes standing back or jumping in and intervening are necessary to safeguard joy's awakening.

There is a shared experience at birth that brings people together, connects others and gathers. To be in the world of birth is Being-with-others. Being-with-others at birth discloses how participants are intimately concerned with each other in a connected way and how such gathering at birth matters even if coming from different points of view and responsibilities. They are enticed and pulled to birth concernfully; gathering at birth in shared communication that seeks to safeguard joy.

When others at birth do not attune into the collective joy and turn away something alters in the atmosphere. Simone [midwife] describes this:

The longer I'm a midwife I feel that feeling is sometimes just there at birth. It is just an inner calmness that probably transmits because if you have tension, then it can spread. I think that if there's somebody who is tense, even a furrowed brow or an anxious expression, everybody is very aware of what's happening. If there was tension, if there's concern, then it radiates out changing the feeling in the room. (Simone)

There is a sense of mood as contagious. An individual may not share the collective attunement, failing to attune to the atmosphere of the moment. Such individuals may resist collective attunement and discord can mount as seen in poiesis one when disturbance and disruption by others was revealed. Simone reveals how someone can enter the birth space and change the atmosphere. It appears joy at birth is vulnerable to being covered over due to the contagious nature of other powerful ways of attuning such as fear and anxiety. Fear can hold potential to bury and deny access to joy's awakening at birth. The contagious nature of affectivity has been demonstrated in the literature (Häusser, 2012; Neumann & Strack, 2000; Volmer, 2012; Wild et al., 2001).

Yet, equally, an unknown person can enter the birth space and be at once synchronized with the joy resulting in a harmonic shared communication. Simone tells of how an inner calm can be transmitted that safeguards joy. It seems that joy's potency at birth can radiate out and overwhelm but the possibility for turning away from joy is always there. Even when joy is not experienced due to tiredness or feeling uninspired, birth is no less special. However it is possible that not allowing joy to "approach us and tell us what it wants, what is going on with it" (Heidegger, 1995, p. 82) would be to remain uncompleted in what could have been revealed to us at birth in that moment when joy arrives. To be in the gathering in the 'right way' would seem to be an art.

Moreover birth does not always unfold positively, the potential for joy may be always there but not necessarily awakened. Things can and do go wrong at birth and not all attune to joy at birth for myriad reasons; I wondered how the gathering at birth attuned in those moments.

Coming together when things go wrong

In addition to the joyous occasion when others gather there is still a gathering at adverse social and medical outcomes. The previous chapter spoke of a maternal death and my own experience working with stillbirth. Here I remember a baby born for adoption:

The mother did not want to look at the baby as it was taken, I felt so sad and wanted the mother so much to just look at what she had created thinking that it would heal her pain. The hospital staff wanted to be near and hold the baby. The baby was still a miracle even though unwanted. That just made it feel all the more sad. [Pre-understandings interview]

There is something about birth that aligns us with each other and with what birth 'is'. I felt sad as the joy at birth was not allowed to be awakened. This left sadness in its wake. Yet we gathered around the birth, the mother there in her silent pain, the hospital staff drawing near with concern. This was a privative experience leaving a deep feeling of un-rightness. I remember feeling near and connected to the vulnerable baby and to the staff on the labour ward in a more profound way than before. Birth is essentially a 'we-world', a world gathered into belongingness and togetherness. The occasion of birth however it unfolds is always with-other and attuned collectively. When this is fractured there is unease. Birth can harbour co-existing joys and sorrows; it can be celebrated, tragic or not wanted yet paradoxically always gathers us near.

Challenges unite

Something surprisingly ineffable coalesces into precious uniting wholeness even when challenges arise. Yet these challenges are not to be understood as negative.

Birth is a good challenge. It was an opportunity for us to grow closer together. It was exciting, lots of unknowns which added to the excitement and opened up lots of possibilities. (John – father)

The birth was an exciting challenge for John. There were many unknowns as the planned 'natural birth' transformed into a long induction of labour for post maturity and epidural analgesia. Yet the events leading to the birth seemed to intensify the

meeting of their newborn and the irrupting of joy and love that surrounded that moment.

Sometimes it is not events but those present at births that are the challenge as they lack resonance with others in the gathering. Yet birth seems to bring others nearer as joy assails the gathering when others are not aligned:

Whoever is there as the baby's birth including me, gets realigned with their own sense of the occasion. Initially I and others may have not been quite taken on how significant it was and then when we realise how it's affecting everyone around you I realise how it is still a big deal. Sometimes I can be pleasantly surprised by the impact birth has on a bloke who is otherwise very gruff and staunch who is overwhelmed by the baby and completely taken with the whole thing in ways I hadn't expected. (Steve – obstetrician)

Others can, by their affective moods, infect the situation beforehand but birth itself seems to override these. Discord can be removed in an instant due to joy's contagious nature as expressions of joy become sketched on the gathered faces. Others bring their mood and join and merge into the symphony as the orchestra tunes in as one. Birth seemingly like the conductor of an orchestra brings the gathering at birth into attunement forgiving previous disharmony.

Joy forgives

Even grumpy, stoic personalities are affected by joy's forgiving transformative power as it spreads through the gathering. Others previously in discord are gathered together as joy invokes forgiveness:

I didn't trust my daughter's friend. I had all these strange feelings towards her. I felt that she was intruding. But then I loved her, happy for her to be in the room and thought she was wonderful. I gave her a big hug immediately after the birth. The moment that my grandson came out, everybody was just wonderful. I loved everyone - even the midwife that rushed everything. (Tui – grandmother)

Tui speaks of a sudden change in relationships, how those previously in discord become aligned. The suddenness and overwhelming dynamic nature of birth can strike at the soul of participants who may until that point be engrossed in professional or family concerns. There is a shared sentiment that beckons tenderness, a sense of accord that seems to erase any discord. A congenial way of being is initiated at birth opening possibilities for forgiveness and drawing others nearer than were previously.

The doctor hurt me more than anyone else, but then my daughter was suddenly there and there was so much love. (Amy-mother)

Amy attunes joyfully following a traumatic forceps birth. She is able to traverse the challenges of labour cultivating instant magnanimity immediately following the birth that draws the doctor nearer. Joy is revealed as having the power to unite and forgive. Whatever the perspectives there is a feeling of responsibility to be close to birth to assist and help even if at times those called do not want to be there or attune asynchronously with the rest of the gathering.

Responsibility beckons

There is a sense of responsibility that calls participants to attend as they draw near. It is a call to care as birth approaches, woven into the emergent gathering at birth. For family, friends and health care professionals this beckoning responsibility can be demanding.

I'm reminded in the baby that I'm holding, about both the joy of life and also the kind of fragility of life, knowing that I hold life and death in my hands. I have this precious baby, but it's up to me to sustain this life, and make sure that she's alright. And that she's alive. There is the joy of a responsibility. There's nothing that ever touches that. (Tui - Grandmother)

Tui reflects on how she gathers at birth with a feeling of joyous responsibility. The precariousness of life and death juxtaposed at birth intensifies the experience. Tui is confronted with life and possible death simultaneously. Yet to be called to birth may not always feel joyous. Others in the gathering may not be attuning as Tui does. The responsibility to attend may be experienced as mundane despite its significance.

Significant yet 'bog standard'

Obstetricians and midwives are constantly exposed to the phenomenon of birth in its many guises. They have professional responsibilities which they are called to attend. Does continual exposure to birth lessen the significance of being part of the gathering at birth? Steve [senior obstetrician] speaks of how birth can become a routinized mundane job:

I can sometimes lose sight of that specialness, because I've been involved with lots and sometimes it does get routine. It's always hard to be too excited at 3 o'clock in the morning, exhilarated by it all, but on the whole I think there is an element of ... (silent), while it is part of my job; it can become more of a routine in most cases (silent pause). Sometimes I'm there in the exhilaration of complex births and it can be very intense, but it also can be, to coin a phrase, 'bog standard', woman comes and pushes out baby, that's probably less exhilarating because I have less at stake. But on the other hand it's still a very significant and special even when it's not so

exhilarating. I am not so cold hearted to regard some births as, 'just another'; when I get to that I'll retire. (Steve)

Although Steve derives satisfaction from the times in which his specialist skills are called upon, he finds it challenging to always attune to birth as special. The joy at birth can become taken-for-granted, so familiar that it fades into the background. Steve relates how he is “*thinking probably a couple deliveries blurring into one*”. However, he is reminded that all births are significant and special. He calls himself back to that appreciation that ‘something’ lies in the background of all births and says that it would be time to retire when he loses that connection. Not to be able to acknowledge the significance and specialness of birth he claims would be a “*sign of cold heartedness*”.

Being-there at birth is always significant even if buried under workloads, routines and tiredness. The notion of birth as mundane and “bog standard” arises in the experience of birth when health care providers are there at one birth after another. The average, everyday experience of following routines and protocols would appear to dominate the experience of birth. Yet participants speak of aligning themselves to the significance of birth despite this, they catch themselves sliding into a tedious everydayness and re-attune to joy in each unique birth experience.

Marie [midwife] attempts to hold onto the significance of birth when she is tired:

For me it is never mundane, each birth is special and I absolutely do hold onto that. I try without any conscious artificiality to imbue that, I try to be gentle, include the dad, it is their baby. It is not mundane like 'Oh well got a birth, yea, just got two more for the month'; It is something more special than that. More special than just going out to do a job. I must admit when they ring me at 9 at night to say they are revving up I am finding it harder to be excited [laughs], I think that is why it is time for me to give up. The fact that I am going to be called later in the night is not so exciting to me now. But once I am there I am fine and will put my heart and soul into it. (Marie)

Being called in the middle of the night can be arduous but once there in the gathering Marie engages fully with her responsibilities. She safeguards the significance of birth despite feelings because it is always special. Dianne [midwife] explains:

I can be tired but I cannot go to that birth with feelings of resentment as I am lucky to be involved with them. (Dianne)

I am reminded how busy hospital birthing units can be stretched by shortages of staff, and of my own self-employed practice when having a busy month with many births expected. In such busy circumstances being there with others at birth is not

always so wonderful and joyful. The data points to how childbirth professionals contain this tension in their working lives. How would joy at birth be kept awake with such tension? Being called to be at birth can be difficult at times yet it is never mundane. To be part of the gathering at birth is a special privilege.

Privileged gathering

Participants spoke of the privilege of Being-there at birth with-others. Midwives and obstetricians mentioned the uplifting and full-filling quality of their work. They speak of the privileged roles they have that allow access into the intimate lives of others at special and vulnerable moments.

I felt in awe and just so privileged to be there but not interrupt it, but to be present and give them what they wanted and just facilitate their ability to do that. To be at birth is very fulfilling. (Simone – midwife)

Carol [senior obstetrician] feels privileged in her medical role at births:

I feel like it's a privileged role that I'm in sometimes. To be part of and involved in very privileged events in people's lives is a privilege. They don't have that emotional relationship with me nor me with them if we haven't met before, but none the less, I am present at the birth of their baby; an event which is special to them and which is special to me as well. It is lovely to be part of birth, generating new life. It's special because that privilege of being part of someone's life in that way and being able to either help it or make it better or intervene to make the final outcome the best it can be. (Carol)

The intimacy and specialness of a baby being born is unique. Being-there-in-the-world-of-birth is significant and is an honour. Steve [obstetrician] is drawn to his work as he is exposed to life's possibility: *"I enjoy working at the right end of life with the demographic I work with"*.

Health care professionals have unique roles at birth. The obstetricians and midwives in this study care about their work because of its significance. They gather in the world of birth, meet themselves there with others, and at once become who they are with-others. They feel honoured, privileged and enjoy gathering doing what they can to assist in new life arriving.

Birth acts as a mobilisation of others into action which highlights the responsibility inherent in gathering at birth. The tensions between differing perspectives have been highlighted in poiesis one in the discussion on how worlds 'collide and meet'. What is revealed in this chapter is how all participants, including midwives and

obstetricians, are sharing a social horizon at birth in which they all 'touch' each other.

Professional maternity care providers, mothers and birth partners are touched and drawn into the gathering. Health care professionals are similarly affected despite their roles and responsibilities. Participants, including obstetricians, describe a magical feeling full of awe and peace as they gather in their various roles at birth. The intensity of experience often moves participants to tears as they bear witness to the miracle unfolding. To be there at birth is to care.

Being-in the-world-of-birth is 'care'

For Heidegger, Dasein's fundamental way of Being-in-the-world is care. This is not care for particular things but care as our fundamental comportment to the world. Participants find themselves thrown into the world of birth concernfully dealing with what matters most to them. This desire to care and actualise concerns into actions is an aspect of Being-with at birth that contributes to the gathering. Participants tell of how they are beckoned to gather at birth and intuit the need to act responsibly. Families and friends draw near out of responsibility to care about something significant. Midwives and obstetricians draw near out of professional responsibility with their own set of concerns.

Whose gathering, whose joy, whose birth?

As those at birth gather around in their various roles I wonder to whom the gathering belongs; whose joy is being safeguarded? Health care professionals are there but seemingly in some sense not there. They are often not intimate or significant others for the birthing family yet they are part of the gathering around birth. For example midwives are present but often try to be unnoticed.

She had this very gentle birth. The student was delighted to see the big bulging bag of fore waters in front of the baby's head. The baby was born in the caul. It is funny it's not me experiencing this; it is part of something else. It is like I stand back a little bit because it is their baby. I just want them to welcome their baby and I am just the pair of gloves, I am trying to protect their first moment with their baby. There is a joy seen in their eyes as they see their baby for the 1st time. Apart from drying the baby as we have to do [laughs] and addressing safety things I tend to sit back a bit. (Marie – midwife)

Marie's experience of birth does not derive from her appropriation of the gathering joy for herself yet she is there amidst and part of the shared experience. Marie experiences a joy that is both personal and impersonal; a joy that irrupts from

simply Being-there at birth that awakens once the baby has arrived safely. Marie is able to stand back and be the '*pair of gloves*'. Marie's role as midwife is not to take over the joy or be an overtly visible member of the gathering. Marie acknowledges how significant birth is to the family and does not want to get in the way of their joyous gathering. Yet she is more than a pair of gloves.

Marie mirrors joy in her embodied expressions, actions, silences and language moving through the spaces of birth sensitively. Paradoxically she witnesses the birth and in that moment attunes joyfully as part of the gathering even as she attempts to remain invisible. The joy is *who she is* as she *meets herself* in that intimate moment. In her safeguarding of joy she provides a space for joy to be awakened. But there is also a mutual gifting of joy within the gathering; a reciprocal joy that brings all into increasing nearness to one another in that moment of birth. This is a special nearness awakened by joy that invites all into the gathering beyond the confines of professional roles.

This standing back and not interfering is reflected in the literature as potentially improving normal birth and improving maternal satisfaction (Leap, 2000; Parratt, 2010; Powell Kennedy et al., 2010). Despite this 'standing back' or leaping-ahead mode of solicitous care the data also points to the significance of reciprocal relationships in childbirth (Kirkham, 2010; McCourt & Stevens, 2009). Are relationships required for the gathering at birth to attune joyfully? Are reciprocal relationships a significant and positive contribution to awakening joy at birth?

Significance of relationships

The strength of others gathers at birth in a seemingly reciprocal manner as relationships are revealed as central to joy's awakening. Whether relationships are formed prior to birth or not are essential to joys awakening is unclear. Participants alluded to previously formed relationships facilitating something more:

If I'm doing a duty at the hospital and this woman comes in off the street, I try my hardest to connect with her, I've got to keep the relationship intact during that birth, even though I may be pushed and stretched and be really challenged. But I would be letting myself down if I didn't try because at the end of the day, she's having a baby and I do still get excited, but the joy is much more with somebody I know.
(Dianne – midwife)

This is an illustration of how joy at birth can be shared and deepened in the process of relationship building. This is a celebration of the partnership and continuity of

care enabled by the Lead Maternity Carer model of care in New Zealand (Guilliland & Pairman, 2010a). Providing care seems easier with someone known prior to birth. Yet Dianne still gets excited and attunes joyfully even when does not know the family beforehand as birth is always a significant event; although new relationships demand more effort on her part. The feeling of joy however seems deepened and more accessible when Dianna gets to know families before birth.

Obstetricians in the public hospitals rarely have a prior relationship.

I don't know the women I don't have that relationship with them. So it is a much more clinical; someone calls me, I need to assess the situation, I need to make a recommendation and get the baby delivered. It's much more clinical and the emotional part of it for me about being excited or happy or satisfied about a birth, that's much less now, it's changed. It was that relationship part of it that was important for me to feel much more emotionally involved in births. Whereas now I would say it's much more clinical; it's my job to get this baby delivered and as safely as possible. Sometimes I feel sad about that sometimes not. I mean it's sort of easier emotionally to just walk in, get my job done and go. But, I sort of miss that emotional part of it too when you have much more invested in these women's lives. (Carol – obstetrician)

Carol reveals loss regarding the reciprocal relationships that she had with her patients in private practice. She reminisces about how she was able to be attuned with the family and experience joy more readily. She describes how her job has become far more clinical. Reciprocal relationships are important to Carol. She misses the bonding afforded by the relationship and how that engenders connectedness and being more touched by joy at birth.

Being-with-other in prior relationship is an issue in Dianne and Carol's stories for the joy to be fully awakened. The notion of relational continuity has been shown to be central to positive birth experiences (Dahlberg & Aune, 2013). Perhaps pre-formed relationships help safeguard joy so that it awakens and presences more intensely when the baby is born.

