

## Secreting Religion: Perinatal Dynamics, Ego Death and 'Reproductive Consciousness' in Childbirth

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### Abstract

I present narratives from nine women describing the special events of consciousness they experienced during childbirth. These narratives are discussed in terms of transpersonal psychology. Most of the women interviewed spoke of a meaningful encounter with death and this will be explored as the primary catalyst for such events. I will also outline how these events seem to suggest a unique category of transpersonal consciousness particular to birth-giving women for which the term 'reproductive consciousnesses' will be tentatively designated.

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**Secreting:** (of a cell, organ, or gland) to produce and release a substance  
**Secreting:** to put in a hiding place [variant of obsolete *secret* to hide away]

### Holotropic Consciousness

During the European Enlightenment, with the triumph of empirical science and rationalism over the so-called 'supernatural', special states of consciousness came to be seen as nothing but fanciful delusions (Young and Goulet 1994). Eventually the 'religious experiences' of saints, mystics, or shamans were thought to be sure signs of serious psychopathology (Walsh 1995: 26-27). By the end of the nineteenth century the visionary seizures of St Teresa, for example, 'had been diagnosed as hysteria, earning her the unflattering title of "patron saint of hysterics"' (Bache 1985: 30). Extraordinary experiences were at best the stuff of outmoded religion (see Lahood 2008a).

However, these events have now become relatively common in the anthropological study of religion (Lewis 2003: 20), indeed, they are the

central research 'objects' among adherents of the transpersonal psychology movement (Lahood 2007a). Since the 1960s 'heightened' or 'altered states of consciousness' (ASCs) came to be valued in the Western world and have been researched under various guises, for example, peak experiences (Maslow 1964), altered states of consciousness (Tart 1971), extraordinary experience (Young and Goulet 1994), anomalous experience (Cardena, Lynn and Krippner 2000), transpersonal events (Ferrer 2002), or *holotropic consciousness*, a term I adopt for part of this article (Grof 1985).

According to one of the original founders of transpersonal psychology, Dr Stanislav Grof (1992: 2), 'holotropic' states of consciousness are central to healing, education and spirituality:

Ancient and aboriginal cultures have spent much time and energy developing powerful mind-altering techniques that can induce holotropic states. They combine in different ways chanting, breathing, drumming, rhythmic dancing, fasting, social and sensory isolation, extreme physical pain and other elements. These cultures used them in shamanic procedures, healing ceremonies, and rites of passage...powerful rituals enacted at the time of important biological and social transitions, such as circumcision, puberty, marriage or birth of a child... Additional important triggers of holotropic experiences are various forms of systematic spiritual practice involving meditation, concentration, breathing, and movement exercises that are used in different systems of yoga, Vipassana or Zen Buddhism, Tibetan Vajrayana, Taoism, Christian mysticism, Sufism, or Cabalah.

Holotropic states/events have been central to transpersonal psychology's developmental models which analyse the writings of mystics and their 'religious experience' in an attempt to understand the extraordinary nature of consciousness and cultivate the right relationship with these phenomena (e.g. Ferrer 2002; Grof 1985; Washburn 1995; Wilber 1995). Legitimized by transpersonal science, mystical events and visionary experiences of shamans, sages and saints and of the founders or exemplars of the great religious traditions, Jesus Christ, The Buddha, The Prophet Mohamed, Ramakrishna, Ramana Maharshi, St John of the Cross, St Teresa of Avila and others have had new life breathed into them.

Important to the transpersonal project has been the incorporation of the perinatal dimension (a many layered, complex and extremely primitive 'psychodynamic' pattern) into the analyses of spiritual events—and therefore spiritual development. Starting with Grof's (1975, 1985) groundbreaking discoveries and his theoretical conceptualization of the perinatal pattern in the human unconscious, the concept has now been elaborated by several other researchers. For example, philosopher Richard Tarnas (1991) has applied the archetypal perinatal pattern to the trajectory of the

Western intellectual tradition from the early Greeks through to modernity's alienated, disenchanting and mechanical cosmos and on to the dawn of participatory spirituality. Religious scholar Christopher Bache (1985, 1996, 2000) has expanded the perinatal concept (pushing it deeper into the transpersonal domain) and explored its unconscious dynamics in the Christian concept of the 'dark night of the soul' through the painful spiritual awakenings of St Teresa and St John of the Cross.

I can find no better way to introduce Grof's concept of the perinatal than with a few select passages from the compelling epilogue of Tamas's *Passion of the Western Mind*. In the following he describes the scope of the archetypal perinatal pattern as it emerges in holotropic/psychotropic therapy:

First, the archetypal sequence that governed the perinatal phenomena from womb through birth canal to birth was experienced above all as a powerful *dialectic*—moving from an initial state of undifferentiated unity to a problematic state of constriction, conflict and contradiction, with an accompanying sense of separation, duality, and alienation; and finally moving through a state of complete annihilation, an unexpected redemptive liberation that both overcame and fulfilled the intervening alienated state—restoring the initial unity but on a new level that preserved the achievement of the whole trajectory...

As Grof has emphasised, the clinical evidence suggests not that this perinatal sequence should be seen as simply reducible to the birth trauma; rather, it appears that the biological process of birth is itself an expression of a larger archetypal process that can manifest in many dimensions. In psychological terms, the experience was one of movement from an initial condition of undifferentiated pre-egoic consciousness to a state of increasing individuation and separation between self and the world, increasing existential alienation, and finally an experience of ego death followed by psychological rebirth.

On a religious level, this experiential sequence took a wide variety of forms, but especially frequent were the Judeo-Christian symbolic movement from the primordial Garden through the Fall, the exile into separation from divinity into the world of suffering and mortality, followed by the redemptive crucifixion and resurrection, bringing the reunion of the divine and the human. On an individual level, the experience of this perinatal sequence closely resembled—indeed, it appeared to be essentially identical to—the death–rebirth initiation of the ancient mystery religions (Tamas 1991: 429-30).

