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[page 131]

Chapter 8

Pushing from the Margins

"Natural Childbirth" in Holistic Spiritualities and Natural Parenting in France and Portugal

Anna Fedele and Florence Pasche Guignard

> "Dear Tiago, I am so happy! I think I found the people who will help us to welcome you into the world!"
>
> —Carolina[1], a Portuguese mother, wrote to her unborn child in her pregnancy diary after meeting the midwives who would assist her homebirth.

> "But, are you insane, Carine? Are you well? Do you realize the risks that you are taking regarding all this?" And I was saying: "Yes, I realize all the risk that I am avoiding [through having a homebirth]."
>
> —Carine, a homebirth mother from France.

This chapter considers nonnormative choices for childbirth by parents drawn to practices of "holistic mothering" (Fedele 2016), "natural parenting" (Pasche Guignard 2015, 2016), and their overlaps.[2] The genesis of this collaborative chapter stems from the many similarities that we, the coauthors, noticed while sharing findings about our respective broader research projects, conducted independently and in different national contexts. Childbirth, and especially forms of births presented as "natural" or taking place voluntarily at home, as well as references to various expressions of spirituality and religion are recurring themes in our studies. Yet, while discussing how our informants, as well as other actors such as medical professionals and media, perceived and mentioned religion and spirituality at the intersection with parenting and childbirth, we noticed how different the articulations between [132] these elements were. For this contribution, we thus take an explicitly comparative perspective, using a selection of data gathered from our research projects,

with the intent of highlighting similarities but also divergences in discourses about homebirth from a parental (mostly maternal) point of view. We chose to focus on France and Portugal (while also briefly bringing in contrasting elements from other European contexts when relevant), because they represent two cases in Europe that tend to be considered as quite different in terms of their level of secularization. In Portugal the great majority is Catholic (at least nominally) and there is only a relatively small percentage of people declaring that they do not believe in God or any spiritual or other force that directs life. France presents itself as a secular country and has in fact the highest percentage of nonbelievers in Europe (Bizeul 2013). In both national contexts, religion played an important role in the construction of positive as well as of critical discourses about homebirth. After presenting case studies in their own contexts, we take a transnational comparative perspective to offer an analysis of alternative birth practices, with a focus on their ritual and spiritual dimensions.

Parents whom we interviewed[3] in France and in Portugal tend to consider "natural childbirth," water birth, or homebirth as more desirable options than birth in a hospital setting. Such alternative options, and especially that of giving birth at home, are regarded as providing a space where individual sensitivities, including spiritual ones, can be freely expressed, and where undesirable medical interventions can be avoided. Future parents who, to various extents, subscribe to the ideal of holistic mothering or embrace natural parenting are more likely to turn to midwifery and alternative healthcare practices than the general population in the specific European contexts surveyed in this chapter. If not all of our informants actually had a homebirth, this increased awareness about childbirth is just *one* component of their broader parenting styles and lifestyles that comprise other practices that their advocates position as "natural," "eco-friendly" or "holistic." Many of these practices are centered on women's bodies (e.g. nonhormonal fertility management based on knowledge of the menstrual cycle), but some also pertain to care of children (e.g. the use of washable diapers and the rejection of some or all forms of vaccination for babies and children).

The parenting choices of our informants in both Portugal and France are rather uncommon in their specific contexts. Birthing at home with a midwife emerges as a particularly controversial choice on the verge of illegality in these countries. As such, it receives "moral" critiques, and homebirthing mothers are accused of selfishly taking undue risks not only for themselves, but also for their baby. Echoing the opinion of mainstream healthcare providers in these contexts, the public generally considers homebirth an unethical and backward choice. In this chapter, we use materials from our respective [133] research projects[4] to examine a persistent association of homebirth with religion and/or spirituality. Though they are also found in North American contexts (Klassen 2001, 2005), these links between religion, spirituality, and homebirth are articulated in very different ways in the European contexts considered in this chapter.

Complementary and alternative healthcare practices that challenge existing biomedical norms and the technocratic model (Davis-Floyd and Fishel Sargent 1997) of hospital birth are viewed differently depending on the broader cultural, political, legal, and religious context in which such practices are used, advocated, given legal recognition, criticized, or even outlawed. In spite of similarities in the practice of homebirth itself and of other nonnormative choices, the specific national and cultural contexts in which they take place give different resonances to homebirth and other forms of less medicalized childbirth. In the following, we demonstrate how the dominant religious or secular frameworks in which homebirth and other practices are discussed also influence its perception. We focus on two case studies from France (Jérôme and Carine) and one case study from Portugal (Carolina), with some additional comparative insights, that show how such ideas and ideals and their interconnections are articulated in the discourses and practices of parents who embrace holistic mothering and natural parenting. The complex scenario that emerges shows the relevance of analyzing moral, religious, and medical discourses together comprehensively.