Yet Steve [obstetrician] states that an already-there relationship is not essential to this experience of joy of birth:

If I am seeing somebody for the 1st time in labour I have to provide some assistance that's perhaps equally as satisfying. To know that I can actually reassure them and give them the confidence to do what they need to do, even when I don't have the lead up of knowing them for weeks and weeks. So that's one aspect of the public practice that I quite enjoy. (Steve)

Although Steve distinguishes between private and public practice, he recognises that they both hold something for him. In private practice he can build a rapport with patients before the birth whereas in public work he is often called in to assist the birth with no prior knowing. He enjoys the familiarity of private work but also the need to develop a quick rapport in public work is satisfying. His story uncovers how joy as an aspect of being-with others at birth appears to awaken regardless of prior relationships. I have had similar personal experiences during locum work:

She was pushing on all fours, I had not met her, only heard her say ‘come its now coming!’ on the phone 20 minutes before. Shortly after I arrived the baby was born, she looked up and we smiled, we saw each other for the first time, we had never met before. There was such overwhelming joy in the room I was so thrilled to be there. [Pre-understandings interview]

Prior professional relationships with women can potentially augment the intensity of joy at birth allowing joy to awaken at birth more easily. However the notion of needing familiarity with each other at birth in order to attune joyfully at birth has not been explicitly revealed in the data. This may point to the affirming experiences that core midwifery [non case-loading midwives] enjoy.

Even when there is no prior relationship participants can be overwhelmed by the joy at birth if they choose to turn towards it. Being-there connected with-others at birth with or without prior relationship is revealed as special in and of itself. The importance and significance of relationships creating affirming atmosphere at birth has been explored (Berg et al., 2012). Yet pre-formed relationships have not been revealed as being the sole determining factor of joy at birth.

Being-with-others at birth

All are called into nearness when a baby is born. Seemingly the closer the actual birth the nearer others appear to gather. In this joyous gathering ‘others’ are not meant to signify *everyone else*, but rather all others of whom *all individuals* are part: “The world is always the one that I share with Others. The world of Dasein is a with-world. Being-in is Being-with-Others. Their Being-in-themselves within-the-world is Dasein-with” (Heidegger, 1927/1962, p. 155). Being-with is an existential characteristic of Dasein, part of its structure; that is to say, ‘Being-in-the-world’ is ‘Being-with-others’. Essentially ‘Being-with-others-in-the-world-of-birth’ is an inseparable unified phenomenon.

Participant roles, cultural expectations and history coalesce into a relational web of significance as shared joyous gathering. 'Being-with-others-within-the-world-of-birth' is inseparable from the shared lived-experience of joy at birth. Participants are confronted with the majesty of a continuum of life begetting life that reminds them of their interconnectedness with others.

There seems to be a gathering strength and joyful anticipation that provokes a welcomed submission to the world-of-birth which affords a glimpse of unknown possibilities. Participants are at the mercy of the world-of birth, "Dasein, in so far as it is, has submitted itself already to a world which it encounters, and this submission belongs to its Being" (Heidegger, 1927/1962, p. 121). The sudden moment of birth appears to attune participants joyfully. This joy suspends and resolves worldly concerns, preferences, distractions and the possibility to transcend the voice of the One (even if only for a short while). As they submit to the clemency afforded by joy at birth they find themselves surprised and gathered in an unexpected experience beyond words.

As participants gather they are called from mediocrity:

When I see the baby is actually coming the protocols and procedures are not so evident anymore; then it is the wonder and the joy. (Marie – midwife)

There is a sense that Marie is called to do what she does from a silent call of conscience. What is revealed is a spirit of generosity and compassion in this silent call to care. As she gathers with others at birth she is no longer tethered by everyday banality of being dissolved in the One. She ceases to be an adherent to the dictates of the One, finding herself freer and not totally fallen into the levelling effect of the One. Attuned joyfully she finds herself authentically with-others, unfettered, unbound and seeing freely. For a moment she is awarded a vision of interconnectedness gifted perhaps by joy's arrival.

The moment of joy at birth points to something profound that touches those present. The relational quality is constitutive of Being-with at birth and is significant. Those that gather at birth attune to 'something' human, shared and precious which they appear to safeguard.

Being-with-others at birth is sacred

Joyous gathering speaks of unity, protection, fellowship; a bringing and joining together within a shared abode. There is a gathering constitutive of belonging, and

sense of dwelling and homecoming. Birth joy brings the possibility of wholeness. There is a feeling of safeguarding joyous gathering that is beyond secular interpretations.

Perhaps the gathering at birth is something sacred wherever and however that may be understood. Is the gathering more than ensuring safety and survival of mother and baby? Even within medicalised environments participants speak of sheltering something precious at birth as they gather near and attune joyfully when a baby arrives. They safeguard joy's awakening so that its light can illuminate the way beyond everydayness.

Bartlett (2001) warns that emphasising "safety" over "sacred" reduces the experience of birth to something secular. This implies something mystical that points to both something and nothing: "By this 'nothing' is meant not only that of which nothing can be predicated, but that which is absolutely and intrinsically other than and opposite of everything that is and can be thought" (Otto, 1917/1923, p. 29). The moment of joy at birth is revealed as a collectively experienced blessing beyond everyday concerns and our capacity to understand. Seemingly joy beckons and gathers those there at birth gifting the possibility to 'see', 'meet' and 'connect' with each other anew.

Conclusion

The phenomenon joy at birth in this poiesis is revealed as joyous gathering. Joy unfolds through the childbirth year often co-existing with potential fears and anxieties until its full awakening at the actual birth that gathers others near into a shared abode. The notion of gathering at birth uncovers a glimpse of something extraordinarily quintessential that lies in the background familiarity of birth. It reminds us of our being-with-others is to be in the world. At significant 'once in a life time events' such as birth the with-ness of others stands out more pressingly as important to us. Building on previous poiesis chapters Being-with-other at birth in shared joy has been revealed. Yet this gathering at birth points to something more than merely Being-with-others. This joyous gathering is more than physical bodies coming together in a physical location. It appears that gathering at birth is more than concern over safety and biomedical outcomes it is a moment of profound significance that draws us near; it is something *we* feel. As the epigraph at the

beginning of this chapter suggests “the deeper our reflections go...arrested by its artfulness, the more fully its sacredness can emerge”.

Birth calls us to joyous gathering

Life births in anxious anticipation
in silent calling
Between;
darkness light
calm noise
loud quiet
A struggling flower shooting upwards
through the ancestral sod,
desires the warmth of sun – relief!
Glorious expansion to connecting sky,
reaching up opening to joy
sun-kissed in a passionate embrace as
roots burrow down into ancient depths
holding and secure, tangled with others before
She reaches up into pristine newness,
petals unfurl yearningly
Such fragrance, such joy, such belonging!
Calling out –
Touches,
gathers,
reveals

(Field notes: September 2012)

Chapter 9

Poiesis Four: Gathering in the Clearing

What is precious
inside us does not
care to be known
by the mind
in ways that diminish
its presence.
Inside everyone
is a great shout of joy
waiting to be born

(Whyte, 1997) ²³

Joy at birth is made up of many threads that hold the tapestry of the lived-experience together as a gathering whole that appears mysterious. Although birth is part of everyday life it confounds our ability to comprehend its gathering wholeness. To come face to face with joy confronts us with a mystery that is more than everydayness: “which in our brief lives we can hardly make a start of fathoming” (J. G. Gray, 1970, p. 229). The mystery at birth remains ineffable, beyond words, unfolding within a sense of time and others that are more timeless and spacious than words alone can convey.

The previous chapter uncovered joyous gathering at birth. Yet there is something more; there is felt time or temporality. Within this others gather and come near, those that are close and those that are far. There is also the feeling that holy-others draw near; others that are so near as to be unnoticed, others that bring comfort, new insights and deepening sense of connection. This mystery is difficult to ‘say’ but is at the same time something so simple and so near within the experience.

Splendour of the simple²⁴

To stay within the splendour of the simple is to appreciate the ineffability of languaging that ‘something’ that is experienced at birth. Nothing is totally revealed, nothing fully concealed. This study dwells in a phenomenon that is between places, a liminal place where possibilities are always surfacing.

²³ Excerpts from poem: The Winter of Listening

²⁴ “The splendour of the simple” quoted line from ‘Poetry, Language, Thought’, chapter 1: The Thinker as Poet (Heidegger, 1971/2001, p. 7) from original German ‘Die Pracht des Schlichten’ In: Aus der Erfahrung des Denkens 1947.

We come to birth not as controllers speaking to the experience but allowing the unfolding birth to speak to us. To be simple requires thinking beyond traditions so that new insights can surface. Birth has become so complex surrounded by facts and things to do that the simplicity of how birth affects us alludes. The overly analytic approach can serve to close down the possibility to enter into new understandings out of defined fields of knowledge. Prior knowing can be problematic but has been shown to be always there. The truth of birth in its simplest terms remains hidden, even forgotten. Perhaps more concerning we forget that we have forgotten.

The origin is what lies deeply behind all beginnings of thought and conceptualisations. This is therefore not the historical, cultural and biomedical understandings of birth but the simple taken-for-granted reality of what lies hidden in the experience of being at the birth of a baby. To focus on the splendour of the simple illuminates what is already there yet hidden. The simple is not immediately accessible or evident, it requires sustained contemplative thought. This is a persistent staying close to the experience enabling whatever wants to show itself to be seen. The splendour of the simple is a call to return to a clearing that finds us gathered with new freedom as truth unconceals. The simple gestures to our always, already interconnectedness with what is known and unknown. Splendour of simplicity is the call to see the phenomenon from within; not as dispassionate observer. This requires stillness, space and silence.

Thinking's saying would be stilled in
its being only by becoming unable
to say that which must remain
unspoken.

Such inability would bring thinking
face to face with its matter.

What is spoken is never, and in no
language, what is said
(Heidegger, 1971/2001, p. 11).

All secular and sacred arts and sciences conjoin into simple gathering. The simplicity gestures to a uniting power that holds all these together. All parts are honoured. Letting the phenomenon of joy at birth speak its own language is to surrender to it and be attentive to any part which arrives.

A time comes
 When you must give yourself
 all away, all away
 (Schumacher, 2012, p. 29)

To think about this joy at birth simply is to penetrate into what is going on; what it is showing itself to be. The simple is always just out of reach, just out of sight and hearing yet always somehow there. Burrowing deep into the wonder of birth is to attune to joy and arrive at the splendour of the simple that awaits our embrace. However we may feel or not feel at birth there is always the potential to enter into a clearing.

Clearing

This clearing where all can gather is revealed as always there waiting to be discovered at the time of birth; a clearing provides the open space for revelation of birth's significance and deeper meaning.

Joy at birth appears to gather us authentically opening new ways of seeing beyond everyday concerns that point us home to warmth and tender togetherness. The clearing opens up possibilities yet unknown or anticipated. All are touched in some way by the significance of the birth gathering. As we gather in such clearing what was in shadow begins to be illuminated unconcealing what birth 'is'.

Like a baby
 seeing her shadow
 for the first time,
 we notice joy.

Was it there all the time?
 Did we only need
 stand in the light
 to discover it?
 (Hannan, 2013, p. 5)

No longer veiled by the forest canopy we enter into this clearing in which everyday judgements, concerns and worries become suspended as joy shines a light on deeper knowing. Protocols and policies fade as the birth experience fully engages us and simply brings us "there" in attuned joy. History, culture, biomedical sciences, professional discourses are the trees that decorate the boundaries of the clearing. They threaten to conceal the truth of birth. Yet they all gather whoever and whatever their beginnings in the clearing. The clearing brings us face to face with the origin of

birth's ineffable mystery. Such clearing gathers and shelters "formed in being and comes forth as being" (Gadamer, 2007, p. 135). It is a gathering which "moving-into-nearness" releases participants from any sense of willing to think and do things in certain ways (Heidegger, 1959/1969, pp. 67-69). Being there at birth attuned joyfully thus authenticates and opens us to new possibilities. To be authenticated in the phenomenological sense is to be released from the dictates of the One and not fallen into familiar and customary ways of being. This is not about personal validation or confirmation. To be authenticated in that moment is to be found in a clearing of our Being. This clearing is freedom to be with-others in new ways.

This final poiesis evolves into a different style of writing allowing for the spaces and silences to be heard and felt. This is a call for 'feeling' the words as they speak the unsayable; bringing presence to what is hidden: "Of presence. I say well hidden because, as you might realise by now, in many places silence is key, and these things are rarely talked about" (Rethmann, 2006, p. 52).

Heidegger (1971/2001) argues that genuine thinking on a phenomenon is poetic. This is not necessarily in verse form but in the usage of language which provides space and silence for something more to arise. Poems help to "capture a unique and fresh aspect about lived-experience..." (L. P. Hunter, 2008, p. 406). This allows a way of revealing more about the time of birth which is felt and how such experience is significant and meaningful. The poetic form is "a way of putting non-scientific ways of knowing onto paper" (ibid. p. 406). Poetry is the "saying of the unconcealment of what is", (Heidegger, 1971/2001, p. 74) a form of expression that brings "the unsayable as such in to a world" (ibid. p. 74).

The simplicity of words in poetic form provides access to more aesthetic knowing about birth not normally captured in academic text. The poetic form preserves unconcealing of the joy at birth allowing its truth to surface and be brought to presence in the silences and spaces of feelings and contemplative thinking: "...instead of allowing the silence to melt into language, a device to propel a plot, it should be perhaps left as what it is: a connection with something larger than the self" (Rethmann, 2006, p. 46). Poetic language does not describe or explain but whispers meaning to us. Poetics create an experience for the reader (McDonald, 2007). This is a call to suspend academic and scholarly ways of thinking and reading which could obscure the path into the clearing.

Spaces and silences are able to presence joy's simplicity inviting the reader to come from the shadows of their forest paths. Emerging from the following participant experiences poems, using their words, are crafted. Each poem ends with an essence forming a final poem that glimpses qualities and hints at meaning surfaced from lived-experience of the phenomenon.

No laboratory can cook this up!

The second baby was delivered in its gestational sack still swimming around with its hair floating like a little mermaid and its hands bouncing against the sack. The baby kind of splattered out and started breathing. The Dad looked over and instantly within seeing burst into tears and then the mother burst into tears out of relief and joy. That was quite a strong experience, it felt like seeing creation. It felt like something out of this world! Seeing that baby surviving in a sack and in an instant changing to being an independent little human being was amazing. I don't know exactly what happened in that moment of birth. Even though I am medical and my primary goal was to act as a medical person to facilitate the birth I can't remove myself from those beautiful experiences and enjoying it. It is more than the medical stuff to me it's spiritual.

There's no laboratory you could cook that up in! It really seemed like it was just all being knitted up together. Knowing that each and everyone is knitted together in that same manner. It's a miracle. If it were all just chance and atoms that happened to fall together in the right configuration it probably wouldn't be so impressive. It's the gesture or the action that shows us that there is continuity, there's more purpose to life. The process carries on the same as it has done for thousands of years. The fact that it keeps happening with such continuity is a good symbol to us to keep hoping for better things. Birth is a symbol of the continuity of life and gives us value for our lives, giving birth value.

[Brenda, obstetrician]

Seeing the baby
tears burst out
Being touched
simply amazing

Being in a strong experience
being witness to miracles
Seeing creation unfold
all knitted together
No laboratory can cook this up!

We are created beings part of creation
being-in the continuity of life
Birth is spiritual
gifting value and purpose to life

Birth is something out of this world

What happens at birth is something out of this world...

Instinctive embedded knowing

The baby came and there was a little bit of a breath and then straight up to mum, and then baby cried and everybody is elated. The joy, the atmosphere changes [click of fingers] just like that. There was lots of tension and then it shifted to joy, relief, release and celebration. There is an interaction with something and sense of being full. Birth exposes me to something else that doesn't happen every day. It's an instinctive, embedded knowing; a momentous event generation after generation of women having birthed that doesn't change. The repetition and connection is all part of the significance of it; a link to the thing. The pool of the universe, the ocean of souls

[Simone, Midwife].

Joy arrives just like that!
It's a celebration
all are elated

Being exposed to something other
Being at a momentous event
not an everyday experience

Feeling and being full
feeling the continuum
feeling connection to the thing –
the universe,
the pool of souls

Deep knowing

...drawing forth a deep knowing...

Right there in that moment

The past, present and future are right there, in that moment. That moment of birth is when your ancestors are here now and your future yet to come is right there in that moment of birth. Then they take their breath, it's that essence – just the moment of a baby being born, it's like the essence of everything meeting. Birth is not just a medical event or a purely biological event. I don't believe and feel that it's solely up to us there is the mystical going on definitely. That's not always what I feel in that moment, but it's that feeling that keeps me true to why I became a midwife.

[Anahera, midwife]

Being at past, present and future
essence of 1st breath
essence of all meeting

Being 'right there' in that moment
Ancestors 'right there' in that moment
Inheritors 'right there' in that moment

Not just bio-medical
something not in our control

Feeling something mystical
that keeps me true to Being myself

....a mystical feeling right there in that moment

bringing me to myself...

Sacred moment of ending and beginning

It was like a powerful moment that is somehow sacred. I think it was kind of what he was doing that made it powerful and sacred. The sacredness was coming from him, he was controlling everything. You could only go along with it and surrender to what he has to do. There were no concerns, birth was conclusion to a long anticipation; the three of us having achieved the amazing thing. Having him on me at the end was something altogether different. Birth was the end and this is the beginning. They're not one and the same.

[Cathy, mother].

Being in a powerful moment
sacralised moment

Being surrendered to that moment
everything coming from my baby
he controlled all
being in his flow

We become family
Birth is the end
is the beginning

...a moment of ending and beginning

calling to us to surrender...

Timeless joy

There is a great sense of joy and laughter. It was very timeless, that was part of the mood. It was a timeless preciousness that touched me to my core that I will not get back; it's never going to happen again.