### **Inquiry Approach**

My own theoretical and therapeutic interests have been in how perinatal patterns can be restimulated in childbirth (and childbirth rituals) and potentially catalyse transpersonal states in both women and men (see Lahood 2006a, 2006b, 2007b, 2008b). It is an important question as to

why women's transpersonal events in childbirth remain largely veiled especially since the labour of childbirth can quite readily open women to a variety of transpersonal states of consciousness (e.g. Grof 1977: 163; 1985: 314; 1988: 7; 1998a: 108; Lahood 2007b, 2008b). I have attempted to address some of the gender issues in previous articles (Lahood 2007b, 2008a, 2008b); suffice to say that the effects of patriarchy as a social institution can be found in the discipline of transpersonal psychology (e.g. Wright 1995). Furthermore, childbirth is a vastly more every-day event than the more visible and culturally valued male experiences of, say, St Paul's encounter with the burning bush on the road to Damascus, Baha'u'llah's revelation in a prison cell in Persia, or the Buddha's enlightening event under the Bodhi Tree in India. Thus it seems an important and timely task in the study of childbirth, religion, psychology and health to make women's extraordinary states of consciousness more visible.

My approach to this inquiry is as follows: I take a transpersonal frame of reference (e.g. Anderson 1998: xxiii) to women's childbearing events. I recorded (and am still recording) hour-long unstructured conversations with the participants and myself in 'conversational anthropology', defined by Adam Kuper (1994: 551) as 'a conversation...implicating ethnographers, informants and the ancestral voices they invoke in their conversations'. These conversations were the main method of gathering information. I asked my participants 'would you tell me your experience of childbirth?' and left it to them to tell me what they wanted to.

Thus far 40 women have been recruited largely through friends and a newspaper advert in which I asked to 'interview women regarding childbirth'. I began my research in Auckland New Zealand but have since relocated to Byron Bay Australia (an area famous for its charismatic, counter-cultural, New Age feel). Portions of the nine narratives selected here were done so because they speak to an encounter with death and the extraordinary states of consciousness that seem to accompany these encounters—such events are little mentioned in the childbirth literature. The narratives in this paper come from Western women between the ages of 30 and 45 all of whom show some traces of globalizing New Ageism in their psychic inventories. While falling well short of collaborative research all persons interviewed in this research have been given an opportunity to read this paper and offer feedback on my analysis.

Let us begin with the first of our examples. The woman in question, Mary, is a psychologist from New Zealand and is describing the peak of a strong contraction during a hospital birth:

I went to a dark place, like a vault, where a man in a suit appeared before me. I couldn't work out why it was a man, I'm a good feminist woman, I don't have a male doctor, so why was it a guy and why was he in a suit for

God's sake? I asked him if he was my dead father or my grandfather, or an angel, or God and he replied 'No'. I asked him if he was a 'part' of me and he replied 'no'. I came through the contraction and sort of back to normal consciousness. When the next contraction came I found myself in the same black space and I called out for him and he came. I questioned him a few more times about what he was doing here and eventually he said, 'I am here to help you birth this baby'. And my baby was born as he said those words. I felt really fragmented after the birth and I thought I might have been a bit psychotic and so I didn't tell anyone about this experience. I know it sounds a bit 'funny', but I thought I was so opened up that I might be possessed or something. I want to know if the experience was 'real' or not. I had a sense that I had gone into a higher level of consciousness to deal with the pain, you have to or you get taken over by it. But it was definitely like a religious thing, you know like a guardian angel. I suppose because I have a Catholic background I might just think like that (Lahood 2007b: 8).

There are a host of implications from my informant's event including the presence of a man in a suit, her need for secrecy, the relationship between psychosis and religious experience, the relationship between pain and visionary experience, or the 'nature versus nurture' argument with which the study of peak states shares some similarities.

The essentialist argument surrounding these states is that there is a universal or core internal mechanism (psychodynamic, cognitive, neuro-theological, or transpersonal) that secretes these religious events (Wulff 2000). In opposition, the contextualist argument (Katz 1978) holds that mystical events are produced by cultural/religious pre-experiential conditioning patterns. Religious psychologist Hjalmar Sunden (1966) claims that 'Without a religious reference system, without religious tradition, without myth and ritual, religious experiences are unthinkable' (cited in Wulff 2000: 426). Thus for contextualists transpersonal liberation is always culturally mediated. However, contextualist theories fail, according to Wulff (2000: 426-27), to address how the religious traditions got started in the first place. It has also been pointed out by Wulff (2000) and Ferrer (2002: 150) that Grof's data confound the basic contextualist postulate because people with no real interest in mysticism or spirituality seem to be able to access fields of information, mystical intuitions and encounters with mythic realms that they should not be able to according to the contextualist position (see Grof 1988: 139). The issue is perhaps best resolved by a combination of internal mechanisms coupled with cultural, religious and ritual contexts.

The internal mechanisms that can potentate extraordinary states among women during the labour (especially if it becomes ordeal-like) can combine some of the following: the intense pain of transition, surrender to involuntary rhythmic and episodic physiological contractions (sometimes lasting many hours), rapid breathing (hyperventilation), sleep deprivation,

exhaustion, intense concentration and a psychodynamic replay of perinatal matrixes. On the contextual side of the ledger childbirth has almost always been embedded in bodies of religious symbolism, ritual exertion and cosmological design. In many indigenous cultures the female birthing body can become conjoined with the powers of a procreative universe; participatory in its generative mystery—thus overlapping internal mechanisms with origin mythology and cosmology—for example, among the Dogon when a child is born ‘the whole of creation went into action’ (Griaule 1965: 129).

### **Birth as a Technocratic Rite**

Even the present-day medicalized/technocratic birthing regimen retains certain ritual and mythic properties; albeit mechanistic ones (Davis-Floyd 1992; Lahood 2008b). Robbie Davis-Floyd’s ground-breaking research of what she calls ‘technocratic birth’ deserves more discussion than I can give here due to space. Briefly, technocratic birth reproduces core values of Western technocratic culture—those inherent in patriarchy, capitalism and technological determinism. Western medicalized birthing can be constructed as a ‘modern’ rite of passage which can negatively imprint disempowering images into women’s minds, enforce its ‘body as a machine’ mythology and reinforce messages of inferiority.

This is a process Davis-Floyd (1992: 16) likens to a religious ‘conversion experience’. She utilizes elements of ‘biogenetic structuralism’, a model linked both to transpersonalism and neurotheology (Laughlin 1988, 1994) to describe this conversion, and non-ordinary states of consciousness appear to be central to the process. According to Davis-Floyd (1992: 7-19), birth-giving women can participate in the same neuro-cognitive transformation that produces the unusual states of consciousness found among ritual participants. She argues (after neurotheologist d’Aquili 1979, 1989) that the emotional climaxes and peak experiences found in ritual and meditation, when neuro-physiological subsystems fire simultaneously in the autonomic nervous system, are also found among birth-giving women (Davis-Floyd 1992: 11-15).

