

EMBRACING THE INTENSITY - CELEBRATING BIRTH AS A PEAK BODILY PERFORMANCE

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Rhea Dempsey

There is power in women's bodies given expression in a variety of endeavours. They embrace the power of achievement; endurance; beauty; strength; movement; surrender; triumph; creation and transformation. In expressing this power women are challenged to work with the pain of their bodies straining and striving. The dancer, athlete, aerial performer, swimmer, birthing woman all push beyond existing limits to experience their bodies in the intensity of peak performance. We are inspired and awed by this power and potency. We celebrate this achievement when we witness it as a peak performance. We celebrate all that we know has gone into the achievement: the determination; the commitment; the skill; the work; the hours; the pain. We know it takes *working with* pain to achieve peak performance. When we look on images of women's bodies in the full glory of their achievement we see this effort; this working with pain. Do we feel it's too hard and that she shouldn't have to suffer? Do we feel sympathy for her? Do we feel we should make her comfortable? Do we tell her she doesn't have to be a martyr? Would we dare rob her of her effort and achievement? No! We celebrate her *power!*

Acceptance of what I call *functional pain* goes with this territory of achievement and power. By functional pain I am referring to the physiological pain felt in a healthy body working well, but at levels of high intensity, beyond usual comfort levels, NOT pathological pain which comes from disease or injury. This idea of functional, physiological pain often gets lost when it comes to childbirth. Presently in our culture, childbirth is almost entirely associated with medical considerations. Pain in a medical context is generally seen as suffering, because it is associated with illness or injury. Pain in labour has by default also become associated with this negative context, rather than with the connection to achievement and bodily peak performance. A motivated woman who wishes to 'have a go at working with the pain'; to birth 'normally', 'naturally', 'from her own resources'

is challenged to work with pain! In this quest, pain is power. Birth in a medical context and the behaviours resulting from it can diminish her resources.

In this article I will explore working with pain in a different context - the context of achievement; of peak performance and see what wisdom and insight we can find to increase resources for birthing women. I have recorded interviews with women who use their bodies to strive for peak performance in:

- *Creative expression:* Beth Shelton - dancer, choreographer and community dance artist and Sharee Grinter, Andrea Ousley and Dorota Scally - members of the Women's Circus.

- *Physical performance:* Marathon Swimmer Tammy Van Wisse and

- *Sporting achievement:* Joyce Brown OAM, Coach, Sport Commentator and Speaker.

They have all confronted the challenge of working with pain. They are not fearful of this pain, but rather embrace it as a 'normal' part of their quest for peak performance. Beth expresses this accepting attitude towards pain in the following comments:

"The creative process engaged with at any depth implies pain because almost always whatever it is takes you beyond your comfort zone. You actually can't create anything without it doing that. The labouring woman is just a beautiful paradigm....of the creative process, a beautiful way of being able to clearly see what it takes to create".

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The Notion Of Normal Functional Pain.

For all these women, pain was an expected and accepted aspect of striving to achieve. To embrace this concept they needed preparation and support. Working with and through pain requires attention to all aspects of being: body, mind and spirit. As Childbirth Educators we too need to draw women's attention to all aspects of their being in order to increase resources for birthing.

- Physical - Emotional Link

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The link between our emotions and our physical selves and how it relates to birthing is an area in which I have a special interest. Emotional and physical pain merge and impact on each other. As Joyce said "...emotional strain is one of the first things that throws you physically right out!" The women I interviewed spoke about emotional pain in a number of different contexts. Tammy spoke about the 'emotional roller coaster'. Beth and Andrea spoke of the process whereby emotions are evoked through the physical work. A section of The Women's Circus Mission Statement has particular relevance for birthing:

The Women's Circus is more than circus skills or performance training it is a place where women can work non competitively and physically towards reclaiming their bodies.

Although membership of the circus is now open to all women, it originally started as a project for women who were survivors of sexual assault. So as a trainer, Andrea works with women who are survivors. To some extent her comments on 'memories raised' will relate to women's experiences of sexual assault. For women with this history, birthing can also awaken these memories. Particular, experienced support is required for women who are challenged to work with these issues in labour. However, an interesting paradox also emerged in these discussions with Beth and Andrea. They each spoke of drawing on remembered emotion to enhance their performance, so rather than emotional pain being something to be repressed and fearful of, they saw that it could be consciously used as a resource to animate the body.

