

AN ABSTRACT OF THE THESIS OF

Jeanette M. Biddle for the degree of Master of Arts in Interdisciplinary Studies in Speech Communication, Speech Communication, and Anthropology presented on August 26,

1996. Title: The Blessingway: A Woman's Birth Ritual

Abstract approved: _____

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Judith K. Bowker

This study examines participants' perceptions of the significant messages and meanings communicated to them through the ceremony of the Blessingway (a ritual titled after the Navajo Blessingway), a contemporary women's birth ritual performed by midwives. A narrative approach was used for data gathering based on Fisher's rationale that meaning emerges through narrative. Fifteen women participated in open-ended interviews. Thirteen of the women identified themselves as midwives. Four major themes emerged from the data: (1) interconnectivity, (2) care, (3) change, and (4) power. The results of the study show the Blessingway's role in communicating a group's care during a time of transformation, usually birth. Adoption, marriage, and entry into midwifery were also mentioned in the study as occasions for a Blessingway ritual. During a Blessingway, many levels of relationship intersect and emphasize the "web of connectedness" the women consider part of their lives. The continuous, multidimensional, and overlapping nature of interconnectivity defines the places of connection highlighted during the Blessingway ceremony. The sense of connectedness generates bonds of care--cohesion, nurturance and safety--and provides a "cocoon-like" environment. Once nurtured and protected, the women feel the support of their community. The women then resolve and transform the contradictions and ambiguities of their liminal state, acknowledge their value of self, recognize their own power, the power of their community, the power of the circle of women and the power of the archetypal woman.

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The Blessingway: A Woman's Birth Ritual

by

Jeanette M. Biddle

A THESIS

submitted to

Oregon State University

in partial fulfillment of
the requirements for the
degree of

Master of Arts in Interdisciplinary Studies

Completed August 26, 1996

Commencement June 1997

Master of Arts in Interdisciplinary Studies thesis of Jeanette M. Biddle presented on August 26, 1996

APPROVED:

Redacted for Privacy

Major Professor, representing Speech Communication

Redacted for Privacy

Committee Member, representing Speech Communication

Redacted for Privacy

Committee Member, representing Anthropology

Redacted for Privacy

Chair of Department of Speech Communication

Redacted for Privacy

Dean of Graduate School

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ACKNOWLEDGMENTS

I would like to express my appreciation to Dr. Judy Bowker, Dr. Roberta Hall, and Dr. Trischa Knapp for their help and encouragement throughout the process of completing this thesis. Also, my gratitude to Yuji Hiratsuka for serving as my graduate school representative.

I also would like to thank my committee chair, Dr. Judy Bowker, for her belief in the significance of my vision and her ability to guide and support me with enthusiasm, professionalism and concern. She has contributed much to my success at Oregon State University in ways too numerous to mention.

A special “thank you” to all the women who shared their Blessingway stories and provided the basis for my thesis. Your voices inspired me throughout the writing process.

Thank you, Michelle, Pamela, and Shelley. Because of your birth stories, my initial spark of curiosity regarding homebirth and midwifery was transformed into profound admiration. In each of you, I see the power and beauty of birthing women--women of strength and conviction.

My thanks and appreciation to my husband, Ron, for his love and support. Ron's presence during this journey added to the richness of the experience. Oh, the stories we will tell to our children and grandchildren!

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This thesis is dedicated to my parents, Rosemary and Arthur DeBolt.
Without their influence, I would not possess
the strength, courage, and perseverance
necessary to reach my goal.

THE BLESSINGWAY: A WOMAN'S BIRTH RITUAL

Chapter 1: Introduction

As a woman and as an author, I bring my history with me. As a consequence, my experiences will intersect with the women who are part of my research. In order to begin the process of bringing their experiences of the Blessingway to light, I must bring my experiences regarding midwifery to light also. This section is my narrative, an account of an evolutionary journey into the study of midwifery, which led ultimately to my thesis topic. Gilligan (1993) states that “bringing the experiences of women and girls to full light, although in one sense perfectly straightforward, becomes a radical endeavor” (p. xxiv). Since we all are “essentially storytellers,” (Fisher, 1984, p. 7) my thesis starts with a story.

My first exposure to midwifery occurred when my grandson died. What began in disbelief, anguish, and a small circle of women, evolved into a firm conviction that female birth attendants, birth rituals, and women's birth stories are worthy topics for serious research and discussion. My oldest daughter, Michelle, had a midwife assist her at the birth of her son. The baby had to be resuscitated and put on life support. Ten hours later Christopher died. The fact that a midwife attended the birth had little to do with the baby's death. Quite simply, babies sometimes die without apparent reason, without negligence, or even with the aid of advanced technology.

The revelatory nature of this experience centers on the social support provided by the midwives rather than the tragedy of my grandson's death. The midwife and her apprentice, who were with Michelle when she gave birth, also went to the hospital. As other midwives arrived, the group increased to five or six women. They formed a small

circle of women who cried, hugged, and comforted Michelle, her husband, me, and each other. Even in my pain, I was aware that something was different in the way they spoke of death. Later, I realized that although the physicians, nurses, and other hospital personnel were kind and thoughtful, their communication was essentially impersonal. It lacked the interpersonal quality of the midwives' style of communication.

Three months later, my other daughter, Pamela, gave birth at home with her children, her husband, my husband and myself present. Michelle was also there and assisted the midwife. In various degrees, the birth acted as a catharsis for those of us who had gathered for the birth. It helped to start the healing process. We grieved for Christopher and rejoiced in the birth of Elizabeth.

In time, Michelle became a midwife. She studied, apprenticed, passed her board exams, received her license, and developed a midwifery practice. I was unsure about midwifery and read about it extensively. A sociology professor at the university I was attending referred me to the writings of a colleague who had researched and written about midwifery. I read many journal articles and books that mentioned (1) the empowering effects of a midwife-assisted birth, (2) the long prenatal visits that allow for education and social support, and (3) the relationship and bond that develops between the midwife and client.

When my husband's daughter, Shelley, chose Michelle as her midwife, I saw the phenomena described in the journal articles and books occur with Shelley. Shelley grew into a confident, mature young woman. Between Michelle and Shelley I saw a strong, caring relationship develop that replaced a once superficial one. I heard the care in their

voices when they talked about each other and saw the expressions of mutual concern on their faces.

These factors, coupled with my ongoing interest in health communication, led me to an interest in researching communication behaviors of midwives and their clients. While research in this area exists in other disciplines, within the communication discipline no studies mention midwives and their clients. Midwifery is a distinctly feminine profession and evidence of its existence reaches back into antiquity. Maternity care and related practices were discussed and described in writing during the time of Hippocrates and probably stemmed from earlier writings (Kay, 1982). This curious lack of information in the communication discipline represents what Eisler (1988) refers to as the “other half of history,” history that exists but lies buried because it is devalued (p. 104).

The Problem and the Research Purpose

Women's birth stories have had little value in the scientific/medical world. When women visit a physician for pregnancy, rarely, if ever, are they advised to listen carefully to their mother's, grandmothers', aunts', sisters', or friends' birth stories. In fact, they may be cautioned to ignore their relatives and friends and to instead listen only to their physicians. Yet, in the U.S., prior to the 1930s, women learned about pregnancy and birth through other women's birth stories. During the years prior to the medicalizing of childbirth, Leavitt (1986) states that the “experiences of other women could be learning tools for the birthing women” (p. 209).

The purpose of this research is not to challenge the value of medical care or technology during childbirth, but to challenge the notion held by many professionals that women's birth stories are merely useless "old wives' tales." The value of narrative, per se, is not the issue either. The issue is the value of women's narratives regarding their bodies, their experiences, their beliefs, and their rights to be heard--to have voice. One way to hear this voice is to listen to women's stories about the Blessingway--a ritual performed for a variety of occasions but primarily before birth.

The purposes of my research are (1) to give voice to women's stories concerning the Blessingway that have not been recorded and therefore not heard in the academy, and (2) to examine, in a scholarly and feminine manner, women's perceptions of the significant messages and meanings communicated to them through the ceremony of the Blessingway, a prenatal birth ritual. It is my hope that by accomplishing these purposes, I will have enriched the discipline of speech communication and will provoke discussion among those who read this work.

The term "midwife" used in this study refers to birth attendants who have received their training through one of two ways: (1) a direct-entry or apprenticeship process and certification in midwifery or (2) a nursing degree with additional study and certification in midwifery. In states where the practice of midwifery is legal, state regulations dictate which type of training is required for licensing. Additionally, the women participating in this study belong to the dominant North American culture in the late twentieth century.

Theoretical Framework

For the purpose of this study, I have organized the theoretical components into four topics: (1) Birth, (2) Birth Rituals and Myths, (3) Power, and (4) Women's Stories. In each case, I discuss the researchers' views and the effects the theoretical concepts have on women and their birth experiences. This section complements the literature review section. Together the two sections provide the cornerstone for my research.

Birth

In her cross-cultural studies of childbirth, Jordan (1980) found that birth plays an important role in contemporary societies as a biosocial event, a life-crisis. Indeed, in most societies, a sense of vulnerability or danger is associated or symbolized with childbirth (Lozoff, Jordan, & Malone, 1988). All societies manage life-crisis events in prescribed ways. Depending on the society, however, there may be more or less latitude for variance. The degree to which power is attached to birth determines the degree of variance allowed within that society.

The way a society defines birth underscores the importance of birth's role as the center of societal power (Kay, 1982). Birth, Jordan (1980) states, is culturally regulated within political, social, and spiritual structures. These structures within society determine the issues regarding the who, where, when, and why of pregnancy and birth. Each structure reinforces the other structures and forms a unified concept maintained by the cultural systems (Kay 1982). Oakley maintains that society's methods and symbols used for dealing with childbirth are the accumulations of the "negotiated realities" of the culture

(1984, p. 276). Not only are society's beliefs evident during birth, but, Davis-Floyd states, a woman's core beliefs and values intersect during birth (1992).

An understanding of how women's birth stories came to be devalued and silenced is not possible without first understanding the historical and ideological background that led to the medicalizing of childbirth. From the earliest of times until the last hundred years, women attended each other during birth. Men were not welcome into the birthing chamber. With the development of tools--forceps--and anesthesia--ether and chloroform--the embryonic field of obstetrics made its presence known in the women's-only birthing chamber.

In the United States, the move of childbirth from the home to the hospital was not forced on women. Women willingly chose to birth in the hospital. The women's desire for pain relief and better outcomes for unexpected complications during birth provided the impetus for the move to the hospital. The reasoning was sound and very understandable--childbirth can be extremely painful and death was a common occurrence during childbirth¹ (Armstrong & Feldman, 1990; Leavitt, 1986; Oakley 1986). Unfortunately there were costs to the perceived benefits. When the transference was complete, the face of birth in the U.S. was forever changed.

Armstrong and Feldman (1990) state that originally the urban poor were treated at hospitals. Although many of the poor continued to give birth in their homes with

¹ R. Sarah's article, "Power, Certainty, and the Fear of Death" contains a poem which begins with a reference to childbirth and death: "The shadow of death has always hung over the birthing bed. Time was, every midwife was a baptizer. Usually, safe passage, but every midwife could wrap a shroud . . ." (p.1).

midwives assisting them, the “poorest of the poor, frequently unmarried” gave birth in charity hospitals or medical school-affiliated clinics (Leavitt, 1986). During the second half of the nineteenth century the medical community began to extend research to pregnancy and birth--medical education in obstetrics was established. Yet even during the early years of the twentieth century, states Leavitt (1986), many physicians' obstetrical education consisted of practicing on manikins rather than assisting at actual births. This did not change until medical schools changed their obstetrical curricula and training policies to include assisting at births.

The physicians realized that by removing the midwives from competition for births the doctors would have more patients to treat and consequently practice on. Although there had been an ongoing battle for midwives' patients by physicians for many years, the new interest in research provided the final impetus to exclude midwives from childbirth. Medical literature vilified the midwife and portrayed her as dirty, drunk, incompetent and ignorant (Armstrong-Feldman, 1990; Leavitt, 1986). The campaign against midwifery was a success; the physicians achieved almost total control of childbirth (Armstrong & Feldman; Leavitt). Between 1910 and 1930, Armstrong and Feldman note, the midwife “all but disappeared from public awareness” (p. 81). Treichler (1989) states that “academic influences, court cases and the hierarchy of the physicians themselves” firmly established the monopoly on birth care and the “dominant position of the medical model” (p. 432). This silencing of midwives foretold the silencing of women's voices regarding pregnancy, labor and birth that came soon afterwards.

The intent and the goal of medicine was that all women experience safe and healthy pregnancies and the delivery of healthy children. Unfortunately, this was not the case then nor is it the case now. As late as the 1920s and 1930s, Leavitt (1986) states that “rather than making childbirth safer, physicians . . . according to their own evaluation, were responsible for maintaining unnecessarily high rates of maternal mortality” (p. 182). It simply was not safe to have a baby in a hospital for rich, poor, or middle-class women. Drs. DeLee and Siedentopf, obstetrical pioneers, declared in 1933 that “hospitalization of maternity cases is increasing everywhere, but the puerperal² mortality is not decreasing anywhere . . . something is wrong with the maternity wards of general hospitals” (p. 14). By 1938, 50 percent of all U.S. births occurred at hospitals (Davis-Floyd, 1992).

By the 1940s and 1950s, Leavitt (1986) explains that stricter aseptic practices, antibiotics, transfusions and increasing regulation of obstetrical procedures and practices reduced the rate of puerperal infection and maternal death dramatically. It is sometimes smugly assumed that modern scientific health practices are immune to such medical misjudgements or aberrancies. Unfortunately, that is not the case. For instance, the importance of prenatal nutrition was not researched until the 1940s (Montague, 1964). Yet, even once the significance of a nutritious diet was established, physicians militantly proscribed a gain of no more than twenty pounds during pregnancy. Not until the 1970s, thirty years later, did physicians stop stressing a limited weight gain during pregnancy.

² Puerperal fever refers to an infection of the uterus after childbirth. It usually occurs when bacteria is introduced through the use of non-sterile procedures by birth attendants.

Other harmful procedures and prescriptions were used as recently as the early 1960s. Oakley (1986) notes that X-rays were performed on pregnant women as a diagnostic tool of pregnancy until the late 1950s. Montague (1964) reports that thalidomide, a drug routinely prescribed as a sleeping pill in Europe, was found in 1962 to produce dramatic birth defects in children whose mothers used the drug while they were pregnant. During the early 1960s Montague states that scientists were urging complete abstinence from all drugs, even aspirin, during pregnancy. Unfortunately, many physicians still believed that the placenta provided a barrier, a shield of safety, for the fetus. Appetite suppressants, tranquilizers and other drugs were routinely prescribed by obstetricians as late as the mid-1960s and early 1970s in spite of researchers' warnings and the earlier tragedy of thalidomide caused birth defects.

Recently, the routinized use of ultrasound during pregnancy is raising alarm by many researchers. Oakley (1986) parallels the rise in popularity of the X-ray during the first half of this century and ultrasound's popularity as a diagnostic device. Oakley notes the similarity in the medical community's response in both instances--the ready acceptance to embrace technologies that had not been proven safe for pregnancy.

Researchers urge restraint during pregnancy--not just for ultrasound use but all non-essential birth technologies. Researchers also advocate changes in the methods used to introduce new birth technology. Unfortunately, the alarm concerning ultrasound use during pregnancy and the pleas for change have not been seriously heeded (McKinlay, 1981; Mitford, 1992; Oakley, 1986; Ruzek, 1993; Wagner, 1994).

One explanation of why the medical community continues to experience tragic mistakes is the failure of the medical establishment to practice the standard rules of biomedicine. Fifteen years ago, critics and researchers plead for “adequate clinical trials,” randomized controlled trials, before adopting medical innovations (McKinlay 1981, p. 374-375). Again, in 1987, Foote repeated the demand for reform. Five years later Wagner (1994), physician and consultant to the World Health Organization, continues to call for change and cites additional circumstances that raise considerable concern. Wagner maintains that “private sector research and development is largely driven by economic considerations and is conducted without public accountability” (p. 20). Wagner also stresses that “commercial interests are also largely in control of birth technology assessment since assessment procedures are designed by the manufactures and carried out by doctors connected in one way or another to the manufactures” (p. 20-21).

The effect of layers upon layers of court cases, medical and research institutions, and the physicians themselves, over the course of one hundred years, created the medical model as the dominant position during childbirth. The dominant position the medical establishment holds today, Treichler emphasizes, represents an “outcome, not a determinant of these historical developments” (p. 432). When the medical establishment gained control of pregnancy and birth, the medical profession also gained control of pregnant women by silencing them and their birth advocates--the midwives. Instead of women helping women give birth, something that they considered integral to their lives and others, women were led to believe that a physician's presence was necessary at all births. The concept of the doctors' protective presence during birth “to take care of”

birthing women rather than “help” them led to a paternalistic attitude by physicians and “obliterated millennia of women's own birthing traditions” (Leavitt, 1986, p. 194).