[Amy, mother]

Being in joy and laughter
being in timeless joy
being in timeless preciousness

Deeply touched
never to come again

...a unique moment of timeless joy that deeply touches...

Ancestral connections

I caught my grandchild; I had this face in front of me that wasn't a face, that just kind of morphed through some faces that I recognize so rapidly that it was like jelly almost forming into a face that I knew – of my grandparents and my father and heaps of faces that I didn't know until it came to her face. It eventually settled with her face. I was watching, thinking, 'Oh! What is this? What's going on?' It was the most Amazing thing. I've got no idea how long it took before she settled into whom she is, but the faces of all her ancestors on both sides were there. Just for fractions of a second until it settled into her face.

I think part of what's building is that each of those people brings their own past and their own ancestors into that moment, so you've got this concentration, you've got this massive crowd of thousands in this room and all that energy is focused on this little being. It's almost as if that call also comes from the baby. The baby calls and focuses this massive love and energy and joy. But it's not just a one-way thing. The crowd of thousands that have arrived are also calling out. It comes from these generations and generations and generations that have gone before. It is almost like a folding in and out of past and future.

In that moment past and future collide. I'm very aware of all of my ancestors being there. I'm also aware this baby is our future in this little tiny being, that's struggling to breathe – this is our future, this is an amazing feeling– as everything comes together in that moment. There is a kind of spiritual fullness, like being in gentleness.. All of the past, all of the stuff that's gone into making me, and all of the stuff that's coming out of me is There! Right there! Like a potential. All is how it should be.

[Tui, grandmother]

Being in amazement
 with mystery
 awed
 feeling full

Being-with those that have come before
 The stuff that made me now comes through me
 Timeless moment –
 right there right now
 Everything comes together

Past, present and future collide
 folding one into the other
 Baby calls out
 others call out

Cast of thousands arrive
 love energy joy awakens
 from the past
 possibility potential hope welcomed

All is alright -
 this is being alive!

...a felt moment that all is how it should be

*Being-with those that came before and Being-with those that are
 to come...*

Numinous experience and gratitude

There were waves of tears as he came. The soft tears were thankfulness and gratitude to God, to the universe and life for producing the moment. The moment is the miracle, this whole human being coming into the world; it is a miracle of the universe to produce my son. There is a definite sense of awe in that moment; an awestruck type of momentousness. The birth of our baby is a cosmic event. Every moment is a cosmic event really but you just get so used to ordinary life that it all starts to seem ordinary. But his birth was so obviously extraordinary that it shocked me out of not seeing everything as miraculous; I was shocked out of my everyday experience and feeling. The birth was so novel, so obviously miraculous that it allowed me to tap into the feeling of wow. Something momentous was happening and I was witnessing and involved with it. Being at the birth last week reminded me that life is actually mystical.

[Karl, father]

Waves of grateful tears
to life, universe,
God

Birth is novel
extraordinary
cosmic

Miraculous moment
Awestruck
shocked from
everydayness

Mystical encounter
Being-with miraculous

...an extraordinary moment of overwhelming gratitude ...

Birth is special

I don't think of birth as an epiphany or a spiritual sacred event or anything like that, it's a part of life; it's a very normal life process that is special, that's all. It is not cosmic to me or spiritual or things like that. It's a normal part of life but one we attribute a lot of specialness too! There is something special going on; though I can't define special

[Carol, obstetrician].

Birth is
Part of life
Normal life process

The moment at birth
Undefinable specialness

... an undefinable special moment in normal life...

Being touched by sacredness

I remember being quite sort of moved by this birth. They were probably quite a religious family and so a Māori prayer was said that sort of triggered a bit of 'something', I suppose a reinforcement of the significance of it and the sacredness of it all; it certainly showed how special it was for them. I could also see that I was obviously part of it and I was touched. I was pleased to be part of it. I was privileged to be a part of that particular birth knowing that this 'something' wouldn't be repeated readily. Sacredness and specialness are not the words I would chose, but the sentiment is probably similar

[Steve, obstetrician].

Being moved
Being touched
Being privileged
Being grateful

Being triggered by something
reinforcing significance
feeling something
not repeatable

Feeling '*special*'
Feeling '*sacred*'

...unrepeatable moment that reminds us...

Birth as sacrament

In that split second it was an expression and sacrament of the present moment. When they met their baby it was a sacrament to me. Sacrament is a sign of God's presence. God's presence is tied up with that wonder thing. I really felt God's presence there welcoming that baby. Birth is God's invitation to be part of creation, who has invited those there in that moment to be part of the creation of this universe in the form of this baby. Being there is privileged [weeps].

[Marie, midwife]

In that split second
creation invites
feeling wonder
feeling presence
being in wonder

Birth as sacrament
Sign of Holy-other's presence
feeling God's presence
being invited into Holy presence
feeling privileged

...of the wonder and holy presence of being in creation...

Imminence

Spirituality is grounded in the reality of what I saw and felt at his birth. Birth was about being alive, being present, being connected, being loved, feeling love, and that sense of being close to that core, to Mother Earth and her sudden heartbeat. Mother Earth was expressing Herself through my body. I needed to surrender and accept that Mother Nature, God or whoever, had it all under control. The birth was very much about seeing, feeling, hearing, that's what really matters.

[Pat, mother]

Being present
loved
close to the core
Feeling Mother Earth's sudden heartbeat
birthing through my body
Acceptance and surrender
sensing and feeling everything near
is what mattered
Birth was being alive

...that feels connected to what matters most...

There aren't words but there is the experience

There's a company that arrives at birth. This shift is not coming from the baby. Not coming from me or the mother, it's something arriving. A company of spirits that do something magic at that moment providing this joy, this being in love with everyone. It's instantaneous at that moment when the baby comes out. It's a total shift. And everything's ok, people there and the place it is happening it doesn't seem to matter where we are. Ultimately it doesn't matter. I became aware that there was something there and something happening that wasn't of this world. At the same time it is touchable and tangible. This company comes in and stirs up this happiness because I was just totally overcome with it - it's an energy thing. I don't know what it is. Sometimes there aren't words but there is the experience.

[Tui, Grandmother].

Instant moment
Something shifts at birth
Company of spirits arrive
Being stirred up
Awakening joy, love, and happiness
Being in love with everyone
Being totally overcome with it all!
Not of this world
Experience beyond words

...an experience that stirs us up beyond words

*Birth is something out of this world
drawing forth deep knowing
showing all is how it should be*

*An extraordinary moment
amazing
unrepeatable
in normal life*

*Undefinable specialness
of timeless joy
tenderness
that deeply touches
bringing us to ourselves
reminding and connecting
to what matters most*

*A moment of beginnings and endings...
Being-with those that came before
those that are to come
when all attune as one and gather
in creation
in wondrous holy presence*

*A call to us to surrender
feeling overwhelming gratitude
we are stirred beyond words
right there in that moment*

Chapter 10 Discussion

This thesis has explored the lived-experience of the moment of joy at birth. Exploration of this phenomenon has revealed how those at birth attune to the occasion and the meanings that such experience shelters. The time of birth discloses something uniquely special that is made intelligible through the attuned moment of joy. Yet birth is more than the joy; it is many things. Joy at birth discloses what birth is as whole, not just the physicality, but also that which is unseen. Joy lights up the occasion, making intelligible a gathered wholeness that evinces a special moment. I argue that understanding and interpretation of this extraordinary experience, which tends to be taken-for-granted, unspoken and often silenced, demands our attention. Synthesising the co-existing and mirroring of the parts shows the specialness of birth as revealed through joy.

The moment of Joy is part of birth in both its absence and presence. It is inseparable from birth although on occasions is hidden or turned away from. This chapter is a conjoined poiesis of chapters – a copoiesis from which the beauty of joy at birth is freed to show itself: “Freeing the potentiality of an ‘other’ while being transformed by it too” (Ettinger, 2005, p. 708). The parts and the whole are in relationship from which the beauty of the feeling at birth is born. In this final chapter I attempt to bring ‘it all together’.

The special moment at birth

A special moment irrupts as labour transforms the woman’s labour into the actual birth of her child. There is a feeling of special time hinting at nearness with mysterious-otherness. This is a timeless moment glimpsed in the silences and spaces between and within words. Although clock time is part of the experience it is the personal, lived subjective felt-time that is revealed in the experience of being at birth. It is special time that signals a moment of significance beyond everydayness that follows birth: “The moment is transcendent” (Lermeyer, 2007, p. 118). There is a sense of disconnection and suspension of time as the tempo of clock time alters. Concerns over clock time dissolve into something without boundaries at birth. In my own practice, checking the clock for the exact time of birth feels like a consciously imposed professional act which seems so unimportant. Clock time is required if and when a baby or mother needs resuscitation. The first meeting with

the new baby is more often a time of hushed calmness. Joy often awaits awakening at the opportune time disclosing the gathering of something extraordinary.

In that moment a shift occurs wherein previous worries vanish leaving a feeling that all is well. A sense of excitement and awestruck amazement infuses the moment that resonates with concord, empowerment, belongingness and harmony. Birth is a sacred and holy moment that acts as catalyst for change.

The holy can be construed as something greater than us. This phenomenon is named differently by different people. The languaging of the holy can inspire but can also be frustrating because it is invisible, immeasurable and dependent on belief and/or faith. Yet humans are hermeneutic beings and all voices contribute to the meaning of holy²⁵. It is in the naming of things human beings are able to appropriate their experiences and give them meaning, thus achieving “disalienation” (Arendt, 1971, p. 100) from the world in which we find ourselves.

The birth of a baby occurs in felt time and clock time yet is far more than these together. Something of magnitude resides in the lived-experience of the moment deeply stirring us. In this deep stirring of the soul a timeless knowing awareness that is not always conscious is able to surface. When we find ourselves at the moment of birth something confronts us in a moment of holy or Kairos time.

Kairos time

Kairos time is qualitative, something beyond chronos time which is measurable and ordered. Kairos is an ancient Greek word that means the right moment or opportune or critical moment (Kazenshe, 2004); a “passing instant when an opening appears which must be driven through with force if success is to be achieved” (E. White, 1987, p. 13). Labour and birth can involve overcoming many hurdles requiring extreme effort and surrender to natural forces. Yet from such a moment it would appear that something new can build upon what is already there.

In the context of this research, Kairos time is an indeterminate moment of time in which something special and sacred happens. It describes a transitional and liminal state outside of time, place and culture. At birth a feeling of journeying into the future is revealed from unknown and known pasts. There is a sense of emergent transforming potential as each birth connects and builds upon history: “...a trunk

²⁵ A reflection on what holy means to me was written in my research field notes (Appendix M).

that plunges down into the abyss of an unfathomable past, and whose branches rise somewhere ahead in a future, that at first sight, seems boundless. From this new perspective, the world appears to be a mass in process of transformation” (De Chardin, 1955/2003, p. 16). Birth brings new beginnings with silent blessings from the past that steer towards futures yet to be:

...from eternity to infinity.
The cycle repeats itself,
and the mystery remains.

(1992 poem by S. Bowen as cited in L. P. Hunter, 2000, p. 5)

The beauty of the past and future meeting in the present is at that moment an anticipation of the future and how that will unfold through the present time of birth. We are never confined to the present but always projecting towards the future from our pasts (Heidegger, 1927/1962). This not a lineal progression of time, nor any other mode of movement such as spiralling or cyclic or repeatable; this is time when all notions of time converge in a felt moment. The Kairos moment of time at birth is a shared experience that finds us unexpectedly confronted by this enigmatic mystery “The Now is not the momentary now of time, the *nunc fluens* but is the eternal now, the *nunc stans*.” (Heidegger, 1992, p. 45). In the pursuit of change, reaching out and grasping we move from one time to another creating a drive that propels us forward giving myriad perspectives on the world. As Heidegger argues it is this drive that allows for temporal succession (Heidegger, 1992). Yet the feeling of repeating cycles or moving from past to present to future are revealed in Kairos time in an eternal now. In Kairos time we are at once confronted with all of time without succession. This is an eternal now that invokes a profound intuitive leap into a depth of knowing gifted in that timeless mysterious moment. In this moment we glimpse divine vision and feel time conflated “in a single stroke without succession...God’s present intuition reaches into the totality of time and into all beings that are in any time” (Heidegger, 1992, p. 45).

Numinous experiences

Attuning at birth is how we converge with the totality of birth’s interconnected experience. A unifying experience which lies hidden in the background awakens the spiritual significance of birth as a sacrament and proof of divine presence. A feeling of spiritual otherness or numinousness is a common aspect of being-there in that

moment. There is gathering of others; seen and unseen, ancestors and those yet to come disclosed by joy's awakening in that moment.

Whoever and whatever this company of others may be, something in the experience is imminent, overwhelming and tangible. This sense of 'holy' can be construed as symbolic aspects of religious experience (MacKenna, 2009), coalesced from effective historical consciousness (Gadamer, 1976). Yet, the numinous experience reveals personally transformative being-with-others at birth.

The birth experience uncovers a drawing near of divinity that puts us face to face with Otto's holy-other as Dionysus the ecstatic liberator from worldly concerns "... something that captivates and transports ... with a strange ravishment, rising often enough to the pitch of dizzy intoxication..." (Otto, 1917/1923, p. 31). I am reminded of the lovely madness just after many births when everyone is intoxicated, fascinated and enchanted. Something enchanting is experienced that can be a moment of transformation; a moment in which we find ourselves able to go forward into new understandings. Numinous encounters at birth set us free as we become overwhelmed "before the awe-inspiring" (ibid., p. 17).

As soon as baby came the father held his son up to the night sky offering an Islamic prayer, all the hairs on the back of my neck stood up. This was a holy moment, I continued to attend to the mother yet there was such a presence that touched and thrilled me to tears. [Field notes 2011].

Numinous experiences speak of the holy, reminding us of our love for life and the hope of new tomorrows. There is an unseen thread of life's love holding all together on an amazing journey of evolution. Life begets life as the ultimate creative act (Arendt, 1958; Bergson, 1998/1911). There is something special at birth that draws close an intimacy with creation in Kairos time and numinous experience. This is also an embodied time reaching out and forming sacred space in all physical places, a time when seen and unseen, far and near, in clock time and beyond clock time, gather. This is a time when our world lights up suddenly revealing a wholeness which penetrates deeply into our knowing of life bringing remembrance of what has always been there but taken-for-granted.

Like Klassen's (2001) claim that birth is a potent sacred state of spiritual significance, these non-rational aspects of maternity do not oppose the rational critical-thinking and decision-making often required at birth. On the contrary they

are an expansion of such thinking (Parratt & Fahy, 2008). The non-rational aspects are part of being at birth yet they are seldom acknowledged. Bringing the ineffable to speech without using notions that separate or dichotomise is the eternal challenge in western contexts.

Thesis of the thesis

An underlying unity reveals something of significance common to the experience of being there at the time of birth. Even if not normally spoken joy at birth opens a clearing to deeper knowing. Joy reveals something whole, non-fragmented and profoundly meaningful about fundamental human experiences of being alive.

Natality and Kairos time

Kairos time at birth is a conjoining of past, present and future *“in that moment the essence of everything meeting”* (Anahera). To be attuned to our shared natality is to be “grounded in the present moment, supported by the past that is arriving and the openness of a future that is calling” (Todnes & Galvin, 2010, p. 4). There is an unfolding shared natal possibility in that moment that brings constant new hope (Arendt, 1958; O'Byrne, 2010). Joy at birth is thus not something that can be controlled or consciously desired but is an invitation into a clearing that reveals our shared destiny.

Arendt speaks of natality as an innate human condition. Natality lays bare our nature which constantly unfolds new beginnings and discloses our ability to be beginners of something new (Arendt, 1958). A baby is both in time and beyond time. A baby brings possibility for newness, a life to be lived, an unfolding potential for actualising dreams yet to be dreamt and realised. A baby reminds us of our shared natality and the creativity of generations as they are born. Birth is a miracle that holds the potential to positively progress the world (Arendt, 1958; Dolan, 2004). We stand amongst a host of others as *“a company of spirits arrive at birth that do something magic”* (Tui). We are awed in reverence at each miracle in the form of a baby and enjoy *“a special feeling around birth”* (Karl) in Kairos time.

Joy sacralises the moment

The experience of joy at birth harbours a message, hinting possibility. From nothing and no-where something at birth arrives and awakens: *“When I see the baby is actually coming; then it is the wonder and the joy”* (Marie). As we allow ourselves to

be attuned and receive joy's message, happiness and relief bubble up. Joy as messenger at birth touches us and stirs up emotions once all have traversed the journey of birth "*it is touchable and tangible, it stirs up this happiness*" (Tui). Joy brings illumination to the gathering at birth that thrills and excites "*When this baby was out there was that happiness in the room. I would say it's pretty universal*" (Carol).

Such unveiling at the time of birth reveals our finitude as natal beings. It is a hint of the infinite unknown that stretches out before birth. That Kairos moment brings us face to face with an enigmatic mystery at the centre of our being; from where and to where is our origin? Science may help us understand where and how we arrive physically but "...that we are here remains mysterious...invites question and frustrates our attempts to provide answers" (O'Byrne, 2010, p. 20) for a "... baby is a creature fresh from eternity" (O'Donohue, 2012, p. 29) and beyond our limits of understanding.

Joy at birth is a grounding attunement that transcends everydayness and reveals and announces the sacred quality of the occasion as "*a powerful sacred moment*" (Cathy). To be sacred is to be venerated and regarded with great respect and reverence "*Like having all your hands up in the air, it is to be witness to the wonder and experience that spark of preciousness in that moment*" (Amy).

