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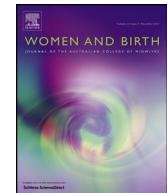


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### Original Research - Qualitative

## A time for psycho-spiritual transcendence: The experiences of Iranian women of pain during childbirth

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### ABSTRACT

**Background:** The description of women's experiences of childbirth improves our understandings of the nature of childbirth, women's suffering and pain during childbirth.

**Aim:** This study aimed to explore women's experiences of pain during childbirth.

**Method:** A qualitative study was conducted using a conventional content analysis method proposed by Graneheim and Lundman (2004). In-depth face to face semi-structured interviews were held with 17 women who met inclusion criteria for participation in this study.

**Findings:** The women's experiences of pain during childbirth was described as 'a time for psycho-spiritual transcendence'. Categories developed during the data analysis were 'conflicting emotions towards pain', 'new insight towards labor pain', 'self-actualization' and 'spiritual development'.

**Conclusion:** Most participants had positive experiences and attitudes towards pain during childbirth influenced by cultural, context and religious factors. According to this study, 'transcendental progression' was an eminent feeling that created positive inner feelings along with self-actualization in women. This provides a new insight on labor pain and helps healthcare providers understand the effect of pain during childbirth on women's spiritual, mental and psychological needs.

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### Statement of significance

#### Problem or issue

Childbirth in Iran is considered an unpleasant painful condition. Iranian women have to come to term with the medicalization of childbirth. Therefore, the rate of cesarean section has increased dramatically among Iranian women.

#### What is already known

Studies on women with different cultural and religious backgrounds showed that women's religious beliefs influence on the provision of care. According to the Islamic

doctrine, childbirth makes women closer to God and enhances their spirituality. However, a few studies are available on Iranian women's experiences of childbirth.

#### What this paper adds

According to the Iranian ministry of health and medical education, the rate of cesarean section should be reduced. Also, there is a need of the promotion of vaginal childbirth with the consideration of religious and cultural backgrounds. The results of this study help policymakers and midwives for the provision of culturally appropriate and sensitive care to women during childbirth.

### 1. Introduction

Labor pain is a subjective interaction between multiple physiological and psychological factors. Pregnancy for most women is associated with considerable enthusiasm, but labor pain is a stressful event and can diminish the feelings of self-worth,

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self-confidence and self-aversion.<sup>1</sup> Women's beliefs, perceptions and attitudes during childbirth influence on their self-efficacy and satisfaction of pregnancy.<sup>2</sup> Labor pain reduces women's happiness, strength, courage and the feeling of meaning and purpose during childbirth. It can also create a dissociation from individuals' feelings and reduce an ability to feel joy, love and connection with the newborn.<sup>3</sup> From a holistic perspective, an interaction between the mind, body and spirit is essential in childbirth.<sup>4</sup> Therefore, women who consciously perceive the interaction between the mind and body in labor pain are able to face their inner reality, which develops a positive feeling in life.<sup>5</sup> Childbirth not only is affected by woman's health conditions and expectations, but also is considerably influenced by the social context and cultural values.<sup>6</sup> Women experience labor pain and their cultural, contextual and religious beliefs determine how they perceive, interpret and react to pain.<sup>1,8,9,10,11,12,13,14</sup> Childbirth from the perspectives of African-Canadian women is a painful process and mixed with challenges. However, they consider childbirth a spiritual journey and try to take control over it for gaining self-worth and hope.<sup>15</sup> Nowadays, spirituality is recognized as a new psychological reality, concept and research topic, which can be consistent in part with religiousness or not.<sup>16,17</sup> Modern spirituality includes a reference to transcendence or sacredness, but God is defined within religious traditions. It emphasizes an individual reality with a connection to transcendence, others, and the world without necessarily a connection to a certain religious institution or group.<sup>18,19</sup> Also, evidence shows that individuals value spirituality more than religion. Therefore, an increasing number of individuals declare that they are spiritual rather than religious, whereas a few people report the opposite. Spirituality is a broader concept than religiousness and reflects a dynamic rather than a static condition. Also, it is an emotion rather than a belief.<sup>20</sup>