Discourses that criticize natural childbirth and, more specifically, home- birth, associate it with backwardness, moral conservatism, and an irrational rejection of technology that is grounded in "belief" and blind obedience

to a "nature is best ideology" (Bobel 2002, 98). In these specific contexts, natural birth is associated with ideology, dogmatism and thus, by extension, with "religion" as perceived in a negative way. Inversely, those who account for their personal decision or advocate for the rights of women to choose not only *if*, but *where* and *with whom* they give birth, sometimes underline that the spiritual dimensions they see in childbirth are not taken into account and that its ritual expressions have been displaced by Western biomedical proto- cols of the hospital birth (Grimes 2000, 18). The "paradoxical spiritual gap in the birthing room" is documented in other contexts (see Bélanger-Lévesque et al. 2013 for a study on this issue in francophone Canada). The discourses of detractors, practitioners, and advocates of alternative options to hospital birth refer to worldviews and ideas that participate in either established or emergent forms of religion and spirituality.

In the UK, the United States, Canada, and other contexts, alternatives to highly medicalized birth at the hospital are traditionally linked to religion for several reasons. First, some of their promoters were (or still are) explicitly religious. Moreover, some of the practices of this type of "alternative" forms [134] of birthing and parenting are related to contemporary forms of spirituality (New Age, Goddess spirituality, and other forms of Neopaganism). An example is the advocacy work by Ina May Gaskin who is a midwife on The Farm, a community of hippies formed in the 1960s in the United States. Wife of the spiritual leader of this community, she is the author of the book *Spiritual Midwifery* which continues to serve as a reference in the "natural childbirth movement" (see Delaporte in this volume). Another example is La Leche League, a group advocating "mothering through breastfeeding," which has developed to become an international and secular organization though it was originally founded by a group of Catholic mothers in Chicago in 1957 (De Jager Ward 2000).

In Europe and in North America, several countries now have strong traditions of midwifery and even of homebirth, and consider it as a valid option for childbirth (De Vries et al. 2001), often integrated within government-sponsored healthcare systems. This is not the case in either of the two contexts discussed in this chapter. In the traditionally Catholic countries of South- ern Europe, including Portugal (White and Schouten 2014; Santos 2012; Fedele 2016), and in France, where the influence of institutional religion has decreased due to governmental efforts toward secularization, women's demands for opportunities of less medicalized childbirth models are only emerging. As such, homebirth remains marginal in practice and the object of vehement debates not only among specialists, but in mainstream media depictions. Although Catholicism does not have a clear position in favor of or against homebirth, Fedele's research based on fieldwork in these contexts has highlighted an interesting link between traditionally Catholic countries in Europe and a critical attitude toward homebirth. In this chapter, we discuss cases of France and Portugal, but similar situations exist also in Spain and Italy. Official Catholicism has clearly taken a position against New Age and alternative therapies associated to it (see for instance the pontifical advice regarding New Age: *Pontificio consiglio per il dialogo interreligioso*, 2003). Hence, it is not surprising that Catholic institutions may not be particularly supportive of homebirth and might even regard it as suspicious, because homebirth is often paired up with alternative therapies that, in turn, are associated with New Age. These series of direct and indirect associations explain the absence of support or even the reluctant attitude toward homebirth by the Catholic Church, though its members might think otherwise and still combine elements from their Catholic cultural background with others that they borrow from new religious movements. Specifically how they do so remains to be investigated and we hope that our chapter will encourage further research in this direction.

In France, planned midwife-attended home births have been increasingly difficult to achieve for women wishing to do so. Whereas the practice was [135] possible previously—though marginal and not easily accessible due to a shortage of liberal, independent midwives—recent decisions have considerably complicated access to homebirth. In this context, an independent midwife (*sage-femme indépendante*) is practicing midwifery without any affiliation with or supervision from a hospital or birth center, in contrast with a midwife who works in a hospital (*sage-femme hospitalière*). In 2013, a letter from the Ordre National des Sages-Femmes, a professional organization, reminded its members of their obligation, in force since 2002 but without being thoroughly enforced, to subscribe to a professional insurance to cover potential judicial

pursuits in case of malpractice. The problem is that the cost of such professional insurance is practically equivalent to the annual income of an independent midwife. Only midwives working in collaboration with a hospital could be covered. For this reason, birthing on a "plateau technique," that is birthing in the hospital along with one's chosen midwife who also followed the parturient during the prenatal period, emerged as an accept- able compromise for many parents who wished for a birth with less medical interventions and protocols. The politically engaged (Akrich 2010) *Collectif interassociatif autour de la naissance* (CIANE), constituted in 2003, regularly denounces the over-medicalization of hospital birth as well as cases of obstetrical violence in France. It pushes for changes in practices in perinatal medicine, though these are very slow to come about.