Once these ritual dynamics are catalysed, the human cognitive system is rendered open to a kind of gestalt perception. This is a right-brain holistic grasping of symbols through the body and emotions (Davis-Floyd 1992: 9-10) and what has been called ‘symbolic penetration’, that is, the ingression of symbols in the environment and their meaning into the opened mind of the ritual participant (e.g. Laughlin 1988; 1994: 104). This will move toward a climactic emotional experience resulting in the long-term memory storage of symbolic messages (Davis-Floyd 1992: 15).

Davis-Floyd argues convincingly that it is the symbols of the Western technocratic medical system in all its hegemonic and patriarchal glory that are impressed into women's minds at childbirth serving to reinforce its power and status over women.

Nevertheless the women in my study, in some cases, seem to experience events that may problematize this aspect of Davis-Floyd's thesis because they appear to transcend the technocratic apotheosis she describes—some of these women enact realities alternative to the medicalized universe that surrounds them. The 1960s saw over-medicalized birth hotly contested as part of a widespread cultural revolution with an array of (spiritual) counter-cultural beliefs stemming from the human potential, transpersonal, religious feminist and New Age movements. Anthropological studies of indigenous peoples' childbirth practices served as a critique of Western birth practices and many of these ideas were embraced by Western counter-cultures. This can suggest that birth, as a Western rite of passage, is both ritually and symbolically ambiguous because participants bring their idiosyncratic beliefs, resistance, subjectivity and psychic processes with them and these too can be amplified in childbirth (see also Lahood 2007b, 2008b). Again, these are issues of great complexity requiring further study and careful comparison.

### **Reproductive Cosmologies**

Let me give an example of this complex combination of context coupled with internal mechanism and resistance from Carol Laderman's (1983) anthropology of Malaysian childbirth. Attention to Laderman's study reveals an evolution of cosmology in which the dominant Islamic paradise is reconfigured through a process of cosmological hybridization or Creolization (Kapferer 2003; Lahood 2008c). In this case it is a process which re-tunes the more patriarchal cosmology to the key of birth—and to the needs of the indigenous women who must face the rigours of childbearing and who may well require the support of a more matrifocal universe. Islam is the state religion of Malaysia and has been so for more than 500 years—this followed on from centuries of Hindu-Buddhist influence (Laderman 1991: 16).

However, rather than the Islamic heaven (filled with 72 *houris*, heavenly female virgins who are often depicted as retained for men's posthumous sexual pleasure), an earlier Hindu paradise is evoked. The Hindu spirit-scape is historically populated with more potent female deities (such as the demon-slaying Kali, now a popular figure among Tantric Western feminists and New Agers; see Menon and Shweder 2000) than the more recent Islamic cosmology. Rural Malay women have

deftly transformed the *Apsaras* (the beautiful elegant dancing nymphs in the Hindu paradise similar to the *houris* in the Islamic paradise) into seven stately (but smiling) midwives—in an act of *intentional* cosmological Creolization (perhaps the symbol of dancing virgins would be of little practical value to labouring women). The benign celestial women are known as *bidandari*, a hybrid word that organically meshes two similar-sounding words (an act of linguistic hybridity after Bahktin 1981); the Sanskrit *bidadari*, which refers to the beautiful nymphs, the heavenly dancing girls who inhabit *Indra's* paradise, is fused with the rural Malay word *bidan*, which refers to *bidan kampung* or midwife. Laderman (1983: 132) writes:

The Indian temptresses have become heavenly *bidan kampung* concerned with the welfare of women in childbirth. A woman in her last extremities, deserted by mortal helpers, can be delivered by these heavenly midwives.

In effect by adding the letter *n* a linguistic merger magically reconfigures spirit beings at the level of symbol and creates a new hybrid form in their cosmology: the heavenly midwives collective in *Kayangan* (etymologically) Siva's heaven. The 'beautiful smiling ladies' descend, then deliver, wash and tend mother and child and then ascend once again to a Hindu heaven, distinct from *Syurga*, the Muslim paradise (Laderman 1983: 132).

Childbirth seems to have the potential to open some women to a variety of 'religious experiences' that are shaped contextually both by local and globalizing forces. Context is obviously very important in this example—as is need and intention. However, it is notable that it is in the 'last extremities' of childbirth where the heavenly midwives make their nurturing, protecting and loving appearance. This idea, that the physiological rite of childbirth can play a vital role in healing events, is echoed in the following statement from anthropologist Edith Turner, who was observing a West African healing ritual in which birth-giving was the template for ceremonial healing. She writes:

One can talk of dissociation, of reaching lower levels by means of an ordeal. Such processes occur all the time in childbirth and are little mentioned in the literature because the main preoccupation of Westerners regarding childbirth has been prevention of pain, not that something fundamental has changed one's physical and psychic condition (Turner 1992: 90-91).

While we should not ignore the efforts of childbirth scholars, activists and midwives who have been working to change the expectations of child-bearing women, Turner is pointing to something of a truism—that birth-giving has become a medicalized event and, as such, the psychic levels

opened by participation in the physiological rite of childbirth have not been accorded any 'truth' value within the medical system.

Let us return to my informant Mary. At first glance, she seemingly draws on random cultural contexts coupled with the internal mechanism of her labour pains in an attempt to explain her event. Who was that suited man at the scene? Was it a deceased ancestor making an appearance? Was it spirit possession or demonic possession? Was it God helping her? Was it psychosis? Was it a 'part' of her as in gestalt therapy or psychodrama? Was it a Catholicized guardian angel? Was it real? Was she being taken over by pain? Was it a higher level of consciousness? Ultimately, according to Mary, it was definitely 'a religious thing' and it was certainly there to help her through.

Yet with a second reading her narrative seems to weave together the ancestral voices of multiple historical epochs of European childbirth from the Christian demonization of indigenous women's childbirth practices—for example, spirit possession, ritual performance, sympathetic magic (practiced by some midwifery cults in the aid of childbirth)—to the medicalization of the psyche and the secularization of the supernatural, followed by the positive viewing of altered states and a re-enchantment of the world with the emergence of the humanistic, feminist and transpersonal perspectives (see Lahood 2006a, 2007b, 2008a, 2008b).