Women's empirical knowledge of birth and their own personal experiences were discounted, considered ignorant, and finally silenced.

Birth Rituals and Myths

Women have historically and cross-culturally talked of birth, birth myths, and rituals. Many anthropological studies focusing on diverse societies and peoples mention birth rituals (Grinnell, 1896, 1902; Kay, 1982; Kitzinger, 1980; Kluckhohn & Leighton, 1974; MacCormack, 1994; Van Gennep, 1969; Vorth, 1905). Kitzinger found that when culturally significant symbols are used during a birth ritual, the woman makes a connection to the culturally ingrained values and birth proceeds with meaning--the meaning her culture determines.

A common theme appearing in many ancient and contemporary societies, Eisler (1988) mentions, is the feminine power to reproduce, give life, and nurture. Early societies tended to see the miracle of new life in nature as connected to the miracle of a woman's ability to give birth, therefore linking the seasons of nature with the seasons and cycles of women (i.g. menstruation, pregnancy, birth, menopause). Some women in the U.S. refer to their menstrual cycle as their moon cycle. Perrone, Stockel, and Krueger (1989) maintain that women are connected to the “cycles of nature” and by this, reflect the embodiment of all that it means to be woman (p.214).

Another recurrent theme, women caring for each other, appears throughout history and across cultures. Leavitt (1986) observes that before birth was managed by physicians, women attended to each other during childbirth. Leavitt also relates that the birth customs and rituals the women created formed the foundation of a supportive group identity (p.210). Perrone et al. (1989) suggests that rituals are a form of comfort, faith, and security. We are comforted when we know that we are with others that share our beliefs. Gilligan (1993) notes that through intimacy women's lives "come . . . to appear increasingly coherent and safe" (p.43). This view contrasts with the scientific medical model that values detachment and objectivity. Women come to know themselves and their identity through intimacy with others (Gilligan, 1993). There is a very strong and personal power that comes from control of the intimate process of birth. Though Davis-Floyd (1992) suggests most hospital's standard birth procedures are ritualistic in nature, they deny women an intimate empowering experience.

Many researchers note the value of ritual in today's world (Arntson, 1985; Braithwaite & Baxter, 1995; Brown, 1980; Davis-Floyd, 1992; Goffman, 1967; Moore & Myerhoff, 1977; Perrone, Stockel & Krueger). Browne (1980) and Davis-Floyd state that though rituals have changed in contemporary secular society, the need for them has not lessened. The changes in rituals reflect the changes of our society. One such birth ritual, the Blessingway, practiced in the United States by midwives and their clients, is linked to the renaissance of midwifery during the 1970s.

In all societies, birth is seen as much more than a mere physiological occurrence. In the past, as now, the birth of a child is considered an event. This enduring regard for birth

exists, in part, because of its universality. We all have a mother who gave birth and brought us into the world. As a topic of contemplation or study, the subject of birth also transcends time. The ability to create life, even in our highly technical age, is still met with wonder and awe just as it was in antiquity. Ancient artisans left birth scenes etched or painted on artifacts suggesting that they, too, considered the birth event a special occasion. "Birth," Lang (1993) emphasizes, "is the ritual of life itself" (p. 6).

Power

For centuries women maintained the decision-making authority in childbirth. Not until they chose hospital birth over home birth was this power wrested from them, as was the support of their friends and family. Leavitt states that once at the hospital, the physician . . . could control the birth and the women (1986). This was his domain, not the women's. Women lost their decision making authority when they opted for hospital births.

By 1992, 94.2 percent of U.S. women chose a hospital birth (U.S. Department of Health and Human Services, 1992, p. 17). Since 1975, the rate of hospital births started to slowly decline. Jordan (1980) credits a trend towards natural childbirth and homebirth as increasing people's awareness of the relationship between the social, physiological, and cultural aspects of birth. Additionally, midwives' presence at U.S. hospital births changed from a mere .6 percent in 1975 to 4.4 percent (178,860) in 1992. Home births attended by midwives comprised .6 percent (24,390) of all U.S. births in 1992. (U.S. Department of Health and Human Services, p. 3). Studies by Annandale (1987) and Blais, Lambert, Maheux, Loiselle, Gauthier, and Framarin (1994) stress the "client centered,"

empowering, respectful, flexible attitudes and the “friendship” quality of midwives' communication behaviors. The same qualities of care that were once denied women when they chose hospital births are the very ones, some researchers propose, that provide the impetus for the increase in midwives as birth attendants and the increase in home birth.

The midwife/client relationship is consistently mentioned as integral to the practice of midwifery (Armstrong & Feldman, 1990; Blais et al., 1994; Davis-Floyd, 1992; Skala, 1988). A major tenet in the midwives' philosophy is the belief that the birth mother should retain control over the birth process. The essence of this control is the ability to make oneself heard--to have voice, and to be an “active agent” (Davis-Floyd, p. 225). Without voice, women have little control over their birth experience. They are stifled in their attempts to choose where, how, when, and with whom they will give birth. When women are actively involved in the decision-making processes of birth, they are more apt to describe themselves as having power, being in control, and satisfied. Twenty years ago, in her book Immaculate Deception, Arms (1975) described conventional medical procedures and the experiences of women during childbirth in the United States. She found that many of the women she interviewed who had previously described their hospital birth experiences as satisfying would become distressed the longer they talked to her. Their stories, many times, were the stories of powerlessness, fear, and unhappiness.

A generation later, researchers and midwives report that when women maintain control of the birth process, it often leads to empowerment, satisfaction, and more positive outcomes (Crowe & von Baeyer, 1989; Collins, Dunkel-Shetter, Lobel & Scrimshaw, 1993; Kreps & Thornton, 1984; Oakley, 1984).

Women's Stories

When the place of birth moved to the hospital, the focus of birth changed from the birth mother and her attendants to the physician. It was the physician who “delivered” the baby and who directed the entire process. Women were considered passive participants. When they later told their birth stories, these women usually told stories about the procedures, the physician, or the anesthesia. The focus changed. Women's stories were no longer about their active role in their labor or their birthing of the baby. Framing birth as a medical problem to be rigidly controlled within a hospital setting led to a generation of women whose birth stories have been redirected away from themselves. In a kind of silencing, these women's narratives lost the personal component, sometimes because of new technology such as anesthesia and sometimes because of the emphasis on the peripheral procedures in the hospital. As a consequence, these women had different kinds of birth stories to pass on to their daughters or granddaughters. Armstrong and Feldman (1990) claim that these new practices prevented women from being able to answer important basic questions about womanhood and birth. As a result, women can never share the strength and power of this significant event in their lives (Armstrong & Feldman, 1990). If Armstrong and Feldman are correct, women may have lost a part of their feminine legacy in the silence. Christ's (1980) statement echoes the same refrain:

women's stories have not been told. And without stories there is no articulation of experience. Without stories a woman is lost when she comes to make the important decisions of her life. She does not learn to value her struggles, to celebrate her strengths, to comprehend her pain. Without stories she cannot understand herself (p. 1).

The experience of childbirth affirms the importance women have for each other. They need each other (Leavitt 1986). No longer is the “wisdom of the forgotten feminine . . . trivialized, considered irrational and superstitious” (Lowinsky, 1992, p. 37). Simpkin (1992) notes that because a woman’s labor and birth are experiential rather than the referential experience of those around her, she needs to explicate to herself and to others on a verbal or cognitive level what she felt. Christ (1980) states, “in a very real sense, there is no experience without stories. There is dialectic between stories and experiences. Stories give shape to experience, experience gives rise to stories” (p.4). Perrone, et al. (1989) state, that in order “to subjectively understand the intimacies and influences in women’s lives” women must “build a new perspective based on women’s experiences in women’s words” (p.215).

Chapter 2: Introduction to Literature

The term “Blessingway” stems from the Navajo religion; however, the Blessingway ceremony performed by midwives is not a Navajo ceremony. I found no clear, direct relationship between the Navajo religious practice of the Blessingway and the ceremony that midwives perform, but elements within the midwives' ceremonies are reminiscent of the Navajo Blessingway (e.g., cornmeal, ritual bathing, incense, chanting, singing). Certainly, in addition to the concrete ritual elements that both Blessingways share, the goals of both are analogous. Each--the Navajo's and the midwives' Blessingway--strives to create peace, joy, and harmony by reframing the participants' perceptions.

Another important point concerning the two Blessingway rituals that deserves mention is the issue of cultural appropriation. Lang (1993) states that

the word Blessing Way is taken from the Navaho [sic] culture, and yet only a small part of what I present to you is traditionally Navaho [sic]. Perhaps in the evaluation of this material, [in her book on Blessingway] a new and more appropriate word will emerge which better expresses who we are in this melting pot of North America. For the moment, I shall continue to borrow, with all due respect, the concept of Blessing Way from the Native American and more specifically the Navaho [sic] tradition (p.1-2).

The midwives' borrowing of the name “Blessingway” and its ritualistic elements from the Navajo may be considered a form of cultural appropriation of spiritual resources by many Native Americans. Whitt (1995) describes the situation more vehemently

whether peddled by white shamans, plastic medicine men and women, opportunistic academics, entrepreneurs, or enterprising New Agers, Indian spirituality--like Indian lands before it--is rapidly being reduced

to the status of a commodity, seized, and sold. Sacred ceremonies and ceremonial objects can be purchased at weekend medicine conferences or via mail order catalogs (p. 2-3).

Another researcher, Smith-Nolan (1995), found that in the past thirty years in the U.S. and Europe there has been a surge in cultural movements employing indigenous spirituality. Additionally, Smith-Nolan (1995) states that “for many local [Corvallis, OR] Native Americans, identity does not come through spiritual search, but from the power to define and maintain territory” (p. 112). Territory in this sense is not only physical but cultural and spiritual (Smith-Nolan). Locally and nationally, Native-American feelings on this issue are complex and divided.

Regarding pregnancy and birth, the power of Native-American women to define what pregnancy and birth mean to them is complicated by what Rockwell (1995) states have been common practices among ethnographers--editing Native American birth narratives and comparing the dominant culture's childbirth practices to Native American childbirth methods. Both procedures led to much information being lost because it was considered unimportant and led to distorted views of Native American pregnancy and childbirth practices (Rockwell, 1995). In deference to the ethical implications this study raises, the review of literature investigates not only the midwives' Blessingway but the Navajo Blessingway ritual. This review of literature examines the Navajo Blessingway, the midwives' Blessingway, and ritual.

Navajo Blessingway

A review of the literature reveals the significance of the Blessingway in Navajo culture. Sander (1979) considers Wyman, the “greatest authority on Navajo religion outside of the Navajo themselves” (p. 6). Wyman’s (1987) work, The Blessingway, is based on Haile’s fifty-four years of research data on the Navajo and their rituals. Haile’s work on the Blessingway is considered the definitive study among anthropologists and ethnographers (Sander, 1979).

Wyman (1957) notes that the Navajo view the universe as an “orderly system of interrelated elements . . . an all inclusive unity” (p.6). Good and evil exist side by side in the universe. A disruption of harmony and balance in the universe can cause mental or physical illnesses, difficulties, and disasters. The Navajo religion uses a ceremonial system of rituals to restore universal harmony. The two primary ceremonial categories consist of Chantways to cure individuals and Blessingways to invoke blessings for “good hope” (Wyman, p.7). Wyman (1957, 1987) states that although the Blessingway is not a healing ceremony, it is part of and central to the healing ceremonies--the Chantways. Therefore, the Blessingway may be performed in two distinct ways--standing alone as a separate ceremony and as an important component of the various healing ceremonies.

The Blessingway ceremony consists of the Navajo’s creation/origin story and its explanation. The two components, taken together, provide the “cornerstone of the whole ceremonial system” (Wyman, 1957, p. 11). Sander (1979) states that when the Navajo’s life is out of balance and in need of healing, their life cannot be “*repaired*, it can only be *re-created* by a return to [their] sources,” that is, a return to the time of creation of the

earth (p.111). Because the Blessingway ceremony tells the Navajo's creation story, it provides the means for the Navajos to return to their sources. Sander (1979) writes that the Navajo's identification with the deities (inner forms) that created the world is a key part of the Blessingway ceremony. When the Blessingway component is incorporated into a healing ceremony--a chantway--it is through the Navajo's identification with the deities that allows healing to take place. Once the Navajo has identified with the creative force of the deities, the individual can enter into the deities and re-create his or herself "in a state of health and wholeness" (Sander, p. 111). Specific songs, prayers and chants facilitate identification and ultimately healing and harmony.

In their book, The Navaho, Kluckhohn and Leighton describe the Blessingway ceremony itself as simple, consisting of songs, a ritual bath, and prayers. Cornmeal and corn pollen are used ritualistically. Dried, crushed flower petals, cornmeal, and pollen are used to make drypaintings. Sander (1979) states that although the ceremony is described as simple, the words to the chants and songs must be performed correctly. There is no room for error. The medicine man or woman must maintain a high level of vigilance so that taboos are not broken and harm come to the Blessingway participants. Sander (1979) adds that "nothing connected with evil, witchcraft, sorcery, or imperfection is allowed to enter the main body of Blessingway" (p.123).

The Blessingway, "The Way of Good Hope," is the key or backbone of the Navajo religion (Kluckhohn & Leighton, 1974; Wyman, 1987). Wyman (1987) emphasizes that the Blessingway covers every aspect of Navajo life. The intent of the Blessingway is "to secure a fine result in any phase of the life cycle from birth to old age" (p.7).

Kuckhohn and Leighton (1974) note that a Blessingway is usually performed for a pregnant Navajo woman several weeks or a short time before her due date. However, Knoki-Wilson (personal communication, January 29, 1996), a certified nurse midwife with the Indian Health Service in Chinle, Arizona, states that “it depends on the clan stories” when a Navajo woman will have a Blessingway. Some clans say it should be at the fifth month of pregnancy and other clans think it should be one month before the birth.

Despite differing opinions about when a Blessingway should occur, the Navajo culture, in general, views pregnancy as a normal state of life, not a sickness or illness (Milligan, 1984). Yet, the Navajo do consider childbirth a time of potential danger. A Blessingway acts as a precautionary and protective ritual. Data from Milligan’s study show that Navajo women believe that the Blessingway ceremony during pregnancy promotes “a peaceful growth of the fetus, an uncomplicated delivery, newborn protection, and newborn survival” (p. 89). Shepardson and Hammond (1970) point out that traditionally, all Navajo women had Blessingway “sings” before they gave birth. However, the contemporary Navajo woman may not. Results of Milligan’s study of expectant Navajo women found that fifty-eight percent of the participants planned on having a Blessingway during the early 1980s. Although a follow-up study has not been conducted, Johnson Dennison (personal communication, January 29, 1996), a Navajo medicine man teaching at Navajo Community College in Chinle, Arizona, states that he believes that at the present time, only three out of ten pregnant Navajo women have a Blessingway before the birth of their children.

Midwives' Blessingway

A review of the literature failed to determine exactly when the midwives' Blessingway ceremony originated. It appears that the midwives' Blessingway as practiced today was first seen in the late 1970s (Lang, 1993). Several of the midwives interviewed credit Raven Lang, a California midwife, as instrumental in presenting the Blessingway ritual to the midwifery community. In her book, Lang (1993) thanks another woman, Betsy Rasumny Herbert, for introducing her to a ritual named "Blessing Way into Birth" (p. 15). She states that "once the idea of Blessing Way was presented to me, it provided a name to tag onto this quest for understanding" (p. 1). This idea sparked Lang's desire to create meaning for various life passages. Through classes and workshops, Lang promoted the Blessingway ritual as a means of giving "strength, courage and recognition" to the guest of honor and a ceremony that "connects family and friends" (p. 49).

Much of the Blessingway literature gives detailed descriptions of Blessingway ceremonies. Unlike the Navajo Blessingway that has a specific protocol, the midwives' Blessingway embraces a creative and eclectic approach--there is no right or wrong way to create a Blessingway. Sale (1992) stresses that the Blessingway "has come alive with the love and creative energies of many women and will continue to grow and change as any living thing will" (p. 12). Although each Blessingway is tailored to the desires of the guest of honor, a review of literature on the midwives' Blessingway reveals common elements and activities appearing in many of the Blessingways. For example, many Blessingways start with an opening invocation. The participants usually sit in a circle and they may sing, ritually groom or massage the guest of honor. The guests usually bring gifts and

participate in such activities as: a yarn circle or web, a tea ceremony, and washing the guest of honor's feet.

Lang's (1993) book and several of the articles describe alternative uses for the Blessingway ritual though most of the references are directed toward a prenatal use. A review of the literature reveals four primary themes concerning the midwives' Blessingway: (1) community, (2) spiritual cohesion, (3) power, and (4) change of status.