Portugal currently has one of the highest rates of medicalized birth in Europe (EPP et al. 2013, Fedele and White forthcoming) and its C-section rate is amongst the highest in Europe (EPP et al. 2013) reaching a peak of 36.6% until it started dropping after the World Health Organization criticized these rates (WHO 2010). However, just as in France, transformations of medical practices related to childbirth such as the reduction of C-sections or epidurals have been slow moving so far. We do not have systematic national data in Portugal on certain interventions such as the invasive procedure of artificially rupturing the membranes (the *toque*) and other procedures that are extremely controversial, such as the Kristeller manoeuvre (pressing on the uterine fundus). However, based on their own research and discussions with colleagues working on these topics Fedele and White (forthcoming) have observed that the rates of these interventions, though variable amongst medical teams and health institutions, tend to be relatively high. Homebirth exists in a legal void in Portugal and women choosing it tend to be considered by the public as irresponsible and gullible (Fedele 2016; forthcoming).

Considerations about the medicalization of childbirth and about alternative options to hospital birth in France and in Portugal differ from those of other European countries, where homebirth and midwife-led birth centers independent from hospitals are legal, reimbursed, and readily available options integrated within broader healthcare systems. This is the case, for instance, of [136] Switzerland. For several of our Portuguese and French informants who participated in transnational online spaces of discussion or who knew relatives who had given birth in Swiss hospitals or birth centers, the healthcare systems around childbirth in Switzerland represent a sort of middle ground. In spite of a high C-section rate at 33.3% (Office fédéral de la statistique 2016) and routine medical interventions on the bodies of birthing women, other options were nevertheless available to those who actively sought them out. While homebirth remains marginal, it is nevertheless legal, available, and both the medical and the public opinion toward them is not as hostile as in France.

In contrast with other European countries, women in France and Portugal who wish a birth that differs from the norm face significant challenges on the part of the medical establishment, their own families, and, more generally, society as a whole. Those who succeed in accessing the homebirth that they wish for themselves are under significant pressure to account for their uncommon choice. Some women hide their decision altogether from relatives and mainstream medical practitioners alike. Others account for it through a rhetoric that ascribes religious and spiritual dimensions to both pregnancy and mothering, within or outside of the scope of traditional religious institutions. Others do not explicitly refer to a religious dimension, especially in the French context, but rather rely on scientific literature and statistics to document that their choice is a "rational" one.

Many French parents self-identify as "agnostic" or "atheist," though their discourses feature a significant number of references to ideas of "respect" and "nonviolence," as well as other moral and ethical ideals that are not exclusive to one religious tradition but rather related to various expressions of spirituality, humanism being one of them, though French informants rarely self-identify with this label. This approach may be due to the fact that depending on their particular contexts, references to religion or spiritual ideas, whether those

circulating in established religious institutions or in noninstitutional movements, may contribute to making their claims suspicious (though peer groups of like-minded natural parents may find them acceptable). In this context, a certain understanding of secularism or *laïcité* prevails that causes "religion/s," or at least visible religious expressions in the public sphere (including the medical public sphere of the hospital) to be perceived very negatively. The mere mention of "religion" (institutional or not) and even of spirituality in conjunction with birth, thus, is enough to make these homebirthers look extremely suspicious. Parents risk being considered naive or stupid to believe or even simply consider religious dimensions of and discourses about childbirth. References to religion or spirituality may indeed often end up disqualifying these mothers as being under the influence of obscurantist or backward ideologies, whether coming out of religious or naturalist movements. These mothers [137] may even appear as victims of a combination of moral conservatism with a new environmentalist agenda. In Portugal not all women choosing homebirth or other forms of alternative parenting are related to holistic spiritualities.[5] However, in her research on holistic mothering, Fedele (2016) observed that an important number of doulas and also some midwives used alter- native therapies, theories, and practices related to holistic spiritualities. Although less evident, this link seems to exist also in France and has led the State-run organization, MIVILUDES, the *Mission interministérielle de vigilance et de lutte contre les dérives sectaires* (Intergovernmental Mission of Control and Fight against Sectarian Aberration) in its 2006 report to alert against the interventions of doulas and their use of psychological and alternative therapies that could be dangerous for both the mother and the child (MIVILUDES 2006, 68–69). Movements, theories and practices as well as misrepresentations and caricatures related to homebirth often end up lumped together as a fuzzy cluster. Nevertheless, it is important to point out that in spite of many overlaps and commonalities, homebirth, natural parenting, and holistic mothering represent distinct trends that take different shapes and nuances depending on the local and cultural contexts they are implemented in. As suggested in the MIVILUDES report just quoted, in France doulas are associated with homebirth and they also are known for privileging alternative therapies in a country where such therapies are still struggling to be recognized and accepted as valid. Some of these alternative therapies (e.g. Reiki, Bach flowers remedies, lithotherapy, etc.) are often associated with new religious movements and spiritualities such as New Age or Neopaganism, still easily labeled as sectarian or cultic in France. The fact that doulas use alternative therapies makes them therefore appear as being linked to potentially dangerous sects and new religious movements, evoking images of brainwashing and manipulation of individuals in a vulnerable situation. In addition, other actors in homebirth, namely parents, also use alternative therapies. This further reinforces the association between homebirth and therapies that are not those of the mainstream biomedical Western model based on science and rationality.