However, as interesting, compelling and important as these themes are, my concern is largely with the encounter with death that appears to be the ground of these events. Mary's meeting with a figure to whom she ascribes the characteristics of an ancestor (the deceased grandfather), angels or God is a meeting generally reserved for the posthumous condition, heaven, or an afterlife. It is this encounter with death at birth that interests me here—birth and death—the marrow of religion.

### **The Human Encounter with Death**

I take this approach because a central finding of my research with women was that accompanying my informant's trans/personal events was some sort of encounter with death. The women I spoke with, taken collectively, told of a spectrum of death: from ego-deaths, to an encounter with imaginal realms peopled with the dead, encounters with ancestors and departed relatives, to acute fearful feelings of either losing their babies or fears of dying themselves. These feelings were precipitated by an experience of pain so overwhelming that it was interpreted as impending death. This is to say that some women experience a very real, actual, brush with mortality which has a profound emotional, psychological and spiritual component. Furthermore, it was during the peak of physical or emotional

pain and exertion that some respondents described their meeting with deceased relations, ancestors, angels or a power greater than themselves (see Lahood 2007b). The following event was recounted to me by a midwife of many years, Zeta, and was precipitated by the still-birth of her third child:

I was in the labour ward alone. The midwife had asked the admission questions like "What out-come do you want from this delivery?" which I could not understand and had then left me alone. The contractions started and I was alone. The midwife put her head through the door and asked if I was all right and then left me alone. I wanted someone to check for a heartbeat, I wanted someone to say it was going to be all right and that I had made a mistake and the baby was alive but no one checked and no one stayed. It got later and the contractions persisted and got more frequent and intense and I worried about my girls and wondered why Peter my husband hadn't rung me or checked on how things were. I later found he had rung and been told I was having period pain but no one told me he had phoned. I was left alone and in pain and then with my eyes closed the pain in my heart grew greater than the pain of my contractions. It was then that I saw the Angelic Mother standing at the end of the bed and I asked her to take care of my baby and she stood there with huge golden wings and held our little boy and I knew he was safe.

Sometime later a friend saw my name on the labour ward board and came and sat with me. She said how sorry she was this was happening and that I had been left alone. She stayed until Peter returned from work. Once he was there and I knew that the girls were safe I could relax into the timeless space of pain and rest that was my labour. The contractions persisted and then I felt fluid coming from me but no one checked to see I wasn't bleeding. Peter knew when the Doctor would be back so had calculated how many more contractions I had to endure before help would arrive. A contraction came and he tried to reassure me that there were only 20 more and then the pain continued after the contraction and I knew that I would die. I couldn't live through 2 more let alone 20. Yet part of me knew that our little Freddie was safe in the arms of the Angel Mother.

It is of some significance that the cross-cultural ethnographic record shows that women's marginal cult groups, religious mysteries and ritual activity (frequently with birth-giving at its foundation) often display intimate connections with spirit worlds, altered states of consciousness and spirit-possession. These 'reproductive manoeuvres' can involve encounters with ancestral spirits including deceased children who died from perinatal (in its medical sense) complications, ancestral midwives, or mothers who died in childbirth, and who are evoked to aid in birth-giving (e.g. Laderman 1983; Paul 1975; Potter 1974).

Importantly, in some cultures, it is most frequently the devastations of child mortality (an encounter with death and loss for the surviving mother) that initiates women into their careers as midwives, ritual specialists, or shamans (e.g. Paul 1975; Potter 1974). I quote anthropologist Joan

Halifax (1979: 5): 'Those who have nearly died, through an accident or severe illness, or who have suffered a psychological or spiritual trauma... [T]he encounter with death and dying and the subsequent experience of rebirth and illumination are the authentic initiation for the shaman'. The 'possession sickness' observed by Youngsook Harvey (1980) among Korean female shamans began with a series of stillbirths. Jack Potter (1974: 226) writes that three Cantonese *mann seag phox* (shamans) began their careers after the deaths of up to six children. Lois Paul (1975) observes that the spiritual rebirth of a neophyte midwife/shaman in Guatemalan occurred after her mother and six children had died.

### **'The Mother's' Perinatal Replay**

Similar patterns are found among British and American Spiritualists. Doris Stokes, Britain's best-known contemporary medium, after the death of her child, gained access to a spirit-world where she could see deceased children being nursed back to health in a heavenly hospital (from a BBC radio report). American charismatic leader Mother Anne Lee's visionary experience and celibate mission (the founding of Shaker religion) followed on from the deaths of her four children (Sered 1994: 95). 'The Mother's' grief response plagued her for nine years after which she experienced her Grand Vision while imprisoned for disturbing the peace in 1770 (wild energetic shaking was used as a method of spiritual purification and Lee's public demonstrations sometimes brought her to the law's attention). She beheld the first 'transgression' of Adam and Eve in the Garden of Eden (Andrews 1963: 11) and believed that all separation from God and earthy suffering arose from human sexual desire. So negative was her experience that she believed women should be saved from childbirth through celibacy (Klassen 2001).

Bache (1985) has suggested that the suffering of certain mystics (e.g. St Teresa) is related to perinatal symptoms and as such can be progressive rather than pathological, therefore, a deeper analysis of Mother Ann Lee's grief response from a perinatal perspective is certainly warranted but beyond the scope of this paper. It could be argued that her Grand Vision was one contextualized by her grief, loss and imprisonment. Her vision appears to be dominated by what Grof (1975) calls a negative COEX system—a system of 'condensed emotional experience' drawing from multiple sources including perinatal, biographical and transpersonal realms that can constellate a traumatic and hegemonic governing system in the psyche (Grof 1988; Lahood 2008b). Her experience also seems to have crystallized and legitimated certain sex-negative Christian doctrines of original sin and the expulsion from the Garden of Eden, which,

coupled with the tragic deaths of her children and her nine-years-long 'dark night of the soul', may well have conditioned her understandable desire for freedom from 'lust'. According to biblical sources, labour pains were visited upon Eve and women thereafter as a punishment for her so-called 'transgression' and Mother Ann Lee believed her children had been taken by God as punishment for her human cupidity. On the other hand, Anne Lee's authoritative vision and celibate mission also enabled her a mystically sanctioned form of contraception and freedom from the sexual (and therefore reproductive) demands of her marriage. Her ensuing spiritual marriage to Jesus Christ is also reminiscent of shamans who marry their tutelary spirit (Lewis 2003).