Embodied natality

Natality's joy is a collective embodied experience in Kairos time. We are not the centre of the birth phenomenon yet at the same time we are part and whole of the experience. The moment of birth is unable to be broken into parts. Those at birth are already part of the world of birth in relationships. To attune joyfully is to yield to the call back to interconnected wholeness and our shared history and commonality. I am arguing that the occasion is a sacrament, a confirmation of the holy "*an expression and sacrament of the present moment*" (Marie). The moment of birth is a gesture making visible life's web of significance, a source of hope and testament to life's unending creativity. To witness birth is to be inspired; it is "*a strong experience, like seeing creation*" (Brenda). It is a moment filled with embodied gratitude "*The soft tears were thankfulness and gratitude to God*" (Karl). To be there is to be fascinated and "*absolutely intoxicated!*" (Tui). The past is always revealed by decisions in any moment opening possibilities into futures. Our being at birth attuned joyfully reminds us of our shared responsibility to a future that matters to

us. In that moment of shared natality joy is embodied through our tears, smiles, gentle voices and tender touching *“like having a smile all over your body that spreads and doesn’t go away”* (Tui).

Natality joyously gathers

Birth is symbolic and self-evident of beginnings that are transformative. It is not just a baby being born but others are being reborn into new relationships. Birth invokes a gathering, makes community; draws us nearer and authenticates a truly being-with unlike most other experiences in life *“an opportunity for us to grow closer together”* (John). Joy is the messenger of unifying love given from beyond. The dictates of the One temporarily fade into unimportance. We share smiles and hugs, tears and celebration when a new human being arrives amongst us bursting into a galaxy of hopes and dreams. Birth inspires shared tender encounters *“I am present at the birth of their baby; an event which is special to them and which is special to me as well. It is lovely to be part of birth”* (Carol). In our togetherness at that precious yet vulnerable moment we are spellbound by life’s continuing magnificence.

Attuned to joy we are released from our fragmented everyday existence. The joy loosens the hold of the One and everyday distractions authenticating us *“when he was born I was shocked out of my everyday experience and feeling”* (Karl). We are always dealing with the unity of the whole at birth *“if only in a shadowy way”* (Heidegger, 2008b, p. 99). Birth acts as a catalyst of transition from a world of ‘me’ and ‘I’ or me-world to an experience of ‘us’ or a we-world as we glimpse our authentic selves. When we are not preoccupied with ourselves and activities, the sense of this unity assails us. In both its absence and presence, joy points to what matters most.

Safeguarding and sheltering what matters most

This thesis reveals that birth is sacred even in busy maternity units. In these institutions, actions taken to preserve and protect something that is held with respect and reverence are glimpsed amongst contemporary maternity service provision. Safeguarding the space of birth allows joy to awaken. By turning and attuning to joy, recognition of something of significance calls out to us silently in the habitual turbulence of modern maternity care. It is a call to shelter and safeguard something precious and vulnerable. To safeguard is to bring to an unconcealing of

our shared natality. It is taking care of something treasured so that it continues to 'be'.

To safeguard is to attune to possibility. It is a revelation of truth about our always-already interconnectedness with others. The sacredness of birth is too valuable to be disturbed by inappropriate or discordant ways of being: *"I stay quiet because it's sacred, it's a special time"* (Dianne). To safeguard is to ensure its continuance, keeping it safe from harm and damage. If we treat the moment of birth with carelessness and brutishness we risk losing the rarity of the gift of that Kairos moment. To respond to the call is to open the way to safeguard joy. It is a call to preserve and take under our care.

Joy calls us to a threshold in which we can dwell in delight, where the invisible comes into known presence *"There is a joy seen in their eyes as they see their baby for the 1st time; I tend to sit back a bit"* (Marie). This call is a reminder of our shared natality, a reminder of how birth matters. To attune to this call at birth is to arrive into deeper knowing of our collective presence.

Joy as natality's messenger

The moment of joy at birth, is the attunement of natality as life begetting life brings hope and possibilities of better tomorrows. The essence of everything coalesces at birth attuning us to our common natalness. Joy at birth nears the world of our shared natality by shining a light on the occasion.

This thesis shows how joy arrives and assails us at the moment of birth deeply touching us. Joy's message is treasured and timeless conveying our unified existence beyond institutional structures, discourses, and social and professional differences. Joy is the grounding attunement at birth that authenticates us. Joy allows for existential freedom from the dictates of the One so that we fully surrender to the splendour of simply being assailed by birth's shared mystery. This thesis argues that joy as natality's messenger beckons our collective response. Joy is a sacred call that continuously whispers in the corridors and rooms of our hospitals, birth centres, communities, homes, midwifery and medical schools. I am arguing that allowing non-rational, non-ordinary and felt structural aspects of joy at birth to be freely and openly explored will bring about new thinking on how we birth our descendants and have implications that are potentially far reaching.

Fusing of horizons

Transformed personal horizons

In the process of this thesis I became acutely aware of the different cultural perspectives of others and how fusion of horizons occurs. The cultural conflicts between the natural and technocratic birthing cultures prevalent today in 21st century birthing practices echoed in the stories collected. There were dialectical descriptions of cultural identity within each paradigm, medical/technocratic and natural/holistic/social. I found myself situated in the latter of these two worlds.

I saw, in myself, how midwifery is constantly interpreting itself within its own discursive space. I saw clearly the internal divisions that constantly support and disprove aspects of my worldview. I was challenged by opposing interpretations. Lampert (1997) exhorts us to make familiar that which seems alien and conversely make alien that which seems familiar. In doing so, this study highlights the distances between the cultures. Acknowledging that I am unable to 'put myself in others shoes' as Gadamer asserts (Gadamer, 1960/1975, pp. 303-304), the importance of bringing these different voices to this interpretation allowed the diversity and commonality to surface. Gadamer would argue that all accounts of modern childbirth share a common ground and cultural history that harbours an excess of meanings to society.

Lampert (1997) contends that through differences commonality is manifest. For example, I remember sitting in my car before an interview with a male obstetrician feeling nervous believing that he would neither understand what I was doing nor agree with what I would find. Yet this was not the case and my interpretation of obstetricians and their world has transformed. As I came to appreciate our differences our commonality manifested new insights. The differences in our traditions became understood more profoundly by the fusion of our interpretive horizons. The fundamental conflict that appeared to be evident in the two professional approaches to birth in reality was essential to the interpretation of perspectives common to both.

What had appeared alien became accessible on this journey. All professional groups self-interpret. My pre-understandings and those of the participants in this study were built by a history that was shared. It was such understanding that helped me recognise common concerns in the childbirth phenomenon. I now see that it is the common history of childbirth and its central importance to human society across

traditions and history that provided the connecting point for mutual interpretation and deeper understanding.

Through bringing these differing perspectives to the interpretation, my horizons were brought into sharp relief, initiating questions about my own pre-understandings. Attempting to see the horizon of the other threatened what I held to be right in my own worldview of birth and thus helped me see facets of the phenomenon that had previously been hidden from me. At the start I found myself entrenched within a particular tradition to the exclusion of others. My sense of isolation from some practitioners and women who adhere vehemently to one approach to the exclusion of others paradoxically served as the very form of connectedness I sought.

I now appreciate how phenomena need to come to language for mutual understanding. Like the challenges in interpreting foreign words, words in our native tongue need to be challenged, clarified and/or altered in order to understand the deeper meanings. I now listen to others fascinated and intrigued by how in the act of listening interpretation changes as mutual understanding at the deepest level of human experience unfolds. The significance of this thesis has forevermore informed my approach to practice and teaching. The possibility of a common world of experience at birth has opened for me. The sacred call of joy whispers louder than before.

The horizon of other literature

Although no other published or unpublished research specifically examined the joy at birth some attuned proximally to the phenomenon even if the same depth was not there. Most published research breaks birth into parts investigating and reporting on defined aspects such as satisfaction with the birth experience, place of birth, type of birth and type of maternity care provider. Yet none examined the existential aspects as one phenomenon: “moment of joy when a baby is born”. This is unique to this thesis.

Being-with-others

This thesis uncovered a recurrent theme of being-with-others that was part of joy at birth not shown before. Voices of others often silenced in the gathering at birth were invited into this research. For example although obstetric medical voices would appear dominant in published literature obstetricians’ experiential understandings

are largely absent. Yet instead of defining obstetricians as different to others at birth the experiential shared commonness of the moment through difference is revealed.

Numerous studies explored the experience of fathers at birth reporting adverse emotional responses as well as uplifting experiences (Dellman, 2004; Johansson et al., 2012; Kunjappy-Clifton, 2007; Lahood, 2006; Premberg et al., 2011; G. White, 2007). Turbulent moods as birth approaches have been revealed as constitutive of the childbirth experience in this study yet such changing affective states tell us little of the shared ontological attunement at the actual moment of birth. This thesis shows that there is an overwhelming existential wonder at that moment of birth which may feel out of control but still feel joyful despite seemingly adverse circumstances. To be uplifted and joyful at birth is a common theme through the experiences of those present.

The shared meaning of joy experienced by family and friends as well as health care providers remained privative in the literature. There was paucity of evidence about how intimate others attuned to each other, the environment, and professionals. I acknowledge that not all intimate others were included, such as same sex partners, non-gestational mothers, siblings and friends. However this thesis has revealed hidden meanings from the wholeness of the shared attuned experience for everyone there in ways not addressed previously. To be at birth is a unique opportunity that gestures interconnectedness to others and the environment. Although separate and unique we are connected and together in common ground not shown previously in the literature. Joy at birth shines a light and reveals the concealed truth of this unity that crosses cultural, social and gender differences.

Felt-space at birth

The notion of a felt-space at birth is another new insight. The manner in which the place and space of birth co-exist in dialectic flow of inseparable conjoined wholeness with others has been uncovered in this thesis. The moment of Joy at birth has been revealed in this study as being for the most part unaffected by locality. Several studies have inferred a special atmosphere or tone at birth (Berg et al., 2012; Ólafsdóttir, 2009; Smythe et al., 2014) yet the phenomenon as a whole had remained unexplored.

Embodied joy

Intensity of embodied experience is integral to the experience as a whole. The meaning of embodied joy merges with others and reveals the wholeness of birth rich in meaning beyond that already articulated in the literature. The embodied nature of joy as revealed in this thesis is reflected in other studies (Dixon et al., 2013a, 2013b). However mention of joyful states relates to physiological changes for the mother and focuses on criteria measuring maternal satisfaction. The constitutive experiential aspects of joy at birth for all those present were not described. Neither did measuring joy as part of satisfaction acknowledge the shared quality of joy at birth. Carter (2009) acknowledges embodied joy at birth as an incomprehensible connecting spiritual experience that facilitates integration with all aspects of life. Yet the integration for all who gather at birth was not mentioned. This is a new insight revealed in this thesis.

Felt- time at birth

The lived-experience of non-clock time and felt time in this thesis is constitutive of the joy in ways not previously articulated. Clock time as a lineal process of structuring and controlling birth was explored by (Downe & Dykes, 2009) yet the timeless, special quality of that moment when a baby is born has been revealed in this thesis. Notions of intergenerational hope and future possibilities unfolding from a past into futures yet unknown are other findings absent in the literature outside of philosophical papers. For example the philosophical notions of generation (Dilthey, 2002) and natality (Arendt, 1958; O'Byrne, 2010) have been reflected in this thesis as central to the meaning of birth for everyone. The intergenerational experience at birth for birthing mothers has been highlighted elsewhere (Carter, 2009); yet not shown as shared experience as in this thesis. The notion of Kairos time and the qualities of such time to describe that moment a baby is born is another new and significant finding.

Spiritual experiences at birth

The different expressions of specialness in this thesis point to a commonality of a unifying moment that can be defined as spiritually meaningful. The experience of joy at birth showed itself as peak experience. Peak experiences at birth have been suggested in several studies (Hoffman et al., 2012; Lahood, 2006; Schneider, 2012).

The peak experience in this thesis resonates with Maslow's (1964) notion of peak experience as a sudden joyful unifying phenomenon inducing spiritual feelings.

Shared spiritual experience at birth was also revealed in this thesis. Birth holding spiritual meaning, numinous and sacred qualities has, to date, focused on individual experiences in the literature (L. Clark-Callister & Khalaf, 2010; Doherty, 2010; Etowa, 2012; C. Gray, 2011; J. Hall, 2012; Lennox, 2002; Linhares, 2012; Sered, 1991). How spiritual experience at birth can be felt by *all* there has not been described before.

Meaning of joy

Joy is a multifaceted co-existing phenomenon. Joy as a gathering and shared phenomenon at birth harbouring hidden meanings has not previously been explored in depth. This thesis offers a rich phenomenological description and hermeneutic interpretation of that lived-experience across professional roles, differing points of view, types and place of birth in ways not attempted by other researchers.

Much of what is published about joy at birth in the literature conveys a clichéd entanglement of differing or opposing points of view. Understanding how fusion of horizons foregrounds the constitutive experiential aspects and meaningful shared lived-experience of joy at birth has revealed new insights. This was not about discovering a fixed complete set of essential unchanging structures. Phenomenon is always partly in shadow, always partly withdrawn; the revealing of joy at birth is always going to be a work on the way. This thesis, from its genesis attuned to an ontological enquiry and bellies any notion of fixed characteristics. It not possible to know what is essential or not. Yet this thesis adds a unique perspective to the knowledge about birth and is therefore an original addition to the birth literature.

Implications and recommendations

Joy has special meaning for all who are present at birth. There are common meanings that allow for difference in differing circumstances that highlights how being at birth is a shared experience that touches everyone. Therefore any implications and recommendations arising from this thesis cannot be solely directed at one social or professional group. In addition those in physical proximity to birth

as well as those who are not close physically need considering as they are all collectively part of a natal society.

Proximity at birth

This thesis is a call to foster gentleness, tenderness and humility at the moment of birth. This is a call to attune to a moment of sacred quiet awe that invokes reverence and unobtrusiveness regardless of our role or relationship to the birth.

Even in busy maternity care we can be humbled by mystery in which all concerns and distractions fall away as we attune to that moment of joy. There is a glimpse of something more pervasive than the professional and personal challenges of birth alone. Birth is an existential transformative and uplifting experience that has for the most part been hidden and forgotten. Yet there is a common feeling that points to something extraordinary that calls us to 'let the guard down'. There is a moment of grace that desires us come together in a dance of stepping in and stepping back within joy's power. A moment that belongs to the family yet belongs simultaneously to all beyond the confines of the physical 'place' where the birth happens.

There are times when birth is experienced as dread and misery. In times of breakdown at birth when things go wrong, joy remains hidden. Yet this does not diminish the mystery and wonder of birth. Has the 'good birth' been construed as birth in the absence of interventions that are either required or requested? Has achieving a normal physiological birth been the apogee of a good birth? This thesis has revealed that birth is something far more profoundly significant and uplifting hinting at experience beyond that commonly understood. This is not to generalise and assume that circumstances of labour and birthing can be distressing for some, for indeed it can be. What this thesis is pointing to is the meaningful experience at the time when a baby is born in all the situations that the participants found themselves. For example, the homebirth and the forceps birth both gifted moments of joy. Whether joy arrives and assails everyone in all other situations remains unknown.

Yet this thesis is a message of hope for those who find themselves completely positioned in technology or trauma who may feel they are bereft of meaningful experiences and unable to attune joyfully at that moment. It is also a message of solace for those not physically present in those precious moments: the mother under general anaesthetic for caesarean section for example or the grandfather

hearing news of a new grandson on his voicemail after the event. This is a sacred moment of human experience that attunes joyfully; a joy that cannot be manufactured for it arrives when the time is right. However and wherever a baby is born it is significant and meaningful.

Even in the high risk situation when joy is delayed, it can be anticipated and welcomed. This can be conveyed to families, explored by health care providers and emphasized through media and social networking online sites.

Remember that the time of birth is *always* significant
That moment needs to be sheltered and safeguarded in *every* circumstance

To remember that moment's vulnerable yet powerful 'now' is to shelter and safeguard it. This thesis calls us to reclaim something special at birth by sheltering the joyous experience and bringing it to voice. To name joy at birth is to presence and safeguard its possibility: "To save really means to set something free into its own presencing" (Heidegger, 1971/2001, p. 150).

It is for those present at birth to be there in a sensitive way; attuned to holding sacred space. Sensitivity at birth frees joy into its own presencing. This points to the notion of holding safe space in midwifery (Taylor, 2010). Taylor argues that the midwife acts as a container holding the boundaries of this safe space. Holding a safe space that is unthreatening and full of trust shelters and allows joy to awaken as shown in this thesis. Kirkham (2011b) cautions that fearful space makes birth unsafe and that such trust is needed. Safe space is therefore an attribute of sacred space and is a call to everyone there at birth to act skilfully. To hold the safe space at birth is to provide an opportunity to turn towards and attune joyfully and feel the fullness of our Being. For this is a sacred space in Kairos time. To hold this sacred space is to respect, surrender, accept, shelter with tenderness and compassion supporting the unveiling of something significant in our lives.

Holding sacred space is to keep the moment in reverence and tenderness; to shelter, protect and safeguard something of worth and importance with humility. It is to resonate in a particular way that brings harmony. Being present means sharing joy at birth and appreciating the simplicity of Being-with (Merleau-Ponty, 1962/2002). Co-experience and reciprocal relationships open us to moving beyond "what the other is able to say to a more deeply felt attunement to what is being revealed to us

in the other's presence" (Churchill 2012, p.1). We touch others as they touch us. This is sheltering the Kairos time at birth, an opening of sacred space when new life arrives amongst us joining seen and unseen realms. A time of attuned joy that thrills and brings us home.