Community

A sense of community or sisterhood appears in many of the literary references to Blessingways. In Blessingway into Birth, Lang (1993) reports that "people attending Blessing Ways often bond as a collective" (p.49). A similar theme emerges in Lang's (1989) article. Lang (1989) emphasizes that a Blessingway facilitates the deepening of the bond of sisterhood between women, their midwives, and each other. Anthropologist Davis-Floyd (1992) states much the same thing. She notes that the Blessingway ceremony, and other home birth rituals performed by midwives and their clients, lead to cohesiveness among the group of friends and helpers. Another author, Sweet, (1982) reiterates Lang's views on sisterhood. Sweet reports that singing songs that emphasize sisterhood actually encourages the feelings of sisterhood to emerge. At the Blessingway she attended, Sweet says the group was united "as sisters" (p. 100). Pattee (1991) states in her article that she experienced being "surrounded" by the "warmth and support" of the group of women that attended her Blessingway (p. 6). "They were there for me," Pattee declares (p. 7). Coupled with the references to community or sisterhood were several references to

feelings of love. Sander, (1988) states, “it [Blessingway] has become a beautiful and effective way to show our love for each other, a ritual to bless and heal when changes are taking place” (p. 9). In addition, Sale, (1992) comments that the women participants' outpouring of love dramatically affected the relationship between her husband, herself, and their unborn child.

Spiritual Cohesion

A theme of spiritual cohesion appears in several of the references. The authors mention that the Blessingway not only encourages a sense of community among the participants but it forges a spiritual connection as well. Lang (1989) stresses the spiritual aspect of the Blessingway--the power of an ancient Mother Goddess who links all women (p. 537). Several articles relate activities that enhance or illustrate the spiritual aspect of the Blessingway. Pattee (1991) comments that the emphasis in a Blessingway is “giving in a spiritual” rather than a “material sense” (p. 7). Sale describes the opening of the Blessingway ceremony and the burning--called “smudging”--of special herbs as a means to “invoke the blessings and purification of the Great Spirit” (p. 13). Sweet (1982) points out that while chanting the lyrics to a particular song, she sensed “the great mystery of being a woman” (p. 100). There is a great deal of leeway in the design and performance of the Blessingway. Each reference to the Blessingway stresses the importance of designing ceremonies that address the needs and desires of the guest of honor. In addition, Gratton's (1993) article emphasizes the responsibility the creator of the birth ritual holds in regard to the spiritual component of the Blessingway. She reminds those who are planning a birth

ritual that it is very important to find out what is sacred to the expecting mother and tailor the ritual accordingly. Gratton (1993) points out that during the birth ritual, “you will be invoking spirit power” (p. 2).

Power

The concept of power permeates much of the Blessingway literature. Indeed, a review of the literature finds that a theme of empowerment threads through all of the Blessingway literature. Lang (1989) notes that the reason for doing a Blessingway is to “allow the pregnant woman to feel the power of the good will and love that the women close to her feel toward her and her baby” (p. 537). Lang (1993) also states that the Blessingway allows the “individual and collective strength ” of each participant to be imbued “with a sense of self-worth, importance, and community” (p. 49). Sale (1992) expresses a similar theme. She comments on the “incredible power of a loving circle of women” (p. 12). In her article on the Blessingway, Pattee (1991) mentions that she received a poem that a friend had written. The poem celebrated the strength that Pattee would have when she gave birth. Gratton's (1993) article also contains reference to the strength that is needed for women to give birth. Citing her personal experience at the Blessingway given before she gave birth, Gratton relates that she realized she “needed to open to the strength and knowledge within myself” (p. 5). She states that the Blessingway facilitates the recognition of personal power and prepares women for birth.

Change

Lang (1993) points out that birth should be seen as a rite of passage and the Blessingway ritual as means to “mark” this moment “of personal history” (p. 8). The Blessingway, Lang maintains, “is ceremony with purpose . . . to prepare the woman for a good journey” (p. 22). On a personal note, Gratton (1993) relates how the group of women gathered at her Blessingway challenged her “to be open” and “to take their attention in as an offering to one who is embarking on a great and difficult journey” (p. 5). Sale (1992) writes that the Blessingway allows women to come together to honor and support a special transitional time of a woman's life--the “passage into motherhood” (p. 12). Another author, Davis-Floyd, (1992) states that ritual allows the woman to consciously and publicly “assume personal responsibility for her physiological transition into motherhood” (p. 294). Not only does the guest of honor experience a transition and change of status, but Sweet (1982) mentions that the group's “passing through a ritual together” creates “a new reality” for the group (p. 101).

Several articles report using the Blessingway for reasons other than birth--which is consistent with the Navajo's use of their Blessingway ritual for many different occasions. Lang (1993) declares that “the event does not need to be birth, death or marriage. It can be a blessing given for a safe journey or a successful operation or a speedy recovery” (p. 48). Gratton (1993) and Sale (1992) suggest using the Blessingway to welcome adopted children into the community. Sander (1988) also mentions an alternative use for the Blessingway. Sander recounts how the ritual was once used in place of a graduation ceremony for midwives in California. At the time of the article, midwifery was illegal in

California. Since there could be no formal recognition, the midwives chose to honor the new midwife with a Blessingway. The ritual celebrated the woman's transition from apprentice midwife to "senior" midwife.

An examination of the literature on the Blessingway reveals that the ritual's participants affirm Van Gennep's (1960) assertion that our contemporary secular world exhibits no evidence that the "need for ritualized expression of an individual's transition from one status to another" has lessened (p. xvii).

Ritual

A review of the literature on ritual suggests that individuals and society use ritual in many ways and for many uses. Four authors provide the contemporary base for much of the work on ritual: Van Gennep, Turner, Rappaport, and Goffman.

Three of the authors view ritual as a means to identify the transitions in an individual's life. Van Gennep's (1960) work on the "rites of passage" in primitive society provides a foundation for contemporary studies on important life events such as birth, death, weddings, and funerals (p. 10). He states that an individual's life consists of a series of "life crises" starting with birth and ending with death (p. vii). Individuals and society manage the life crises through ceremonies--rituals--that ease the transition from one group or social situation to another. The rituals form an essential element of society. Van Gennep (1960) refers to the rituals as the "rites of passage" (p. 10). The "rites of separation," "transition rites," and "rites of incorporation" are subcategories within the "rites of passage" (Van Gennep, p. 11). Rites of separation occur in funeral ceremonies,

and rites of incorporation at marriages. Transition rites comprise the larger group and occur with pregnancy, engagement, initiation into groups or employment (Van Gennep, p. 11).

Turner (1969) builds on Van Gennep's concept of the "rites of passage" and focuses on the liminal condition of the individual during the transition stage. The liminal state is an ambiguous time for the individual; it is this state that ritual seeks to alleviate (Turner, 1969). The "betwixt and between" condition, Turner emphasizes, is the core of liminality (p. 95). Where Van Gennep and Turner view ritual as an essential component in society, Rappaport (1979) contends that ritual is "the basic social act" (p. 174). Rappaport (1971) also emphasizes that in *all* human ritual [there is] a communication component" (p. 63). Indeed, notes Rappaport, (1971) the "essence of ritual is communication" (p. 67). The components of ritual, states Rappaport (1979), are not unique to ritual, but the intersection of ritual's components constitutes the uniqueness of ritual (p. 175). Rappaport defines ritual as a "form or structure . . . the performance of more or less invariant sequences of formal acts and utterances not encoded by the performers" (p. 175). Rappaport points out that the formality of ritual exists on a continuum, and without performance there can be no ritual. Both are integral to ritual. Rituals, Rappaport (1979) says, whether they are religious or secular, remove anxiety and impart confidence (p. 28).

Goffman (1967) regards ritual as a communication act between individuals. According to Goffman, ritual is a key component of the interpersonal process used to sustain the sacred. Goffman considers "face," an individual's self-image, as "a sacred thing." He explains, "I use the term *ritual* because I am dealing with acts through whose

symbolic component the actor shows how worthy he [or she] is of respect or how worthy he [or she] feel others are of it” (Goffman, 1967 p. 19). Goffman asserts that individuals use a “corrective process” to regain “face” or a state of equilibrium (p. 22). The corrective process consists of “four phases--challenge, offering, acceptance, and thanks--[and] provide a model for interpersonal ritual behavior” (p. 22).

Ritual has been examined more recently from diverse perspectives. However, Philipsen's (1987) view of ritual as a communication event involving a structured progression of symbolic acts which pays homage to some sacred thing or person provides a link to earlier theorists and connection to current studies. Philipsen's definition also provides a compatible link to literature on the midwives' Blessingway. Much of the current research involves interpersonal rituals within the family rather than dyadic relationships (Werner & Baxter, 1994).

Cheal's (1988) article examines family ritual from several theoretical positions. One approach focuses on the means by which cognitive typifications enable rituals to become part of everyday life. “Rituals affirm the reality of abstract meanings for daily living,” Cheal states, “and they define the continuity of experience between past, present, and future” (p. 638). The drawback to this approach, Cheal reports, is that it ignores the communal and familial webs that surround the nuclear family. The approach centers primarily on the marriage relationship.

Collins (1985), on the other hand, views ritual as an integral part of larger groups. Society, he claims, consists of a series of interaction rituals which necessitate studying dyadic relationships in a contextual frame. Collins sees rituals as creative and regenerative

forces within the cultural and emotional frames of society that are capable of generating elements of emotional contagion.

Braithwaite and Baxter's (1993) study examines the renewal of marriage vows as a "public ritual of relating" and "represents research that is situated at the nexus of the social and the personal" (p.1, 2). They report that the marriage renewal ritual serves to "pay homage" to a variety of "sacred objects" connected with the marriage (p. 3). The study affirms Cheal's (1988) concept of ritual's role in the "weav[ing] together" of the past, the present, and the future (p. 31). Along with the interweaving of the temporal aspects of the couple's relationship, the ritual attests to the multiple levels of community the couple occupies within their social matrix.

Laird's (1988) study also examines ritual from a societal position. Ritual plays an important role in socialization, definitions of power, status, gender identity and social role. Laird emphasizes that ritual is the "most potent socialization mechanism available to kin and other groupings for preparing individual members to understand the group's meanings, carry on its traditions, and perform those social roles considered essential to its continuation" (p. 333). The transformative aspect of ritual reflects, reinforces, changes, and renews the participant's identity with each occurrence. Laird's study also notes the difference between men's and women's rituals. Men's rituals usually celebrate admission into public life, whereas women's rituals usually celebrate reproductive and domestic life.

Rosenthal and Marshall (1988) examine the ability of ritual to provide a sense of continuity among several generations of family members in spite of changes in the ritual.

They find that although social change affects ritual, change is assimilated into ritual rather than destroying it. “threads of continuity” are found “amid change” (p. 679).

Two studies deal directly with childbirth and ritual--Davis-Floyd (1992) and Bird (1994). Davis-Floyd addresses women's entry into motherhood in her text Birth as an American Rite of Passage. Davis-Floyd asserts that the complex routines that hospitals have set up for childbirth should be viewed as elaborate rituals (e.g., enema, IVS., episiotomy, shave, hospital gown, fasting, bed, pitocin, lithotomy position, etc.). The rituals women who birth at home create tend to be less complex, meaningful, and more varied than the hospital birth rituals (Davis-Floyd). Similarly, from a communication perspective, Bird (1994) investigates women's pregnancy stories and finds that the “persistence of pregnancy traditions places them firmly within the ‘ritual’ view of communication” (p. 63). Once the pregnant woman engages a physician during her pregnancy, the doctor “takes charge” and is in control. The physician's medical discourse has the effect of removing the feeling of control a woman may have over her body. Women's discourse, the folk beliefs, Bird notes, “helps build emotional resistance against that loss of control” (p. 54).

The examination of literature reveals a significant gap in the study of the Blessingway performed by midwives. The midwives' Blessingway, though a relatively new birth ritual, contains ritualistic components of the Navajo Blessingway. Researchers examining ritual from various perspectives and disciplines note both the public and personal uses of ritual. Ritual, as seen from either a secular or spiritual perspective, pays homage to a sacred object or person and involves elements of change and power. The

union of the “human universals” of ritual, narrative, and birth offers the researcher a rich and complex topic when the women who live and speak them are given voice. The participative character of ritual, the narrative quality of women’s birth stories, and the narrative components of the midwives’ Blessingway ritual suggest a narrative approach for the study’s methodology.

Chapter 3: Methodology

The narrative approach used for data gathering in this study was chosen because of its potential to allow the women's perceptions of the significant messages and meanings communicated to them through the Blessingway ceremony to be heard and examined. The women described their experiences and feelings in their own words. My role as researcher was not to impose my assumptions on the data but to let the women's stories reveal the significant data. Gilligan (1993) mentions that through narrative can one not only “convey a view of human life as lived reflectively,” but narrative also provides an opportunity that “gives voice to difference in a way that recasts our discussion of relationship and truth” (p. xviii). A narrative approach to data analysis retains the relationship of the components of the women's narratives and the human relationships that are at the heart of Blessingway. Therefore, collecting the women's stories and hearing their collective voices served the purpose of this study.

Rationale for Methodological Approach

Two assumptions form the rationale for the study's methodological approach: (1) narrative is a human universal and (2) meaning emerges through narrative. Both assumptions are grounded in Fisher's (1985) view of narrative paradigm as one of inclusion and diversity. The heart of the narrative paradigm is the belief that there is intrinsic value in the communicators and their communications.

The first assumption is Fisher's (1984) theory that “humans are essentially storytellers” and that narrative as a “human universal” transcends time and culture (p. 7).

White (1981) also describes narrative as a “natural” and “inevitable” impulse (p. 1). The narrative impulse is a consequence of our socialization process and it is so much a part of our lives that it is embedded in all that we do (Fisher). Rybacki and Rybacki’s (1991) view on the narrative approach to rhetorical criticism echoes Fisher’s theory. They state that “we do as our ancestors did . . . [we] use stories for forming a world view” (p.107).

Fisher's (1978) concept of a “logic of good reasons” comprises the central axiom of the narrative paradigm. Fisher (1978) asserts that as “reasoning and valuing” rhetorical beings, we employ a “logic of good reasons” to accept or adhere to “the advice fostered by any form of communication that can be considered rhetorical” (p. 376-378). Further, Fisher (1978) maintains that reasoning is not limited to discursive acts. They may be non-discursive as well as discursive. Indeed, Sapir (1949) states, “every single act of social behavior involves communication in either an explicit or an implicit sense” (p. 15-16).

Narrative's natural and universal impulse helps us to elucidate our experiences and thoughts; by doing so meaning emerges. “Prior to some degree of narration,” states Kerby, (1991) “the *meaning* of human events . . . is obscure or simply absent” (p. 48).

The second assumption relates to the first but is situationally specific to pregnancy and birth. For women who have given birth, meaning emerges through narrative. Simpkin (1992) argues that because a woman's labor and birth are experiential rather than referential, she explicates to herself and to others on a verbal or cognitive level what she felt. Treichler, (1989) referring to all areas of women's reproductive life, states that “we cannot look *through* discourse to determine what childbirth 'really is' for discourse itself is the site where such determination is inscribed” (p. 449). Thus, women's birth stories tell of

their experiences of giving birth and their interpretations of these birth experiences. Each word is chosen to articulate and give form to their birth experiences. In the same way, meanings women construct regarding the Blessingway emerge through narrative discourse.

In this study, I use Foss's (1996) suggested approach for narrative criticism, an approach that centers on an examination of the rhetorical artifact and consists of "two steps: (1) a comprehensive examination of the narrative; and (2) selection of elements on which to focus" (p. 420). In the first step of the criticism, I examine the participant's Blessingway stories, the narrative substance. Foss (1996) suggests questions to ask about the various dimensions of the narrative. Topics such as: (1) major and minor events; (2) characters; (3) setting; and (4) theme, may help describe the substance or content of the women's stories. For the second step, I use a thematic approach which provides the major focus of the analysis.

The evaluation of the women's Blessingway stories starts with the supposition that, as Foss (1989) states, "all narratives express values" (p. 236). The themes heard in the women's narratives identify and reveal the significant messages and meanings communicated to them through the Blessingway ritual. My assessment of the women's stories emerge from the data--the women's own words describing the meaning and significance of the Blessingway. My assessment may differ from the women's assessments. Such a difference is not competitive in nature; rather, it is the subjective nature of this research. While my findings may not be generalized universally, they can open up new perspectives about women's birth experiences and women's rituals.

Collection of Narratives

Narratives for this study were collected from women in three ways. First, a call for volunteer participants was issued at the Midwives Alliance of North America (MANA) conference in Scottsdale, Arizona (see Appendix A). The MANA conference was chosen because of its timeliness. Midwifery conferences occur throughout the year at various locations throughout the U.S., and any would have been equally suitable for the purpose of this study. Five women responded to the call for volunteers and were interviewed at the conference. Four women who attended the conference requested that they be contacted by telephone after the conference and interviewed at a later time. Three were interviewed by telephone and one at her home. Second, an advertisement was placed in the November issue of the MANA newsletter in order to reach those midwives who did not attend the conference in Arizona (see Appendix B). Five women answered the advertisement and were interviewed by telephone. Third, a local midwife in Corvallis, Oregon was contacted because of her knowledge of the Blessingway ceremony and was interviewed at her home.