### **Shaman Midwives**

In some traditional cultures, where such events had become culturally embedded, the devastations of child mortality could culminate in visionary states that were socially sanctioned and valued as a 'calling'. For example, among Guatemalan women such visionary events are seen as initiation, recruitment and evidence of 'divine election' the 'wandering of the future practitioner's [midwife's] spirit into the realm of the supernatural' (Paul and Paul 1975: 712). It is here, in these realms, where spiritual authoritative childbirth knowledge is vouchsafed—lending charismatic support to birth-giving women. Juana's crisis begins with a potent grief response:

When her mother died, Juana had already lost six of her ten children. Then Juana herself fell sick, and for over a year she suffered weakness, shortness of breath, 'heaviness in the heart,' and a variety of aches and pains... Finally she was 'forced to stay in bed'... Unable to eat or drink, she grew weak and wasted, slept only fitfully, and began having strange dreams... In her dreams Juana was visited by big, fat women, all in radiant white, who explained that she was sick because she was shirking her obligation to help the women of San Pedro in childbirth. These were the spirits of dead midwives. When she would try and sleep the spirits would appear. They would grab her ears and scold her, telling her she would die and her husband would die if she did not exercise her calling. They reminded her that she had already lost many children. She was being punished for neglecting to use the [power] she was given. 'If you continue to hesitate, your other children will also die. Remember that your mother died because she did not obey God's call' (Paul 1975: 458).

Juana begins to experience what Mircea Eliade (1964) called 'ecstatic journey', (special states of consciousness): 'Once she was walking along a path to the neighbouring village... [S]he suddenly found herself in a huge carpeted chamber inside the hill. On a dais sat a number of deceased

midwives completely white from head to toe' (Paul 1975: 712). The deceased midwives instructed their initiate into the morals and ethics required for her new career. Paul saw the neophyte midwife's process as a transformative crises, a crisis which beckoned her into a powerful new role that transcended her more reduced traditional one—and one which led to a more celebrated life. I believe her crisis has more cogency if read as a perinatal process, with its attendant ego-death and rebirth:

Struggling during her own 'rebirth' to overcome her fright and passivity, to mobilize her inner resources and actualize her predestined role, the woman accomplishes for herself what the Cuna shaman does to facilitate a difficult childbirth, expressing 'otherwise inexpressible psychic states' (Levi-Strauss 1963) in the symbolic forms of her culture (Paul 1975: 465).

A final example, from Jack Potter's study of Cantonese shaman/midwives, shows the integral elegance of a culturally shaped and well-honed shamanistic complex, a condensed experience fusing birth-giving, perinatal dynamics, shamanic healing and a culturally specific spirit-scape into beautiful symmetry. Here is a woman no longer overwhelmed but an experienced practicing shaman/midwife—utilizing her possession states and shamanizing for others:

She jerked spasmodically and mumbled incoherent phrases. Then she started to sing a stylized, rhythmic chant, as her familiar spirits [the souls of her own dead children] possessed her and led her soul upward, away from the phenomenal world into the heavens. Their destination was the Heavenly Flower Gardens (Potter 1974: 208).

In the Cantonese paradise there are four Heavenly Flower Gardens, which are linked to earthly women's uteri. Every living person is represented by a potted flowering plant tended by two female deities; it is they who strengthen children or allow them to die: 'When a woman conceives a child, a heavenly flower is planted in one of the small gardens, and a seed is sent down from heaven into the uterus of the woman' (Potter 1974: 213).

Shaman/midwives fly into this culturally prescribed spirit-scape specifically to 'inspect the flowers' (Potter 1974: 214), to reconnoitre the condition of their earthly client's uterus and its reproductive potential. Thus shaman/midwives can utilize culturally refined altered states of consciousness to engage the spirit world of their ancestors: human birthing bodies fused with generative cosmic bodies. These worlds can be closely woven with a culture's posthumous landscape, suggesting that the realm of death and the living womb somehow interpenetrate. The psychic reach of the shaman/midwife was deemed to extend into another world, the realm of the ancestors, in an effort to ensure the near-born a place in the touchable world.

### **Morphic Resonance and the Collective Unconscious**

According to Grof, when perinatal psyche is activated either intentionally or accidentally it tends to progress toward transpersonal realms of consciousness, which can include encounters with archetypes of Jung's collective unconscious:

The perinatal phenomena represents a very important experiential intersection between individual psychology and transpersonal psychology or, for that matter, a bridge between psychology (and psychopathology) and *religion*. If we think about them as related to the individual's birth, they would belong to the framework of individual psychology. Some other aspects, however, give them a very definite transpersonal flavour. The intensity of these experiences transcends anything that is usually considered to be the experiential limit of the individual. They are frequently accompanied by identification with other person, groups of persons, or struggling and suffering mankind (Grof 1977: 153, my emphasis).

For some women their birth-giving experience can become the gateway to transpersonal states potentially through the replay of their own perinatal patterns. Grof (1985: 314) writes: 'The process of delivering a child seems to bring the mother close to reliving her own trauma of birth. It tends to activate not only her own basic perinatal matrices but also all the latter secondary elaborations of the birth trauma involving conflicts around sex, death, biological material, pregnancy, childbirth and pain'. He also writes that, 'By identifying with the intense experience of the foetus, the individual connects by resonance to the larger field of species consciousness that can be described in terms of Sheldrake's morphogenetic fields [or] C.G. Jung's collective unconscious' (Grof 1998a: 108).

Frieda, a New Zealand interviewee (who had her baby outside of the hospital system and who was accompanied only by her husband and an older woman) had the following visionary event; interestingly, her vision fires with the awareness that her child is facing death and involves connection with a large group of women suggestive of a morphogenetic field but also of cosmic participation and assistance:

She put out her hands and feeling her older hands was like feeling a connection with a whole line of women, you know generations of women. I am sure if we were in our natural circumstances we would have older women with us. I remember her coming around and that was wonderful that she came and held my hand. It was almost like her hands... I was giving birth to my first daughter but I did not know that at the time. She was not breathing...not energetically so I breathed into her energetically...you are going to live! It's like I'm getting a vision. It's not a physical vision but a sense of this line of women back through eons almost. It's like

connecting in with a line of all women. It had to do with the family of women through time like a line. Like her hands connected me in.

