Women and Birth 28 (2015) 323–328

Contents lists available at ScienceDirect

Women and Birth

journal homepage: www.elsevier.com/locate/wombi

ORIGINAL RESEARCH – QUALITATIVE

Empathy and spiritual care in midwifery practice: Contributing to women's enhanced birth experiences

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ARTICLE INFO

Article history:
Received 8 January 2015
Received in revised form 28 April 2015
Accepted 30 April 2015

Keywords:
Empathy
Spirituality
Midwifery
Birth trauma
Mothers

ABSTRACT

Background: Research has identified empathy as a crucial ingredient in effective practice for health professionals, including midwifery. Equally, the role of spirituality has been recognised as enhancing the quality of the birth experience through the care, compassion and presence of the midwife. Yet literature discussing birthing women's lived experiences of caregiver empathy and spiritual care appears uncommon.

Aim: The aim of this article is to highlight women's stories about midwives' empathy and spiritual care or lack thereof during birth, in order to contribute to the promotion of more empathic, spiritually aware midwifery practice.

Methods: Ten interviews and seven focus groups were conducted with forty-eight women, including mothers, midwives and staff from a women's service. A secondary analysis of the data was conducted examining women's descriptions and reflections on midwives' levels of empathy and spiritual care.

Findings: When midwives' empathy and spiritual care were evident, women's birth experiences appeared enhanced, providing a solid foundation for confident mothering. Conversely, participants appeared to link a lack of caregiver empathy, compassion or spiritual care with more enduring consequences, birth trauma and difficulty bonding with their babies.

Conclusion: Midwives' empathy and spiritual care can play a key role in creating positive birth and mothering experiences. More research into the role of empathy and spiritual care in enhancing midwifery practice in all birth settings is recommended, as is the increased embeddedness of empathic regard and the notion of 'birth as sacred' into midwifery curricula.

1. Introduction

> "... the empathetic midwife serves as a role model for others in promoting the 'artistry of midwifery at its highest level'. Empathy is thus seen as being essential for the effective provision of midwifery care" (Hall,[1] p. 60).

> "A midwife must constantly put out effort to stay compassionate ... for love and compassion and spiritual vision are the most important tools of her trade" (Gaskin,[2] p. 277).

The empathic clinician–client relationship has been described as the epitome of human connectedness, and counselling, health and medical literature all identify empathy as intrinsic to effective practice.[3–7] In the midwifery context, empathy plays a crucial role in the quality of the relationship between a pregnant or labouring woman and her midwife, a relationship with significant power to influence the trajectory of the birth for better or worse.[8] The above quotes identify a perceived integral role for empathy and spiritual care in midwifery practice. Yet literature documenting birthing women's perceptions of empathy and spiritual care received from their midwives appears uncommon. The aim of this article is to highlight women's stories about midwives' empathy and spiritual care or lack thereof during birth, to contribute to more empathic, spiritually aware midwifery practice.

Hall's[1] exploration of spiritual care in midwifery identified the qualities of valuing, acceptance, openness, intuition, being present, love, compassion and understanding. Each of these qualities implies empathy and emotional connectedness. To empathise is to

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http://dx.doi.org/10.1016/j.wombi.2015.04.009
1871-5192/

understand, to feel for, to share someone's feelings, and to put oneself in another person's shoes.[9] Closely aligned with empathy is kindness, defined as caring consideration, understanding, kinship, benevolence and thoughtfulness.[10] Being truly present with a woman in labour involves empathising with her process, and feeling for and with her as she undergoes the deep sensations and emotions of birthing, while administering appropriate care, kindness and compassion. These qualities are core components of the professional requirements for a midwife. The Code of Professional Conduct for Midwives in Australia[11] stipulates practiced kindness as essential to preserving the dignity of, and protecting the potential vulnerability of, birthing women. Kindness serves as a neutralising role in the power discrepancy between midwives and birthing women. For this reason, the Health Consumers' Council (Western Australia) in its input into the Code, specified kindness as an irrefutable requirement of midwives.[11] The Council noted that a major complaint about midwifery conduct was the absence of kindness, and conversely, women were most impressed by caregivers who showed simple acts of kindness and consideration.[11]

2. Background, origins and definitions of empathy and kindness

Lipps has been attributed with initial conceptualisation of the term empathy.[12] For early empathy philosopher Edith Stein,[13] empathy involved objective tuning-in, deep, subjective connection, and conveying back both objective and subjective perceptions to the client in a way that centralised their common humanity. Subsequently, empathy researchers have explored the role of altruism, motivation, perspective taking and within-group preferences in giving empathy,[14–16] while more recent researchers have hypothesised the role of brain mirror neurons in feeling empathy.[17,18] Other authors speculate on an increasing erosion of empathy, although not all authors agree.[19,20] Regarding kindness, Philips and Taylor,[10] explained how kindness embodies benevolence, altruism, pity, kinship, public spiritedness, Christianity, and helping. They describe how, with the rise of individualism, kindness suffered a public downgrading and by the 19th century, kindness was "feminized" and "ghettoised" (p. 40). Although somewhat revived, the maternal image of mother and child was upheld as the "quintessence of kindness"[10] (p. 42).