Yet what do we sometimes see? Are there times when idle chatter, clearing equipment or using a mobile phone disrupt that special moment? Changing of shifts, knocking on the door and entry of unknown others would all seem discordant with this precious time. Midwives for example can have a great effect on the space at birth. Midwives dashing and rushing in and out can create an atmosphere that lacks calm (Huber & Sandall, 2009). Many families, midwives and obstetricians already know that birth is profoundly significant and meaningful yet they can act insensitively at this precious time.

Health care providers need to pay closer attention to times when something special is revealed at birth, when there is the "celebratory over the clinical... nature over the supremacy of technology" (Cheyney, 2011, p. 535 & 537). The challenge is to ask whether our actions at birth are sensitive, tender and respectfully performed honouring that moment. Do we really need to disrupt that moment with routines and mundane concerns? This thesis highlights the importance of allowing the moment to present in its fullness. It reveals how stillness and silence encourage the essence of the shared experience to surface.

The time of birth brings us to authenticity. It requires us to be mindful of how we attune. The occasion should not be hurried and rushed for fiscal or managerial reasons. It is Kairos time; a moment to pause and be savoured; a moment to feel touched and be awed.

Implications for natal society

Arguably with reduced maternal and perinatal mortality rates western society for the first time in history can afford to examine what it means to be born without fear of death. This thesis is congruent with Selin and Stone's (2009) argument that birth culture has become so entangled with risk avoidance strategies that it is in peril of being reduced to a "sterile, safe, vacant experience" (p. xv). Allowing deeply meaningful felt experiences at birth to be buried under such dominate birth culture would be a travesty. Now is the time to re-evaluate society's shared meaning of birth and how society attunes at birth.

Cultural awareness and willingness to listen to the silenced voices that beckon sacredness at birth can be heard in human history. How a society interprets birth is fundamental to how a society functions (McIntosh, 2012). Authoritative obstetric and indeterminate knowledge are both part of contemporary birth yet meet in an uneasy co-existence. Birth technology can reveal lifesaving opportunities for mothers and babies but sole focus on these technologies can also risk concealing things of importance.

Advances in technology could threaten society's experience of the sacredness of birth by stripping it of meaning. The findings of this thesis exonerate the voices of those who have had the courage to continue noticing and celebrating the sacred at birth. My plea is for health professionals to be surprised by birth so that we do not practice in ways that limit how and what birth 'is' to technocratic interpretations. Bergum (2007) claims that technology causes fragmentation by disturbing and disrupting the relational quality at birth. I argue that it is our *relationship* with technology at birth that needs addressing not the technology itself. I am not arguing that interventions are all bad or all good. It can be argued that interventions have a role to play to avert tragedy and allow joy to awaken. In situations in which intervention are not judiciously applied joy can be hidden leading to misery and trauma. I would contend that to be at birth with reverence would alter our relationship to technology and with each other. Juxtaposing joy and technology is a false dichotomy. Technology should not be telling us what birth 'is' but assisting us to hold birth safely when required allowing joy's awakening and sacred meanings to surface.

How society attunes at birth may affect the way we connect with each other and ability to love. The relational aspect of birth reflects not just connection between mother and baby but of each other and the environment (Bergum, 2007). Physiology, spirit and how we attune are unifying in science (Dahlen et al., 2013; Dixon et al., 2013b; Gunning, 2008; Lipton, 2008; Moberg, 2003; Odent, 2011; Zak, 2012). Implications of this thesis are a call to acknowledge that birth is more than the focus on material intervention and birth locations alone. There is a need to attend to the wholeness of birth. Our physiological birthing make-up may now be in jeopardy of being transformed steering us towards unknown evolutionary consequences that shape our continuing shared natal expression.

Implications for medical and midwifery education

There is something significantly non-rational, imminent and yet tangible in the experience of joy at birth. Some health care providers remember, shelter and safeguard the moment even though they may work within a system that does not necessarily acknowledge or value this. Yet joy at birth has been shown to be forgiving (Tui forgives the rushed midwife caring for her daughter and Amy forgives the doctor who hurt her in the forceps delivery). In addition, exposing joy at birth and surfacing common meanings hold possibility to breakdown professional and ideological conflict as I have experienced doing this study.

My concern is that the lived-experience of attuning to joy and its layers of meaning at birth is rarely part of the student learning experience. I would endorse pedagogical approaches that enhance learning and appreciation of birth as special and significant by honouring the lived-experiences. Gilkison (2011, 2013) found that when midwifery teachers and students interpret narratives together there was a learning opportunity that lead to greater experiential understandings of childbirth. This could include the experiential significance and meaningfulness of joy at birth. Gilkison found that the emotional involvement encouraged understanding of otherness of the other in ways not possible through didactic approaches to learning. Narrative pedagogy would be a valuable addition to educational programs for obstetricians. One to one tutorials and student focus groups provide further opportunities to develop beyond the tasks and objective material that often dominates assessment orientated curricula.

For example, open questions elicit more than the physiological and biomedical aspects: *‘Tell me about the last birth you were at?’* A host of details may follow about who did what and how. Follow up questioning could be: *“tell me about that moment when the baby was born? How was that moment different? Why did you turn the lights down?”* In this way students would be encouraged to ponder their actions and those of others at birth. Such an approach provides opportunity for exploring deeper knowing. Returning to essential meaning and felt experiences at the moment of birth also provides an avenue for debriefing students who have had exposure to difficult learning experiences in practice.

Greater exposure to the humanities within a science practice focussed degree would enhance appreciation and seeing of the other. Opportunity to explore the arts,

philosophy, anthropology, literature, social history, comparative religious studies and spirituality would open and develop an appreciation of the invisible and less measurable dimensions of birth. What I am arguing for is a re-attunement to the way undergraduate midwifery and medical education is delivered. Using art and crafts to reveal significance and meaning around birth has already been shown to be educationally useful in midwifery (Davies, 2007; J. Hall, 2012).

Midwifery and medical postgraduate studies should incorporate deeper philosophical discussion about birth. This would in time lead to a tone of contemplative thought on the nature of maternity work across disciplines. It would open potential for professional dialogues and collaborative research possibilities relating to ways of being and the shared nature of the birth experience.

The belief that this would be inefficient use of resources needs to be challenged. I argue that the moment at birth cannot be bought. To treat as such is to view it as a commodity that would cheapen what is gifted to us in that moment and somehow lessen it. The moment of joy at birth holds value beyond fiscally motivated maternity services. Returning to what is often now deemed unnecessary content in health care professional academia would humanise and sensitize students allowing trust and altruism to flourish (Zak, 2012). Academia without philosophical underpinnings leaves university education privative of something essential (Rolfe, 2013). In this broadened educative approach the person is not merely trained to perform a professional role but be better educated to appreciate and articulate the shared lived-experiences at birth. The meaning and significance of lived-experiences would be afforded importance.

Further research possibilities

Societal level

- Cross disciplinary studies exploring the notion of shared natality as a way of informing maternity service provision. Health care professionals and policy makers working with birth would be part of that cross disciplinary process along with artists, media, philosophers and others.
- Comparative study across different western contexts in which different maternity systems operate. This would further differentiate the commonalities from the differences and reveal how the unique maternity system in New Zealand either contributes or not to the joy at birth.
- Further research is required to link the joy at birth with long term consequences. Many questions remain: What happens if there is joy or no joy at birth? Does this have implications beyond the birth experience that are as yet unknown? Are there

psychological, spiritual and physical health issues for babies and others at joyful and joyless births? This would require a variety of methodologies to ask these complex questions. Longitudinal qualitative and quantitative data would be required.

Educational research

- A longitudinal study exploring student midwives' changing attitudes to birth through educational programmes would reveal where and how views to birth change. This work would inform potential for developing new curricula that contain more of the humanities and narrative styled learning.
- Action research project that examines inter-professional and intra-professional learning with midwives and obstetricians would provide opportunities for a fusion of horizons and improved mutual collegial understandings. I would envisage seeing this built into existing programs.
- An exploratory examination through focus groups of prenatal education and antenatal care content is required. This would provide understanding of cultural differences, uncover community meanings connected with birth and provide opportunity to examine congruence or otherwise with maternity service provision. How birth is meaningful to a community has implications for services.

Professional

- The links between professional burnout and joy at birth need examining through further phenomenological studies. Does joy keep practitioners "hooked in" inspired and sustained? Perhaps there is an eternal uneasy tension?
- Further qualitative research on the experience of obstetricians and paediatricians is required to fully appreciate their practice world. Such work would assist recruitment and retention.
- Further observational studies that explore the potential connection between birth joy and intervention rates. This work would need to be undertaken at the institutional level involving managers, practitioners and other core staff whose voices were not well represented in this current study.

Limitations as strengths

This study took place in one geographical area in New Zealand. The interpreted data thus represents perspectives from within one maternity system. New Zealand has appropriated its own diversity of culture and traditions and stands unique in many ways. Yet the predominate technocracy and medicalization of birth in New Zealand is shared internationally throughout developed countries. Although possible generalisation of this study can be challenged, transferability to other regions in the world needs to be considered given the universality of natality. The transferability of findings from this study is therefore considered to be relevant across professional groups, geographical locations, families and other westernised nations.

Transferability to non-westernised contexts is also feasible given the global experience of natality.

It was vital that the lived-experience of joy at birth was centrally placed in this study. Phenomenological scholarship acknowledges and gives voice to the experiences and interpretations of all at birth without privileging one worldview over another. However there are many voices that were not included in this study; same sex partners, non-gestational and surrogate mothers, adopting parents, anaesthetists, theatre technicians and paediatricians to name a few. This study did not collect numerical data nor seek defined truth or answers. The numbers of participants would be unacceptably low in other methodologies but this thesis was not about testing or creating theories or using statistical analysis. This was an ontological project. It was concerned with understanding lived-experience and bringing commonalities to light. These interpreted meanings are explicitly described for readers to scrutinize and ponder for themselves.

Another critique is how the researcher in this methodology is part of the process contaminating findings in a subjective and unscientific manner. Research of this nature recognises that researchers always have concerns and matters that they care about. I was concerned that something significant in relation to birth was being covered up by contemporary maternity practices. The world of birth addressed me and I addressed the world of birth. I openly brought my pre-understandings and forestructures into this study and argue that this is a positive attribute of the methodology. Researching lived-experience has broadened and deepened my understandings. Each interpretive encounter with the data challenged who I was. I was pushed to my limit of understanding through an unfolding joined thinking-questioning-listening-writing iterative process.

I stand unavoidably in the tradition of midwifery. Standing in this tradition provoked the questioning. My duty was to remain open and ready to be surprised by new insights. There was a willingness to engage openly with the whole rather than to examine decontextualized objectified parts as an observer.

Closing

At the beginning of this journey I felt that there was a broken connection to the soul of birth. I now see that it is perhaps only in that special birth moment that something sacred and awe inspiring touches us in ways that can mend the connection. I see

how spiritual conviction, belief or peak experience at birth has become a private affair. The language for articulating spiritual birth experiences are essentially silenced until permission is given to speak about them. It is in the speaking that the phenomenon of joy at birth becomes manifest and is made visible. The speaking lets joy at birth show itself in discourse. Yet there is much that remains mysterious.

There is something at birth for it is not possible for there to be nothing. The nothing is something hidden in the ineffable, unspoken or unsayable experience of joy. Yet I am reassured that what remains ineffable can provide: "...peace that passes understanding, and of which the tongue can only stammer brokenly. Only from afar, by metaphors and analogies, do we come to apprehend what it is in itself, even so our notion is but inadequate and confused" (Otto, 1917/1923, p. 34).

Birth unfolds in Kairos time, a moment of ecstatic clarity and peak experience in which our shared natality is made known to us, by the arrival of joy. Joy assails us, intones and turns us to peace. The experience of being there at that special moment is addictive, thrilling and magnetic for those present. When we turn to joy at birth we are able to come to know ourselves more and enjoy the ever renewing unity of life's potential beyond our everyday concerns and the expectations of what the One dictates. The fragrance, sound, touches and seeing at birth are both poetically imminent and transcendental. This is an embodied feeling that invokes a smile which spreads all over our body stirring up tears of joy.

Joy at birth authenticates us, brings us home and reminds us of life's mystery that brings hope of new tomorrows. To come home is "to come in out of the winter of alienation, self-division and exile" (O'Donohue, 2012, p. 112). For that moment, birth turns us towards passion for life itself and an intimate tender being-with-others. To attune to joy at birth is to be touched and honour the ultimate gesture of life's love of life. The lived-experience of attuning joyfully at birth hints at the heart of humanity's endless creativity leaving a trace of holy presence in our everyday lives. We are called upon to shelter and safeguard something ineffable in that treasured moment. For, in joy's awakening, a shared feeling presence draws near that reminds us of what matters most.

Treasured moment at birth

Suddenly...

*now I see the connection
with life's eternal beating heart*

I stand in awe

*Tactile warmth and silky hands
scent of life's bodily fluids
the beauty of life's first breath and cry!*

*Relief passes over me
Apgar scores and warm towels –
must note the time!*

The clock hangs on the wall in a timeless moment

*In and beyond time I gather
with-others I belong
smiling with tears of joy flowing
I expand out into space within and without earth's containing places
I touch and become touched by messenger of joy*

*She comes to remind me
that sweet possibility of
new beginnings, of
ancestors providing new tomorrows*

*In a sudden treasured moment
I'm found home; reminded of who I am
As inheritor I retain a trace
I come to know - remember
how we together belong in life's holy constancy*

(Field notes 2013)

Appendices

Appendix A: Letter confirming ethics approval for study



MEMORANDUM

Auckland University of Technology Ethics Committee (AUTEC)

To: Liz Smythe
 From: **Dr Rosemary Godbold** Executive Secretary, AUTEC
 Date: 14 September 2011
 Subject: Ethics Application Number 11/215 **The 'mood of joy' at birth: A hermeneutic phenomenological study.**

Dear Liz

Thank you for providing written evidence as requested. I am pleased to advise that it satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC) at their meeting on 22 August 2011 and I have approved your ethics application. This delegated approval is made in accordance with section 5.3.2.3 of AUTEC's *Applying for Ethics Approval: Guidelines and Procedures* and is subject to endorsement at AUTEC's meeting on 26 September 2011.

Your ethics application is approved for a period of three years until 14 September 2014.

I advise that as part of the ethics approval process, you are required to submit the following to AUTEC:

- A brief annual progress report using form EA2, which is available online through <http://www.aut.ac.nz/research/research-ethics/ethics>. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 14 September 2014;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/research/research-ethics/ethics>. This report is to be submitted either when the approval expires on 14 September 2014 or on completion of the project, whichever comes sooner;

It is a condition of approval that AUTEC is notified of any adverse events or if the research does not commence. AUTEC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are reminded that, as applicant, you are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

Please note that AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to make the arrangements necessary to obtain this. Also, if your research is undertaken within a jurisdiction outside New Zealand, you will need to make the arrangements necessary to meet the legal and ethical requirements that apply within that jurisdiction.

When communicating with us about this application, we ask that you use the application number and study title to enable us to provide you with prompt service. Should you have any further enquiries regarding this matter, you are welcome to contact Charles Grinter, Ethics Coordinator, by email at ethics@aut.ac.nz or by telephone on 921 9999 at extension 8860.

On behalf of AUTEC and myself, I wish you success with your research and look forward to reading about it in your reports.

Yours sincerely

Dr Rosemary Godbold
Executive Secretary
Auckland University of Technology Ethics Committee

Cc: Susan Crowther scrowthe@aut.ac.nz, Deb Spence

Appendix B: Published articles

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Mood and birth experience

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AUT University, Auckland, New Zealand

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ABSTRACT

Background: Those at the birth of a baby sometimes speak of the experience as significant and meaningful; an experience in which there is an atmosphere or mood that surrounds the occasion. This paper explores this mood, its recognition, disclosure and how we attune or not to it. The paper is philosophically underpinned by hermeneutic phenomenology. The Heideggerian notion of "attunement to mood" is used to interpret this phenomenon. This paper describes how such a mood becomes visible. **Methods:** Using a hermeneutic phenomenological approach, 14 tape-recorded transcribed interviews, each about an hour long, were conducted over 8 months from mothers, birth partners, midwives and obstetricians. The stories crafted from these transcripts have been interpreted alongside my own preunderstandings and related literature. Appropriate ethical approval was gained. **Findings:** Analysis suggests that there is a positively construed mood of joy at birth that can be concealed when disrupted. Disturbing this mood has the effect of exposing the world of birth and its inherent activities and feelings revealing possible meanings inherent in the lived birth experiences. Disturbances at birth provide distinctions and tensions in which a concealed constitutive mood at birth can be seen. This paper provides insight towards a deeper appreciation into how the sacred joy of birth may be protected. **Implications for practice:** The way in which we attune to birth may have consequences to birth outcomes and to the experience of childbirth. The consequences of these findings for those in the world of birth are discussed.

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1. Introduction

To be touched and affected by the mood at birth has intrigued and invoked passion by many. Birth arouses the imagination, a mystery that all of us have been involved. This paper explores the phenomenon of mood at birth. Using the Heideggerian notion 'attuning to mood'¹ the lived experience of joy by those present at birth is explored. There are midwifery concerns that the essential meaning of birth is overshadowed by some contemporary birthing practices.^{2–5} Stories of disturbance of mood have been interpreted making visible that which is often unsaid, highlighting distinctions and tensions revealing the possibilities of absence and presence. In such a way, the nature of this constitutive mood at birth is shown in both its vulnerability and strength.