Each participant was asked to sign a consent form and a demographic sheet prior to participating in the interview (see Appendixes C and D for copies of the consent form and demographic sheet). The women who were interviewed at the MANA conference or at their homes signed the consent form and completed the demographic sheet immediately prior to the interview. The women who responded to the ad in the MANA newsletter were contacted by letter. The letter explained my purpose for the interview and included the consent form and the demographic sheet. The letter also requested a telephone number

where they could be reached for an interview. I called each woman who returned the signed consent form and set up a time for a telephone interview. One woman contacted me through my e-mail address that appeared in the MANA newsletter advertisement. My response to her was the same as my response to the women who contacted me initially through the U.S. mail. I sent her a copy of the same letter, consent form, and demographic sheet.

Profiles of the Participants

Fifteen women participated in the study. I used Glaser and Strauss's (1967) concept of "theoretical saturation" of data as a criterion for determining the number of participants (p.61). Interviews were conducted until there was significant repetition of the data and no new themes emerged. No new themes emerged after ten interviews, but I continued with the remaining five interviews. I was not aware that the saturation point had been met. These last five interviews were included to maintain the intent of the study--to give voice to women's stories concerning the Blessingway.

The participants ages range from 28 years to 49 years, with a median age of 40 years. While eleven of the women identified themselves as Caucasian, three stated that they were Caucasian and Native American, and one classified herself as Caucasian and Hispanic. Twelve of the women are practicing midwives, one is in midwifery training, and two of the women are not midwives. Both of the women who are not midwives are active in the midwifery community. For example, one of the two is writing a book on midwifery and was at the MANA conference interviewing midwives. The other woman trained to be a midwife but never practiced independently. Three women live in Oregon, two in

California, one each in Connecticut; Kentucky; Illinois; Michigan; Montana; New York; Utah; and Ontario, Canada. Two women did not divulge their places of residence. All of the women have worked outside the home although two are not doing so at this time. Fourteen women stated they are married and one is in a partnered relationship.

Interview Protocol

The interview protocol was designed to elicit the meanings that the participant's created from their participation in a Blessingway ceremony (see Appendix E). Langelier and Hall (1989) note that "women need to describe their own experiences in their own terms" in order to give voice to the silence that permeates the "particular realities of women" (p. 199). To promote freedom in narrative style and content, a series of open-ended questions focused on their Blessingway experiences as the women remembered them. In many cases, the opening statement, "Tell me about your Blessingway experience," prompted the women to answer questions such as who attended, where, and when the ceremony took place. This opening question created the foundation for more specific questions. I was interested in hearing what the women felt was communicated by the ritual and asked them to tell me some of the things that were communicated to them by the Blessingway ritual. Additionally, I asked them how they thought the things they identified were communicated. A subsequent question requested that they name something of special significance during the ceremony. Again, I queried them as to how they thought that the significant behavior was communicated. Several questions probed for memories and feelings that the women took with them when they left the Blessingway. Another

cluster of questions addressed what the women told family members, friends, and co-workers about the Blessingway. I also asked the women what they would tell the expected child about the Blessingway. Throughout the interview, the women's responses reflected their interpretations of the questions and suggests--as Bakhtin (1981) states--that "each word tastes of the context and contexts in which it has lived its socially charged life" (p.292). There can be no separation of the women's lived experiences, the meanings they assigned to their experiences, and the words used to narrate their experiences.

Analysis of Data

All of the interviews were audio-taped with each woman's verbal and written permission. I then transcribed each interview myself and checked the transcripts for accuracy. Once the transcription process was complete, I read through all of the transcripts to get a sense of the overall experience of the Blessingway that the women's narratives conveyed. I then re-read the transcripts, with the intent of identifying and marking the general topics that appeared in the narratives. With the third and subsequent rounds of readings, I identified the emerging themes that appeared frequently or consistently or that the women identified as significant. The themes were then applied to the transcripts and sorted according to the women's comments and expectations. Further sorting revealed a clustering of themes according to contextual influences on the performance of the Blessingway (e.g., where, when, and participants).

Limitations

Although the women in the sample population represented a diverse geographical population, the study was limited to the midwifery community and not the general population as a whole. Midwife-attended births account for only 4.4 percent of all births in the U.S. (U.S. Dept. of Health & Human Services). Also, the sample was not generalizable to the larger midwifery population. Not all midwives attend or perform Blessingways and not all midwives are members of MANA. Additionally, the sample included a majority of direct-entry midwives rather than a balanced representation of both certified nurse midwives and direct-entry midwives.

Lack of ethnic and racial balance in the study limits this sample's representativeness. Of the 1,348 MANA members, 32 identify themselves as women of color (Daniel, 1996). This study's sample does not represent the MANA membership demographics as three of the fifteen participants stated they were not caucasian. As a result, women of color are over-represented in relation to MANA demographics. Additionally, the participants were not asked if they were MANA members and attendance at a MANA sponsored conference does not require MANA membership.

The situation the two categories of interviews--telephone and in-person--created in communication environments needs to be acknowledged. It was important that the interviews take place in a non-threatening and supportive environment. In order for that to occur, during the initial contact with each woman, I revealed my personal feelings about midwifery and home birth and my positive bias towards them. Face-to-face interaction with the participants had the advantage of nonverbal behaviors to reinforce my interest,

positive bias and supportive attitude, but the telephone interviews lacked this nonverbal reinforcement. During the telephone interviews, the supportive and positive reinforcement was accomplished through verbal and paralinguistic means. I talked to the women informally and revealed personal information when I called to schedule an interview and again at the time of the interview. In both types of interviews, telephone and face-to-face, I intentionally and honestly identified myself as an ally of midwifery and gained the women's confidence and credibility that I felt was necessary before asking them to divulge personal information about a profound occurrence in their lives.

Given the caveats regarding the two types of interviews, the sample population, and positive bias towards the midwifery community, this study makes no generalizations. However, these caveats do not preclude the positive aspects of the approach to this study. For example, the two interview formats allowed for inclusion of any willing participant. That the sample is over represented ethnically indicates this method achieved at least in part the study's objective--to give voice to women's stories concerning the Blessingway. The interest expressed by participants to tell their stories also testified to the effectiveness of this method.

Chapter 4: Results

As indicated in the previous chapter, my role as a researcher was to encourage the participants by listening to them and let the data emerge from their responses. The choice of a narrative approach for data gathering and the use of open-end questions during the interviews also encouraged the data to emerge from the participants. The participants' responses to the questions regarding their experiences at a Blessingway ritual yielded approximately two hundred pages of transcribed data. From this data, I used the participants' words for much of the clarification and description in this chapter. Using Glaser and Strauss's (1967) suggestion that researchers be "theoretically sensitive" so that they can recognize the emerging categories within the data, each reading and re-reading of the transcripts identified terms that appeared consistently in the transcripts. I then clustered the terms into four major categories according to the similarity of each term's syntactic meaning or similarity of concept. Once clusters of terms were identified, I looked for a unifying element that described all the terms within each cluster; I designated the unifying element a "theme."

Four major themes emerged from the data: (1) interconnectivity, (2) care, (3) change, and (4) power. Each theme had several components that reflected its variety and complexity as well as the personalities and beliefs of the participants. One theme that emerged from the data related to the participants' perceptions that their lives consisted of multiple and overlapping levels of relationship. The participants believed that a network of connection provided the linkage through and among the different levels of relationship.

The women described the linkage--interconnectivity--in several ways (1) web, (2) community, and (3) circle of women. Investigation of the data revealed a second pervasive theme--a notion of care. Most of the participants characterized care as the feeling of being (1) loved, (2) honored, and (3) supported. The concept of change comprised the third major theme. The participants represented change as a (1) rite of passage and (2) opening. Power, the fourth major theme, referred to the (1) power of the Blessingway, (2) the power of the circle of women, and (3) personal power. In this chapter, I will examine the data, as heard through the voices of the participants, and review the process used for the selection and identification of the major themes and their corresponding components.

Interconnectivity

While reading and re-reading the interview transcripts, I was struck by many of the participants' references to levels of connection or relationship. The women seemed to perceive themselves surrounded not only by many relationships but by various types of relationships. Many of the women related specific distinctions between their relationships although some women were more abstract in their differentiations. From the distinctions the women articulated, three terms emerged consistently during the review of the data: (1) web (2) community, and (3) circle of women. These terms provided the rationale for the theme of "interconnectivity."

Web

Many of the study's participants view the Blessingway as highlighting the various levels of interconnecting relationships they occupy in their lives (for illustration, see Appendix G). For example, Debra³ states, "I do think of it [Blessingway] as universal to all women, and yet I find myself in a group of specific women, in honor of a specific woman. And so, I kind of find that it [Blessingway] travels all levels" (#52: 19-21)⁴. Suzanne described one of the activities in the Blessingway for an open adoption that illustrated the "web of connectedness" and various levels of relationship that were a part of the lives of the two families--the birth parents and the adoptive parents (#57: 124). The inner circle consisted of the baby and the two sets of parents while two outer, much larger, circles consisted of close family and friends. The circle closest to the inner circle, the middle circle, was made up of women who were close to the two mothers. The outer circle was comprised of men--family members or friends of the circle of women--and represented another level of connection. All three circles symbolized, in a visible way, the multiple levels of relationship in the parents' lives. Suzanne described the creation of the web:

A woman in the middle [second circle] took a big ball of yarn and tied it around a wrist, you know, and passed it to the next woman and she wrapped her wrist and passed it on. So we had this big circle of interconnection around the circle and then when the yarn came back to the first person, she threw it across the circle--still connected to her wrist with this trail of yarn [and the ball of yarn] went across the circle to somebody on the other side. They

³ Not the participant's real name. All participants' names are pseudonyms.

⁴ When quoting verbatim statements from the participants' transcripts, the interview number and the transcript line number(s) appears in parentheses.

wrapped it around their wrist and threw it to somebody else and just kept throwing the ball of yarn back and forth and around and around until there was no yarn left and we created this huge web around this extended family, which included both mothers, both fathers and the baby (#57: 30-36).

Judith provided another example of the levels of relationship in the participants' lives. She mentioned that her transition into midwifery was celebrated on two levels--a Blessingway that she helped plan and a surprise party. She relates that "after we did the ceremony we . . . came back inside [and] also there waiting in surprise were all these families of babies whose births I'd been to, my family, and other friends" (#55: 18-20). Later in the interview, she pointed out that the midwife who made a quilt as a gift for her belonged to "both the midwifery community and the larger community" (#55: 93-94). Kelly felt that her role as a midwife also entailed a "network role" (#53: 281). Through her orchestration of the Blessingway ritual, she brought family and friends together for support of the expectant mother. Kelly used the analogy of "grandmother spider weaving a web" (#53: 282). She states "we are all caught in the same web of life and when I pull one strand, it's going to affect someone on the other side" (#53: 282-283).

Community

All of the participants used the term "community" to describe the relationship between the Blessingway guest of honor and the attendees. Community comprised the largest and broadest category within the theme of interconnectivity. The participants used the term in two general contexts: (1) micro level and (2) macro level.

Many of the participants referred to the attendees at Blessingways, their very close friends, as community. Judith reported that at the time of her last pregnancy, while her husband was in medical school, they did not live close to her family. Not only was she lonely, but she knew that:

when it came right down to it, I [with emphasis] was going to have to take care of myself . . .” She continues, “I hadn't thought of it [Blessingway]. A friend offered it, [Blessingway] but I was really grateful that she did because I don't have family near by. So I was really lonely out there. So somehow it connects to community. I could feel that even though I had only known these women for three years, that they were an important part of my life and that they were going to come and if just for that night they were going to be there completely for me. It's not a feeling I've had often in the last five years (#54: 63-67).

All of the women interviewed identified those attending Blessingways as friends of the guest of honor. Joan and Bethany both referred to the women attending their Blessingways as “dear friends” and several of the participants referred to the Blessingway as a “gathering together” (#52: 15; #63, 40-41) or “coming together” of friends (#52: 79; #68, 45). One woman, Debra, noted that as a midwife, she is interested in knowing the people who will be involved with the care of the birthing woman. She explained that Blessingways provide opportunities for the birthing woman's “network of friends” to show that they will be there for her and support her when she gives birth (#52: 481). She also emphasized that when a birthing woman's friends and family members are present at her Blessingway, the woman can acknowledge to herself that “all these people are here for me” (#52: 482).

Linda's Blessingway was given to celebrate her coming marriage. Rather than having a traditional wedding shower, Linda decided on a Blessingway because she wanted

the presence of “my very best friends . . . my women friends who have been with men. They had long time, long term relationships with them [men], and it had partly to do with bringing them together with me in one room and acknowledging relationship (#61: 213, 276-278).

The midwifery/homebirth community constituted another distinction within the micro level of community. Many of the participants clearly identified themselves as part of a community of midwives. For example, when asked why she had a Blessingway, Joan replied that the “community of midwives. . . childbirth educators, and labor coaches” participated in Blessingways and therefore she did so (#65: 97-98). Another participant, Maya, also commented on the midwifery/homebirth community. However, she stated that since she moved to an isolated part of Montana, she is “not really part of the birthing community here” and remains out of touch with the day to day concerns of that community (#66: 327-328). When Judith became a midwife, her friends gave her a Blessingway to celebrate her entry into the profession. She emphasized that the “overwhelming thing that was communicated [by her Blessingway] was that I was loved and supported by my community of midwives” (#55: 70-71). Not only did Judith have a Blessingway when she graduated, but she also gave her partner a Blessingway when she became a midwife. Indeed, Blessingways that marked the transition from apprentice midwife to “full midwife” were mentioned as a common occurrence in the midwifery community by the participants.

Even within the community of midwives, various levels of relationship emerged. Judith spoke of a special Blessingway in which a “senior midwife in our extended

community” praised the guest of honor, a midwife, for having become a “good midwife” (#54: 265, 267). Judith's use of the term “extended community” provided a hint that there were midwives in the community that an individual midwife may have closer relationships with than she has with other midwives. Therefore, different levels of relationship exist within the midwifery community (#54: 265). Judith also confided that she did not talk too openly to other midwife friends about the Blessingways that she attended for fear of hurting someone who hadn't been invited.

Some of the participants' perceptions of community embraced not only a micro view of community but a macro view as well--the community at large. One participant, Kristin, described community as “those people who are either four feet from you or 400 miles . . . not just the people that live geographically close to you” (#610: 82-83). Kristin added that the birthing mother's community may be a “community of three or . . . a community of thousands” (#610: 68-69). No matter which description expectant mothers used to define community, a macro or micro view, Kristin felt that the concept of community was one of “wholeness [and] acceptance” (#610: 66). Several women offered another concept of community--the belief that the birthing woman is linked to the “entire earth,” the “planet,” or all “womankind.” One participant declared that the Blessingway honored the expectant mother's “connections to the earth and the journey she's about to enter into” (#55: 137). Suzanne felt that a Blessingway celebrating an open adoption helped to “create a presence there for the entire earth to stand witness to the event” (#57: 69). Kelly explained that the Blessingways she performs include prayers for the

“sustainability of the planet” because, she insisted, “babies don't come just for mothers; they come through the mothers for our community” (#53: 122-123).

Activities that occurred during several Blessingway were felt by some of the participants to highlight the macro view of community by imparting a feeling of unity among all women. Activities such as the yarn weaving ceremony and the tea ceremony highlight the interconnectedness of women. Debra compared the yarn web the women created by weaving their bodies in and throughout the circle of Blessingway participants as the “connection of all women” (#52: 211). She observed that some people view the yarn web as similar to an “umbilical cord where we're all held together.” Regardless, Debra asserted, “we are bound together, as women, giving birth and supporting one another” (#52: 8-9). Another participant, Suzanne, commented that women taking part in a Blessingway have an easier time “feeling that sense of oneness with all of womankind” (#57: 267).

Circle of Women

The unity and oneness that the Blessingway inspired was described by eight of the participants as a representation of the “circle of women.” The circle of women may be a group of close friends---“my sister women,” as Barbara referred to them, or a “community of sisters”--that Kelly stated will help support the birthing woman during her “passage” into motherhood (#63: 101; #53: 9-10). The circle of women may also be the spiritual connection that the Blessingway ritual engenders. Elizabeth's lasting impression of the Blessingway was the “spiritual sisterhood” it created (#67: 194). She claims that “once

you've been in a circle like that, you feel like that even if you saw the women years from then, that you would always have that spiritual connection with them" (#67: 192-194). Maya related that the most powerful Blessingway she attended was one where she did not know most of the women in the circle. She said that "you don't necessarily need to know the people, once you enter that circle, you're all there with the same intent" to support the birthing woman (#66: 46-47). One participant, Elizabeth, held a similar view; she suggested that the power of the circle of women was so strong that merely being in its presence would generate results. "Just being in a circle with other women . . . with the intention of supporting her [expectant mother] . . . even if we just sat in the circle and didn't do anything" would be enough, Elizabeth declared, to feel the power of the circle of women (#67: 160-165).

