Birthing the Mother: Dance Movement Therapy in the Birthing Process

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Abstract

This article aims to translate the work of Rhea Dempsey, birth attendant (doula), birth educator and counsellor, into the dance movement therapy context. This paper explores the relationship between the physical, psychological and emotional states experienced by the birthing woman, and suggests meaning in the challenges and problems in birth. The author reframes birthing as a dance and gives a detailed description of her work as a birth support / dance therapist at a recent birth. The potential for the dance therapist as part of the mother's support team in birth and the pre- and post-natal experience, where the skills of witnessing, attunement, empathy and holding the space are enacted, is discussed.

Keywords: Birthing, mothering, dance movement therapy, mother-baby bonding.

Introduction

In this paper I intend to map some of the psychological territory that is explored during a normal physiological birth (once referred to as natural birth – although natural birth is currently used for a vaginal birth – despite the use of a range of medical interventions – as opposed to a caesarean section). I will specifically look at three ideas: Birthing Processes, Crises Of Confidence and the Mysteries Of The Cervix.

Firstly, I want to make it explicit, even in this dance therapy context, that in birth, the mind and body and emotions are entwined, and that birth unravels in a way that is part of a larger life pattern, like the magnification of a fractal. 'Women birth the way they live their lives' (Peterson, cited in Northrup, 1995, p. 434). It is not a random rolling of the dice. Birthing mothers are responsible for the choices of where and how they birth, and who forms their birthing team, and I say this with a very open heart, not to judge or undermine, but to offer a different framing. Birth, especially the first birth, is a physically demanding marathon. But it is more than just a marathon.

Somatisization, the physical manifestation of our mind and emotions, turns the marathon into the archetypal journey of the heroine, her battles and challenges and ultimately the transformation, the birthing of herself with greater powers, as a mother.

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Background

I have birthed two babies. My first birth, after a transfer out of the family birthing centre, took place in a hospital setting. There I experienced all the pressures of the medical/technological model and the fundamental difference in philosophy,

which was to save me from the suffering of birth, rather than to support me and my choices for a normal physiological birth. After a battle worthy of a hero against obstetricians and protocols, I birthed my healthy son normally, but statistically he is one of only twenty percent of first births in Victoria that do not involve an epidural.

With my second baby I chose to sidestep the hospital system. I birthed my almost ten pound posterior baby in the birthing pool at home in my lounge-room. This intimate setting facilitated a gruelling and powerful journey into my deepest places within. My birth team held me through the pain. My daughter's birth was a normal physiological birth; one of only 1-5% of births in Victoria.

This year I have been training to be a Birth Attendant with local birth educator, attendant, activist and relationship counsellor Rhea Dempsey. I have attended my first birth, and I have worked around a half dozen births, with various outcomes. I am so moved, so impassioned by this birthing material, by its meaning and significance (for mothers and babies, families and women and the world!), and its potential for transformation, that I have attempted to translate it into dance therapy terms and concepts. Much of this paper is based on my experiences of Dempsey's birth attendant sessions, pain workshops and papers.

Birth processes and birthing lessons

The process of labour and birthing is the physical enactment of the transformation of the mother from mothering and nurturing on an unconscious, biological 'womb' level to mothering through choice and will, thus consciously taking on the responsibility for her child (Dempsey, 1996). The process of birthing is broken into three stages and each of these physical stages is reflected in the mother's psychological and emotional states.

First Stage

Physical Processes
The first stage is when the surges, or contractions, stretch and pull the cervix until it has dilated to ten centimetres. This first stage of labour unfolds with an increasing intensity of functional pain.

As labour progresses, there is a shift in control from the cerebral cortex, the thinking and ego-self, to the control in the primitive brain-stem. This triggers an evolutionary regression, and unleashes the spontaneous expression of the non-verbal, instinctive birthing, primal woman.

Psychological Processes / Meaning
The key emotional state for the mother in this first stage is surrender. She must surrender to her body and to the increasing intensity of the contractions in order for her cervix to dilate. By surrendering, allowing, yielding, she opens physically, emotionally and psychologically for her baby at the deepest and most internal level, and core sense of herself. The mother is only capable of surrendering her control, of surrendering to the pain and of surrendering to her birthing instincts if she feels safe and has a deep, core trust in her body's, and in women's ability to birth.

Second Stage

Physical Processes
In the second stage of birth, the contractions change in their intensity and the mother feels the urge to bear down. This requires pushing the baby through the birth canal and out through the vagina.