According to the Islam, the holy Qur'an and the Hadiths (sayings, deeds, or agreements of the Prophet), there is an overlap between religion and spirituality. In the Islamic context, there is no spirituality without religious thoughts and practices, but religion provides a spiritual path in life.<sup>21</sup> According to the Islamic doctrine, childbirth is an opportunity that makes women closer to God and makes spirituality more meaningful.<sup>10</sup> Spirituality is quintessential to childbirth<sup>7</sup> and labor pain is an ideal context for women's transcendence and spiritual health.<sup>22</sup> Despite the Islamic teachings regarding the sanctity of childbirth, vaginal childbirth has become an unpleasant and painful condition whereby women have to comply with the medicalization of childbirth.<sup>23</sup> In technocratic societies, women's reproductive bodies have inherent faults and need medical management.<sup>24</sup> In fact, medical interventions in most cases is not essential<sup>25</sup> and even may increase the risk for losing individual's humanity.<sup>26</sup> Given the fact that midwifery care has a holistic nature, grounded in the understanding of the social, emotional, cultural, spiritual, psychological and physical experiences of women,<sup>27</sup> understanding women's beliefs, values, and behaviors with different cultures helps midwives provide a more culturally appropriate and sensitive care to women.<sup>28</sup> A few studies were available on the women's experiences of childbirth in the Iranian cultural context. Therefore, this study aimed to explore women's experiences of labor pain.

## 2. Method

An inductive qualitative method was used, because it was a suitable method for exploring cultural phenomena in terms of meanings that participants ascribe to them. Therefore, given the required level of abstraction and explorative design of this study, a qualitative content analysis method was chosen. Qualitative

content analysis is a method for categorizing and coding data that aims to describe a phenomenon. Also, this method is suitable when there is limited knowledge, theory and research about the study phenomenon. This technique provides knowledge, new insights, and in-depth descriptions of realities.<sup>29</sup> Therefore, given the subjectivity of the women's experiences of labor pain, this method was used for exploring the experiences of Iranian women of labor pain.

### 2.1. Participants and setting

The participants were selected using a purposeful sampling method. Also, maximum variation in sampling was considered in terms of age, educational level, income, gravidity, participation in education classes before childbirth, vaginal childbirth without and with medical interventions. The inclusion criterion for the selection of the women was the experience of vaginal childbirth without complications. The exclusion criteria were being unable to speak in Farsi, being diagnosed with mental disorders as documented in the woman's health file, cesarean section for childbirth, having the high risk for pregnancy and the history of infertility and illicit drugs abuse.

### 2.2. Procedure

The data collection was performed from May to October 2015. In-depth, individual, face-to-face semi-structured interviews were held with 17 eligible women. At the beginning of each interview session, the participants were informed about the aim of the study, confidentiality of data collection and voluntary nature of participation in the study. Next, the written informed consent form was signed by those women who willingly agreed to take part in this study. The interviews were guided by an open-ended question: "Will you describe your experiences of pain during childbirth?" Also, probing questions were asked to clarify the participants' descriptions and improve the depth of the interviews. The interviews were held in a calm environment, tape-recorded and lasted for 30–90 min. The interviews were transcribed verbatim simultaneously after the data collection and analysed by the research team. The MAXQDA software v.10 was used for data management. The interviews were continued until data saturation was reached.

### 2.3. Data analysis

The conventional content analysis method proposed by Graneheim and Lundman (2004) was used for analysing the collected data.<sup>30</sup> After transcribing the interviews, they were read carefully and manifest and latent contents were identified as meaning units. Next, codes were assigned to the meaning units. The codes were organized according to their relevance, similarities and differences and categories were developed. Ultimately, themes as the latent content of the data were developed. The first and second authors carried out coding and categorizing and other authors supervised this process. In case of disagreements, the research team members held discussions to resolve disagreements.

### 2.4. Trustworthiness

Lincoln and Cuba's criteria were applied to assess trustworthiness.<sup>31</sup> Member checking, peer debriefing, and audit trail helped with the credibility of the study process. Dependability was ensured using purposive sampling and maximum variation in sampling. Moreover, a detailed description of the research process helped with the transferability of our findings.