Terms relating to a feminine archetype represented a variation of the term "circle of women." Six women interviewed mentioned that the Blessingway generated a sense of connection with a feminine archetype that transcended time and space. During the ritual components of her Blessingway one woman reported that she "had the feeling we were doing something that women have done for thousands of years throughout history and it [the birth] would be all right" (#69: 256-257). Linda noted that Blessingways were successful in allowing birthing mothers to gain confidence and strength by "tying them into their own strength . . . connecting them into their source which is women giving birth over centuries over decades . . ." (#61: 74-76). Another participant observed that the Blessingway can remove our cultural "mind swaddling" that prevents women from making connection and feeling the "presence in every cell of our body of all the women who have

ever given birth before and will be” (#53: 146, 148-149). Suzanne stated essentially the same thing. She reported that

there's a sense among women in childbirth, that I experienced with the birth of my own child and that a lot of other women have spoken to me about, and that is as they're in the laboring process, as they're giving birth, they somehow become greater than themselves with a sense, an elemental sense, of being somehow intricately interconnected with every woman who has ever given birth. There's some archetypal message there, and this Blessingway just reinforced that for me. We are all connected . . . we're connected through love . . . to each other and to everyone that has ever been and everyone who ever will be (#57: 93-98, 102).

Not only did the Blessingway help women make connection with each other, Suzanne, related, but she felt that “women who have gone through this [Blessingway] have had an easier time making contact with that archetype” (#57: 266-267) She added that a Blessingway reminds her of one of the reasons she became a midwife--“to stand in service to the women around me and to some how find a way to help them find their connection, their sense of connectiveness with all of womenkind” (#57: 104-105).

Many of the songs and activities of the Blessingway stress unity and sisterhood and reinforced the sense of connection with all women. Three of the participants sang or recited portions of songs that were especially meaningful to them. Rebecca sang “we are sisters on a journey, traveling to the sun,” Debra recited the verse “from women we are born into the circle, from women we are born into this world” (#68: 96; #52: 143-144). Another song fragment that Rebecca sang during her interview also appears in the song sheets that Debra and Maya sent. Though the choruses appear in different songs, they are the same: “we are the flow, we are the ebb, we are the weavers and we are the web” (see Appendix G for complete lyrics). Maya also commented that her lasting memory of the

Blessingway was “a sense of joy, of a circle of women singing together [and] singing very, very strongly” (#66: 156). The concept of the circle is symbolically repeated in many of the activities performed during the Blessingway. The participants sat in a circle, perhaps lit and passed around a sage stick to ritually purify each other. Later, one by one, the Blessingway participants presented the expectant mother with a wish, or a poem, or a song, or a feather, or something symbolic that had special significance that the giver wanted to pass on to the guest of honor. The gifts to the expectant mother are not of the commercial variety that are usually given at baby showers. The gifts tend to be those that hold a special meaning or perhaps are homemade or “selected for their psychological, spiritual, [and] emotional messages” (#61: 370-371). For instance, Bethany's midwife performed a “candle lighting circle where everyone made wishes for an easy birth.” Another participant cited an example of a gift that she gave to an expectant mother at a Blessingway. The expectant mother was determined to work up to her due date--as a nurse midwife--and was experiencing preterm labor. Linda said, “I brought her a little wax bird's nest and I said to her, 'I'm giving you this because I want you to nest, because you are not nesting. You need to create this space for yourself and I gave her this little nest” (#61: 381).

Many of the Blessingways had the guest of honor sit in the middle of the circle. Elizabeth recalled that we put her [guest of honor] in the middle and did a cornmeal foot massage and someone else would take whatever part they were drawn to and massage her in the middle of the circle. They would say whatever blessing they wanted for that part of her body” (#67: 37-40). Another participant referred to a similar practice as a “laying of

hands” on the expectant mother, who was in the center of the circle, in order “to lay strength for labor--to go through labor” (#66: 138-139). Elizabeth explained that she felt the connection that the Blessingways forged within the circle of women is “so deep, and so primordial, and so powerful that it kind of overrides personality and it overrides society, modern society and cuts--taps into the deeper conscience, the collective conscience” (#67: 198-200). The belief of interconnectivity was felt so strongly and mentioned so consistently by the participants that it comprises one of the two dominant themes in the women's narratives.

Care

A second major theme voiced during the participants' interviews was a perception of care. All of the participants mentioned experiencing a variety of feelings that I labeled “care” (1) love, (2) honor, and (3) support. The decision to use “care” as a theme reflected the significant presence of the three terms in the participants' transcripts. Like the term “community,” the concept of care was prevalent throughout the participants' narrative vocabularies when they described their feelings and thoughts on the Blessingway. In each of the fifteen interviews, at least one expression of care was mentioned--many times repeatedly. Eleven of the participants' transcripts contained references to more than one of the terms; six of the women interviewed used three of the terms and five women used two.

Love

The Blessingway was described by several of the participants as reinforcing the concept that as women “we're all connected through love.” Two of the participants told of their experiences at Blessingways that were held for open adoptions. One Blessingway was held prior to the baby's birth and the other was held after the birth of the baby. Both women's narratives revealed the deep emotional significance these particular Blessingways held for them. Kristin described how the Blessingway she attended not only united both sets of parents-to-be and their community but it did so with love--“there was so much wonderful energy and love there. You could see it [and] you could feel it” (#610: 36-37). The Blessingway that Suzanne participated in occurred after the baby's birth with both sets of parents, the baby, family, and friends present. Mary was the birth mother and Rose was the adoptive mother. Suzanne stated that during the ceremony:

Mary brought her baby into the circle of women and [then] she called Rose out into the center. She [Mary] had written a poem that basically said, 'I love you, I love my daughter, I love myself, I love my family and I consider you part of my family and I wish to give you this gift.' And then Mary's husband came out and stood with them, this little nuclear family with this brand new born baby, stood together and we tied them together with a cord and then extended the cord out to include Rose and her husband [and] they were all connected (#57: 14-18).

One participant commented that “we all deserve to be nurtured and loved,” and she felt that the Blessingway provided an opportunity for the expectant mother's friends to show their love (#52: 460). For instance, another participant stated that “one of the best things about this [Blessingway] was realizing that I was surrounded completely by all of my friends . . . I was completely taken care of and loved” (#63:43-45). Two women

interviewed described the “outpouring of love” that they felt during the Blessingway and one added that it was “the most special day in my life” (#55: 103; #52: 77). For Judith, the Blessingway provided an opportunity for her, in the company of her midwife and her friends, to feel “loved and cherished, and safe” (#54: 98). Although Marianne felt that the Blessingway ritually communicated “love to each other in a tangible fashion,” she also mentioned the “symbolic ways” she experienced love (#55:110, 154). She stated that at the Blessingway celebrating her entry into midwifery “they had put candles in the sand for each birth that I had attended . . . I remember that spiral of lights representing all the lives that I had the honor to be part of” (#55: 154-157). Another participant, Barbara, also described the use of candles as a symbolic representation of love at her Blessingway. “Everyone was given a candle to light and I sat there in this circle with everybody holding a lighted candle. I remember Gayle saying, ‘Look around you and feel the power [of] this light that is going to be with you as you labor--the power of all this light and all this love in the room’”(#63: 88-90). Debra expressed the significance of another symbolic act--the massaging of the expectant mother by her friends. She characterized the massage as a “kind of loving hands sharing energy to different parts of her body” (#52: 76-77). She also related that she makes herbal teas for Blessingways that contain rose petals--“rose petals for love” (#52: 261). The notion of love so permeated the participants' interviews that it seemed that the Blessingway was as Kelly states “the ineffable experience of love” (#53: 292).

Honor

A second term, honor, was used by seven of the participants to describe another component of the theme “care.” The women spoke of honor from two perspectives, (a) personal level and (b) archetypal level. The women's narratives illustrated the personal level with references to specific examples of honor. Three of the women interviewed referred to the role touch played in their feelings of being honored. One woman, Debra, pointed out that at a Blessingway guests have the opportunity to “touch” the expectant mother and “communicate with them in a loving fashion and anyone that receives love feels honored by that” (#52:55-56). A second woman, Rebecca, recalled that all the guests at her Blessingway were midwives and they were all “feeling the baby in [her] belly. They were . . . trying to guess where the baby was and when a midwife touches you that way, it's really a warm connection. So that's an honor” (#68:401-403). A third participant, Bethany, explained that one of the rituals performed during the Blessingway is the ceremonial washing of the expectant mothers feet. After the feet are washed, they are massaged and dried with cornmeal. Aside from the physical enjoyment of having her swollen feet and ankles massaged, Bethany related an awareness she felt during the ritual:

I grew up Catholic and. . . you read from the time you're a small child [about] the story of Jesus washing someone's feet, and it feels like such an honor and it makes you feel so extraordinary because you are carrying this little sacred being [within you] that feels even more sacred and to have these things done for you makes you feel--made me feel incredibly honored and special (#69: 127-131)

Additionally, a review of the data revealed that honor was conveyed not only tactilely but verbally as well. Debra commented that by using “positive imagining and

reinforcing and . . . positive comments” the guests at a Blessingway honored the expectant mother (#52; 452-453). Another participant, Judith, recounted a specific example of how honor was shown to a midwife in her community who had a “rough year” (#54: 245). Her mother had died, she lost her back-up doctor, one of her clients had a “rough birth,” and she had moved (#54: 244-245). To show their support for this midwife, the midwifery community gave her a Blessingway. The midwives at the Blessingway crowned the guest of honor with a wreath of flowers, and one of the “senior” midwives said to her, “I know how hard you've worked to keep educating yourself, to learn, and I just want you to know that you're there. You are a good midwife. You're doing it” (#54: 266-267). Judith felt that the ceremony was healing for Alice and that it was “like having your mother tell you [that] you're a good mother” (#54: 283).

A second perspective, the honoring of the birthing mother through archetypal images of pregnancy and birth was articulated by four of the participants as an important part of the Blessingway experience. The purpose of the Blessingway Debra felt was to “let people come together in . . . honor,” of the birthing woman, “ceremonially offer honor, “honor the cycle of a woman's life,” and “honor the goddess, not the god” (#52: 421-425). The concept of honoring and uniting with a feminine archetype was woven throughout the women's narratives. The Blessingway begins by “calling forth the ancestors, the ancient ones to attend us” declared Kelly (#53: 29). She explained that “what I'm doing is bringing all my psyche, represented by every cell of my body in honor of my mothers, and grandmothers, and foremothers so they can attend me at that moment in time” (#53: 29-31). One participant commented that it was during a ritual, the tea ceremony, that she felt

a bond and connection with the group as they honored the physical work of giving birth. During the tea ceremony the attendees momentarily held a small amount of hot tea in the palms of their hands and ritually remembered, as a group, the pain of birth in order to show their solidarity with the birthing mother during her time of labor. Elizabeth stated “I felt like . . . the ritual sharing of pain [tea ceremony] with other women really made you remember that birth is a normal thing and women have been doing this [giving birth] forever and . . . it's not a scary thing . . . we were honoring the work of women in a beautiful and positive way” (#67: 145-147). As their narratives revealed, the honor that the women showed each other during Blessingways also spoke of the support that they willingly gave to one another.

Support

The third term used to conceptualize care by the participants referred to perceptions of support. Support was mentioned by nine of the participants as a desired behavior and outcome of the Blessingway. Two of the women (#52; #57) emphasized support to a much greater degree than the other seven participants. Clearly for them support occupied an important role in the celebration of the Blessingway.

Examination of the women's narratives revealed three distinct positions in which the women discussed support: (1) intent, (2) examples, (3) transition. The first category, intent of support, was cited by seven of the participants. One woman explained that as she saw it, the Blessingway had a “two-fold theme . . . one is the giving and receiving and underneath that I see the intent of support” (#57: 242-243). Elizabeth stated that the

reason she gave Blessingways was “to support women” (#67: 347). She saw Blessingways as “supportive” (#67: 314).

Two of the participants gave examples of support that occurred during Blessingways. Debra pointed out that at Blessingways, many of the attendees will narrate parts of their birth stories--if they've given birth--to share and pass on a positive experience that they would wish for the expectant mother. She stated that she found that the Blessingway was “an opportunity to share something that's very personal to a lot of us. Sometimes our birth experiences are our hopes and dreams, and that together, we are bound together as women, giving birth and supporting one another” (#52: 8-9). When Suzanne recounted her memories about the adoption Blessingway she attended, she emphasized many times the role that support played throughout that Blessingway. She said that after the yarn “web of support” was complete “we [the entire community] spoke a promise to stand in support of this extended family through the days and years to come” (#57: 41-42). Later in her interview, Suzanne reflected on what she saw as differences in women's pregnancies and later motherhood as they were manifested in women that had a Blessingway and women that didn't have one. She observed that

what I see is that the women who receive this tangible outward show of ‘Yes, we support you,’ ‘Yes, we're here for you,’ ‘Yes, you can call on us,’ ‘Yes, you can ask for what you need,’ are more likely to reach out in the early days postpartum and call somebody and say, ‘Would you come wash some dishes for me?’ or ‘Would you come do the laundry?’ or ‘Would you come watch the baby so I can sleep?’ They're more likely to feel they can ask for what they need (#57: 250-254).

Another participant, Linda, also referred to the transition into birth as a journey. She commented that the Blessingway was a time for the Blessingway attendees to “thank her

[expectant mother] for bringing new life to us all, to encourage her with blessings, prayers, poems, songs, thoughts, and wishes that will support her in peace and power, to gift her with symbols of the treasures she will find on her journey” (#61: 456-459).

The care the women felt for each other helped the expectant mother prepare for the changes that pregnancy, labor and birth brought into her life. The three components--love, honor, and support--highlighted the richness and complexity that encompassed the participants' perceptions of care. The next section provides more detail regarding the ways in which the women spoke of change.

Change

Change was seen by several of the participants as inevitable and eight of the women interviewed depicted the Blessingway as a ceremony that in some way facilitated change--not only because pregnancy resulted in the birth of a child, but the birthing woman experienced a change in perception or a change in her identity. The third theme, change, emerged from the women's use of the words “passage and “opening” when they discussed the Blessingway. Although change did not constitute a major theme in the women's discourse, the role ritual plays in relationship to change is important and therefore deserves mention.

Passage

Three of the participants referred to the Blessingway as a “rite of passage” (#52: 115; #57: 227; #61: 33). Linda described the Blessingway as a rite of passage, a ceremony that “was performed by people in the community . . . to help to nurture that person on the

way” (#61:34-35). Another participant referred to “passage” as “becoming a mother” and spoke of the symbolic ways passage was portrayed in Blessingways (#53:81). Indeed, the majority of references to “passage” in the data illustrated the symbolic ways that passage was acknowledged.

Many of the women interviewed mentioned the guest of honor's hair being ritually groomed--combed, brushed, or braided--during a Blessingway, but only two detailed the specific significance of changing the birthing woman's hair style. Kelly's mention of the change in her hair style during her Blessingway was brief. She pointed out that after her hair had been brushed, it was put into a “proper bun” to “symbolize my passage to being a mother” (#53, 45-46). Another participant described a similar activity in more detail. Suzanne related the details of a hair grooming activity from another Blessingway that she attended. The guest of honor was sitting in the center of a yarn shaped circle of sorts; it was shaped like a uterus. Next, Suzanne states,

several of her best friends entered the uterus, one of them combed out the hair [of the guest of honor] and then braided it up with flowers in it . . . [they] mothered the mother in doing that but [grooming the hair] is also symbolic of her rite of passage from maidenhood into motherhood because in the Native American traditions, some of the Indian women wear their hair one way and once they have their children, they bind their hair up . . . this is a symbol of that rite of passage (#57:223-227).

Another example of symbolism that denoted passage during a Blessingway was the use of yarn in the adoption Blessingway that Suzanne described earlier. Suzanne stated that the use of yarn “to transfer the relationship” of the baby and the birth mother to the adoptive mother was “a sign of the passage of the relationship” (#57: 209). Still another illustration of passage during a Blessingway is the activity that one woman described--the

rites of passage. Debra stated that the “rites of passage” activity represented three components in the birthing woman's life: (1) initiation, (2) transformation, and (3) rebirth. She explained it in this way: first, all the women form an archway, then “we back into the archway as initiation, then we turn as transformation, and then we come forth from the arch as rebirth” (#52: 123-124).

Opening

The second variation of the theme “change”--opening--referred to the literal and figurative opening of the expectant mother's body in preparation of birth. Five women discussed roles that Blessingways played in terms of facilitating “opening”: (1) problem solving, (2) spiritual aspect, and (3) significance of gifts.