• Physiological versus Pathological Pain

The distinction between physiological and pathological pain is an important message to impart to birthing women. The women I interviewed made this distinction. They had an understanding of how their bodies worked (anatomy) and what it could do (body mechanics). They also relied on an internal kinaesthetic sense ('body knowledge') which they used to distinguish between 'good and bad pain' (Tammy) when they did it 'right.'

Resources For Working With Pain

• Physical Resources

Physical work was understood as a given for these women to build confidence, stamina and ability. Given that our lifestyles are generally becoming more sedentary, motivated women wishing to work with their labours, would benefit from undertaking a more physically demanding preparation (whether through walking, swimming, yoga or other exercise).

• Breath

Breath was used as a conscious tool for moving into the

intensity of the action rather than to withdraw or separate from it.

• Differing Energy States

For the women I interviewed an awareness of the differing energy needs and states over the course of their event or performance was a way of managing pain. Understanding the ratio of 'on' (action) time and 'off' (rest) time (Joyce), helped to keep a positive perspective. Action time was the time to fully engage with the process whereas rest or waiting time allowed some shift in intensity which gave respite. Although of course, there needed always to be that readiness to 're-engage.' We clearly see this 'on' and 'off' time in many sports eg. tennis, netball, football, golf. etc. however it is also there in many long distance events which require a more continuous expenditure of energy eg. long distance cycling, swimming, running. In these events athletes are also using 'on' / 'off' time. By, taking turns 'making the pace', 'slip streaming' in order to share the load of the intense effort or by 'zoning in and out' of full focus either by

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being on cruise control for a time, then, usually at times of extra challenge 're-engaging' with full intensity and focus. Understanding these differing energy states allows athletes, dancers etc. to 'pace themselves' so they are sometimes cruising; sometimes using somebody else's energy and other times engaging intensely in the process. There are great lessons for birthing here, not only in capitalising on the rests between contractions, but also by recognising the differing energy states which require either working with contractions by being in cruise control and zoning out or being fully engaged with the intensity of the contractions.

• Rhythm

The use of rhythm and beat to sustain dancers through difficult, painful pieces is, I think, obvious. Athletes rely on the rhythm provided by stroke rate, stride rate, arm swing etc. to sustain them. Rhythm is used to energise; to go into greater intensity; to steady and sustain through tiring or difficult patches; to relax and zone out and also to get back on track if the athlete/dancer etc. has 'lost the plot'. In birthing, rhythm can be a potent, sustaining resource. We have tended mainly to use it for

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relaxation yet at strong challenging times in a labour, an insistent rhythmic beat either from music or from the mothers own sounds and movements, or those of her support people, can carry her through. Finding her rhythmic 'birth dance' and 'birth song' helps transform pain into purposeful 'birthing energy.'

- **Mental Resources**

According to these women, when it comes to working with pain, this is a big one! The mental resources which these women

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use to work with pain can be grouped into the following categories:

Beliefs and Attitudes: having a realistic and accepting attitude to pain.

Goals: have clear goals for achievement and an acceptance of the activities (or contractions) which must be completed in order to reach the goal.

Motivation: being energised to undertake the hard work.

Preparation: research all possibilities including worst case scenarios.

Readiness: calm and focused

Visualisation/ Imagery: place themselves fully into the situation, into the environment, into their bodies and finally into the hard physical effort.

Compartmentalise: an ability to put doubts or personal anguish aside and to focus on the task at hand.

Self Talk constant positive self talk in line with goals, reinforcing self belief and capability.

- **Crisis Of Confidence**

Each of the women confirmed experience of definite moments when they were filled with self doubt and a feeling of being unable to continue. They accepted that in strong physical endeavours, even with preparation, these crisis points will occur. Each of them had a slightly different slant on how to get through these times, although all agreed it was absolutely essential to have strategies which were specifically planned before hand. Their strategies included seeking support; using pre-organised key words or visualisation and above all

remembering that this crisis was also part of the process. For birthing women this issue of overcoming a 'crisis of confidence' is a vital question. Many women, especially in a first labour, even if they have prepared well, still, almost invariably come up against this 'crisis of confidence', where they feel they can't go on. What happens around them at these times is generally crucial to the outcome of the labour. This leads me into my third point about the qualities and dynamics of support, because I feel it is by understanding these issues of support that a birthing woman's resources can be greatly increased.