## 2.5. Ethical considerations

The research and ethics committee affiliated with Tehran University of Medical Sciences, Tehran, Iran approved the study's protocol (decree number: IR.TUMS.REC.1394.1577). All participants were informed of the aim of the study, and written informed consent form was signed by the participants who willingly agreed to take part in this study. A permission to tape-record the interviews was obtained and a number was assigned to each participant to maintain their confidentiality. They were informed that they had the right to withdraw from this study at any time without being penalized.

## 2.6. Findings

The range of the participants' age was 27–53 years with a mean of 32.2 years. Seven women (41.2%) had a high school diploma or lower educational level, and ten women (58.8%) had a bachelor's degree or higher. Nine (52.9%) and eight (47.1%) women were primiparous and multiparous, respectively. Three women (17.65%) had vaginal childbirth. Most of them (70.6%) reported a middle or high income. In this study, the overarching theme developed from the participants' experiences was 'a time for psycho-spiritual transcendence', which was consisted of four categories as follows: 'conflicting emotions towards pain', 'a new insight towards labor pain', 'self-actualization' and 'spiritual development'. The theme of 'a time for transcendence' referred to the women's experiences of vaginal childbirth as a transformation process from conflicting emotions to spirituality. This meant that the women who experienced negative emotions towards labor pain had negative memories about childbirth. On the other hand, those women who had positive feelings toward pain during childbirth gained positive insights towards it, reached self-actualization and developed their own spirituality.

### 3. Conflicting emotions towards pain

Conflicting emotions towards pain referred to different positive and negative feelings experienced by the participants. The women described reasons for their negative emotions towards childbirth. They experienced more labor pain than what was narrated by other women. One participant stated: "*I did not know that it [childbirth] was so painful. It was much more challenging than what I imagined.*" (29 years old, primiparous). Some other participants believed that labor pain was unprecedented and the worst pain. "*It led to such severe pain that I had never experienced before.*" (35 years old, primiparous). Another participant said: "*It could be said that it was the worst pain; there is no pain like that.*" Therefore, a bad memory on pain was formed in the women's mind so that they did not recommend vaginal childbirth to other women. For instance, one participant said: "*Since I suffered from pain, I encouraged others to give birth via the caesarean section. I do not recommend vaginal childbirth to anybody, because it is very painful.*" (28 years old, multiparous).

Conversely, those women who had positive feelings towards labor pain had an opposite perspective. One participant believed in the good feeling and the conscious experiences of labor pain: "*In my opinion, the pleasure of vaginal childbirth was related to its pain. Someone may not feel labor pain in the caesarean section . . . I think it is much better to experience such pain.*" (29 years old, primiparous). Some participants compared vaginal childbirth with the cesarean section and highlighted the advantages of vaginal childbirth despite labor pain. One participant stated: "*I did not want to give birth via the caesarean section, because I did not want to be unconscious during childbirth. I wanted to see what was going on around me. I wanted to be aware of everything and see what others*

*were doing for me and how others were treating me.*" (45 years old, multiparous). Some participants achieved good feelings after reviewing the process of childbirth. One of the participants stated: "*I did not have any negative feelings about that day. I go over that experience [childbirth] in my mind, moment by moment. It is very fascinating. Every day that passes, I enjoy it more. I am very happy about it.*" (27 years old, primiparous). Another participant also added: "*When the baby was born, I felt relaxed. I am happy and feel comfortable. When I endure such pain, I feel that I am born again.*" (33 years old, multiparous). Most participants were happy with receiving the family attention. One participant said: "*When my husband and my mother-in-law came to see me, I experienced a feeling of happiness. I think that everyone likes being cared for by others.*" (45 years old, multiparous)