Two of the women emphasized the function Blessingways performed in problem solving. When Joan shared her feelings about her Blessingway, she disclosed that she experienced considerable turmoil--“heart wrenching discussion”--regarding the issue of circumcision (#65: 58). At the time of her Blessingway, she did not know that the child she was carrying was male. But she knew that if the baby was male, that she would have to decide whether or not to have her son circumcised. Being Jewish, there was a great deal of pressure from her family and her religious community to follow tradition. She did have her son circumcised because she “wasn't able to buck four thousand years of tradition” (#65: 38-39). Yet, she felt that the Blessingway provided a “real freeing up at that point [before the birth] and I thought I had resolved everything . . . it sort of allows you to open up to resolve issues, to just let go and let things happen” (#65:62, 64). Linda illustrated

another example of problem solving. She stated that if she knew that a woman had a “difficult birth in the past,” that perhaps a gift of a puzzle could be given to the woman during the Blessingway (#61: 400). Then the puzzle “can be undone and opened up as if the first birth was this tightly bound up puzzle,” and solve the issues regarding the difficult birth (#61: 402).

Spiritual aspects of the Blessingway were mentioned by many of the women in the data, yet only one participant discussed the spiritual opening she felt during her Blessingway. Bethany described the spiritual connection and peace that permeated her memories of the Blessingway. She related, “I can vividly remember the feeling, the sensual feeling and the spiritual feeling of what happened and the opening into another world . . . I think what is very helpful now is to remember that it really takes very little to open the door to the other world” (#69: 332-335). Later in her interview, Bethany compared the spiritual opening that she had felt to the physical opening that preceded the birth of her daughter. She knew that she “was ready for the birth . . . it [Blessingway] had opened the door” (#69: 348-349).

Two other participants related the symbolic significance of gifts. One woman expressed how open she felt when she gazed at the image of a goddess figurine that was given to her as a gift. She stated, “I guess it just hit me at a real vulnerable time and I felt really opened. The image stayed with me” (#68: 420-421). Another woman reported that the analogy of a ripening seed pod was used as a gift to signify the birth of the baby. Maya explained that the woman was given “a seed pod to represent that the baby will come out when the seed pod is ready, ripe, and ready to open” (#66: 32-33). The data from the

women's narratives revealed that for some of the participants, the Blessingway clearly highlighted the perceptions of change that surrounded pregnancy--passage and opening.

Power

Eight of the women interviewed talked about power--the power of the Blessingway, the power of the circle of women, and their own personal power. Power was seen as an innate quality that could be tapped into and claimed. The Blessingway represented power and it also provided the means to claim power. The women referred to power in terms of "strength," "empowerment," or a reduction of fear.

Power of the Blessingway

When the women expressed their beliefs and feelings about the Blessingway, five women described the power that the ritual held for them and others. In fact, one participant declared that empowerment was the motivation for the midwives' Blessingway when it was first introduced to her by midwife Raven Lang in the 1970s. Linda stated:

Raven thought that this [Blessingway] would be very valuable. [Baby] showers, with all they can be, are lovely and fun and wonderful, but they don't usually empower anybody. They just shower somebody with gifts and a lot of chit chat and unfortunately a lot of horror stories about how terrible birth can be. So what Raven got from this [a book describing the Blessingway] was that by really focusing a ritual on a woman who was approaching labor we could help to give her strength. To impart to her, from her community, the strength and continuity of life that being a part of community is and having a baby is (#61: 43-49).

Linda also described an invitation she designed that was used at a Blessingway for a woman who had many friends that had never been to a Blessingway. The invitation explained that the purpose of the Blessingway is to "honor and empower a loved one in

the community who is about to embark on a major life passage. We gather around the pregnant woman who is about to enter her journey of labor into motherhood” (#61: 454-456). Four other participants reported similar purposes for the Blessingway. Maya commented that if “you want to share your love and convey your strength and confidence in someone who is about to give birth” then the Blessingway is “a nice way to do it” (#66: 212-214). Another participant, Debra, mentioned that

a lot of what gets shared at a Blessingway has to do with the strength of women . . . the concept that we are strong, and to empower [the expectant mother] to give birth and not [be] fearful and that happens to just play itself out. It's not something that's directed by any one person, but the feeling [with emphasis] is one of giving power to this woman, giving her the courage to not be afraid (#52: 417-421)

Elizabeth felt that because “our society is so focused on fear, fear of birth and fear of death” that a Blessingway was “one of the things that can normalize that fear and make it [childbirth] feel like it's a normal healthy thing to do” (#67: 214-215). She added that the birthing woman needs to be “in touch” with herself and realize that “nobody can do this [give birth] for me, I can do it. It's going to be hard but I have the strength to do it” (#67: 217, 219-220). Barbara works at a community clinic in the inner city of a large Eastern city. During her interview, she noted that she tries to incorporate some of the elements of the Blessingway at the end of each series of her childbirth classes for young women. She pointed out that the ceremonies are not “formal” Blessingways, “but what I try to do in each session, at the end, is to have the women in a circle and to ask them to look around at each other and give each other strength” (#63: 192-194). Barbara stated

“that giving strength element and believing in oneself and developing a sense of community among women as mothers” were important concepts for the young women--many of whom are teen moms--to have in their lives (#63: 196-197).

Power of the Circle of Women

Only three of the participants specifically related notions of power to the term “circle of women.” Elizabeth disclosed her experiences at her first Blessingway. She was new to midwifery and the occasion of “women gathering to honor women [was] just such a powerful, powerful thing” (#67: 136-137). She explained that she was not “an experienced midwife at the time so I was still getting the power of women together and the power of women supporting each other.” (#67:139-140). This suggestion of a dynamic quality within the Blessingway was echoed by another participant. During her interview, Bethany related the power-giving force of the Blessingway to her successful homebirth. She revealed that “I don't know if I was calling on my grandmother or my mother, but I did feel like all the good relationships I'd had with women in particular . . . were in there, were in the room [during the Blessingway] and they were certainly there at the birth” (#69: 285-287). Bethany's narration of her empowerment through the Blessingway and her unity with the circle of women revealed the dramatic effects the women attributed to the Blessingway.

Personal Power

Many participants emphasized the empowerment that they felt during Blessingways or they mentioned witnessing the experience of their clients' empowerment

while they assisted them as midwives. Although the perception of power or empowerment is an integral part of the Blessingway, only four of the participants recounted instances of personal empowerment brought about by participation in the Blessingway that carried over into their labors and births (#53; #57; #63; #69).

One woman, Barbara, stated that she had attended a Blessingway for someone else several years earlier that had been a “very powerful experience” and she knew that she wanted a Blessingway ceremony for herself before she gave birth (#63: 34). After her Blessingway, Barbara related that what “struck me the most was how much of the energy and power that I felt during the Blessingway really carried through with me into my labor” (#63: 39). Many times throughout her interview, Suzanne reiterated Blessingway's role in establishing the birthing woman's sense of connection with herself, the community, and the circle of women--all womankind. She stressed the importance for women to find their sense of connectiveness “because there's great power in that. There's tremendous power and a tremendous sense of empowerment” (#57: 105-106). With great emphasis and some tears she added:

If I help to bring that [sense of empowerment] to one other woman in my entire life, to help her feel the way I felt when I gave birth [crying] and caught my own child into my own hands, that incredible sense in you [that] if I can do this I can do anything [with great emphasis]. If I can help to bring that to even one other woman in the course of my lifetime, I will have considered my life well spent. The Blessingway just helped to crystallize that (#57:106-110).

As the narratives illustrated, the women see the Blessingway as a vehicle for empowerment--both personal and corporate. In many instances, the women reported significant feelings of power and strength while attending Blessingways. In some

instances, women disclosed that the power felt during the Blessingways lingered and had a positive effect on their labors and deliveries.

This chapter examined the themes and terms that emerged from the data as heard through the participants voices. Each theme had several components--terms--that reflected the diversity of the women's lived experiences and highlighted the common threads within their narratives. Many of the same terms were used by several women in different contexts and with different shades of meaning. Yet, each major theme provided an elastic but cogent structure that united similar terms and varied contextual frames. Four major themes of interconnectivity, care, change, and power were perceived by the participants to be important elements in their recollections of Blessingways. As the data revealed, their narratives reflected the perceptions and emphasis of the Blessingway ritual in their lives.

Chapter 5: Discussion

Two specific objectives of this thesis were (1) to give voice to women's stories concerning the Blessingway that have not been recorded and therefore not heard in the academy, and (2) to examine the women's perceptions of the significant messages and meanings communicated to them through the Blessingway ceremony. The women's interviews reported in Chapter 4 yield a rich source of data that reveals meanings the women make regarding the Blessingway ceremony. Themes identified in the preceding chapter--interconnectivity, care, change, and power--echo themes found during the review of Blessingway literature in Chapter 2: community, spiritual cohesion, change of status, and power. Though the themes are not identical, the themes do share common elements of meaning. For example, "community" appears as a theme in Blessingway literature and as a key term in women's narratives described in this study. "Community" represents just one level of relationship in the women's lives. Therefore, my use of the term "interconnectivity" not only includes the term "community" but it embraces the diversity of relationships described by the women in their narratives. The women's voices provide the evidence for my assessment of the women's perceptions of the significant messages they describe in their narratives.

In this chapter, I discuss the results of the study by considering each of the four themes presented in Chapter 4. In the discussion, I consider the meanings the women voiced in their narratives and create a synthesis to describe their perceptions of

the significant messages and meanings communicated during the Blessingway ritual. The synthesis provided in this chapter furnishes a frame that supports the data from Chapter 4 and provides a more cogent view of the role of the Blessingway ritual and women, women and community, ritual and power, and women and voice. I also discuss interview protocol and make recommendations for further research on rituals.

Interconnectivity

A prevalence of terms describing interconnectivity emerged during all the women's interviews, which suggests interconnectivity is a strong theme. The strength and pervasive presence of terms relating to interconnectivity prompts consideration of the role interconnectivity plays in the meaning of the Blessingway. As mentioned earlier, each term--"web," "community," and "circle of women"--describes different aspects of the women's relationships. Taken together, the terms reveal a matrix of characteristics within the theme of interconnectivity: (1) continuous, (2) multidimensional, and (3) overlapping. The characteristics represent the places of connection highlighted during a Blessingway.

The continuous quality was represented in the pervasive presence of the web metaphors and circle metaphors recounted in the women's narratives. These metaphors illustrate a view of relationship that seems to be an ongoing, continuous ebb and flow that is not transactional in nature. The web metaphor used by the women depicts the many levels of relationship they perceive as parts of their lives. Most apparent is the concept that their lives are comprised of many layers or levels of relationships. For example, the "web of connectiveness" Suzanne describes suggests layers or levels of relationships. The

women's relationships are not viewed from a linear perspective and do not seem to be characteristic of starting and stopping points or points of destination. Rather, relationships are seen as continuous--circular. For example, the term "circle of women" represents the women's sense of continuous relationship. The women see themselves linked to each other and to all women. Many of the activities during the Blessingway--such as songs and sitting in a circle--accentuate and reinforce the circle metaphor. By symbolically reinforcing the image of the circle, the women's relationships to each other also are reinforced.

Besides the continuous quality, interconnectivity also has a multidimensional character as opposed to a two dimensional composition. Interconnection may often imply self and other, or self and group/community. However, the interconnectivity discovered in this study seems to incorporate both views at the same time.

In the preceding chapter, the use of the term "community" highlights the multidimensional character of interconnectivity and contrasts with the classic description of community. Marcus (1995) describes the classic view of community as a "sense of shared values, shared identity, and thus shared culture [that] has been mapped literally onto locality to define one basic frame of reference" (p. 111). Rather, the "community" the women describe is a complex web of social, political, and cultural influences weaving through their lives. Within the umbrella term of "community," the women's narratives also reveal micro and macro levels of relationship.

For example, many of the narrative illustrations in Chapter 4 clearly delineate the women's notion of self to levels of relationship. The women mention they have "friends"

and they have “very best friends.” Some participants refer to the “home birth” community which consists of clients and their families, midwives, and other supporters of home birth. They also refer to the “community of midwives,” a component of the home birth community that describes midwives' connections to each other. One participant further described levels of relationship within her community of midwives when she mentioned a “senior midwife in our extended community.” The micro and macro levels exist simultaneously with the women situated in all levels simultaneously; the levels highlight the multidimensional character of interconnectivity.

The third characteristic, the overlapping nature of interconnectivity, refers to the manner in which relationship permeates layers of connections and in some instances cuts through the layers. The term “feminine archetype” mentioned throughout the women's narratives in Chapter 4 provides an example of the concept of overlap. When the circle of women transcends time and space, a connection is made to a feminine archetype and to “all the women who have ever given birth before and will [in the future].” One's entry into this circle is through one's mother--one's own birth. This linkage, represented by the circle metaphor, is continuous and without end--just as a circle of life for any species would include birth, reproduction, death, birth, etc.

The macro view of community also offers examples of overlap. Not only does the sense of community extend to the circle of women--past, present, and future--but community extends to the “entire earth,” “the planet.” The women's “connections to the earth” permeate through the layers of interconnectivity and provide an infrastructure for

the overlapping character of interconnectivity. The women “stand witness” for the “entire earth.” Indeed, they represent the entire earth--past, present, and future.

Interconnectivity is not viewed as an abstract notion; it is seen as specific places of connection enveloping the women's lives. During a Blessingway, interconnectivity is created symbolically and tangibly. Interconnectivity as the women described it is also not a graphic presentation or representative of a linear relationship between one person and another person between whom communication moves back and forth. Instead, the metaphors of the web and the circle more aptly depict the character of interconnectivity. Like a circle, the relationships are continuous in nature. Characteristic of a web, the “web of connectedness” joins the individual to many others through overlapping and multiple layers of relationships.

Care

The next most pervasive theme is that of “care.” Where interconnectivity depicts the places of connection, care describes the value of self. As the women described in Chapter 4, care consists of love, honor, and support. The appearance of these three terms in the women's narratives display specific ways the women experience care. In this section, I have expanded the women’s descriptions for further elaboration and examination. I have also added a fourth term--“value of self”--to describe the effects of the women’s experience of care. While my intent is not to mute or modify the women's voices, I do acknowledge that these assessments are framed from my perspective and represent my synthesis of their

perceptions. To that end, I will use the following four components of care: (1) cohesion, (2) nurturance, (3) support, and (4) value of self.

Cohesion

A strong sense of cohesion emerges from care the women show for each other during the Blessingway. The Blessingway ritualistically develops and reinforces the care and love the women have for each other; strong relationship bonds develop as a result. The bonds of cohesion function on a long term basis. Though many of the women recounted Blessingway experiences that occurred several years ago, the feelings of connection and care still remain and are heard in their voices and in their narratives. Two ritualistic elements exemplify the women's feelings of cohesion: a spiral of lights representing all the births a midwife attended and a circle of light representing love. The women voice their experience of being “connected through love.”

Nurturance

The care the women have for each other is a form of nurturance. The women attend Blessingways with the express intent of supporting the birthing woman. In doing so, they construct a cocoon, of sorts, that nurtures and cares for the woman during labor and birth, just as the unborn child is nurtured and encircled by its mother's body. The Blessingway participants encircle the mother-to-be with their positive and encouraging statements expressing their concern and their confidence that she is capable for the labor of birth. The women “mother the mother” while she waits for the birth of her child.

This concept of nurturance and support corresponds to Turner's (1969) and Davis-Floyd's (1992) focus on the liminal nature of the individual during a major life transition--pregnancy. Pregnancy is viewed as a liminal state--a "process of becoming" (Davis-Floyd, p.25). As the women note in Chapter 4, the Blessingway ritual helps to alleviate anxiety, ambiguity, and fear during the liminal state. The "gathering around" or the encircling of the pregnant woman tends to reduce fears the woman may have, "fear of birth and fear of death." The encircling of the pregnant woman during a Blessingway not only nurtures but protects those within the circle. The participants ritualistically prepare a nurturing environment for the pregnant woman to labor, give birth and complete the transition from one stage of life to another. Consequently, the women feel "loved, cherished, and safe."

Support

When the women refer to "the intent of support" in the preceding chapter, they describe it as an integral component of the Blessingway. With such a clear foundational frame, ritualistic activities throughout the Blessingway reinforce its "supportive" purpose--candle lighting circle, "laying of hands," yarn web, tea ceremony, and gift giving. Gifts given to the guest of honor symbolically represent support the giver wishes to impart (e.g., gifts "selected for their psychological, spiritual, [and] emotional messages"). The pregnant woman realizes that the Blessingway guests are there to support her--they are "here for me." Yet, within each symbolic representation is the specific message that though the mother-to-be is supported during her impending labor and birth, no one will

give birth for her. The pregnant woman knows that she does not have to be alone when she gives birth, physically or symbolically. She can invite midwives, close friends, family members, and the unseen presence of the circle of women--past and present--to join her as she labors and gives birth.

Value of Self

Another quality emerges from the women's narratives described in Chapter 4--the value of self. Not only does the guest of honor feel "loved, cherished, and safe" at a Blessingway, she feels "honored." The mother-to-be experiences honor on both levels: a personal level and an archetypal level. Value of self does not emerge from pathological or dependency origins. The woman does not feel dependent on the Blessingway participants. She knows that independent of their care for her, she will complete her journey "into birth." Rather, the woman's value of self emerges from a profound sense of specialness. Physical contact--such as having the mother-to-be's feet washed by her close friends--implies care, service, and honor. The pregnant woman feels "incredibly honored and special"--"like having your mother tell you [that] you're a good mother."