Bache (2000: 80) has noted the close mesh between Grof's experiential research and Rupert Sheldrake's (1981) theory of morphic fields. In Sheldrake's theory information about a certain form is stored non-locally—'this field not only contains the blueprint of the species physical form and behavioural tendencies, but it collects and incorporates into itself the new experiences of its individual members... Thus, morphic fields can be thought of as mediating between the parts and the whole of a species' (Bache 2000: 79). Or to say it another way, a woman giving birth could, through morphic resonance, attune to a morphic field in which the experience of all women who have ever given birth or died in birth is stored. Grof and Bache argue that people participating in holotropic states of consciousness (intentionally or accidentally) gain access to these fields of information. This may explain why Frieda (and several other informants) experienced very similar phenomena.

### **Lotus Birth/Ego Death**

Many women during childbirth also seem to participate in what transpersonal psychologists have called an 'ego-death'. This can be compared to a deep psychological 'letting go'—the destruction of constricting beliefs, the breakdown of false self-image, or even closely held expectations—or a death-rebirth experience as the psyche is overwhelmed by the sometimes powerful involuntary convulsions of childbirth. Bache (2000: 295) writes, 'In Grof's paradigm, the perinatal process is said to culminate in ego-death. Ego death is presented as a definitive transition from personal to transpersonal identity. Just as birth represents a definitive transition from the womb to the world'. The following statement from an Italian peasant woman succinctly illustrates this point, 'Every time one of my babies was about to be born I'd think to myself, "You're going to die! This time you're going to die"! Then it'd come out. Somehow—I don't know how to explain it but somehow it was like I had been born again' (Rabuzzi 1994: xiv).

I would like to offer the following narrative from my research which contains many of the themes we have been discussing. Jan, who lives on the East Coast of Australia, was at this time a first-time mother in her late thirties and believed she was literally preordained to have a Lotus Birth—the practice of allowing the placenta to detach without interference (see Rachana 2000). At the very least she was fiercely determined to have a natural birth. Prior to birth (she told me with the good humour that hindsight can bring) she had been somewhat arrogant holding women

who had not birthed 'naturally' with a bit of disdain. Jan's struggle was long and while I cannot show the full transcript here because of space, I can say that Jan's efforts to birth naturally were truly heroic, even titanic, yet after her long and Herculean labours, in the end she was simply not able to fulfil her own expectations. Indeed her support crew (husband, friend, mother, midwife and physician) were afraid that her will and determination might become problematic and that she might seriously hurt herself trying. Here she describes her moment of surrender—an event that also merits comparison with a morphic field:

And then while my head was buried in his lap (her husband's) under one of these contractions I went to that place where women have died in childbirth... I went into that realm. I was in that thing...that place where life and death are at the same time. It's the one thing. Here I am thinking I'm giving birth but I'm actually dying... In a different circumstance I would die ... if I didn't have help down the corridor. When I saw that realm and when I recognised that that was where I was at and that I was actually the one that was also holding myself back and heading down the death corridor, I thought I had a choice up until then, and that was when I lifted up my head and I said, I want help. I knew I would die.

But I didn't say yes (to the full process of medical intervention epidural and eventually a caesarean section) until I'd had that experience in Mike's lap. This was the first time I made any noise, like loud noise. It was the first time that I cried out, like really cried out from inside ... I really need help. I knew it wasn't good then. When I went into that place I said 'that's it', I know, I've seen now. Then I was prepared for any kind of help ... finally. But it took for me to have that experience and to really cry out from deep inside myself that I can't do this on my own.

The surrender happened for me finally after seeing that space, that realm of where women have died in childbirth. Many thousands of women...over the generations... It was a realm...it was a place...it wasn't like anything that I could visually see. It was more like a sense...a kind of knowing. It was the feeling of all of those women that went down that path and had actually died trying. It was a feeling. It was as if I knew that place. Like I knew it in myself but not until I went there again. I had known it from another time in space but I didn't recognise it until I was actually there and I thought, 'no I'm not making that choice because I've got help right down the corridor'. So that's what that was like for me and that was when I finally cried out for help and said I'm prepared to not do it my way. I need help and assistance to do this. I can't move this baby. And I cried out.

According to the perinatal/morphic-field theory, Jan may well have activated her own perinatal matrices during her exhausting struggle and drove herself into a mini ego-death. As she felt into her own death she connected with a morphic field that contained a record all of the experience of death at childbirth; at the same time it was this encounter with death that consummated her desire to labour and which allowed her to re-evaluate her situation and choices and let go.

### When Inside Becomes Outside

Another trans/personal category has to do with the rearranging of the mother's sense of 'inside' and 'outside'—which also suggests an ego-death in a unitive experience of consciousness. Interestingly, in the following statement, Abraham Maslow (1969: 4), a founding father of transpersonal psychology, attempts to describe the territory his new movement was concerned with: 'It is equally outside and inside: therefore; it has transcended the geographical limitations of the self. Thus one begins to talk about transhumanistic [transpersonal] psychology'. In remarkable accord with Maslow's statement, Judy, one of my research informants, told me this:

The sound that came out of my body was just awesome, utterly awesome. It was so primordial, primal, animal, I couldn't act it or make it again... It was as if my body and mind had become one, but it was not inside or outside, it was not named. My birth was fantastic. I suppose the best way to describe it was like an out-of-body-experience. But it wasn't quite that, it was like the categories of outside and inside got rearranged. It was like you 'be still and know'. It didn't matter what anyone else was saying my body just knew, call it what you like, waves; my body just went with it all.

Judy seems to be referencing the biblical phrase 'Be Still and know that I am God' (Psalm 46:10) and the term 'waves' may be a reference to activist anthropologist Shelia Kitzinger's (1964) influence who described labour with such oceanic terms (replete with Eastern poetry) in the early 1960s.

My informants told of many similar descriptions tied to childbirth. It appears that as some mothers labour they can experience a collapse of the subject-object dichotomy in consciousness. This experience appears to undermine the dualistic illusion that the human mind is separate from 'all that is' and can be compared to the religious experience of 'non-dualism' found in meditation practices. For example, David Loy (1988: 207), in his study of non-duality as it occurs in Mahayana Buddhism, Advaita Vedanta and Taoism writes that 'Eventually meditation deepens into *samadhi*, in which "both inside and outside naturally fuse" because there is no longer an awareness of duality', an experience he likens to ego-death and rebirth.