2. Literature review

The International Confederation of Midwives (ICM)⁶ has a statement of belief in which birth is held to be a profound

experience with significant meaning for women and their families. It appears that birthing practices have become increasingly secular and clinical, particularly within the western medical reductionist paradigm that largely informs maternity care, mention of any 'mood of joy' at birth is conspicuously absent in daily maternity practice. Researchers have attempted to unravel the implications for babies, women and their families and communities, enquiring into benevolent women-centred holistic practices that facilitate gentler, physiological and empowering care.⁷ However women's ability to birth naturally and physiologically is now being questioned and this is accompanied by the fear that something of experiential significance is being lost.^{8,9} Contemporary birth technologies appear to be creating a framework which is self-perpetuating, obscuring the mystery of what birth 'is' by reducing it to things that are visible and measurable. It appears that in the early 21st century reproductive technologies are defining the birthing experience.¹⁰ A brief exploration of consumer websites reveals the fear and anxiety surrounding birth in relation to the increasing intervention rates. Yet Thomson found that the original birth experience is still enacted and experienced in the context of technological modern childbirth. Even in high interventionist births stories of joy and elation are told.¹¹ Concerns that technology and modern maternity care can disturb and hide the

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mood at birth may be inferred although there is no literature specifically examining this notion. It is the mood of joy at birth that is central to this enquiry: “How does such a mood become visible?” This phenomenological study highlights awareness of our understandings of 21st century western childbirth and the tensions between technocratic and natural childbirth practices by returning to the phenomenon of mood experienced at birth. What is essentially an interpretive philosophical question has practical implications for revisiting contemporary childbirth practices and questioning the way we focus ongoing investigations.

3. Method

A literature review was undertaken in order to justify the absence of research informing this phenomenon.¹² Following ethical approval from AUT University Ethics Committee, data collection involved 14 unstructured hour long interviews with 4 mothers, 3 birth partners, 4 midwives and 3 obstetricians. Participants were purposefully selected through word of mouth and snow-ball technique. All participants were from the Auckland and Northland regions of New Zealand. They represented a variety of practice areas and population who had experience and a specific interest in the topic of this study. The number of participants chosen was an ongoing deliberation as interviews and beginning level analysis evolved. A constant tension was felt, “is there enough or is there not enough data? What voices remain silent?” There was a sense of sufficiency in terms of variation of meaning; a moment when there was enough essential gathered meaning that revealed as many aspects of the phenomenon as possible. I stopped data collection once there was a sense of knowing that enough data had been gathered “a state of ‘knowing’ that one more interview will be too many” (p. 41).¹³ In phenomenological research it is not possible to become saturated but reach a place when adequate convincing interpretations are comprehensive, explicit and visible. At this point more interviews and their resultant narratives became seemingly redundant. This method is not dependent on demographic diversity; the purpose was not to compare difference but rather to invite other’s voices to the merging conversations. This required vigilance throughout not to privilege the voices and interpretations of particular perspectives but to stay orientated towards revealing the mood at birth. The interviews were transcribed and crafted into stories of lived-experience.¹⁴ Revealing and interpreting what lies concealed in experience is what distinguishes the Heideggerian style of phenomenology.¹ Initial interpretations suggest the presence of attunement hidden in the background at birth. Using Heideggerian^{1,15} and Gadamerian^{16,17} philosophical underpinnings these stories reveal a mood of joy at birth.

As the researcher interpreting the texts, I declare from the outset that my preconceived understandings contribute to the conditions of emerging interpretation. Human beings are unable to understand the phenomenon of birth mood without bringing themselves into its interpretations. Included in this process was and is the context of my own life as identified in a pre-understandings interview at the start of this study. As a midwife of 20 years in a variety of settings both in the western context and developing countries I pay attention to my own pre-understandings, judgements and those of others.¹⁸ My pre-understandings, including my own feelings always overshadow judgements of the situational reality of birth. Who I am and how I respond to the phenomenon is thus part of the interpretation and cannot be bracketed and placed outside the process of interpretive work.¹⁶ A detailed audit trail of the research process was collected^{19–21}; research field notes, email communications as well as recorded discussions with my supervisors.

I remain cognizant that any conclusions are interpretations on-the-way and that there is a need to be explicit about how interpretations are reached in order to provide evidence of trustworthiness of the method.^{19,21}

4. Analysis

The world of birth is one of always already shared meanings. The purpose of hermeneutic analysis is to uncover such meanings. This involved an iterative process of moving constantly between the details of specific data and the whole data set. A dialectical play involved writing and re-writing, mind maps, concurrent literature reviewing and discussions with supervisors and colleagues facilitating plausible interpretations. Themes emerged, changed, got named and renamed. Sometimes themes split or combined as interpretation deepened. Analysis was always dynamic opening up possibilities of meanings that original questioning obscured. This demanded engaged openness as the circular process of this method developed concurrently with each interview. I remained vigilant that emerging insights across and within each transcript never lost their contextual uniqueness.

5. Philosophical terms: attunement and thrownness

According to Heidegger it is human to be always already in attunement; attuned in one way or another to one or other mood.¹ A mood frames how we are doing and opens the world up to us in different ways. For example, if one is in a gloomy mood, the world is disclosed to us in a gloomy way. Similarly, in a mood of joy the world is understood and interpreted differently opening up other possibilities. Heidegger argues that attunement is not a purely subjective experience but a shared communication.¹ The use of language infers this shared notion of mood as in the English phrase ‘being in a mood’ as opposed to ‘a mood being in us’.²² Put another way, the moods of being with others at a party can find us in a mood collectively. Other examples include the mood of our times, the mood of the labour ward or the mood of birth. Mood is in the background revealing the fore-grounded world to us; just as light in the unseen background reveals a room. Mood in the Heideggerian context is not to be confused with emotional and psychological constructs. To use another analogy, an ontological attunement can be likened to a fever that cannot be seen. It is the sweating and hot skin that is visible and measurable, a *propos*, the surface emotional states. The source of the visible symptoms remains hidden. The basis of fleeting emotional and psychological states at birth is a pre-reflexive ontologically attunement disclosing our understanding of birth. The world of birth without such attunement would be unintelligible to us. Bringing attunement at birth to reflective self-awareness is the purpose of this paper.

Personal experience as a midwife suggests that there is something significant, special or sacred about the mood at birth that is experienced at an ontological level. It is ontological in that it informs and gathers together who we are in those moments, telling us how we are faring. It might be made visible by the standing up of hair on the back of one’s neck as the birth unfolds signalling something of significance. It could be the first meeting of a baby with its mother and partner and the shedding of joyful tears as we become overwhelmingly attuned and assailed by something of extraordinary power.

We find ourselves literally thrown into birth and the mood that assails it. Drawing on the Heideggerian notion of attunement¹, this paper examines disturbance to the attunement at birth; being attuned to a mood ‘that assails us’, means experiencing being “thrown into situations” (p.75). Thrownness is key to the understanding of attunement. Our thrownness is revealed to us

through the moods to which we are attuned; it is a fact of our existence that we are always 'thrown' somehow into situations including birth.

6. Results

The themes illustrated in this section describe how mood is revealed. Mood does not appear to come from inside or outside of us, but floods our being, inducing a shared understanding in the birthing room that is rarely articulated. Once assailed by a mood we can both turn towards and away from it. Marie (midwife) describes this vividly:

I get thrown when something happens like this instrumental birth, it's not a failure on anybody's part, violence is too strong a word, but when you have had a quiet, gentle, respectful intimate thing like yesterday, then suddenly (raises her voice and opens arms) THE LIGHTS ARE ON EXTRA PEOPLE ARE THERE AND ITS ALL A HISS AND ROAR. That is why I still have difficulty about being rational afterwards. I don't think I have failed but it is the opposite of the gentle physiological birth. A gentle intimate thing is changed into something else. Even after all these years I can look at it and say that it is okay when the outcome was good and say the words, but I don't feel that it is always okay. (Marie: midwife)

Marie's story illustrates how the calmness is disturbed and how she is literally 'thrown'. When the gentle quietness at birth is shattered, Marie finds herself suddenly attuned to anguish. She finds it difficult to regain the intimate nature of birth when this is disturbed. I am reminded in my own practice of the tensions between the franticness of emergencies and trying to remain sympathetic to a calm attunement. It is in stories of disturbance that thrownness provides insights into the constitutive mood at birth.

6.1. Disturbance

Disruptions draw attention to what is experienced in addition to or beyond the average every day experiences. Paradoxically, disturbing birth in all its practices and moods exposes the world of birth. Absence reveals existence. A shared collective attunement of those in the space prior to disturbing intrusions appears to be altered by such thrownness. Amy (mother) vividly remembers being jolted out of such a space during a forceps delivery:

I felt degraded being in these stirrups, just that position in itself felt very disempowering. I was okay up until the lights got turned on full and the obstetrician came in. She was a bit cold and not very communicative. The legs went in stirrups (clicks her fingers) and there was a lot that changed very quickly; all of a sudden there was this team of people who came into the room...doing things around me. My midwife tried to prepare me for that, but it was the obstetrician what changed everything. I can remember when Ellie was crowning and the forceps are there...her hands felt really foreign, she hurt more than anybody else. She was a very good mechanic, she did her job very well, but she wasn't totally connected to me or the situation. Her approach did snap that sacred space out. I think that it's a fundamental basis for me, being in that sacred space. Amy felt violated by the suddenness of the events unfolding. It was as if she was forcibly pulled from a positive space. The unexpected vulnerability and suddenness of her thrownness means that it is experienced negatively. The obstetrician is efficient at what she does but remains disconnected. Amy remembers the mood being disturbed and how she and the others present were forced from the sacred space. The lights are turned on without consent and a different mood floods the room. Anxiety is opened; fear builds as a

medicalised hospital event unfolds. The previous mood is covered over by an avalanche of other feelings which undermine the sense of the sacred space.

Midwives often speak of guarding the mood of birth; not letting it dissipate or, as Heidegger would say, "guarding against it falling asleep" (p. 79).¹⁹ In a seeming paradox, the noisy chaotic birth acts soporifically on the attunement that participants attempt to safeguard. For Amy calmness is central to her experience. Perhaps there is something quintessentially vital in the desire to protect such calmness at births, a sense of safeguarding something sacred.

6.2. Sheltering and safeguarding

Stories of sheltering and safeguarding mood reveal more about this awareness.

...it's unfortunate in a lot of ways that we have to open our packs, because they make noisy rustling and instruments too can make a bit of a noise if you're not careful I'm just trying to do it quietly and surreptitiously... It's like interjecting into something that is normal and natural with a sort of medical aspect. However much I keep a birth normal, and aim for that, there are just always little things that I think are intrusive". Diane (midwife)

Even the rustle of opening delivery packs worries Diane as she tries to create and safeguard that sacred birth space. She moves around the birth in ways that shelter and protects something precious. The sheltering hints at a constitutive attunement that conceals the mystery of birth that she safeguards. Shelter, in Heideggerian terms, is that which conceals harboured possibilities of our existence. To safeguard is "to set something free into its own essence".²³ How others enact care at birth can shelter or disrupt such mood. Cathy (mother) highlights differences that again make this mood more visible:

...when there were people in the room, it felt more stressful. I remember another midwife or another nurse wanting to watch, asking Dina [Cathy's midwife] if she could watch what she was doing because she wanted to see how she did it and wanted to learn from it. There was just a lot more busyness. It was more stressful; I was less calm when there were more people in the room. I think it's because they're all working towards you and working on you but not working with you, once everyone left it was easier to calm down. The lights were dimmed again. The mood changed and I could rest more. It was a restful calm mood as opposed to the busy hospital room.

The behaviour of hospital staff alienated Cathy. They were 'working towards you and working on you but not working with you'. Her description is not so much critical but an observation of the difference once they left. Dina and her partner seem to be allowing Cathy to find her way freely finding her unique own coping. This resonates with the findings of research in which women felt that childbirth was done to them and for them in times of intervention.²⁴ Exposing solicitous care (a mode of care towards others) draws attention to a specific or constitutive attunement at birth that can be sheltered or disrupted, made absent or present by how others enact care.

Participants have described their frustration when 'others' disrupt this precious or sacred space. These "others" can be anyone in the birth space. Obstetricians practice from a world of medicine and acute hospital labour ward concerns. Carol (an obstetrician) describes being thrown into situations of high acuity and being assailed by a different mood as she endeavours to 'sort [things] out':

...most times the atmosphere in the room has already started to change before I get there; the tension level might have already

risen. I know the patient and the family knows the midwife has called the consultant and there's concern, there's some issues, and if a woman is exhausted or in pain she is already anxious. There's anxiety already simply because the doctor's had to be called. Something's going on. Sometimes I find that hard to be in that role; the one who's going to have to sort it out. (Carol-obstetrician)

Carol suggests that attunement to birth is altered, already disturbed before she arrives. Things are not going well. It is her role to attend when things are going wrong and to act in the interests of the mother and baby's physical safety. There is usually associated stress and anxiety inherent in this call. Carol finds this professionally and personally difficult. She has to change plans and manage care differently, sometimes in opposition to what the woman and family had hoped for and thus forcing them to turn into another space.

The 'how' of Carol's medical obstetric actions reveals more of the mood at birth. She is aware of the mood of anxiety and her potential impact on others. Yet she does, in some ways, attune to birth in the same way as others in the birth room. Carol narrates a sense of loss at birth and a turning away from such joyous mood inferring that she knows this mood exists:

I'm a little surprised at how clinical I'm sounding and how lacking of emotion I am! I realize that my job is different here than what I came from where I was more involved in the whole pregnancy of someone, versus here where I'm mostly involved with whatever issues it is at that moment. So I'm much less emotionally involved here. Being emotionally connected allows me to get into that feeling of happiness more. You know that my job isn't necessarily to be happy at the birth.

It is not her 'job...to be happy at the birth'. This statement shows how Carol is denied the full experience of being immersed in a joyous attunement. She turns away from the mood and thus paradoxically acknowledges it is present at birth. How it is that Carol's role as an obstetrician denies access to such human experience? To be able to turn towards and away from such mood further illuminates its presence.

The convergence of differing professional and personal ways of being highlights the tensions within these experiences. Carol's primary concern is about risk management and sorting things out when she is called. Despite the distinctions between medicine and midwifery, both traditions reveal the presence of a birth mood. Can it be construed that birth holds special meaning to all natal beings, whoever and whatever roles they play at birth? Carol indicates that there is something powerfully special at a recent birth:

When this baby was out there was that happiness in the room. I would say it's pretty universal. I think overall it's a universal happiness as there's now a baby in the room...I don't think of birth as an epiphany or a spiritual sacred event or anything like that, it's a very normal life process that is special, one we attribute a lot of specialness too! There is something special going on at birth; though I can't define special. (Obstetrician)

Carol struggles to find words to express how she experiences the attunement of birth; yet she appears attuned to something special. The way Carol and others articulate their experiences is influenced by their effective history.²⁵ The languaging of mood differs but the sense of specialness is increasingly coming into focus. I conscientiously try not to privilege the voices of one group over another.¹⁶ The history of such conflict does not belong to the participants in this study; they belong to maternity care traditions. These cultural differences provide distinctions that highlight a mood at birth that dances within and around these histories representing the coming together of differing understandings. This paper does not intend to show modern childbirth technology as wanting but that it affects mood at birth.

6.3. The notion of suddenness

Being forced from one space into another reveals the notion of suddenness. Thus the suddenness of events at birth is constitutive of the phenomenon itself. There are times when suddenness is experienced negatively but it is also construed positively when the joy of birth either erupts instantly or erupts suddenly after a delay; a time when joy and amazement floods into the room. This can be so powerful and overwhelming that those there burst into tears at this caesarean section:

Then there is this void of waiting, it's like this void time. The elation isn't there immediately but from seeing the baby comes the joy. When the baby is finally given to the mother then the tears of joy, the welcoming and the touching and the quiet voices and the meeting of the family – it happens afterwards; after a 5 to 10 minutes time lag. (Selene Midwife)

For something to be tardy and arrive suddenly implies that it already always exists. Selene reveals a sense of joy being delayed due to intervention and more specifically because of lack of contact with the parents. The following exemplar highlights this distinction further as Selene remembers a situation in which the mother is under general anaesthetic:

I'm thinking of a recent crash Section under GA when the Dad was out of the theatre. The joy was being there to welcome this baby, I spoke to the baby, touched the baby and wrapped the baby in warm towels and held the baby. Then the second midwife took the baby to Dad straightaway, skin to skin. I felt absolutely relieved when I saw the baby being lifted out as it had been really traumatic crash run to theatre. I was overcome completely with relief because it had been a situation where there was serious bradycardia; it was one of those life-death situations. When I heard the baby cry I just smiled because everything is good and right. The baby's fine and there's the joy. However it is not quite the same until the parents experience their baby; that's really when I feel that explosion of joy.

There is relief following the anxious events leading to the delivery. This sense of relief once the physical aspects are completed is a common theme throughout participant accounts. When it is apparent the baby is well, joy arrives as if waiting for the right moment. There is an erupting joy as the parents meet their baby. What is significant is that there is joy at birth despite the milieu of intervention. Paradoxically the need for life saving intervention acts to keep awake that choice of turning to joy even if it must be delayed. The safe arrival of a baby enriches the lived-experiences in expected ways. This quintessential specialness is beautifully expressed by Amy amidst the childbirth technology when her baby is delivered by forceps,

...there was a great sense of hope and optimism. There was this great sense of divinity, a kind of stillness. (Sobbing) There is a great sense of joy.

How we attune to birth reveals our understanding and interpretation of birth that is meaningful. Karl (father) expresses his awe at the birth of his son in his home:

The moment is the miracle, a whole human being coming into the world, it is a miracle of the universe to produce such a thing and it was happening right here, right now in front of me

The embodiment of this sudden flood of awe is expressed by Tui (grandmother) at the moment of her grandson's birth "I was smiling all over my body". The totality of childbirth may remain disguised in this technocratic age but "the thing" at birth, as Simone (midwife) exclaims, is of significance; it is always already there somehow pointing to itself through this mood of joy.