In France, some perceive the junction of environmentalist ideals with birthing and parenting as a backlash to feminism (Badinter 2010), as its implementation requires women to suffer the pain of childbirth (without an epidural) and, later, to concretely be in charge of the (extra) mother work that these practices require (for instance, being available for "on-demand" breast- feeding or doing more loads of laundry for the washable diapers). Elisabeth Badinter's ideas have some influence also among feminists in Portugal and Portuguese holistic mothers often commented that even if they shared many feminist ideals they did not identify with feminism because it did not recognize their parenting choices as legitimate.

[138]

HOMEBIRTH IN FRANCE: TRUST, SECRECY, AND WITCH HUNT

Jérôme is the father of two children (aged 4 and 1, at the time of our interview). He and his wife Line embrace many of the practices typical of natural parenting, such as fertility awareness based methods of birth spacing, long-term breastfeeding, co-sleeping, using washable diapers or, in summertime, *hygiène naturelle infantile* (that is leaving children diaper- free). Jérôme sees a continuity and a coherence in the choices of his family that are founded on specific values and are all in line with a lifestyle of health and sustainability (LOHAS), a

"gospel of sustainability" already outlined by other authors (Emerich 2011). According to Emerich, LOHAS are a "marketplace, [a] culture, [a] movement and [a] discourse" (Emerich 2011, 6) altogether. Lifestyles of health and sustainability are characterized by the ideas of consciousness (e.g. of personal lifestyles choices pertaining to diet, sexuality, etc. but also of one's choices as a consumer) and of implementing certain values through such choices and everyday practices. LOHAS also place a great emphasis on individual and personal (rather than public) health, both physical and mental, as well as on sustainability as the notion of being mindful and wise in using natural resources and in striving to avoid further damage to the environment. In addition, like a majority of the European francophone parents Pasche Guignard interviewed, Jérôme's family also tends toward a lifestyle of voluntary simplicity (in coherence with observations by Bobel 2002 in an American context). For instance, the family eats a quasi-vegetarian diet that includes a lot of locally sourced, organic, and raw food, and they live without a fridge. Jérôme never gave explicit religious or spiritual motivation for his choices. He said that he did "not like religions in the sense of 'institutions'" but describes himself as a "believer of all spiritualities at the same time." He practices yoga regularly, emphasizing the idea of a "yoga of the rightful action," and said he tried to "come closer to God through prayer and meditation." Jérôme stresses that he likes to understand, feel, have his own experiences, and make his own opinions. This affects his parenting, as he tries to transmit to his children the ideals of love, truth, and rightful action. Jérôme describes his wife Line as more skeptical than he is about the spiritual dimensions of some of their practices. The concrete implementation of principles that both he and his wife agree upon mostly rests upon him, as he has taken on the role of stay- at-home father and is about to homeschool[6] their son.

The experience of the birth of their first child, as recounted by Jérôme, echoes that of many parents who describe such an event in a medicalized setting as "stolen" or "vandalized": what they initially expected as a moment of awe and wonder, something that a few parents even describe as "sacred," [139] was turned into a mechanical series of arbitrary and mandatory protocols. Far from the empowerment described in many homebirth narratives, the birthing mother was reduced to being a patient among many others that a stressed medical personnel with little empathy had to deal with (and get over with). For Jérôme and Line, the outcome was positive in terms of maternal and infant health, but the parents recalled the experience of childbirth as traumatic.

Jérôme and Line had prepared a birth plan for the hospital birth of their first child. Jérôme regrets that their choices were "not respected" and adds: "If we had not done any birth plan, this would not have made any difference." For instance, the immediate "skin-to-skin" contact that they wished for did not take place, though the baby was perfectly healthy. Throughout our interview, Jérôme emphasized several times how much he valued "respect" and adopted "a daily practice of nonviolence" (in part influenced by Gandhi and other spiritual figures) including in raising his children (*éducation non-violente*). Yet, during the birth of their first child, he vividly remembers some rather violent feelings rising in him. As the baby had just emerged, the doctors "took him quite rapidly to plug in tubes in his nose, mouth, and throat." At this moment:

I almost grabbed the arm of the midwife to push her away rather violently because I was absolutely not OK [with what she was doing to the baby] and she did not ask anything, did not say anything, she did that by default . . . and when I told her that I was not OK with this, she said: "Oh, but this goes really fast, it does not hurt him [the baby] and he won't remember it."