And here we return again to the replay of perinatal dynamics among birth-giving women. According to Richard Tamas (1991: 433), the subject-object split that defines the Western mind-world (and which is intentionally overwhelmed in deep transpersonal therapy or spiritual practice) 'appears to be rooted in a specific archetypal condition associated with the unresolved trauma of human birth, in which an original consciousness of undifferentiated organismic unity with the mother, a

*participation mystique* with nature, has been outgrown, disrupted and lost'; yet full experience (in transpersonal practice) of this 'dialectic between the primordial unity on the one hand and the birth labour and subject-object dichotomy on the other, unexpectedly brings forth a third condition: a redemptive reunification of the individual self with the universal matrix'.

I believe some women experience something very close, if not identical, to the dialectical process Tarnas has outlined which results in their reconnection or participation in this 'universal matrix'. It is a connection that, as we have seen, can take many forms; for example, some mothers speak of expanding beyond the 'normal' boundaries of the body-ego yet paradoxically at the same time becoming more physically grounded or present. Below, Connie describes an event in which many of the themes we have been exploring come together: fear of death, pain, consciousness expansion, transformation and connection, collapse of inside/outside dichotomy, suspension of time and morphic resonance with birth-giving women:

They told me that my unborn child was at risk and that they had to attach an electrode to the skin on his scalp with tiny hooks so they could monitor his vital signs. I was scared and anxious about this and I did not understand most of what they said to me, the contractions were strong and painful, all I wanted to do was to get up and move about, the nurse said I must not move around so I stayed still and silent through the pain and fear for my babies life.

One of the nurses said the hooks had not attached deeply enough to give a reading, they must do it again. I was distraught, not only did I know the pain that would follow but I became very afraid for my baby and the violation to his fragile head. I was wondering if this could really be necessary? I had no choice but to trust these women who seemed to be the ones that knew much more than I did about what was happening. After another round of knife-like invasion it was done and the beat of my baby's heart was clearly showing on the graph and all was well.

They had me on a drip with a chemical that would encourage my body to have unnatural contractions until the natural ones took over, sadly for me they forgot to take the drip out as my natural contractions started so I had continuous pain and cramping without the longed for break to relax in. I wanted to use the toilet to rest in and be alone but the nurses said under no circumstances must I get up because of the machine. I did not listen to them and pulled the machine behind me as I stumbled into the toilet; pulling the wires under the door I slammed it shut.

I stood holding onto the sink breathing deeply to cope with the never-ending contraction. I looked up and saw my face in the mirror, my eyes were wide and shining, my cheeks flushed. I felt as if the world was disappearing into an expansiveness that swallowed me whole. I was falling into myself in a way that I cannot explain, this place was so embracing and restful, it seemed like reality had become 'real' for the first time. In this

place that must be inside me, yet was also outside of me not like dissociation but an expansion. I began to experience a whole bodied awareness, as if every cell was thriving with life and power, then a voice or feeling or sense or all of these things spoke to me. I knew in what seemed like an instant and an eternity that I was going to be all right and so was my baby. I knew this to be a fact—pure and simple. It was as if every woman who had ever given birth was gazing back at me in the mirror that moment and I was ready. I felt a new strength flood my body, a relaxed knowing that all I had to do was keep breathing and my baby would come.

This research supports Davis-Floyd's (1992: 15) claim that childbirth labour can create the same states found in meditation, including what she calls 'gestalt perception' (holistic grasping). But again, the women I have spoken with suggest that birth-giving has the power to trigger a complex set of visceral states, inherently embodied, deeply imaginal and rich in symbolic content. The fundamental symbolism of reproduction is the creation of a new generation and for some women it is this symbolism (equated with 'death', 're-generation' and 'connection') that becomes figural in their special states.

There appears to be a visionary logic here—the child enters the field of time and is 'connected' biologically with kin, ancestry and an inevitable rendez-vous with death. The mother and partner are also transformed by the birth which places them on new spatial coordinates on the family tree—another limb nearer the completion of life. They are now between the newly born and their own parents—with each 'generation' the older generations are moved nearer to death or the already deceased pushed further into the ancestral realm.

According to Goran Aijmer 'A prerequisite for any kinship system is a notion of time' which serves to construct a sense of 'continuous community'. Ideas of circular time and the eternal return of the human life-cycle 'nourish ideas of reincarnation' and led to the adoption of world-views grounded in these ideas. Thus kinship can be seen as a 'system of representations' involving time, history and kin which can connect 'one particular person to other persons, those long dead, those not yet born' (Aijmer 1992: 4). In some of the narratives I have presented there is a linkage to something beyond familial kinship—to something like *universal* kinship with a family of women through time, membership with birth-givers, or a sense of participation in a co-creative regenerative mystery.

In the following the narrator feels as if she participates in an ancestral process harking back through time and space, a transpersonal gestalt that makes figural her participation in something she describes as 'ancestral'. Trina, an Australian mother, Buddhist meditator and psychotherapist speaks of her homebirth experience, and again, one can note the collapse of the inside/outside dichotomy:

Then this just blew my mind, it was extraordinary, this was when I really started feeling like there was like this gear-shift happening in my body and this inherent wisdom that come from somewhere that seemed mostly inside myself but not completely inside of myself you know. That did seem sort of ancestral...it ah...just blew my mind. It seemed ancestral somehow...and the image I get is like swirls of energy and I am connecting to something in the universe and it's like it triggers something in my body but it also triggers something in the universe. Something inside and outside of my body. And the sense that I had was that I had to observe this with awareness and be with it. So I had this real sense of me, as in ego me, and this experience removing ego me, and the baby who has her own wisdom that it's time to come out and then something outside me that's greater than me that's to do with the past, that's to do with some profound thing in the present and if I can stay with that all will be well.

I had a very (pause searching for language) it was just like in gestalt (therapy) they talk about the 'aha' it was an enormous 'aha' that lasted for four and half hours until she was born...and after. It was just like each moment it was an opportunity to profoundly meet something that was enormously painful without resistance. Nothing, nothing can prepare you for the pain of that. It was so focused...it was very similar to meditation, that real experience of being so enormously connected to myself and my physical being yet simultaneously connected to this outer, outer...force... I mean I couldn't...it can't just be me. Because the energy...I felt like all the energy around me was moving through my body... It's like the distinction between yourself and the outside world blurs and that's why I needed stillness...like in meditation.