Qualities And Dynamics Of Support

Support is another absolutely essential element in intense physical performance. Although each woman identified her personal resources for working with pain they all acknowledged that they could not achieve their goals without support! The quality and dynamics of support can '*make the difference between achieving something mediocre and something great*' (Tammy). Choosing appropriate support people was in itself exacting work. The following core concepts underscored the selection of appropriate support people.

- **Acceptance of Functional Pain by Support people.**

The entire support team/crew must accept the reality of functional pain in order to remain strong for the athlete, swimmer, dancer (and Birthing woman). They must 'hold' her at those times when she herself is unable to maintain her own energy or belief; to bring her back to her focus and intention.

- **No Sympathy!**

Empathy and compassion yes! but no sympathy! Sympathy is so undermining of power and resolve, it will sabotage even the most determined of intentions. The women spoke very strongly on this point. I asked them *if there was somebody in their support group who also started to believe you couldn't do it and that it was too painful and were filled with a lot of sympathy for you and were starting to put that out to you; what would happen?* Tammy said: *I wouldn't make it!*

- **Experienced Support**

In sport, dance and circus the support team/crew includes a range of expertise. One critical ingredient of this support team needs to be a person or persons who are 'expert' in the skills of support for working with pain. For *birthing* this means, experienced in the physical, emotional and psychological dimensions of pain support in labour. All the women I interviewed pointed out that loved ones, partners, family etc. are not automatically the best support for working through pain. Obviously loved ones provide much needed love and

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Changing the birthing culture

- Changes need to be kept simple. We need to access professional women who can advise on marketing consumer demand and the push towards midwifery-only practices.
- There is a need to strengthen midwifery organisations interested in change.
- ACMI houses conflicting factions who do not meet because of the infighting.
- Students don't know about MC. There is a need to arrange to speak to student intakes in midwifery each year.
- Radical midwives and women need to participate in ACMI to initiate change from within.
- Midwifery training still appears to be linked directly with nursing.
- The perception of midwifery must change to one of woman-centred care.

Education

- Evidence-based practice does not filter down into either midwifery practice or medical practice.
- Midwifery education needs to embrace the concept of woman-centred birth.
- One role of midwifery is to bring about change in consultation and cooperation with the following: ACMI, nurses, consumers and across sectors.
- Improving education for midwives demands direct entry to move away from the illness model to a wellness model. This would also facilitate a cultural shift within midwifery.

Public Relations and Community Education

- To change the culture of birthing we need to be politically active. Public relations advice is required to seek media coverage to raise the profile of midwives.
- We need to contact other relevant groups (eg. Nursing Mothers) to get them to apply pressure to political parties.
- We need to educate women about choosing midwifery as a care-option. This may extend to visiting high schools and colleges to inform young women of midwifery care and alternative models of care. It would be pointed out to women that in this dual public/private system, that private does not buy a better service, eg. they may experience higher intervention rates.
- The Mother-Baby Friendly Childbirth Initiative (MFCI) could be the vehicle to galvanise cultural change and spearhead approaches to other organisations and government.

Strengthening the Maternity Coalition

- MC needs to be strengthened as an umbrella body
- MC needs to send speakers to schools and universities to education women about birthing choices
- MC needs to prepare a brochure on birth care options in line with NH&MRC recommendation
- MC should write to other organisations to arrange a workshop with key players around the MFCI
- Midwives/student midwives should be visited to promote MC and *Birth Matters*.
- Rural midwives need to promote the MC
- MC needs to issue a badge for midwives and mothers to promote the organisation and the notion of alternative models of care

Well, what a list of shoulds!! Now hands up who can help do what is needed to unite mothers, midwives and government - we do indeed need to be working together.

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personal support. However at those confronting times in an event (or a labour) when they are in despair, loved ones may not be the people who can remain strong for them. Birthing women who are wishing to work with the pain of labour, must be diligent in making wise choices with regard to support people. To make wise choices however they need to understand these support dynamics. As Childbirth Educators, I feel it is our place to make this information available to our clients, especially to women who express the intention of wishing to work with pain in labour, to birth from their own resources.

Whilst acknowledging that there are women who do not want to engage with the challenge of embracing the intensity of labour, I believe there are still many who do. Many women go into their labours prepared and hopeful, only to find the embodied reality of 'the storms of labour' tossing them beyond their existing resources. Such a powerful description of a birthing woman in the throws of painful creative effort echoes the process involved in achieving other peak performances. These insights offered have much to inform and inspire birthing women in their work of embracing the intensity of labour and transforming pain into power!

Rhea Dempsey June 1998