Jérôme concludes that the medical team "really were not listening to us, as we would have liked it." Because of their feelings of not being listened to and respected during this first birth at the hospital, Jérôme and Line decided to give birth to their second child at home, with an independent midwife in attendance: "At the human and intuitive level, the way of proceeding of hospitals and physicians did not seem very joyful to me, so to speak, and neither to my wife. And so we started discussing [these issues around childbirth] and we started directing ourselves towards something else."

Their experience echoes those of many parents who choose homebirth, consistent with the values that guide other choices in their lifestyle. The case of Carine, a mother in her late thirties living in Paris, is particularly interesting as she is, in her own words, "in the medical profession," working as a pediatric nurse in an oncology unit. Carine expressed some ambivalence toward sharing her decision of a "move towards as natural as possible a childbirth" with friends, relatives, and colleagues. This was the case of many other French homebirth mothers whom Pasche Guignard interviewed in a [140] context where homebirth is relegated not only to the cultural margins, but to the confines of legality. Carine points out: "When we announced that we were having a homebirth, this was not very well received around us."

There were exceptions, however. Carine describes her own mother as "very natural" and positioned her as supportive of her decision. This contrasts with the experience of many French mothers interviewed by Pasche Guignard, who emphasized that their own mothers—without even mentioning their mothers-in-law and other older female relatives—often were the ones most puzzled and unsupportive about homebirth (as well as epidural-free birth, and other practices of natural parenting, such as breastfeeding for more than the first few months, baby-wearing, or co-sleeping). Carine says that her mother was very curious not about the motivations for her choice, which she understood and supported, but rather about the whole process and the technicalities of pregnancy care. Other relatives seemed to "trust" Carine and her husband in their decision, about which they talked "rather easily" during the first pregnancy. However, because of some very negative comments they received, they decided to "keep things to themselves a lot" during the second pregnancy: "I [heard] some hurtful words, and so, quite rapidly, in fact, we said to ourselves: 'well, we are going to stop talking about this, and we will talk afterwards, after this is done and all goes well.'"

Carine has a Protestant religious background (a minority denomination in France) and describes herself and her husband as "nonpracticing" and even as "agnostic." For instance, their children were not baptized. Never did Carine mention religion or spirituality as influential in their decisions regarding birth. However, in her discourse, the notion of "trust" is constructed in terms reminiscent of the few mothers that inscribed their choice of homebirth in a religious framework. For Carine, in parallel to making clear that her choice was a "rational" one in statistical and medical terms of risk, the idea that she "trusted" her own body and the process of birth, and that other people should too, was important. Only after her homebirth would she be able to, perhaps, have critics change their opinion. Now, Carine says that for her third pregnancy "people know" and that she no longer needs to talk about her choice of homebirth: others do the talking for her! However, Carine still received negative comments especially in her professional circle, some along the lines of those mentioned in the preamble of this chapter, when a colleague of hers suggested that she was crazy or unaware of the consequences and the risks associated with her decision.

These reactions to Carine's sharing her decision of a homebirth are typical of what the interviewed mothers reported, whether or not they actually had one or could not pursue their project. In France, homebirth is still perceived in an extremely negative light, both by the general public and by most medical professionals, as well as in mainstream media (that usually gives voice [141] mostly to doctors and tends to caricature the *mamans nature*, whether the topic reported on is homebirth, extended breastfeeding, or washable diapers). For instance, a recent article in the newspaper *Le Figaro* gives voice to a professor opposing homebirth who states that: "Obstetricians cannot forbid homebirth. But high risk emergency situations for the mother and the child that at a moment's notice doctors have to be in charge of after a late transfer of a woman who started to birth at home appear to them, in some way, as resulting from irresponsible behaviors for the mother but also, and this is more serious, for the child" (Nisand 2016).

In France, many (future) mothers cannot tell others about their choice of homebirth *before* it takes place, and even, in some cases, afterwards. Some mothers even have to keep their project secret from their regular gynecologists, from the maternity where they will still have to register "just in case," and from other healthcare providers. Yet, for many homebirthers, there remains a strong urge to tell others about their

experience, especially when it goes well (which is the case in most instances). Because of this desire to share, there is a proliferation of "homebirth narratives" as a subtype of the broader "birth narrative" genre. Such stories of "successful" homebirths are shared online, mostly under a pseudonym, on specialized blogs and forums (see Pasche Guignard 2015). Like testimonies that will, in turn, influence others, such narratives reinforce women's faith in their capacities to give birth without medical interventions perceived as "unnecessary" or even as "damaging" not only to their bodies and that of their child, but also to their self-confidence as women. Such stories position the home as a safe place and picture the liberal, independent midwife as the only trustworthy provider of health services surrounding pregnancy, childbirth, and postpartum. Carine herself cannot remember exactly how she came to this idea of homebirth, but she mentions that consulting such online media and reading an anthology of such birth stories, titled *Intimes naissances* (Collonge and Collonge 2008) played a role in her case.