7. Discussion

The stories reveal an attunement at birth that floods suddenly once awakened, even if delayed. Disturbance in this mood points to different ways of care in maternity practice and how such practices can shelter and safeguard such a constitutive mood. The differing professional perspectives and understandings provide distinctions that further reveal such attunement at birth. Midwives and mothers describe their frustration at how others can disrupt the sacred space at birth. Midwifery literature highlights ways of being at birth that can create, reclaim and maintain spiritually and emotionally safe birth that engenders a sense of the sacred "... guardianship as a way of allowing space for the sacred in birthing" (p. 36).⁷ Midwives describe ways of sheltering that appears focussed on safeguarding a particular attunement at birth, a notion inferred but not made explicit in recent studies.^{3,26–28} Obstetricians have spoken about the specialness of birth and recognise the significance of the occasion juxtaposed to the notion of turning away from this mood to do the job required of them. Do midwives and obstetricians appreciate each other's unique part in the play in this mood? These distinctions show that 'something' almost intangible is inherent in the world of birth. The stories reveal a shared mood at birth; a sense that those there at birth can be gathered by such a mood and swept away.

Participants are concerned about life saving intervention but also about the manner in which it is instituted. They speak of a lack of reverence in something sacred and meaningful when those at the birth are not sensitively attuned. The mood announces itself appearing vulnerable to the intrusive nature of rushing in and doing things. How such disturbances are minimised in practice and avoided by professional activities requires attention. Technology and hospital birth do not automatically indicate a disturbed mood at birth. That which disturbs is variable and dependent on context; perhaps some interventions and solicitous care need not have happened. The powerful and specialness of birth signalled by the sacred nature of its mood was signalled by all participants. Their stories suggest that birth is more than just getting the baby out healthily and point to something constitutive of the childbirth experience. Interpretive exploration of mood at birth reveals profound realisations of what birth means to us; opening possibilities of spiritual insight and sacred awareness.^{5,29} If mood at birth discloses the world of maternity care and is culturally conditioned then how maternity care is structured and delivered is significant.

The work of bringing this ineffable aspect of human childbirth in the 21st century western context to conscious awareness has begun in this paper. The age of technological birth has manifested an array of opposing discourses across childbirth culture globally. Debates often focus on physical variables and measurable outcomes. The socio-political issues at birth overlook both the subtlety and enormity of this fundamental human natal experience. Respecting and honouring that birth holds significance to human beings points to 'something' that matters.

8. Conclusion

This paper explores the notion of attunement at birth. It reveals a special way of attuning that is open to possibilities. This paper

has shown that examining disturbances at birth make this attunement visible. This paper has revealed that human beings are always already somehow within a mood to and from which we can turn. The mood we find ourselves in discloses our understanding and interpretation of the situations in which we find ourselves thrown. It appears that there is a mood of joy that is constitutive of birth; the quest is to shelter and safeguard this mood because it is both precious and vulnerable.

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Sacred space at the moment of birth

Susan Crowther
explores the nature
of space at the
moment of birth



SUMMARY This paper focuses on the experience of sacred space at the moment of birth. Through the stories of those present, a powerful and vulnerable space is revealed, where something magical and deeply tender emerges, creating feelings of connection and transformative new possibilities. Sacred space is a revered and honoured space that holds a shared sense of the miraculous.

This paper argues that something ineffable occurs at the moment of birth, opening up sacred space which requires our protection in whatever circumstances it happens. How we are and what we do in birth's sacred space is highlighted, to challenge and initiate further thinking. Data in this paper are drawn from a larger hermeneutic phenomenological study that examines the experiences of joy at birth, for which ethical approval was given by AUTC, New Zealand.

Keywords Sacred space, felt space, birth, shared experience

Author Susan Crowther, senior lecturer in midwifery at AUT University, New Zealand

To be there at the moment of birth is a privilege. It is more than an individual experience; it is something profoundly felt and shared by everyone present. That moment does not belong solely to health professionals and mothers; it touches us all.

At a recent conference at University College Dublin, a gathering of artists, social scientists, architects, mothers and maternity care providers (obstetricians, doulas and midwives) shared their passion for re-imagining birth in the technocratic 21st century context, and reflected on what matters most at birth.

This conference mirrored aspects of my own doctoral work on lived experience of the sacred at the moment of birth, and the emerging theme of 'felt space' resonating spiritually in ways not often acknowledged in

It is more than an individual experience; it is something profoundly felt and shared by everyone present

contemporary maternity care.

In this paper, drawn from my presentation in Dublin, several stories reveal the significance of the birth space, raising questions about the nature of our ways of being at birth, however it may unfold (Crowther 2013). The methodology used for the larger study from which my

presentation came, is hermeneutic phenomenology and is reported elsewhere (Crowther et al 2013).

The feeling at the moment of birth can be described as coming from inside and outside us, a joy that floods our being and transports us. Heidegger (1927) argues that we are always in a 'mood' and that it is our moods that allow us to make sense of experiences. Shared mood encourages communication at birth: a 'tone' determining how we are with each other.

Gaskin (2011) speaks of birth as sacred; the experience is special and those involved need to have reverence for the occasion and attune. Leboyer (1991) refers to this birth attunement as "a matter of a moment...a unique one" (Leboyer 1991: 99). Reason goes on to say:

"Sacred experience is based in reverence, in awe and love for



creation, valuing it for its own sake, in its own right as a living presence. It is based in the emotions – zest, joy, passion – that help life process flow as opposed to the stuck unexpressed emotions that may distort experience.”

(Reason 1993: 278).

Something extraordinary and ineffable occurs at the moment of birth that can paradoxically be made evident through times of disruption that “draw attention to what is experienced in addition to or beyond average every day experiences” (Crowther et al 2013: 3). As one mother explains:

“The different expressions of love were there in this room; there’s this smiling at each other, lots of physical contact, lots of holding, lots of space. There’s that real sense of knowing and feeling. The fundamental basis at birth was being in sacred space.”

(Amy)

The distinction between ‘space’ and ‘place’ becomes blurred at the moment of birth. The space of birth for Amy is experienced as feeling space that reveals a welcome communal sensitivity and tact, a finding that is reflected in other studies (for example Walsh and Devane 2012). There is a sense of nurture, honouring, loving and delight in Amy’s story. This speaks of an enriched space that is not wanting in any way. Amy, having planned a home birth, had been transferred to hospital with labour dystocia. Yet, despite the place being a hospital, this space was nurturing.

Simone (midwife) speaks about creating sacred space:

“I just kept the door closed and nobody else came in the room at all in the hospital. Outside the room a lot is going on: hustle and bustle and bright lights. There is a lot of activity and technology. In the room we could create our own space, a

The place where a baby is born is always special; it is as if the birth creates a space that engages and holds us

sacred space.”

Simone describes a sacred space which is open but small and warm, calm and devoid of disturbing or unsettling activity. Outside this special meaningful space is the hospital and its related “hustle and bustle and bright lights”, the antithesis of the sensitive mood in the room where birth is unfolding. Outside lacks the personal and sensitive nature of this gentle attuned sacred space.

The place where a baby is born is always special; it is as if the birth creates a space that engages and holds us.

Lorna births her 33 week son following an emergency remote rural transfer:

“Everyone in the room, until he came out, didn’t know if there was going to be a problem. There was definitely a tension until he came out and squawked. There was a real sense of relief; I definitely felt the tension in the room go, followed by something else...something special.

Even in such a high risk situation, where the outcome is uncertain, something attunes, and sacred spatial qualities open at the birth of the baby.

The experience of specialness at the moment of birth traverses professional and personal boundaries. Often obstetricians’ voices are left silenced in birth satisfaction studies, yet they, too, have been found to experience

specialness at birth in ways that may seem surprising:

“I don’t know exactly what happened in that moment of birth. Even though my primary goal was to assist as a doctor I can’t remove myself from those beautiful experiences and enjoying it. It is more than the medical stuff to me; it’s spiritual. Dad looked over and instantly within seeing, burst into tears and then the mother burst into tears...of relief and joy and just amazement.”

(Brenda - obstetrician)

This is an insightful aspect of birth mood and how it can produce a special space even in theatre at the time of birth. It doesn’t seem that a prior relationship is necessary to experience the potency of the special space created at birth; Brenda had not met the family before.

The place of birth is perhaps not as important as the quality of space at birth. The sacred space exists whether we are aware of it or not. Birth can be unplanned and sudden which can lead to unexpected situations. Yet an attuned space in and around birth opens. The unplanned place is flooded by a sacred quality that releases the specialness of the moment, no less so than the meticulously planned birth. Sacred space may be disturbed by tragedy or disrespectful discordant actions, yet this makes it no less sacred.

Conclusions

Places where birth occurs can be centres of potential conflict; they can be exclusionary having defined boundaries, rules and systems that place birth within an inflexible technocracy. Yet the physical place merely provides a locality for felt space to open at the right time. What is taken for granted in our maternity institutions, at each birth, may be hidden and left unspoken. How we choose to attune to that space needs to

be addressed; we need to question our actions in maternity care provision lest something of experiential importance is lost. This calls for sensitivity and tenderness in the space where a baby is born; the knock on the door, the speedy emptying of the birthing room, the idle chatter and rushed third stage need our combined awareness. This sacred space is for us to relish and enjoy, not be hurried. When we turn towards and engage with 'sacred space at birth', allowing its mood to assail us, something awakens that touches us deeply and brings peace. Birth is a special encounter that can and does draw us near to each other in ways not normally experienced in our everyday busy personal and professional lives. The moment of birth finds us in sacred space and is a moment to pause and reflect on the wonder and awe of life, in

We need to question our actions in maternity care provision lest something of experiential importance is lost

which a new human being arrives amongst us. The living presence that touches all who are privileged to be there at that moment, needs to be valued, sheltered and protected. TPM

Susan Crowther is a senior lecturer in

midwifery at AUT University, New Zealand

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Appendix C: Māori consultation – section from ethics approval

Does this research target Maori participants?

This study does not target Maori midwives, families or obstetricians specifically, but participants will be sought from the Maori community as well as other members of the population who have experienced the phenomenon under study

a) If 'Yes', what consultation has been undertaken when designing the research?

Please identify the group(s) with whom consultation has occurred and provide evidence of their support and any impact this consultation had on the design of the research. Researchers are advised to read the Health Research Council's Guidelines for researchers on health research involving Maori, available via the Ethics Knowledge Base.

I have spoken to the Nga Maia president (Maori midwife association) at the New Zealand College of Midwives conference about this study. I have also had communication with the ADHB Maori midwife advisor. I have also spoken with the AUT Maori advisor in the School of Health Care Practice, Associate Professor (Maori health) Denise Wilson (see email communication attached). I have planned face to face meeting with Denise Wilson on the 18th August when she is back in the country. I have also spoken with Mina Timutimu the New Zealand College of Midwives Maori advisor. At this stage they have provided verbal advice on my proposed methods of data collection. For example, they suggest I approach local Marae elders to gain access to Maori mothers and their partners once Ethics is approved. The central advice given to date is to ensure community is involved from the start and that a meeting with a local Kaumatua is initiated. Once I have gained ethics approval I will meet and discuss access as suggested. As stated above I am not intending to target the Maori population in preference to other members of NZ society. However I remain sensitive to the fact that Maori midwives and their families will have valuable insights into the topic of this study and their voices will be of importance. I have also read Te Ara Tika Guidelines for Maori Research ethics: A framework for researchers and ethics committee members from the Putaiaora Writing Group, published by the Health Research Council of New Zealand.

Does this research target participants of particular cultures or social groups?

Please refer to Section 2.5 of AUTECH's Applying for Ethics Approval: Guidelines and Procedures (accessible in the Ethics Knowledge Base (<http://www.aut.ac.nz/research/research-ethics/ethics>) and to the relevant Frequently Asked Questions section in the Ethics Knowledge Base.

Yes

b) If 'Yes' please identify which cultures or social groups are being targeted and how their cultures or social groups are being considered in the research design.

Midwives, obstetricians, mothers and birth partners. These will come from variety of cultural and social backgrounds. No one culture or social group will be targeted in this study.

c) If your answer to B.9 was 'Yes', what consultation has occurred with these cultures or social groups in the design of the research?

Please identify the group(s) with whom consultation has occurred and provide evidence of their support and any impact this consultation had on the design of the research.

When interviewing Maori midwives, doctors and their whanau consultation with Nga Maia (Maori Midwives organisation, an arm of the New Zealand College of Midwives) will be expanded as described above for advice on cultural safety.

Appendix D: Letter of introduction to the study



Susan Crowther
Midwifery Lecturer
PhD student
AUT University
Department of Midwifery
School of Health Care Practice
Faculty of Health and Environmental Sciences
Tel: 09 921 9999 ext. 7874
Mobile phone: 021 229 4858
Email: scrowthe@aut.ac.nz

Date:

Dear

This is an invitation to participate in a study that I am doing for a PhD thesis. I have been told that you may be interested in being part of this study that explores the mood of joy in and around the birth of a baby.

I attach a participant information sheet for you to read. It explains the process of my study, the purpose and your contribution if you wish to participate.

If you have questions and require clarification after reading this information please call or email me. If you do not indicate to me within 3 weeks of receiving this letter and information that you are interested in this study I will assume you do not want to participate and will not contact you further.

Kind regards

Susan Crowther

Appendix E: Information sheet for participants

Participant Information Sheet



Date Information Sheet Produced:

22nd July 2011

Project Title

The 'mood of joy' at birth: a hermeneutic phenomenological study

The research question that guides this study is:

What is the experience of feeling 'joy' in and around the birth of a baby?

An Invitation

My name is Susan Crowther. I am a lecturer in midwifery at AUT University Auckland. I have been a midwife in a variety of settings and in various roles over the last 20 years. I would like to invite you to participate in this study. This research is for my PhD thesis. If you decide to participate your ongoing participation is voluntary and you may withdraw at any time prior to the completion of data collection without any adverse consequences. Whether you choose to participate or not will neither advantage nor disadvantage you.

What is the purpose of this research?

I am interested in the experience of joy in and around the birth of a baby. As a midwife I have personally experienced and heard from others that there is something of significance in and around birth that is often not acknowledged and spoken about. It appears that the birth of a baby is a significant event in the lives of those involved. This study aims to bring such meaning to light. I am therefore interested in your stories of this experience. The results from this study may-be used in academic publications and presentations in the future to inform and add to professional and lay knowledge.

How was I identified and why am I being invited to participate in this research?

You would have heard about my study through a colleague or/and friend. I have contacted you as you have indicated your interest in participating.

As mothers you are pivotal to this study.

As a partner who provides support in childbirth your stories are of importance too.

As midwives and doctors at many births you have unique and important stories to tell of your experiences.

The only reasons for not being selected to participate are:

- That you do not want to participate,
- You have not been present at a birth in the last two years,

- As a health care professional (midwife or doctor) you are not presently in practice,
- If you are experiencing some degree of depression following birth at the time of this study,
- As a practitioner you are involved presently in complaint proceedings,
- You are a present student of AUT University,
- Finally, you are under my professional midwife care at the time of the study

What will happen in this research?

If you agree to participate in this study I will arrange a time and place which is convenient to you for an interview. The interview will be in the conversational style with open questions to direct the enquiry. The questions will relate to your experiences of birth particularly relating to any special or otherwise feeling you may or may not have had about that experience. The topic of this study is related to feelings in and around birth and may touch upon emotional, cultural, spiritual and religious themes within your unique experience. The interview will be recorded and then later transcribed for my analysis. The interview will last about an hour to an hour and a half. Sometimes I may request a second interview to clarify certain aspects of the first interview. Once I have the transcript of your interview I will begin to work on it and return it to you to check for accuracy and for you to delete any parts/sections you do not want included.

What are the discomforts and risks?

There are no anticipated discomforts or risks to participating in this study. However I recognise and acknowledge that relaying experience of something as personal as childbirth could potentially cause discomfort.

How will these discomforts and risks be alleviated?

In the event of any discomfort related to exploring the experiences of childbirth there will be access to counselling through the AUT service (up to 3 sessions) and this will be made fully available to you for no fee. You can contact this service on 09 921 9998 at the Health, Counselling and Wellbeing centre, Monday to Thursday 8-4pm, and Friday 8-3pm.

What are the benefits?

This is an opportunity for you to share your stories of the experience of birth and explore the meanings and significance that the joy of birth has for you. For mothers this will be an opportunity to provide your unique perspective on the meaning of the experience of giving birth. As a birth partner you will be able to contribute your unique experiences of this lived human event. As healthcare professions working with birth daily it provides you with an opportunity to explore the significance of the birth experience and what that personally means to you. All these perspectives will provide an opportunity for bringing that meaning to light. Bringing this aspect of childbirth into the open so that it is no longer hidden can help inform how childbirth practices are structured and delivered. It also provides an avenue into ongoing childbirth research into this area for future investigators. Ultimately by providing deeper understanding of the experience of birth by hearing your stories it is hoped that the study can identify what makes us want to say 'that was a great uplifting birth experience' which can then be shared and learnt from.

How will my privacy be protected?

Your confidentiality will be maintained in the study. I will change your name to a pseudonym in my thesis. I will also change details that could identify you. You will also be provided with your transcribed interview to delete parts/sections that you feel you want left from the study.

What are the costs of participating in this research?