The archetypal messages confirm that the pregnant woman's body knows what to do during childbirth. The mother-to-be should trust her body, herself, and the circle of women who have given birth before her. During the Blessingway, the participants deliver a message of capability. When the pregnant woman leaves the Blessingway, she realizes that through childbirth, she makes connection to the beginnings of humanity and contributes to humanity's continuance. Elizabeth states "birth is a normal thing and women have been

doing this [giving birth] forever . . . We [are] honoring the work of women in a beautiful and positive way.” Imbued with honor, nurtured, and loved, the pregnant woman acknowledges her value to her community, her unborn child, and to herself that “all [of] these people are here for me.”

As the participants’ narratives illustrate, care suggests the value of self. The women consider the mother-to-be valuable on many levels--as an individual, a sister within the circle of women, and as a member of their community. Within the safe space created by the Blessingway ritual, the pregnant woman, along with her guests, affirms her value of self.

Transformation

In Chapter 4, the women's narratives of their Blessingway experiences reveal the Blessingway ritual functions as a means for change (e.g., rite of passage, sign of passage, and opening). Indeed, the narratives support the findings of the Blessingway literature review; the Blessingway celebrates transition and passage (Davis-Floyd 1992; Sale 1992). The decision to use the term “transformation” in this section rather than the term “change” used in the previous chapter results from the general sense that the participants' references link change to process rather than a completed state--much like the process of pregnancy highlighted in the Blessingway activity, “the rites of passage.” Statements such as, “my passage to being a mother” and “nurture that person on the way” imply a gradual and fluid change--a transformation.

Over half of the study's participants describe activities occurring during the Blessingway representing transformation. For example, the “rites of passage” activity cited

by Debra represents initiation, transformation, and rebirth. Suzanne described the use of yarn as a means to represent the birth mother's symbolic and literal "transfer [of] the relationship" of her child to the adoptive parents. In another Blessingway, a ripe seed pod was given as a gift representing the change/opening that would occur at the appropriate time--birth.

The Blessingway also possesses a dynamic quality that is the essence of ritual--creative and regenerative (Collins 1985). This aspect of the Blessingway is illustrated in Chapter 4 by the use of terms that describe an "opening" process. The women cite evidence of Blessingway's transformative nature in preparing for birth or helping to resolve issues surrounding "a difficult birth in the past." That specific quality, a dynamic interaction between ritual and participants, influences and changes participants' perceptions and their relationships. The women use ritual hair grooming activities to represent physical changes and social or cultural norms associated with pregnancy. When the women form a circle, they define the boundaries of change, activity, and relationship for a pregnant woman. While she is seated in the center of the circle, the pregnant woman is nurtured and attended by close friends. As they ritualistically groom her, the friends assist in the transition symbolically completed as temporal boundaries are blurred. The transformative nature of Blessingway expands, combines, and blurs temporal dimensions by simultaneously linking to the past, present and the future.

When the women view the Blessingway as facilitating future transformation, they relate the dynamic interactions and temporal blurring they experienced at the Blessingway that remained with them until they gave birth. A woman who has had a Blessingway ritual

before birth has an easier time “making contact with [an] archetype” and the circle of women. The archetypal connection corresponds to Rappaport's (1971) argument that temporal blurring is a definitive characteristic of rituals containing spiritual elements. He states that “the semantic content of the ritual and the semantic content of the social messages transmitted between participants in the ritual are *not* coextensive” (p. 66-67).

The expressed purpose of the Blessingway is to “ceremonially offer honor” and to “empower” the pregnant woman making the transition into birth. The ritual function--communication--of the midwives' Blessingway establishes connection with a feminine archetype, the spirits of past, present and future women, and serves to certify or “sanctify” the messages transmitted within the Blessingway and complete the transformation process (Rappaport 1971, p. 67).

Power

The “energy and power” mentioned in Chapter 4 by many of the participants describing their Blessingway experiences is the effect of enacted ritual. The Blessingway uses ritual power to enact or stimulate change. The power felt during the Blessingway emerges through communication, its ritual function. During the Blessingway, through a variety of mediums--ritual symbolism, verbal, and nonverbal--messages are sent and interpreted by the participants within the three contextual frames the women recount: the Blessingway, the circle of women, and the personal. From the three frames, I suggest the women's discussions of power center on two types of power: (1) ritual and (2) personal. Although the women mentioned power from three perspectives, the contextual frame

“circle of women” can be subsumed under the category of “ritual power.” The dynamic and generative nature of the “circle of women” relies on strength of many rather than the strength of the individual. Therefore, when I discuss power, the “circle of women” will be mentioned from the contextual frame of ritual power.

Ritual power is the catalyst for manifestations of power occurring during the Blessingway. The Blessingway ritual embodies power. When the women relate how just their mere presence at a Blessingway was enough to “feel the power” or that empowerment is Blessingway’s “purpose,” they acknowledge ritual power. Embedded within the Blessingway, the dynamic force of ritual power influences the women’s perceptions of the process of transformation. Blessingway’s function and purpose intersect to generate change--transformation. Transformation proceeds with significance and meaning.

Besides the ritual power, the women also mentioned the Blessingway’s impact on their perception of their personal power. The women claimed they were “empowered,” made connection with themselves, their community, the circle of women, and all womankind. During the Blessingway, the many layers of meaning converge with the messages of the participants, the guest of honor, and ritualistic components. Ritual gives rise to voice. A reaction comparable to that of self-fulfilling prophecy occurs. As one participant stated, the sharing of the Blessingway participants’ beliefs of strength and confidence in the guest of honor’s ability to give birth without fear “happens to just play itself out.”

Power, as the women describe in it, does not function asymmetrically--a one up, one down arrangement. Yet, power in this sense cannot be viewed as transactional or

linear either. The web metaphor Kelly uses to describe the effects of interconnecting levels of relationships illustrates the function of Blessingway's ritual power. The power of the Blessingway, the power of the circle of women, and the personal power of the participants interconnect to generate change. The interconnectivity of power touches those who participate in the Blessingway, and those who participate in the Blessingway contribute to the power of the ritual.

Ritual acts as a catalyst for power, an empowering and “giving strength element.” The participants generate and sustain power through their collective and individual voices. Barbara emphasizes women “are strong” and they can “empower” each other. Linda also notes that as individuals within a community the participants can “impart” strength to each other. The catalytic nature of ritual points to the symbiotic relationship to power, that the Blessingway, the circle of women and the participants share with each other. Without the Blessingway, there would not be ritual power, yet without the power of the circle of women and the power and voice of individual participants, the Blessingway would be an impotent and meaningless ritual.

Conclusion

The objectives of the research were to discover meaning through the women's narratives about the Blessingway and to give voice to women's stories previously not recognized in the academy. Toward the first objective, data gathering during the women's interviews revealed four major themes. Assessment of the themes created categories of the Blessingway's significant messages and meanings: (1) interconnectivity, (2) care, (3)

transformation, and (4) power. The assessment of these four categories accomplished the second objective because the categories rely in significant ways on the women's voices and their experiences for definition.

The Blessingway is an important ritual that shows the ability and skill women use to create supportive communication climates. The ritual also highlights women's capability to demonstrate close relationships with other women. Though the focus of this study centers on the use of a Blessingway as a prenatal birth ritual, other uses for the Blessingway are mentioned. During a Blessingway, many levels of relationship intersect and emphasize the "web of connectedness" the women consider a part of their lives. The continuous, multidimensional, and overlapping nature of interconnectivity defines the places of connection highlighted during a Blessingway ceremony. A sense of connectedness among the women generates bonds of care. As a result, the women find themselves in a cohesive, safe, and nurturing "cocoon-like" environment. Once nurtured and protected, the women feel the support of their community. Through the ritual the women resolve and transform the contradictions and ambiguities of their liminal state and "connect" or recognize their own power and voice, the power and voice of their community, the circle of women, and all womankind--past, present and future. They wait for the completion of the transformation process--birth.

This thesis provides an examination of a relatively unknown contemporary women's birth ritual. Until now, little was known in academe about this powerful and significant ritual--the Blessingway. As I researched and completed this thesis, I became convinced that, in general, the significance of women's rituals has not been fully realized.

In most instances and disciplines, research into women's rituals is virtually nonexistent. Since much remains to be studied in the area of women's rituals, I offer suggestions for future research. The first two areas relate to the data gathering process and the third area relates to the topics of the Blessingway and ritual.

The first consideration relating to future research concerns artifacts or mementoes. Although I did not request artifacts or mementoes from the women, several women provided me with them, such as copies of Blessingway songs that were sung at their Blessingways. The songsheets added an extra dimension of understanding when the women related the significance of singing during a Blessingway. One participant read a journal entry she had written the day after her Blessingway. It was interesting to note that after two years, very little of the significant portions of the event was forgotten. During all of the interviews, the women described meaningful gifts that were given to them during their Blessingway ceremonies--quilts, birth necklaces, flowers, shells, etc. The presence of artifacts would provide an opportunity not only to hear of the significance attached to the artifacts but to see the artifact as well. Therefore, in the future, I would encourage participants to bring mementoes or items of significant interest with them to the interview. Such mementoes also may be informative themselves as rhetorical artifacts to study.

The next concern for future research focuses on interviewing. The interviews for this study consisted of two types, telephone and in-person. I found very little difference in content or verbal detail between the transcripts of telephone and in-person interviews; however, my in-person interviews provided nonverbal behavior--nonverbal cues--that encouraged feedback and created a more spontaneous communication climate. I

responded to the affect displays of the women by asking additional questions that helped me understand both the Blessingway ceremony and their experiences of it. Although my research was not intended to compare and contrast in-person and telephone interviews, I found the in-person interviews contained more dynamic interchanges that I did not experience with the phone interviews.

The last concern for future research pertains to the Blessingway specifically and ritual in general. This study provides an introduction to the Blessingway ritual. Future research on the Blessingway could examine questions such as:

- These women perceived the Blessingway as an experience of interconnection and community. From their perspective, how does the role of midwife affect the participants' interpretation of Blessingway experiences?
- Because the Blessingway can be conducted in different ways, which activities do women perceive as most significant toward accomplishing transformation?
- Do the women's experiences of empowerment endure? If so, how long after the Blessingway? What means of communication do the women use to recall or rekindle that sense of empowerment? If the empowerment does not endure, what are the women's perceptions of its dissipation?
- Do the perceptions of Blessingway participants who birth at home differ from those who birth at a hospital?
- Do women perceive the Blessingway as having effects on their labor and delivery?
- Given the benefits of the Blessingway, why do some midwives perform them while others do not? What messages are connoted by rituals such as the Blessingway?
- Are these four themes--interconnectivity, care, transformation, and power--evident among birthing women in other cultures? If so, what means are used to generate and/or communicate them? If these themes are not generated, what other themes emerge from birth rituals?

On a broader scope, not only do we see ritual attached to specific moments in an individual's or a community's life in attempting to deal with ambiguity and change, but according to researchers mentioned in Chapter 2, ritual encompasses more than just ceremonies or rites. Our interactions and behaviors contain many aspects of ritual. Women's lives, indeed all individual lives, are replete with events assigned specific protocols and customs. I suggest researchers design agendas to examine communication behaviors surrounding such major life events as birth, puberty, menopause, and death and minor events such as day-to-day conventions or etiquette. Additionally, further research could examine specific life events within the frames of ritual and power, ritual and voice, women and voice, or women and community. By examining events within these frames, researchers may identify and explain ritualistic components embedded in responses to life events. In turn, we may come to know more of the meanings we ascribe to our rituals, our responses and the effects these rituals have on us--as individuals, as women, as communities, and as cultures.

Bibliography

Annandale, E.C. (1987). Dimensions of patient control in a free-standing birth center. Social Science & Medicine, 2, 1235-1248.

Arms, S. (1975). Immaculate deception. New York: Bantam Books.

Armstrong, P., & Feldman, S. (1990). A wise birth: Bringing together the best of natural childbirth with modern medicine. New York: William Morrow and Company.

Arntson, P. (1985) Future research in health communication. Journal of Applied Communication Research, 13 (2), 118-130.

Bakhtin, M. M. (1981). The dialogic imagination (Michael Holquist, Ed.). Austin: University Texas Press.

Bird, S. E. (1994). It's the talking that's important: Pregnancy folklore as women's discourse. Women's Studies in Communication, 17, 45-67.

Blais, R., Lambert, J., Maheux, B., Loiselle, J, Gauthier, N., & Framarin, A. (1994). Controversies in maternity care: Where do physicians, nurses, and midwives stand? Birth, 21(2), 63-70.

Braithwaite, D. O. (1995). Ritualized embarrassment at "coed" wedding and baby showers. Communication Reports, 8, 145-157.

Braithwaite, D. O., & Baxter, L. A. (1993, June). Marriage renewal vows: Public rituals of relating. Paper presented at the meeting of the International Network on Personal Relationships Conference, University of Wisconsin-Milwaukee.

Braithwaite, D. O., & Baxter, L. A. (1995). "I do" again: The relational dialectics of renewing marriage vows. Journal of Social and Personal Relationships, 12, 177-198.

Browne, R. B. (1980). Ritual one. in R. B. Browne (Ed.), Rituals and ceremonies in popular culture (pp. 1-18). Bowling Green, OH: Bowling Green University Press.

Bruner, J. (1990). Acts of Meaning. Cambridge: Harvard University Press.

Cheal, D. (1988). The ritualization of family ties. American Behavioral Scientist, 31, 632-643.

Christ, C. P. (1980). Diving deep and surfacing: Women writers on a spiritual quest (2nd ed.). Boston: Beacon Press.

Collins, R. (1985). Three sociological traditions. New York: Oxford University Press.

Collins, N. L., Dunkel-Setter, C., Lobel, M., & Scrimshaw, S. C. M. (1993). Social support in pregnancy: Psychosocial correlates of birth outcomes and postpartum depression. Journal of Personality and Social Psychology, *65*, 1243-1258.

Crowe, K., & von Baeyer, C. (1989). Predictors of a positive childbirth experience. Birth, *16* (2), 59-63.

Daniels, K. (1996, May). M ANA members and demographics. [E-mail to: Jeanette Biddle], [Online]. Available E-mail: Birthlady@aol.com.

Davis-Floyd, R. E. (1992) Birth as an american rite of passage. Berkeley: University of California Press.

DeLee, J. B. & Siedentopf, H. (1933). The maternity ward of the general hospital. Journal of the American Medical Association, *100*, 6-14.

Eisler, R. (1988). The chalice & the blade: Our history, our future. San Francisco: Harper.

Fisher, W. R. (1978). Toward a logic of good reasons. The Quarterly Journal of Speech, *64*, 376-384.

Fisher, W. R. (1984). Narration as a human communication paradigm: The case of public moral argument. Communication Monographs, *51*, 1-22.

Fisher, W. R. (1985). The narrative paradigm: In the beginning. Communication Monographs, *35*, 347-367.

Foss, S. K. (1989). Rhetorical criticism: Exploration & practice. Prospect Heights: IL: Waveland Press, Inc.

Foss, S. K. (1996). Rhetorical criticism: Exploration & practice. (2nd ed.) Prospect Heights: IL: Waveland Press, Inc.

Gilligan, C. (1993). In a different voice: Psychological theory and women's development. Cambridge: Harvard University Press.

Glaser, B. G. & Strauss, A. (1967). The discovery of grounded theory: Strategies for qualitative research. Chicago: Aldine.

Goffman, E. (1967). Interaction ritual: Essays in face to face behavior. Chicago: Aldine.

Gratton, V. (1993). Creating a birth ritual. Unpublished manuscript.

Grinnell, G. B. (1896). Childbirth among the blackfeet. The American Anthropologist, 9, 286-287.

Grinnell, G. B. (1902). Cheyenne woman customs. American Anthropologist: New series, 4, 13-16.

Jordan, B. (1980). Birth in four cultures: A crosscultural investigation of childbirth in yucatan, holland, sweden and the united states. Montréal: Eden Press Women's Publications.

Kay, M. A. (1982). Anthropology of human birth. Philadelphia: F. A. Davis Company.

Kerby, A. P. (1991). Narrative and the self. Bloomington, IN: Indiana University Press.

Kitzinger, S. (1980) Women as Mothers. New York: Vintage Books.
Kluckhohn, C., & Leighton, D. (1974). The Navaho. Cambridge: Harvard University Press.

Kreps, G. L., & Thornton, B.C. (1984). Health communication. New York: Longman.

Laird, J. (1988). Women and ritual in family therapy. In E. Imber-Black, J. Roberts, & R. A. Whiting (Eds.), Rituals in families and family therapy (pp. 332-362). New York: W. W. Norton.

Lang, R. (1993). Blessingway into birth: A rite of passage. Santa Cruz, CA: Author.

Lang, R. (1989). Blessingway. In N. U. Koehler (Ed.), Artemis speaks. (pp. 536-541). Sebastopol, CA: Koehler.