### 4. New insight towards labor pain

Those participants who had good emotions, acquired new and positive insights towards labor pain. They believed that the position of women was recognized only if women had vaginal childbirth. One participant stated: "*My older sister told me: 'you will understand the value of being a mother only when you become a mother'. I think this is true. After I experienced pain and became a mother, I found the meaning of being a mother.*" (29 years old, primiparous). Another participant believed that a lack of pain experience meant being separated from the nature of creation. "*I did not want my childbirth to be entirely without the experience of pain. I did not want to escape from the nature of this process. I wanted to experience labor pain and have a memory of childbirth in my mind. A natural feeling of childbirth. I certainly wanted to experience it.*" (42 years old, multiparous). Finally, the participants with positive insights encouraged other women to experience vaginal childbirth. One of the participants said: "*If I am going to experience childbirth again, I will choose to have vaginal childbirth. I strongly recommend every pregnant woman to experience vaginal childbirth and do not undergo the caesarean section.*" (29 years old, primiparous).

### 5. Self-actualization

In this transition period and internal revolution, the participants who had positive insights towards labor pain reached self-actualization. They considered pain a powerful experience for understanding their own reality. They expressed feelings such as 'developing a sense of honor and pride and the sense of victory and success. One participant stated: "*When my baby was born, I felt triumph and pride for vaginal childbirth.*" (29 years old, primiparous). Another participant said: "*I was glad to be able to do such a hard task and my self-confidence was doubled.*" (35 years old, primiparous). The feeling of greatness and self-confidence were other aspects of the women's experiences. One participant said: "*I felt that I could do anything. I am a strong woman and I can do it; I am a mother now. I found so much strength in myself that I can take care of my child by myself . . . this [experience] made me to grow.*" (27 years old, primiparous). Some participants believed that the human-being's belief is stronger than pain. As one participant said: "*Pain is not stronger than me and I am stronger than pain . . . so much stronger.*" (45 years old, multiparous)

### 6. Spiritual development

Spiritual development referred to the participants' perspectives that spirituality helped with tolerating labor pain. They believed that vaginal childbirth was rewarded and the endurance of pain led to the forgiveness of sins. One participant said: "*God gave pain to women. If I endure pain, my sins will be forgiven.*" (30 years old, multiparous). Also, another participant stated: "*I have heard from*

*my mother that vaginal childbirth has a great reward. My mother said that the sins of women after having vaginal childbirth will be forgiven. I wanted to be connected to God.*" (29 years old, primiparous)

In addition, some participants had the feeling of purity, sacrifice and selflessness. It was found that the women achieved spiritual insights following the experience of labor pain. One participant mentioned: "*In my opinion, there is such a feeling for all women after vaginal childbirth; this is a feeling of sacrifice and a positive feeling. I feel that I have devoted myself to a new creature [the child]. It gives me a sense of purity.*" (42 years old, multiparous). Some participants even showed their gratitude to God for granting pain. "*I thank God for giving me such a gift. Thank God. God blessed me and helped me to have vaginal childbirth.*" (27 years old, primiparous).

## 7. Discussion

The present study aimed to explore the women's experiences of labor pain. There were studies on this phenomenon, a few studies considered women's experiences of labor pain. The results of this study illustrated that the women's experiences were 'conflicting emotions towards pain', 'a new insight towards labor pain', 'self-actualization' and 'spiritual development'.

Conflicting emotions towards pain meant that labor pain was accompanied by a mixture of positive and negative emotions. The participants expressed pleasant feelings such as comfort, tranquility and happiness after childbirth. Some women even felt good about reviewing what happened in labor pain and described it as the experience of being born and sweet. Pain is not always a bitter experience and if a conscious connection is developed between the body and mind, positive emotions are developed after the experience of pain. According to Karlström et al., women attributed their positive birth experiences to both internal factors (their own ability and strength) and external (the trustful and respectful relationship with the midwife) factors and the feelings of trust to and support by the husband. The women's feeling of safety was promoted by the creation of a supportive environment. In this study, different narratives with regard to the experience of pain was available, but all women described it as a feeling of joy and happiness.<sup>32</sup> In the present study, negative feelings and attitudes towards pain were expressed by some participants as the pain was more severe than what was expected. Therefore, they had no good feelings regarding childbirth. The women experienced such negative feelings because of unmet needs during childbirth or unplanned pregnancy. Similarly, It has been reported that women's showed negative responses such as anger, anxiety and depression to childbirth.<sup>33</sup> It is believed that women's concerns during childbirth may be expressed by ambiguous feelings and thoughts. In addition, the fear of childbirth is considered a strong feeling towards something specific. Therefore, the expression of what influence on women's worries and fears help with the development of strategies for adjusting with pain during childbirth.<sup>34</sup> Lundgren et al. described childbirth as an ambivalent, bittersweet and transcendent experience. In other words, the experience of childbirth can strengthen self-confidence and trust in others. On the contrary, it can result in failure and mistrust.<sup>35</sup> Etowa also indicated that childbirth was a bittersweet paradox.<sup>15</sup>