Other than your time commitment to the interview and feeding back on the transcripts of your interviews there will be no costs. It is anticipated that no more than 1-2 hours of your time will be required. If you are interviewed in a location other than your home or workplace petrol vouchers can be provided in order to contribute to travel and parking if required at the end of the interview.

What opportunity do I have to consider this invitation?

Once you have read this invitation I am happy to clarify any points not understood. If you could I would then like to know whether you want to participate or not within 3 weeks. If you do not indicate to me that you want to participate in this time I will assume you do not want to participate and I will make no further contact.

How do I agree to participate in this research?

If you agree to participate a date, time and venue will be arranged with you for the interview. At the start of an interview I will provide you with a consent form to read, sign and date. You will have an opportunity to ask questions before signing the consent to participate.

Will I receive feedback on the results of this research?

If you would like a summary of the final report at the end of the study this will be sent to you on completion of the thesis.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Associate Professor Liz Smythe, Lizsmythe@aut.ac.nz, 09 921 9999 ext 7196.

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTC, Dr Rosemary Godbold ethics@aut.ac.nz, 09 921 9999 ext 6902.

Whom do I contact for further information about this research?

Researcher Contact Details:

Susan Crowther

AUT cell phone: 021 229 4858

AUT office phone: 09 921 9999 ext 7874

Email: scrowthe@aut.ac.nz

Project Supervisor Contact Details:

Liz Smythe, Lizsmythe@aut.ac.nz 09 921 9999 ext 7196, Cell 021 351005. 11/215

Approved by the Auckland University of Technology Ethics Committee (AUTC) on 14th September 2011. AUTC reference number: 11/215.

Appendix F: Provision of counselling services for participants



MEMORANDUM

TO Susan Crowther

FROM Kevin Baker

SUBJECT Psychological support for research participants

DATE 2 August 2011

Dear Susan

I would like to confirm that Health, Counselling and Wellbeing are able to offer confidential counselling support for the participants in your AUT research project entitled:

“The ‘mood of joy’ at birth: a hermeneutic phenomenological study”

The free counselling will be provided by our professional counsellors for a maximum of **three** sessions and must be in relation to issues arising from their participation in your research project.

Please inform your participants:

- They will need to contact our centres at WB219 or AS104 or phone **09 921 9992 City Campus** or **09 921 9998 North Shore campus** to make an appointment
- They will need to let the receptionist know that they are a research participant
- They will need to provide your contact details to confirm this
- They can find out more information about our counsellors and the option of online counselling on our website:
http://www.aut.ac.nz/students/student_services/health_counselling_and_wellbeing

Yours sincerely

Kevin Baker
Head of Counselling
Health, Counselling and Wellbeing

Appendix G: Consent form

Consent Form



Project title: **The ‘mood of joy’ at birth: a hermeneutic phenomenological study**

Project Supervisor: Liz Smythe, LSMYTHE@aut.ac.nz 09 921 9999 ext 7196

Researcher: Susan Crowther, scrowthe@aut.ac.nz 09 921 9999 ext 7874

- ☐ I have read and understood the information provided about this research project in the Information Sheet dated 22nd July 2011.
- ☐ I have had an opportunity to ask questions and to have them answered.
- ☐ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- ☐ I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- ☐ If I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.
- ☐ I agree to take part in this research.
- ☐ I wish to receive a summarised report from the PhD thesis (please tick one): Yes ☐ No ☐

Participant's signature:

Participant's name:

Participant's Contact Details (if appropriate):

.....

Date:

Approved by the Auckland University of Technology Ethics Committee on 14th September 2011.
AUTEC Reference number: 11/215

Participant should retain a copy of this form.

Appendix H: Safety protocol

Researcher's safety protocol

No risks are envisioned but the following protocol highlights points that will be used for the data collection of this study:

- When conducting interviews in private homes the researcher will inform a colleague and/or husband where, time and contact details. Texts will be sent before and after data collection in these contexts. The colleague or husband will be told before the interview the estimated time of completion and when to expect the 'after' interview confirmation text or call.
- The researcher will arrange to have suitable contact networks in the field (colleague or/and husband) and ensure that there is some sort of confirmation process before and after an appointment, in this case a text or phone call before and after the interview.
- This will include ensuring that a colleague or/and husband has a schedule of the researcher's visits for a particular morning or afternoon.
- When visiting participants in their homes the researcher will act in culturally and socially sensitive ways, remembering that she is a guest and that it is the participants who are doing the researcher the favour by agreeing to participate and share their homes.
- If the researcher needs further time in a participant's home than scheduled then a call or text to the colleague or husband will be made to confirm new time for checking in.
- If no contact eventuates at the agreed time and in the agreed manner the colleague or husband will attempt to call the researcher on her mobile phone. If there is no direct answer then leave a message, if no response within 10 minutes of attempting contact and no further contact has been made then the colleague/husband can escalate the potential 'at risk' situation and call the police with details of the schedule, addresses and contact details.
- When conducting interviews in the researcher's office at AUT it will be at a time in the day when colleagues are in neighbouring offices. Interviews will not be conducted in the AUT office in the evenings, weekends or early mornings when no-one else is around.
- The researcher will not conduct research data collection with participants in her own home.

Appendix I: Indicative questions

These *questions act as prompts* into a conversational interview approach, not all necessarily used.

Questions for midwives and/or obstetricians

- Tell me about being there at your first birth.
- Is birth something special to you? In what way is it special, can you describe that something special?
- Tell me about an experience that stays in your mind as a very special (joyful) birth.
- Is there a sense of joy around birth?
- Tell me about a birth you have done outside the hospital environment?
- Tell me about a birth in the hospital setting?
- Tell me about an emergency unplanned birth experience, an unexpected situation.
- Tell me about a birth story when things went wrong.
- Tell me about an experience when a couple wanted to *make* a birth ‘joyful, spiritual or sacred’?
- Tell me about a birth where you really tried to hold a special feeling around birth but you came away feeling you had not succeeded.
- Have you ever worked with an obstetrician (midwife) who works with and holds that sense of joy or specialness?
- From the interview and discussion we have had today, has anything surprised you?
- Tell me about the last birth you were at.....

Potential questions for mothers

- Tell me about your birth experience
- Can you describe the ‘mood’ or ‘feelings’ around the time you gave birth to your baby?
- Tell me about your experience when the baby was about to be born?
- Tell me about your experience when the baby was first born?
- Is this birth experience different to other aspects of your life,
- Is childbirth something special or joyful to you? In what way?
- What stays with you as being special or joyful?
- Does childbirth have any meaning or significance other than what you have shared?
- What is it about the birth of your baby(s) that stands out for you in terms of a mood or feeling of joy/specialness?
- When you think on the birth of your baby what do you feel now?
- From the interview and discussion we have had today, has anything surprised you?

Potential questions for the birth partners:

- Tell me about the last (perhaps only) birth you have been the birth partner.
- Can you describe the 'mood' or 'feeling' around the time of the birth?
- Tell me about how that experience was for you?
- Can you describe any feeling of specialness, perhaps joy in and around the birth?
- What is it about the birth of your baby(s) that stands out for you in terms of a mood or feeling of joy/specialness?
- Was being at the birth of the baby an experience different to other things you do in life?
- Did the birth of the baby hold something special or joyful to you?
- Does childbirth have any meaning or significance other than what you have shared?
- When you think back on the birth what do you feel now, what was special or joyful?
- From the interview and discussion we have had today, has anything surprised you?

Appendix J: Transcriber confidentiality agreement

Confidentiality Agreement



Project title: **The 'mood of joy' at birth: a hermeneutic phenomenological study**

(PhD project)

Project Supervisor: **Ass. Professor Liz Smythe (AUT)**

Researcher: **Susan Crowther**

- ☐ I understand that all the material I will be asked to transcribe is confidential.
- ☐ I understand that the contents of the tapes or recordings can only be discussed with the researchers.
- ☐ I will not keep any copies of the transcripts nor allow third parties access to them.

Transcriber's signature:

Transcriber's name:

Transcriber's Contact Details (if appropriate):

.....

Date:

Project Supervisor's Contact Details (if appropriate):

.....

Approved by the Auckland University of Technology Ethics Committee on 14th September 2011.
AUTEC Reference number: 11/215 T

The Transcriber should retain a copy of this form.

Appendix K: Example of transcript to crafted story to analysis

Verbatim transcript -

Tui: *It was the most incredible experience, cos I caught her - the midwife said it me you know you can catch baby as she comes out. So I caught Mary and had this face in front of me that wasn't a face, that just kind of morphed through some faces that I recognize so rapidly that it was this kind of, like a jelly almost forming into face that I knew - of my grandparents and my father and heaps of faces that I didn't know until it came to her face. And it eventually settled with her face. But I was sitting there watching, thinking, Oh! What is this? What's going on? It's never ever happened to me again to that extent, but it was the most....*

Susan: What, that immediately after?

Tui: *Amazing. Yeah, it was at the moment that I looked at her, that started happening. I've got no idea how long it took before she settled into who she is, but the faces of all the, all her ancestors on both sides were there. And just for fractions of a second, it was, it was an amazing experience until it settled into her face.*

Susan: How long did the amazing feeling last?

Tui: *I was high for maybe a week after that. You know, I was just kind of walking around in a cloud, smiling to everyone!*

Susan: Tell me about what lasts?

Tui: *Loving the world, just, and I think with all the births I've been at it is like that. That there's..., you know, it lasts for a long time afterwards. That joy, and that feeling of love.*

Crafted story -

It was the most incredible experience. The midwife said I could catch my grandchild as she comes out. So I caught her and I had this face in front of me that wasn't a face, that morphed through some faces that I recognize so rapidly that it was like jelly almost forming into a face that I knew - of my grandparents, my father; heaps of faces that I didn't know. It was at the moment, just for fractions of a second, that it started happening. I've got no idea how long it took before she settled into who she is with her face. But the faces of all her ancestors on both sides were there. I was sitting there watching, thinking, 'Oh! What is this? What's going on?' It's never ever happened to me again; it was the most amazing experience that left me high walking on a cloud. The feeling of joy, loving the world and wanting to smile at everyone went on afterwards.

Level one analysis - (initial interpretation of crafted story)

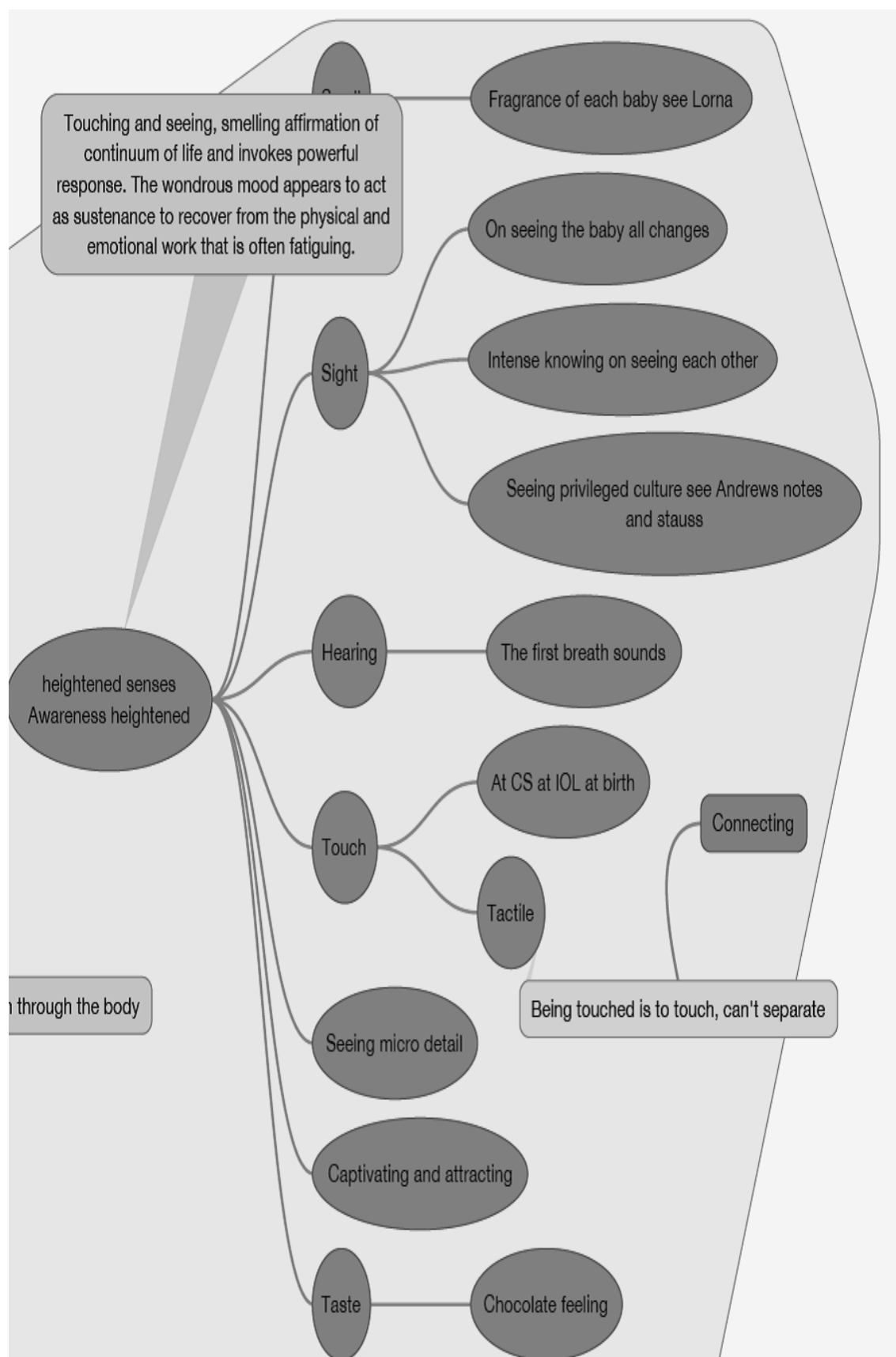
The thrill of catching her grandchild is narrated followed by a mystical encounter while gazing at the baby's face. She sees a host of faces known and unknown changing one after the other. The child represents all that have gone before to bring her to this point. Eventually the face of her grandchild comes into focus and becomes her own. Tui questions what happened but understands from her fore-structures that this was the faces of her ancestors on both sides. It is a beautiful experience of how all that comes before meets in the present newborn. This story highlights a

connectedness and mysterious link with all those that lived before that in effect caused this newborn to come into being on this day. The mood is one of amazement and intimacy. There is a sense of a dawning recognition that Tui and this baby are part of something profoundly historical that keeps moving into a future of potential in the form of this new infant. The story is both seemingly bizarre and at the same time firmly rooted in the reality of birth.

Level two analyses – (surfacing of possible meanings)

Ancestors are important at birth. The place where a baby is born is full of all those who came before. Each person there brings to the occasion all that brought them to this moment in time. This is a party of guests stretching back to an unknown time. All come to witness and welcome. But also the baby calls to them. It is reciprocal, past calling to the future and future calling back to the past. A massive crowd gathers at birth. Cultural background and cosmological perspectives play at this special time full of meaning. Non-rational and sacred meanings occur at birth (MacKenna, 2009; Parratt & Fahy, 2008). Birth can bring intense 'other worldly' experiences akin to Otto's (1917/1923) numinous encounters. The events at birth are mysterious as we are able to witness the culmination of what came before as future collides with that past in the present moment of birth. Babies would not be being born if it was not for the ancestors. Birth is seemingly connections and belongingness, of completeness and a journey of souls. Birth takes place 'now' but simultaneously is a moment outside of time. The atmosphere at birth somehow is other worldly, mysterious and profound. Generation after generation giving birth continues (Dilthey, 2002). There is a beautiful poetry and mysteriousness inherent at birth. This is an experience of wholeness, biological renewal, continuity and self-fulfilment; a peak experience (Maslow, 1964). We are joined by those that travelled this path before and attune joyously at birth revealing endless possibility of connections across times. The notion of shared natal experiences is hinted at in the moment of birth (Arendt, 1958). New hope and possibilities yet to be realised call from the past into an unfolding future (O'Byrne, 2010). As humans we are projecting into a future from what has been in our pasts (Heidegger, 1927/1962). Time conjoins at the moment of birth awakening joyous and loving feelings. What matters most surfaces in that instant amazing experience leaving lasting impressions of significance from beyond that permeate into our everyday lives.

Appendix L: Section from mind map used in data analysis



Appendix M: My pre-understandings of the word “holy”

Excerpt from field notes: July 2013

Holy for me is something private, tender and special. It is a blend of western Christian theism and Asian mysticism. It is the profoundest relationship in my life. It is an interconnecting knowing and loving, the source of all things; a creative force that provides and liberates. The Holy is invisible but whose actions are visible. It is the something ineffable, unexplainable that peeps through a poem, a painting, a child's smile, the fragrance of an unfurling flower, the unseen artist painting the crimson dawn over the ocean. It is benevolent and seeks my happiness.

The holy calls me to serve others as in that serving I feel closer to what is holy. It shows itself from its invisibility through my experiences. When I catch myself moved to tears by another I know I have been touched by the holy. It is the glint in the eyes of all I meet every day and everywhere. It shows itself in the simpleness of being still and silent and in the raw of thunder and exploding volcanoes! When I stop and take notice the holy gazes back in the mirror. It is the wonder of body and senses. The holy holds all together and makes up the material of the physical earth; both imminent and transcendental.

The holy has a personality that attracts and inspires constantly sending messengers from beyond into my everyday life. It is all relationships in one. When I find myself in despair I feel furthest yet the holy is nearer than my 'I'. The holy desires that I remember the deepest belonging and connection; the feeling that 'I am in love and loved'. I come to know the holy in special moments when the invisible touches and reminds me of who and what I am.

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