HOLISTIC MOTHERS AND THEIR QUEST FOR A SAFE SPACE TO GIVE BIRTH IN PORTUGAL

Holistic mothering is an umbrella term used to encompass different styles of birthing and mothering rooted in the assumption that birthing, breastfeeding, and more generally mothering, are not only physiological processes but also spiritual occasions (see Fedele 2016 for a more detailed, polythetic, definition of holistic mothering). Holistic mothers choose what they describe and experience as empowering ways of birthing and mothering (e.g. homebirth, water birth, prolonged breastfeeding, and other forms of intensive parenting). [142] They also celebrate rituals such as womb blessings, baby blessings, burial of placenta, intended to celebrate birth as an important rite of passage (Grimes 2000; Fedele forthcoming; Klassen 2001) and recognize the sacrality of pregnancy and motherhood. These mothers develop what they often describe as a holistic approach to their health and body that respects the individuality of mother and child but considers them as being intimately interconnected. This holistic approach emerged while discussing wide-ranging topics from feminism to ecology, from education to the resolution of conflict, with mothers (Fedele 2016).

Carolina, whose diary entry opens this chapter, represents a telling example of a Portuguese woman's journey toward homebirth. She is in her early thirties and gave birth to her son Tiago at home, assisted by her husband, a midwife, and a doula. She grew up in an upper middle-class family; her mother is a doctor and always took care of her daughter following what Carolina describes as the typical Portuguese attitude to common illnesses like flu or sore throat: "you take ben-u-ron (paracetamol) and if it does not go away you take antibiotics." Only when she moved from her birth town to Lisbon to study anthropology at university, did Carolina start to distance herself from the kind of education and lifestyle she had received. She gradually became a vegetarian concerned with ecology and tried to lead a sustainable lifestyle. She also joined the youth movement of the Communist party but later distanced herself from it. Gradually rejecting the Catholic upbringing she received, Carolina embraced spirituality without joining a specific spiritual or ecological group or movement. When she became pregnant she and her partner started looking for a hospital where she could feel at ease and respected.

Carolina initially did not want to give birth at home like some of her friends because she did not like the idea of having to pay for a midwife. However, after two encounters with doctors working for the public health system and after visiting two hospitals known to be particularly attentive to women's needs, Carolina realized that homebirth was the only possible choice for her. She described in detail how the doctor who first visited her never established eye contact with her or touched her, he kept looking at the computer screen, taking notes about her answers. She commented: "These were things that really affected me. . . . You know, I felt like, I am not ill, this is a check-up that needs to be done (in a proper way), this is something special. I am pregnant, I do not need him to be my best friend, but. . . ." Shocked by this attitude Carolina asked for a different, female doctor. This one was a bit friendlier but she was not available to answer all her questions.

Talking with her friends Carolina gradually realized that homebirth stories always had a happy ending whereas hospital birth story were often "horror stories." She went to visit a first hospital and she was invited for an "interview." This [143] implied that Carolina had to answer a nurse's questions rather than being able to ask her own questions. She felt as if this was a "job interview." Having forgotten to bring along her booklet containing all the information about her pregnancy Carolina was repeatedly reprimanded. She commented: "Because I did not bring the booklet I am not welcome? What is this? And the dialogue with him was horrible, he was continuously testing me to see if I was strong enough to have a normal birth."

Distressed by this job interview behavior, Carolina left the hospital in tears. After another negative experience at a hospital that presented itself as particularly woman-friendly and alternative because it allowed women to birth on their knees but obliged them to kneel on the bed, Carolina and her husband ended up choosing homebirth as the only possible choice. Carolina described her son's homebirth as a wonderful and empowering experience, a rite of passage that truly transformed her. Carolina's experience is further confirmed by other women Fedele interviewed who had a negative first birth experience in hospital and then a positive and empowering homebirth or who had to finish their homebirth in a hospital because complications arose.

Like other holistic mothers Fedele interviewed, Carolina was highly critical of biomedical models of the body and advocated a more woman-centered care that allowed women to choose homebirth, water birth, or other alternative forms of birthing without being stigmatized as hippies or even worse, as primitive, crazy women putting their children in danger and creating a back- lash against the medical modernization of Portugal. According to her holistic worldview, the baby and the mother formed an inseparable whole and this unity was not recognized by the biomedical establishment who addressed the needs of the baby as different and having priority over those of the mother (Fedele 2016). Like Carolina, other holistic mothers also emphasized that they wanted to give birth in a place where they felt safe and respected because they knew that there would be little or no intrusion from doctors or other birth assistants. For many women, this safe place was their home, but like Carolina, some of them might have chosen a hospital birth if the kind of care given in Portuguese hospitals had been different.