Western definitions of empathy often include differentiation from sympathy[3,4,21] although in Indigenous health care, empathy and sympathy are seen as more closely related.[22] While the use of empathy most often is associated with positive clinical outcomes, a commonly held view is that too much empathy can lead to compassion fatigue and burnout.[23] In contrast, Harrison and Westward[24] identified the preventative role of 'exquisite empathy' (p. 212) where a practitioner attunes through emotional resonance with a client in a way that respects boundaries but enlivens and empowers them both. Goleman[25] described empathy as "our social radar" (p. 134), while Ratzan[26] argued that "for most of us empathy is an emotion we have at our disposal" (p. 20).

3. Empathy and spirituality in midwifery

In reviewing the research on what makes a 'good' midwife, Nicholls and Webb[27] concluded that alongside technical expertise, it was good communication skills, kindness, compassion and "being there" that qualified a midwife as "good" (p. 427). Equally, Byrom and Downe[28] identified empathy, kindness, warmth, friendliness and caring as necessary traits, and Hall[1] included midwives' use of intuition and caring touch as communicating their empathy. Building on the work of others,[3,27] McKenna et al.[29] reported that empathy allows midwives to gauge a diverse range of situations from needing to care for and console mothers who have experienced a miscarriage, to sharing the happiness of a new family and everything in between. Conversely, in a recent study by Mollart et al.,[30] empathy appeared limited, and factors including years in the profession, night shift only, and women with multiple psychosocial issues contributed to midwives "not really caring what happens with some clients" (p. 29).

Regarding spirituality, in nursing literature spirituality has been noted as intrinsic to humanity.[31] Equally, Pembroke and Pembroke[8] pondered the role of spirituality in midwifery. They reported that birthing women wanted midwives to be honest, respectful, available and sensitive to their needs, and highlighted loyalty and authenticity as core to spirituality in midwifery practice.[8] They[8] identified a "spiritual strength" or connection that enabled midwives "to fully actualise their relational capacity" (p. 321). Pembroke and Pembroke[8] further reported that the effects of the birth experience impact the future, with the potential for long-term positive or negative effects for the woman, and her relationships with her partner and children.

Well known midwife Ina May Gaskin[2] articulated the ethical requirements for spiritual care and empathy in midwifery practice, insisting that a midwife has an obligation for sensitivity, empathy and care "because the energy she is dealing with is Holy" (p. 276). According to Gaskin, during the process of guiding a baby into the world, a midwife is handling not just her own energy, but also the exquisitely sensitive life force energies of a mother and a baby. Gaskin argued that midwives must vow to put the welfare of mother and baby first because they have a spiritual responsibility to respect other people's energy as sacred. For Gaskin, the role of the midwife is to keep the "sacrament of birth" holy (p. 277).

In a religious sense, a sacrament is seen as a ritual that imparts divine grace.[9] In a secular world, sacraments remain evident in christenings or baptisms, first communions, weddings, funerals and anointing of very sick people. Exploring the deeper symbolic function of sacraments, medical intuitive Caroline Myss[32] maintained that sacraments provide symbolic tasks for spiritual growth and healing, providing guidance through personal milestones in our lives as we advance in spiritual maturity.[32] As most recently affirmed by Crowther et al., birth can been regarded as a sacrament,[33] and it holds symbolic and actual tasks of spiritual maturation for the birthing woman.

As an experienced midwife, Gaskin[2] observed that the energy laws governing birth were akin to the laws of physics or astronomy, and that birth attendants must know how to respect the laws of nature. If a birthing woman is supported to attune to these natural laws at work within her, she can emerge from the experience with latent maternal capacities switched on inside her brain.[34] Similarly, Pearce[34] argued that when a mother cradles her newborn to her breast immediately after birth, "a major block of dormant intelligences is activated in the mother, causing precise shifts of brain function and permanent behaviour changes" (p. 115). These "ancient mammalian nurturing intelligences and latent intuitions" (p. 115), are activated in the mother during an undisturbed birth through a sophisticated hormonal sequence prompting intuitive knowing that enables the mother to care for and communicate with her baby.[34]

The role of the midwife is to facilitate this awakening and to preserve the birth process so that it remains as undisturbed ('holy' in Gaskin's words) as possible. When nature's blueprint is disrupted, it is possible that the spontaneous activation of this maternal intuition becomes compromised or impaired, with devastating consequences.[35] There is an expanding body of evidence showing that mothers' bonding with their babies is adversely affected by birth trauma,[36,37] and conversely, that the loving care of a midwife can assist in the spiritual self-development of a woman during the transformation to motherhood.[1] Given the