Psychological Processes / Meaning
Psychologically, the woman is actively, consciously bringing this baby through her,

out into the world and into her arms. She needs to have strength, stamina and focus to physically push and hold the baby on its journey. She also needs to trust her body, and feel safe. A mother's first birth is also about finding the physical and psychological pathway. The point of crowning requires bravery and strength to push into the intensity of the stretching and tearing sensations. Focus and restraint are needed to hold, and delicately release, pant and ease the baby over the perineum.

The Third Stage

Physical Processes
In the third stage, more contractions loosen the placenta from the womb, then the placenta is birthed. The womb contracts to stop the bleeding. This is often followed by the cutting of the umbilical cord.

Psychological Processes / Meaning
Dempsey suggests that the mother is so open after the birthing of her baby that the third stage is about the mother closing herself down again, stopping or shutting the portal from the spiritual world to our more earthly place.

My felt sense of this, both as a birthing mother and as an attendant, is the coming to, the arousal, becoming present to the moment, and being here for the baby. I also feel this is the completion, an encore, the follow through, and the final challenge. It also feels emotional, like a time for greetings and gratitude. If the cord is still intact then this is the final step in parting, or separation between mother and baby.

Dance therapy

In dance therapy terms, the surrender of the first stage feels like the yield in the yield-push pattern that Hackney (1998) and Bainbridge-Cohen (1993) write about. The yield allows us to feel the support of the Earth. But I also feel the mother cannot yield unless she feels the support: her birthing team, her birthing environment, her own inner support structures, even the way she was held or supported as a baby.

And so it follows that the push of second stage comes out of the yield. In birthing I feel a confidence and a support in this pushing. Hackney (1998) also writes about the power and the sense of boundaries coming from the push. I also feel the verticality and weightiness and the sense of the self required for the pushing. Phrasing is also prominent in efficient pushing: there is the gathering of strength in preparation, then the pushing and holding with quick breaths in between, and then the deep rest in between the contractions.

Steady and contained flow in the first and second stages is a key effort. However, often this flow is not fast enough for the medical settings.

As dance therapists we can understand the dance of the instinctual birthing woman as an improvisation, or authentic movement. The mother takes a while to warm up, find her rhythm and her flow. Perhaps she explores several facets, works through them and then continues to move deeper into her movement exploration, deeper into spontaneous movements, deeper into her instincts. Feeling safe amongst her birthing team she surrenders totally and allows herself to become Adler's (1987) one who is moved. She improvises with her body, with the bodies of her support team, with the surfaces of the room, with water and heat. She shifts into different positions and descends through the levels. Rhythm sustains and carries her on and on.

At ten centimetres dilation there is a shift in the tone, her mood, in her inner

Mother and baby

attitudes, as if the music has changed. She becomes more conscious and focused in her movements. She is pushing. The crowning and birthing may then require some more structure, perhaps a score from the midwife, perhaps a choreography. The birthing team move in and the dance continues. When the baby is birthed, the most beautiful and serene duet take place between the mother and the baby. In time the father joins and the rest of the birthing team shift in and out and around this trio, allowing them to lead the dance. There is closure and resolution with the birthing of the placenta. Then the next dances of bonding and breastfeeding begin.

As dance therapists, we can see meaning in the birthing processes and how the lessons from birth like surrender, strength, focus, boundaries, a sense of self, and being present, equip us with skills for the post-natal period and into motherhood. Inner and outer structures for support, trust in our bodies and safety underpin these skills. Birth is the initiation, the rite of passage into motherhood. Mothering starts from where the mother's experience of the birth ends. It's this idea that moves me the most, as a feminist, a mother, a dance therapist.

The crises of confidence

At various points along the journey of birth, the mother experiences crises of confidence precipitated by intensification in pain, exhaustion or more emotional inner states. She feels she is not coping with the now, doubts her capacity for what lies ahead. She says she cannot do it, that she does not want to go through with it, or that she wants to leave. She begs for a caesarean or screams for the epidural.

> *[This] is the cry of the birthing woman caught up in deep transformative process. Swept by birthing energies she is unable to control, experiencing forces greater than her previous capacities can contain, she is pushed to a 'place of challenge', where she is called upon to transcend her perceived limitations and to expand into wider and deeper resources. This is a place of meaning and courage, and it demands to be witnessed and honoured for the deep transformative work it is. Birthing women cry out for 'help' at these moments, exposing their vulnerability as they struggle to answer deep questions of being* (Dempsey, 1999, p. 14).

Dempsey goes on to say that in our current birthing culture this is when the medical model betrays these women. Instead of support, there is medical intervention. No you cannot do it, you are incapable or faulty, is the message our birthing culture sends.