Langellier, K. M., & Hall, D. L. (1989). Interviewing women: A phenomenological approach to feminist communication research. In K. Carter & C. Spitzack (Eds.), Doing research on women's communication: Perspectives on theory and method (pp. 118-176). Norwood, NJ: Ablex Publishing.

Leavitt, J. W. (1986). Brought to bed: Childbearing in America 1750 to 1950. New York: Oxford University Press.

Lowinsky, N. R. (1992). Stories from the motherline: Reclaiming the mother-daughter bond, finding our feminine souls. Los Angeles: Jeremy P. Tarcher, Inc.

Lozoff, B., Jordan, B., & Malone, S. (1988). Childbirth in cross-cultural perspective. Marriage & Family Review, 12 (3/4), 35-60.

MacCormack, C. P. (Ed.). Ethnography of fertility and birth (2nd ed.). Prospect Heights, IL: Waveland Press, Inc.

Marcus, G. E. (1995). The redesign of ethnography after the critique of its rhetoric. In R. F. Goodman & W. R. Fisher (Eds.), Rethinking knowledge: Reflections across the disciplines (pp. 103-121). Albany, NY: State University of NY Press.

McKinlay, J. (1981). From "promising report" to "standard procedure": seven stages in the career of a medical innovation. Milbank Memorial Fund Quarterly, 59, 374-409.

Meyer, G. E., & Myers, M. T. (1988). The dynamics of human communication: A laboratory approach (5th ed.). New York: McGraw-Hill.

Milligan, B. C. Nursing care and beliefs of expectant navajo women (part 1). American Indian Quarterly, 8, 83-101.

Mitford, J. (1992). The american way of birth. New York: Dutton.

Montagu, A. (1964). Life before birth. New York: Signet Books.

Moore S. F., & Myerhoff, B. G. (1977). Introduction: Secular ritual: Forms and meanings. in S. F. Moore & B. G. Myerhoff (Eds.) Secular Ritual (pp. 3-24).

Oakley, A. (1986). The captured womb: A history of the medical care of pregnant women. Oxford: Basil Blackwell.

Oakley, A. (1992). Social support and motherhood. Oxford: Blackwell Publishers.

Pattee, S. (1991, Winter). A blessing way. M.O.M., 6-7.

Perrone, B., Stockel, H., & Krueger, V. (1989). Medicine women, curanderas, and woman doctors. Norman, OK: University of Oklahoma Press.

Philipsen, G. (1987). Ritual as a heuristic device in studies of organizational discourse. Communication yearbook, 16, 104-111.

Rappaport, R. A. (1971). Ritual, sanctity, and cybernetics. American Anthropologist, 73, (1), 59-76.

Rappaport, R. A. (1979). Ecology, meaning and religion. Richmond, CA: North Atlantic Books.

Rockwell, S. L. (1995). The delivery of power: Reading american indian childbirth narratives. American indian culture and research journal, 19, (3) 71-85.

Rosenthal, C. J. & Marshall, V. W. (1988). Generational transmission of family ritual. American Behavioral Scientist, 31, 669-684.

Ruzek, S. (1993). Defining reducible risk: Social dimensions of assessing birth technologies. Human Nature, 4,

Rybacki, K. C., & Rybacki, D. J. (1991). Communication critics: Approaches and genres. Belmont, CA: Wadsworth Publishing.

Sakala, C. (1988). Content of care by independent midwives: Assistance with pain in labor and birth. Social Science & Medicine, 26 (11), 1141-1158.

Sale, R. (1992, Winter). Creating a blessing way ceremony. The Doula, 22, 12-14.

Sander, B. (1988, September). Blessing way. Midwifery Today, 1, 9.

Sander, D. (1979). Navaho symbols of healing. New York: Harcourt Brace Jovanovich.

Sarah, R. (1988). Power, certainty, and the fear of death. Women and Health, 13, 59-71.

Shepardson, M., & Hammond, B. (1970). The navajo mountain community: Social organization and kinship terminology. Berkeley: University of California Press.

Simpkin, P. (1992). Just another day in woman's life? Part II: Nature and consistency of women's long-term memories of their first birth experiences. Birth, 19 (2), 64-81.

Smith-Nolan, M. K. (1995). Imagining them, reimagining ourselves: A case study of cultural appropriation and the politics of identity. Unpublished master's thesis, Oregon State University, Corvallis.

Sweet, G. G. (1982, Winter). Blessingway. Mothering, 24, 99-101.

Treichler, P. A. (1989). Childbirth, cultural crisis, and medical discourse. In B. Dervin, L. Grossberg, B. J. O'Keefe, & E. Wartella (Eds.), Rethinking communication (pp. 424-453). Newbury Park, CA: Sage.

Turner, V. W. (1969). The ritual process: Structure and anti-structure. Chicago: Aldine Publishing.

U.S. department of health and human services. (1994). Advance report of final natality statistics, 1992 (DHHS Publication No. PHS 95-1120 4-0677). Hyattsville, MD: National Center for Health Statistics.

Van Gennep, A. (1960). The rites of passage. (M. B. Vizedom & G. L. Caffee, Trans.). Chicago: University of Chicago.

Vorth, H. R. (1905). Oraibi natal customs and ceremonies. Field Columbian museum: Anthropological series, 6, (2) 47-61.

Wagner, M. (1994). Pursuing the birth machine: The search for appropriate birth technology. Camperdown, Australia: ACE Graphics.

Wear, D., & Nixon, L. L. (1995). Literary anatomies: Women's bodies and health in literature. New York: SUNY.

Werner, C. A., & Baxter, L. A. (1994). Temporal qualities of relationships: organismic, transactional, and dialectical views. In M. L. Knapp & G. R. Miller, (Eds.), Handbook of interpersonal communication (2nd ed., pp 323-379). Thousand Oaks, CA: Sage Publications.

Whitt, L. A. (1995). Cultural imperialism and the marketing of native america. American Indian Culture and Research Journal, 19 (3), 1-31.

Wyman, L. (1957). Navajo beautyway: Its uses, mythology, songs, and geographical setting. New York: Pantheon Books Inc.

Wyman, L. C. (1987). Blessingway. Tucson, AZ: University of Arizona Press.

APPENDICES

Appendix A

MANA Conference Brochure

Massage

Revitalizing massages are offered by appointment (for a low fee) on Saturday and Sunday in the Buchon Room. Please see the sign-up sheet at the registration table.

Pool and Hot Tub

The Resort's pool and hot tub will be open until 10:00pm. The resort requires swimming suits!

Healing Lodge

The Midwife's Healing Lodge is located in the Tee Pee on the lawn. It has been created as a private, safe space in which to share informally. It will be available Friday, Saturday and Sunday.

Booksignings

Several prominent authors are signing their books on the following schedule:

Friday	9:00am-9:30am 4:00pm-4:30pm	<i>Suzanne Arms, Carol Schiller and Pam Weaver Elizabeth Davis, Anne Frye, and Barbara Harper</i>
Saturday	2:30pm-3:00pm 3:00pm-3:30pm	<i>Penny Armstrong, Nancy Wainer-Cohen, and Ina May Gaskin Barbara Loe Fisher, Tieraona, and Marsden Wagner</i>
Sunday	8:00am-8:30am	<i>Lynn Baptisti-Richards, Jeanine Parvati-Baker, and Jana Shiloh</i>

Also, located in the Tent is

An Oregon writer, **Sandra Dorr** (mother of 2 children born at home), will be interviewing interested Midwives for a book titled *Woman, Medicine: Stories told by Midwives*.

Jeanette Biddle is doing her Masters thesis on Midwifery. She has traveled from Oregon and is interested in talking with women who have participated in a Blessingway Ceremony - Midwife, Student, Client etc....



VISIT THE GRAND CANYON
On Thursday, November 9, 1995

The bus will leave at 7:15am. On your way to the Canyon, you will stop for about an hour in Sedona and then continue through Oak Creek Canyon and Flagstaff to Grand Canyon Village with arrival in time for late lunch. Approximately 3 hours of time at the El Tovar/Bright Angel Lodge will allow time for lunch, viewing the Canyon, gift shopping and a short walk down the trail. The bus will then return to Phoenix.

The price is \$55 and does not include meals or the suggested guide/driver gratuity of \$3-5 per person.



Appendix B

MANA Newsletter

Networking Notes

Blessingway Ceremony Information Sought

I'm a Masters student at Oregon State University. I became interested in midwifery when my daughter became a midwife. This beautiful, powerful, and important event in women's lives has rarely been heard in the academic world from the women's point of view and in their voices. Their stories, for the most part, have not been told. My Masters thesis will be on the Blessingway ceremony, and I am interested in talking with women who have participated in a Blessingway ceremony—midwife, client, friends or family members. Please contact me so we can make arrangements to talk, I'd love to hear your stories!

My address is: Jeanette Biddle, P.O. Box 1768, Corvallis, OR 97339-1768, e-mail address: biddlej@ucs.orst.edu

S

Call for Consent Forms and Record-Keeping Forms

Suzanne Suarez, attorney-RN, legal advisor and board member of NARM, is requesting copies of informed consent forms being used in practice by home birth and birth center midwives. Suzanne is doing a study of informed consent as it pertains to midwifery and has recently co-authored an article on that subject. She is interested in gathering information from nurse-midwives about informed consent as practiced in the hospital setting. The information is being gathered for use as part of a program Suzanne has developed to teach midwifery students. She would also like questions or comments about documentation and record-keeping from practicing midwives. Please send a copy of any forms you use in your practice or contact Suzanne at: PO Box 3412, Tallahassee, FL 32315 or 904-531-0320 (h) or 904-922-5870 (w).

S

Onnie Lee Logan, Alabama Midwife, Died this Summer

Onnie Lee Logan, MANA Sage Femme in 1989, died this summer. From Hilary Schlinger's book, *Circle of Midwives*, comes the following description of Onnie Lee:

Onnie Lee Logan came into the world at the hands of a midwife in Sweet Water, Alabama. Logan's mother was a midwife and also her mother's mother. At the time, half of all births in the US were attended by these unlicensed specialists in home delivery. In 1947, the year Onnie applied to become a midwife herself, she was required by the state Board of Health to pass a nine-month training course.

Onnie Lee Logan, who was divorced, widowed and married a third time, had only one child, a son. She made her primary living as a maid for a wealthy, white family in Mobile, while on the side she delivered black babies in the poor sections of the city and white babies in the hinterland of Mobile County.

The grand midwives were outlawed in 1976, but Logan was allowed to continue practicing until 1984. She was the last lay midwife in Mobile.

Following is a quote from Onnie Lee's book *Motherwit: An Alabama Midwife's Story*:

Just a few months befo' I got my first permit, I went around with a midwife who done already got her permit as apprentice. I went with one midwife that she delivered twins. The first baby was born. She tried and she couldn't get it to breathe or nothin so she laid it down. When she laid it down I picked it up and I started workin

with it. She said, "Oh, Mamie, you got another baby comin.'" She said, "You got twins." Well she delivered that baby and cleaned it up and dressed it and she got cleaned up the mother and dressed her. I was still workin with that other one. "Lay it down, Onnie, it's dead." That's when I started dependin on my own experience. I pitched out on what God told me to do then. I forgot about books and other people.

At that time they didn't have Pampers—they had these burlap diapers. I grabbed me a clean burlap diaper and I blowed in his mouth with mouth-to-mouth resuscitation. I hadn't been taught that. Didn't know anything about it but that's what I did. I did that and I picked it up with my hands under its lil ribs on its lil back and I feel that lil faint heart beatin about thirty minutes later. When I did that I filled it full of wind again then I would take my hand and take the lil stomach and pump it out like breathin. That lil heart just come getting a lil bit stronger and stronger. So I did that about fo' times, filled it full of wind with my mouth on its mouth. So finally it kep' that and I'd take my hand off its lil stomach where I was pumpin and then it kep' going. I'd feel that breath gettin stronger and stronger. Fo'ty-five minutes I worked on that baby and I had never delivered a baby befor'.

We will miss this *Grand Midwife!*

S

Appendix C

Release Form

I understand that by signing this form I give Jeanette Biddle permission to audio tape this interview. I understand that the information contained within the recorded interview will be used for research and/or publication.

I understand that my name will not be used or recorded on the audio tape. A pseudonym or alias will be used for publication of any reference to my statements made during the interview. I understand that my participation in this interview and research project will not be disclosed.

I understand that the audio taped interview will be transcribed and the tape will not be destroyed and will be retained for future research and/or publication by Jeanette Biddle. I understand that my anonymity will be retained for all research and/or publication.

Signature

Date

Interviewer

Date

Place of Interview

Appendix D

General Demographics

1. Which best describes your ethnic identity? (optional)
 - Caucasian
 - African American
 - Native American/Alaskan Native
 - Hispanic American
 - Asian American
 - Other (please specify) _____

2. My marital status at this time is:
 - Single
 - Married
 - Partnered, but not married

3. My age is: _____ years.

4. My gender is: _____

5. What was your age when you attended the Blessingway? _____

6. Are you a midwife? How long? _____

7. Approximately how many Blessingways would you say that you perform in a year? _____

8. Approximately how many Blessingways would you say that you attend in a year? _____

9. Which best describes your approximate family income level:

<input type="checkbox"/> \$15,000 and under	<input type="checkbox"/> \$50,000 and under
<input type="checkbox"/> \$20,000 and under	<input type="checkbox"/> \$60,000 and under
<input type="checkbox"/> \$30,000 and under	<input type="checkbox"/> \$61,000 and above
<input type="checkbox"/> \$40,000 and under	

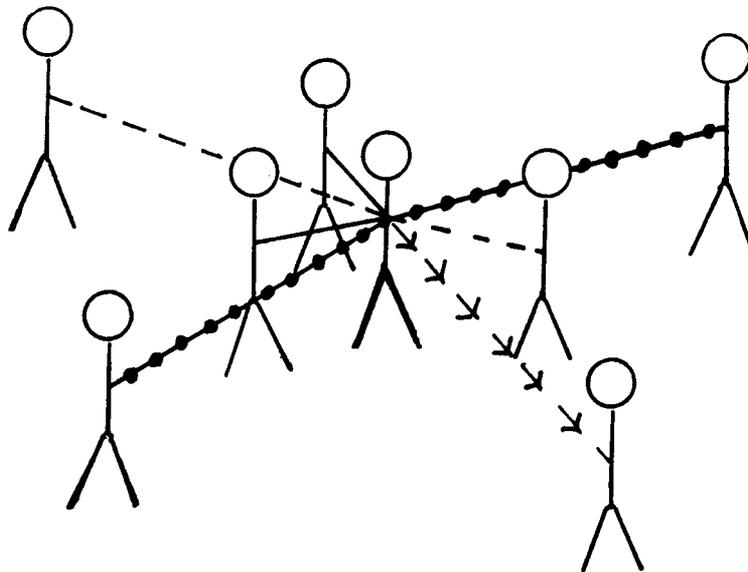
Appendix E

Interview Protocol

1. Tell me about your Blessingway experience.
2. Who was there at the Blessingway?
3. When did it occur?
4. Why did you attend the Blessingway?
5. Why did you have a Blessingway?
6. Where did it take place?
7. How did you prepare for it?.
8. Just walk me through the {morning, afternoon, evening}, as you remember it.
9. Tell me {two, three, four} things you think were communicated to you by this ritual? The number will depend on the number the participant chooses
10. How do you think _____, _____, and _____ were communicated? Depending on the participants' reply, I would ask for clarification, especially of nonverbal behaviors.
11. Was there any one thing that you feel was especially significant during the ceremony?
12. How was this communicated during the ceremony?
13. When you think about the Blessingway, what would you say, is still with you today?
14. What do/did you tell others [family members, friends, co-workers] about the Blessingway?
15. What would you like to tell others about the Blessingway?
16. Have you attended other Blessingways?
17. Describe the similarities/differences.
18. When you leave a Blessingway, what feelings, memories do you take with you?
19. What would you tell the child you were expecting when you had your Blessingway about the Blessingway? [For guest of honor only]
20. What would you tell the expected child about their mom's Blessingway? [For guests]
21. Is there anything you would like to add?

Appendix F

Levels of Connection



The various types of connecting lines represent different levels of connection in the participants lives.

Appendix G

Song received from Debra #52

There is a woman who weaves in the sky
 See how she spins, see her fingers fly
 She is the stardust from beginning to end
 She is our mother, our lover, our friend
 She is the weaver and we are the web
 She is the needle and we are the thread

She changes everything she touches
 And everything she touches changes (Repeat)

We are the flow, we are the ebb
 We are the weavers, and we are the web (Repeat)

Song received from Maya #66

We all come from God
 And unto God we shall return
 Like a stream flowing back to the ocean
 Like a ray, a ray of light returning to the Sun.

We are the flow, we are the ebb
 We are the weavers, we are the web

I am the circle, and you are healing me (Repeat)

United people, we are one (Repeat)

I am and you are and we are one (Repeat)