In the Portuguese context, the media tend to describe the choice to give birth at home only in terms of the health risks for the mother and the child. These types of descriptions also tend to present homebirth as representing a risk for the entire society and as a backlash to the Portuguese modernization process ("Obstetras criticam" 2012; Fedele forthcoming). In this scenario, homebirth represents a rural, primitive past related to folk religion and superstition that is perceived as distant but still dangerous. This "primitive" Portugal evoked by homebirth is directly opposed to the kind of modern, up-to-date European country which the Portuguese should be fighting for.

[144]

PUSHING FROM THE MARGINS: WITH OR AGAINST RELIGIOUS AND SPIRITUAL NOTIONS

References to religious or spiritual notions are relevant both in discourses for and against homebirth. Spiritual theories and practices influence the discourses of important authors related to movements promoting homebirth and alternative forms of parenting in North America but also in Europe (e.g. Michel Odent, Frederick Leboyer, and Ina May Gaskin). Goddess spirituality and other forms of contemporary spirituality are particularly relevant for Portuguese holistic mothers (Fedele 2016). In France, explicit references to spirituality are less common, but this can be due to the strong secular dis- courses present in this country. This may lead some homebirthers to fear they will be even more outcast if they describe their choices as related to some form of spirituality or religion. As in the case of Jérôme, other homebirthers also referred to

moral and ethical principles that are usually associated with different forms of contemporary spirituality, however mostly outside of any traditional religious institutions such as Christian churches.

Among both French and Portuguese homebirthers, a certain tension lies not so much in the decision for choosing homebirth, but in whether or not to disclose it to others, most significantly, to their regular medical practitioners. This is due to the fact that in both France and Portugal homebirth tends to be associated with something "backwards." If in the "secularized" context of France religion *tout court* tends to be considered as backwards, in Portugal where the influence of Catholicism is stronger, homebirth is more vaguely associated with a "return to the Middle Ages," an era of obscurantism, superstition, and "primitive" forms of folk religion. Those who criticize homebirth make negative references to religious or spiritual notions. Parents who choose homebirth and those who advocate for a woman's freedom to choose where and with whom she will birth also refer to religious or spiritual notions to frame their discourses, but the ways they do so depend on their context.

Moreover, the decision for homebirth really is that of the mother, whose partner usually agrees with or, in a few cases, follows reluctantly. Neither of the coauthors has encountered any case in which a husband or partner, or anyone else among friends, relatives, or any religious or spiritual groups that they participate in, would talk an undecided woman into a homebirth. Mothers tend to stress that their decision to implement practices typical of natural parenting, such as homebirth, is not imposed upon them, but is their own (for examples see Pasche Guignard 2016, 61 and 65). In some cases therapists or friends suggested the possibility of this choice, but the process of decision- making that followed was made by the mother, usually together with the father. As in the case of Carolina, in Portugal, other women, too, reported that accounts about the positive experiences of other friends who had given birth at home, as opposed to the negative experiences of those having a hospital birth, played an important role.

[145] Through conducting long-term cyber ethnographic fieldwork, in addition to interviews and participant observation on various sites, Pasche Guignard can outline another paradox regarding homebirth and the choice to dis- close: while plans for a homebirth are kept secret, at least before childbirth itself takes place, these projects and their usually successful outcome are widely shared within a community of like-minded mothers and friends or anonymously, on online spaces dedicated to communities of shared beliefs, values, and practices. These offer the support of a community which is only emerging in its offline form in these contexts, in contrast with what have been constituted as real "movements for natural childbirth" in North America since the 1970s. Because homebirth is even less likely to receive support from the mainstream medical establishment than other forms of less medicalized birth, where some notion of medical control over women's bodies exists (e.g. birth in a midwife-led birth center or in the hospital), homebirth is pushed to the margins. Thus, the voices of those who advocate for birth options alternative to hospital settings are either silenced or equated with those of religious obscurantism, a return to the past, a backlash to progress in its technologico-medical form.

A comparison with other francophone contexts is relevant here. While remaining marginal, homebirth is generating an increased interest from both women themselves and from policy makers (partially for economic reasons, as midwives cost less than obstetricians). In an interview about her book, *Une naissance heureuse*, a widely read and quoted work in the francophone natural parenting milieu, Isabelle Brabant, a key figure of midwifery in Quebec and now internationally, underlines that, in the Canadian context, "the relationships between midwives and medical practitioners are peaceful, mid- wives are fully recognized" (Interview by Lahaye 2014). Isabelle Brabant has contributed to restoring midwifery as a medical profession in Canada and, in particular in Quebec, where women's rights to choose where they wanted to give birth were central in activist feminism in the 1970s–1980s, in addition to other key issues such as access to contraception and abortion. In contrast, in France, motherhood and parenting never were a central issue in

political and societal feminist vindication. Brabant adds that Canada does not experience "this witch hunt that is taking place in France around homebirth" (Interview by Lahaye 2014).