In the birth I attended, the mother had been managing the pain well for several hours in the birthing centre. Then in a weepy state she told me she needed the gas, but I felt it was too early to be drawing on that and that this was one of her crisis points. After encouraging her to rest deeply between several contractions, I lifted her up into my arms and humming and breathing a rhythm I walked with her and her partner around and around the room, shifting tempo for contractions, changing places, exchanging words of support, linking arms, rocking and pressing bodies, and making eye contact we choreographed our own courtly dance.

We moved her through the crisis and she found a new rhythm to carry her. Throughout the next five or six hours I shifted in the ways I offered support. Sometimes I stood back and witnessed, and held, anchored, the space for the mother, other times I held her close and she nuzzled and whimpered into my neck, with her arms pulling me in closer, deeper.

By offering support and a way through these places of challenge, I feel like we are giving the birthing mother options, potential for making choices in her future mothering patterns. We empower her by showing her; yes, you can do it, you are doing it.

As dance therapists we are in the perfect position to help move a woman through her crises. We are experienced in the concept of holding. Winnicott used the term holding to describe the way a mother physically handles her baby, but also in the broader sense (1965). Dempsey describes holding a birthing woman in a 'literal, metaphorical, therapeutic, energetic and psychic sense' (1997, p. 14). At the birth I attended, I found myself holding, with my hands and body, with my head, heart and gut, and my presence. I held the mother, the father, their space, and the mood in the room and when the midwife lost confidence in the mother to continue pushing, I held her too. This is deep work.

As the birth attendant, I developed an empathy with the mother through attunement to her tension-flow. My hands moved over her body releasing held tension, and I found myself releasing my own jaw, my shoulders and hips for her. I developed trust with the mother through my adjustment to her shape-flow (Loman, 1998). I breathed with her. In my witnessing and attuning I seemed to re-experience aspects of my own births. This helped me to tap into my instincts. For a week after my body ached as though I had been the one in labour.

I have been thinking and feeling that when and how we experience a crisis of confidence may also be patterned. For some, the crisis is experienced in the beginning, at the one-two centimetre point. For others it is the intensity, the seven centimetre point. For some, it is one crisis after the other, all the way through, and for some it is about the finishing. However, in birth, the crisis is a positive sign that the intensity is deepening and we are moving further into new territory.

Mysteries of the cervix (and vagina)

The past, present and future entwine in the opening of the cervix: 'A woman's emotional journey in labour is rich in threads and colours woven from the tapestry of her life lived till this point and her dreams and expectations into the future' (Dempsey, 1996, p. 1).

Dempsey speaks about witnessing the mother go through an age regression, where she will seem to shift back through many of the phases of her life, sometimes getting stuck in a place where there may be some unresolved emotions. This can cause a holding, or blockage in the cervix and stall the labour. The job of the birth attendant is to help move through or around the blockage and to get the birth flowing again and the birthing woman can complete her maturation into mother.

Dempsey suggests that sometimes a Wild Card can come into play during the birth, triggered by the pain, a crisis or emotions. She refers to the turn of events that can suddenly change or alter the progress or the dynamic of the birth. These are the big emotional triggers like the death of a parent in childhood, or in recent years, the

loss of someone close, loss of a child, or partner, sexual assault, or trauma, that can be played out during the birth. They may manifest as flashbacks, fears, outbursts or weeping but may also cause problems below the surface of the birth such as holding – or failure to dilate, ineffective pushing, tearing, haemorrhage and so on.

Like Wild Cards, fears or ambivalence can impact on a birth. In the birthing context, ambivalence is both the wanting and fearing change at the same time. It is an 'emotional swinging between opposites and extremes,' (Dempsey, 1996, p. 4) and can be so intense in birthing that it has an impact on the labour. It may cause a holding or a blocking. The anterior lip is symbolic of the classic manifestation of ambivalence – often revealing a deep fear about motherhood. The woman has surrendered and allowed her body, her cervix to dilate nine centimetres, but psychologically she is holding onto that last centimetre or half, the anterior lip, so she is prevented from moving into the conscious birthing and pushing stage. Allowing her time to sit with this discomfort will help resolve these feelings.

Conclusion

There is an importance for working through ambivalence; wild cards, age regression and present and future projections that can arise in the birth process. By being able to talk or physically shift through these blockages, the birthing mother is provided with more opportunities for deepening and widening her capacities. But some of these stories are very hard and painful, and midwives and obstetricians are not therapists, and there are many constraints in our current birthing culture which do not allow or value these emotional and psychological journeys being resolved during the birth process.