Our findings showed that despite the experience of severe pain during childbirth, most women achieved new insights towards it. Other studies showed that the individual's body and mind, family and care providers have roles in the creation of such an insight. Therefore, most women consider pain during childbirth a critical moment for proving oneself.<sup>36</sup> The women described pain during childbirth as rebirth and recommended other women to experience it. From the women's perspectives, childbirth was a natural feeling of birth and an expression of individual's reality. They believed that pain was required for understanding the position of

the mother, improving human's strength, and observe the moment of birth.

While many studies were conducted on labor pain, a few studies focused on new insights towards labor pain. Women may like to change their attitudes towards childbirth, the nature of this process and the realization of self. Barnes emphasized the psychological aspects of childbirth, considered it the ring of fire and described it as follows: in a women's journey through childbirth, she experiences the transition from unconscious, automatic motherhood to conscious and deliberate motherhood. Also, she crosses the boundary from physical nurturing, feeding, and creating the baby inside her to consciously protecting, nurturing, and breastfeeding the infant. In fact, labor pain for both the mother and baby means the transition to a new developmental stage, which is the threshold for fulfilling the role as a mother that ultimately leads to emotional, spiritual and psychological growth. This is based on the principle of the psychological well-being integration that gives women an ultimate responsibility so that their choices are respected and their dignity is preserved.<sup>3</sup> Reed et al. considered childbirth a rite of passage consisting of separation phase: separating from the external world; liminal phase: in their own world; incorporation phase: reintegration with the external world. These findings demonstrate the multidimensional and transformative nature of childbirth.<sup>37</sup>

In this study, the feeling of self-actualization was an internal belief commonly found in most participants. Self-actualization is at the top of the Maslow's hierarchy of needs. The aim of self-actualization is simultaneously a final goal, a transitional goal, a rite of passage, a step along the path with the transcendence of identity. According to Maslow, self-actualization precedes self-transcendence. It is noted that some individuals go beyond self-actualization as a salient motivation and arrive at the top of a new hierarchy of motivation with a strong intention towards self-transcendence.<sup>38</sup> In this study, pain during childbirth was interpreted as the winning of an internal battle, the feelings of pride, strength, triumph, greatness and self-confidence. The toleration of pain ensured the women that they were empowered and were capable for achieving anything in their life. Cheyney also suggests that celebrating and honoring a woman for childbirth results in a postpartum phenomenon called 'superwoman syndrome' means that the woman feels that she can do anything.<sup>24</sup> The empowering and transformative nature of childbirth also has been reported by previous studies.<sup>37,39,40</sup> Moreover, childbirth provides a sense of rebirth, perfection, strength, confidence and an opportunity for entering the new role of motherhood.<sup>10</sup> Nilsson et al. explored the experiences and reflections of primiparous women regarding their childbirth, and identified primiparous mothers' empowerment as the chance for having a positive birth experience with three categories of 'trusting the body and facing pain', 'interaction between the body and mind in childbirth' and 'the consistency of support'. Also, women wanted to be confirmed as unique individuals by their partners and healthcare professionals. If women were supported by the professionals, they had a positive birth experience, even if childbirth was associated with medical complications.<sup>41</sup> The women participating in the study of Reed et al. did not describe childbirth as the stage for internal physical changes. Instead, their experiences of childbirth was described as a multifaceted, physical, emotional, and psychological process, which led to a sense of empowerment.<sup>37</sup> However, some women may have negative emotions due to pain and suffering that hinder their psychological development. Lastly, negative feelings such as sadness, anxiety, depression, violence, and even psychological disorders may appear in women after childbirth instead of the feelings of joy, gratitude and self-sufficiency.<sup>3</sup> Also, Dixon et al. found that women's perspectives of childbirth did not resonate with their experiences.<sup>42</sup>