As we have seen, in francophone Switzerland, homebirth remains a marginal practice, but nevertheless a legal one, integrated within the mainstream medical system and fully reimbursed by insurance. Several of the Swiss *mamans nature* interviewed for the same study (see note 4), in the context mentioned above, strongly echoed Carine's view that homebirth is not "a goal in itself": though a few of them have had negative experiences with birthing in the hospital, most of the Swiss mothers in Pasche Guignard's research did not regard medical settings as *necessarily* incompatible with what they viewed as a respected birth, a moment that is not only safe at the physiological level, but [146] also meaningful emotionally and, if applicable, leaving room for the spiritual or religious expressions of their choice. Because this option is also legally and financially available to them, these mothers often wish to go to *maisons de naissance*, that are, in the Swiss context, midwife-led centers, structures run independently from, but in planned and constructive collaboration with hospitals. *Maisons de naissance* are situated a few kilometers away from hospitals with the possibility of organizing a rapid transfer of the birthing woman in the very few cases when this is necessary.

In contrast with Quebec and Switzerland, as well as other countries, the rejection of homebirth in France and in Portugal thus appears as particularly striking, in spite of the differences in the religious contexts of these two countries. Predominant public discourses in France and Portugal transform homebirth into a quasi-esoteric practice, addressing a very small circle of parents and future parents already initiated to such ideas and ideals, those already drawn to lifestyles of health and sustainability, among others. This very limited public might be tempted to preach a gospel of natural childbirth, but they often refrain from doing so because of its existence in a gray zone of legal void, because of its still overwhelmingly negative perception, and because these parents receive directly negative comments about their project, some of which might even lead them to doubt and lose faith in their choice. Natural parents therefore have two options: either they share their experiences with people they find to be like minded, which is mainly the case in Portugal, or they share them anonymously and online. Successful homebirth narratives thus position birth as an empowering experience for mothers, even a mystical one for some (in the sense of uncommon and transformative, giving access to dimensions of the self that these women had not yet explored in themselves).

This chapter explored the influence of holistic spiritualities and, to some extent, that of discourses by the mainstream medical establishment, on movements advocating for women's freedom to choose the birth model that works for them. Through our analysis of the experience of parents and mothers who choose options for birth that are not normative in their particular contexts, especially homebirth, we suggest that religious and spiritual perspectives—that are not necessarily mutually exclusive—on fertility, pregnancy, and birth provide a way to challenge mainstream biomedical ideas and procedures that present themselves as grounded in reason, science, and technology. In particular, we showed how associating homebirth to obscurantist practices related to a sort of irrational and dangerous primitive folk religion represents an important aspect that needs to be explored in more detail. This tendency to associate pioneering theories and practices in terms of health and the body with magic and "dangerous" religions is not a new phenomenon, of course. Analyzing the forms this tendency assumes in the context of what could be described as the demonization of homebirth in certain European countries as well as elsewhere, can provide further insights not only about the relationship between (home)birth, [147] spirituality, and religion but also about the complex entanglements between spirituality, religion, and the biomedical establishment.

NOTES

1. All names have been changed to preserve the anonymity of our informants. Informed consent was obtained prior to all interviews.

2. All translations are by the authors of this chapter.

3. Interviewees were selected trying to reflect the greatest variety possible in terms of ages, class and religious background.

4. Anna Fedele conducted her ethnographic research in Portugal but also had informal discussions with homebirth activists in Italy, Spain and francophone Switzerland (Romandie). Florence Pasche Guignard surveyed broader francophone contexts, gathering materials from France, Switzerland, Belgium and Canada. This contribution however focuses on the situation of homebirthing mothers in France. The contribution by Florence Pasche Guignard to this chapter is based on broader postdoctoral research entitled "Natural Parenting in the Digital Age: At the Confluence of Mothering, Religion, Environmentalism and Technology," funded by the Swiss National Science Foundation and conducted at the University of Toronto and the University of Fribourg. Research for Anna Fedele's contribution to this chapter was funded by FCT/MEC (the Portuguese Foundation for Science and Technology) as part of the strategic research plan of the Centro em Rede de Investigação em Antropologia (UID/ANT/04038/2013) and as part of her activities as an FCT investigator (IF/01063/2014). Fedele's research in francophone Switzerland (Romandie) was carried out at the Institute for Social Sciences of Religion at the University of Lausanne and funded through an International Short Visit by the Swiss National Science Foundation in 2014.

5. By holistic spiritualities we refer to "those forms of practice involving the body, which have become increasingly visible since the 1980s, and that have as their goal the attainment of wholeness and well-being of 'body, mind, and spirit.' Such practices are now pervasive within New Age and, to a large extent, neopagan communities, and extend beyond them to shade into the realm of complementary and alternative health care practices (CAM)" (Sointu and Woodhead 2008, 259).

6. Homeschooling is another typical—though actually rare—practice in the cluster of natural parenting. Jérôme holds a teaching degree and has worked in the French public school system before quitting in order to stay home with his children. His wife is still employed as a public school teacher.

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[148]

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[149]

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