The medical/technological model is very good at taking over and getting babies out. Epidurals take away the pain by paralysing the body and the emotions, and labour is bypassed. Vacuum extraction and forceps delivery take the responsibility and the power of pushing away from the mother, and the caesarean section bypasses the vagina. But if these emotional eddies are not untangled within the birth, then of course these loose threads may appear again and again unravelling breastfeeding, holding, sleep, relationships and the post natal experience.

Birth gives women the opportunity for empowerment and transformation.

Finally, I want to emphasise two points. Firstly, I believe there is a deeply ingrained need, an archetypal need, for women to have another more experienced woman accompany them, to lead them, to witness them, on their birthing journey. However, I do not believe this need is being met. And secondly I feel strongly that women yearn, again - a deep archetypal yearning, to have a birth that is significant and meaningful. And I wish so strongly that many women's birth experiences were significant and meaningful because of the depth of triumph and empowerment and elation, rather than negative perceptions. A dance therapist familiar with the physical and emotional journey of the birthing woman could both accompany the mother in her birthing and help her find meaning and significance in working through her crises of confidence.

References and Bibliography

Adler, J. (1987). Who is the Witness?: A Description of Authentic Movement, *Contact Quarterly*, Winter.

Bainbridge-Cohen, B. (1993). *Sensing, Feeling, and Action: The Experiential*

Anatomy of Body-Mind Centering. Northhampton, MA: Contact Editions.

Bartenieff, I. and Lewis, D. (1980). *Body Movement: Coping with the Environment*. New York: Gordon & Breach.

Blau, B. and Reicher, D. (1995). 'Early Intervention with Children at Risk for Attachment Disorders'. In Levy: *Dance and Other Expressive Art Therapies*. New York: Routledge.

Clancier, A. and Kalmanovitch, J. (1987). *Winnicott and Paradox*. London: Tavistock.

Dell, C. (1977). *A Primer for Movement Description Using Effort – Shape and Supplementary Concepts*. New York: Dance Notation Bureau Press.

Dempsey, R. (1996). *The Emotional Journey of Labour: Birthing a Mother*. Capers Conference Paper/Workshop, Brisbane.

Dempsey, R. (1997). *Holding the Woman - Holding the Birthing Space: The Heart of Being With Woman*. Workshop Presentation. Melbourne: ACMI Conference.

Dempsey, R. (1999). Healing Wounded Mothers, Part One and Two. *Birth Matters: The Journal of the Maternity Coalition Inc.*, 3, 2.

Dempsey, R. (2007). *Pain: Embracing the Intensity and Birth Attendant Course*, class notes, Melbourne.

Dunham, M., Barnden, M., and Kelly, A. (1991). *Mamatoto*. London: The Body Shop: Virago.

Hackney, P. (1998). *Making Connections: Total Body Integration Through Bartenieff Fundamentals*. London: Routledge.

Hartley, L. (1980, 1995). *Wisdom of the Body Moving: An Introduction to Body-Mind Centering*. Berkeley, California: North Atlantic Books.

Kitzinger, S. (1992). *Ourselves as Mothers: The Universal Experience of Motherhood*. Reading: Addison Wesley.

Loman, S. (1998). Employing a Developmental Model of Movement Patterns in Dance/Movement Therapy with Young Children and Their Families. *American Journal of Dance Therapy*, 20 (2).

Loughlin, E. (1992). 'Becoming a Separate Person' in Rawson, R. and Loughlin, E. (Eds). *Dance Therapy Collections I*. Melbourne: Ausdance.

Loughlin, E. (1999). 'The Shared Dance: Dance Therapy for Mothers and Infants in the Hospital Outpatient Infant Clinic' in Guthrie, J., Loughlin, E. and Albiston, D. *Dance Therapy Collections II*. Melbourne: DTAA.

Mahler, M. Pine, F. and Bergman, A. (1975). *The Psychological Birth of the Human Infant*. New York: Basic Books.

Marvin, R. (2003). 'Implications of Attachment Research for the Field of Family Therapy', in Erdman and Caffery, *Attachment and Family Systems*. New York: Brunner-Routledge.

Northrup, C. (1998). (2nd ed.) *Women's Bodies, Women's Wisdom: Creating Physical and Emotional Health and Healing*. USA: Bantam.

Winnicott, D. (1965). *The Family and Individual Development*. London: Tavistock.

Wolf, N. (2001). *Misconceptions: Truth, Lies and the Unexpected on the Journey to Motherhood*. London: Chatto and Windus.