In this study, pain during childbirth helped with the spiritual development of the women. Spirituality has vertical and horizontal dimensions. The former is the individual's relationship with the transcendent and the later is the relationship with oneself, others and the nature.<sup>43</sup> Therefore, the transcendent experience is characterized by a deep experience of pleasure mostly described as ecstatic, which occurs abruptly in response to an event or specific spiritual practice.<sup>44</sup> In the Iranian culture and context, pregnancy is considered a gift from God and childbirth is one of the most valuable duties of women, which deserves respect and reward. Also, mothers have an important role in the creation of the physical and spiritual characteristics of the human-being.<sup>45</sup> Despite the medicalization of childbirth and women's intention to the cesarean section in Iran, the participants described spiritual development as connectedness to a higher power that increased their faith and inner sublimation. Labor pain is as the women entered into a spiritual path in which their sins are forgiven and increases the inner senses of purity and self-sacrifice.<sup>10</sup> The role of spirituality in improving the quality of birth has been described by previous studies. Spirituality is a significant part of childbirth and the sacred joy at the time of birth is unique, even when it is not as hoped. Therefore, the significance of foregrounding spirituality in childbirth can provide a holistic perspective on antenatal education.<sup>46</sup> Another study also showed that the majority of women with various cultural backgrounds look at childbirth via a spiritual lens. Women describe pain as the realization of the individual's reality, individual's worth, individual's place in the universe. Also, women believe that the divine providence is mainly focused on becoming a special being rather than a simple transition from girlhood to motherhood.<sup>10</sup>

Other studies reported that women's spiritual acceptance was promoted during pregnancy and childbirth particularly in rural areas and middle social classes. Women pray to God when childbirth begins and find a deeper feeling of the African–Canadian women in the Etowa's study that described childbirth as a spiritual journey.<sup>15</sup> In addition, according to Crowther, spirituality is a personal search for meaning in life that brings faith, hope, peace and empowerment and leads to joy, forgiveness of oneself and others, awareness and acceptance of hardship and mortality. It is also the ability to transcend the infirmities of existence and enhancement of the feeling of physical and emotional wellbeing.<sup>7</sup> The experiences of Russian women of labor pain indicated that childbirth was a spiritual experience and that they were able to give a new life.<sup>10</sup> Also, Dutch women had the same feelings.<sup>47</sup> In contrast, some Australian women believed that they had no spiritual feelings during childbirth and childbirth was only a way of life for being connected to the child.<sup>48</sup>

## 8. Limitations

While this study improves our knowledge of women's experiences of labor pain, the transferability of findings should be done with caution due to the impact of social and cultural factors on individuals' experiences. Therefore, the development of a valid and comprehensive instrument is suggested to investigate women's experiences using a larger sample size. Given the fact that Iran is a multi-cultural and multi-ethnic society, an ethnographic study is required for the exploration of women's experiences with various cultures and contexts. Further research also is needed to explore whether women's perspectives of labor pain is different in vaginal childbirth compared with the cesarean section.

## 9. Conclusion

The childbirth path highlights factors that influence on the experience of labor pain. It is described as the spiritual transition

phase in the natural life cycle, which plays a significant role in the development of women's emotional, spiritual and psychological aspects. Since this process is strictly internal and individualistic, the woman is the only one who can experience pain and utilize it as a powerful tool for spiritual growth. From such a perspective, pain during childbirth has the potential for internal and personal transformation. The conscious acceptance of pain can be observed as a positive inherent and natural event. In fact, a shift in the women's perspective of labor pain can help describe her real identity. The results of this study increase the knowledge of midwives and obstetricians for providing culturally appropriate care to women and increase their satisfaction with childbirth. It can also promote the physical and psychological health of women and their children.

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