And then...and this is where this stuff kicked in...all of a sudden and this totally blew my mind...my body pushed...and that was probably that most extraordinary experience of my life. It still remember this...it's like I am a physical form with this enormous inherent wisdom that connects me to all of human kind and the wisdom of that somehow lives in my body. There was something very beyond myself and yet very within myself. Within myself so fully and yet connected with that which is other which moves through all these dimensions of time and space to arrive in my body. And the noise I was making...not like a scream but a deep howl...that noise was connected to the physical experience.

*Mahayana* Zen Buddhism was a strong influence on early gestalt therapy with its emphasis on awareness of the present moment which could result in 'satori', a transformative non-dual, transpersonal insight called an 'aha'. In gestalt therapy entering the 'pregnant void' is a valued experience of consciousness, hybridizing the Buddhist notion of *sunyata* (void) with Western humanistic psychology. Fundamental to gestalt therapy is an emphasis on 'organismic functioning rather an over-emphasis on thinking' and 'of standing out of the way and allowing things to emerge' (Feltham and Horton 2006: 286). Jill, a mother from Australia, tells us how she also had to get herself out of the way to let something else come out:

Your body starts to open up and takes over and that also feels like dying. You feel like you are going to die because you are being taken over. You can't help it...you can't intervene in it...you can't stop it. There's a bodily process taking over that you just can't stop...like an evolutionary force. You have to surrender to it completely...it is complete surrender to a process bigger than you. It's like an opening...there's a birth happening and you just have to get out of the way. I was just not prepared for that... I was like a piece of machinery that was getting unlocked and transformed you know like those transformer things [science fiction: alien space robots] ...like your transforming into another kind of machine to let something come out... You just hope for the best... It was such excruciating pain the contraction was your body opening...like a machine knowing like you had to stretch or transform into another shape...like the whole pelvic area starts to undo and unclamp and your body knows it has to unlock and open and it knows it has to start expanding.

### **Visionary Pain**

In another example of non-dualism Loy (1988: 208) describes a Zen Buddhist monk's enlightenment through breaking his ankle: 'he was enlightened because he forgot himself and everything else as his universe collapsed into one excruciating but empty pain'. Again, (and with all due respect to the agonized monk or holy man) literally billions of women (in our collective ancestry) have experienced excruciating, almost unbearable, levels of pain in an effort sometimes lasting days to bring the inside out (from darkness to light). Throughout this article labour pain has been often mentioned. Sociologist Pamela Klassen (2001: 178) has identified this internal mechanism among birth-giving women, calling it 'visionary pain', which occurs during the 'peak of transition'. She gives the following example of a Christian woman's altered perception of her husband, as Jesus with skin on:

But one time he came into the shower, and it was literally Jesus with skin on. He just stood there and it was Christ. I know he dwells in me, and I know he is omnipresent [the inside/outside theme]. I know he's there. I know that the presence of God was there. I knew that but it was literally like having him in bodily form, standing right next to me, and it was just strengthening at a time you really need it (Klassen 2001: 198).

The following account was provided in writing by Anna a committed Catholic from the USA. It is the first of two births and two visionary events:

It was during this almost unbearable pain of the transition stage that I suddenly had a very clear image to my left side of Jesus dying on the cross. The garden was very real, just as I remembered it from holy images as a child and Jesus was pleading with his Father to help him and asking why he had forsaken him. I was intensely aware of his terrible suffering and at

one point it was as if both our agonies were one and the same. I'll never know whether it was just my mind picking on something to concentrate on to get me through my pain or a vision that perhaps only God himself can explain.

It is relevant to note that among the traditional Middle Eastern women studied by Granqvist the travail of birth was deeply wed with the bloody passion of Christ. Conversely, according to biblical references, Christ identified his coming death with birthing (Granqvist 1947: 231), which may suggest his 'passion' was symbolically patterned after childbirth. Women gave birth on a birthing chair which was made of two stones placed over a pit. A woman in childbirth was thought to be in a life and death limbo, that is, 'hanging in the balance' and her suffering had opened 'Heaven's Gate'. The 'pit' was homologous with hell and birth was seen as 'deliverance' from death and suffering, and was homologous with notions of Christ's sacrificial and soteriological suffering on the cross (see Granqvist 1947: 230-35). Yet during Anna's second birth-giving she finds a figure with which to help surmount the pains and dangers of birth-giving in the form of Mother Mary:

As the contractions became much stronger I dealt with them by leaning forward on the footrest of the bed and using my breathing exercises. Again, at the exact same time during the transition stage, I became aware of a holy vision. This time it was the Virgin Mary almost hovering over the foot of my bed. In my mind I was pleading with her to help me through the pain and she was responding with words of encouragement although I couldn't actually hear her. She was so gentle, her face so beautiful I just knew I would come through this alive as she had done so long ago [this statement suggests that Ann is encountering death]. The intensity of the experience made me cry. Just thinking about it now I remember how her image was so comforting. It was as if she was guiding me and reassuring me that I would be alright. I took comfort from the fact that she had survived childbirth.

### Conclusion

The rituals of religion can provide symbolic pathways to canalize the potent life-giving, sometimes life-threatening and life-taking energies of childbirth. These 'reproductive manoeuvres' bring a woman's birth-giving, bodily process, pain and the real possibility of her and her child's death into the culture's cosmological matrix—enfolding birth-giving and death into their symbolic milieu. With childbirth so thoroughly woven into religious systems we must at least consider the possibility that the most ancient of our religious rituals may have been secreted by the physiological challenges of childbirth (see Lahood 2007b). If this were so then some of the archetypal patterns and symbols we see in 'the great religious traditions' may indeed mimic, celebrate, increase the things related to

birth: divine revelation, the rites of passage, purification, the divine child, the great mother, the cosmic breast, the transcendence of suffering, ego-death, blood sacrifice, selflessness, non-duality.

The 'reproductive consciousness' described by the women in this paper seems to occur when the process of birth-giving becomes overwhelming either physically, emotionally or psychologically and edges them into an encounter with death. The respective states described by Mary, Zeta, Frieda, Jan, Judy, Connie, Trina, Jill and Anna differ in content but overlap in important ways. They are all similar in process; all these women spoke of pain and physiological challenge and its potential to transform and transfigure the psyche; almost all spoke of death; several included encounters with spirit beings (not simply a belief *in* but an encounter *with* a spiritual force or presence) and a sense of spiritual connection and cosmic protection, safety and support by a greater power. I believe this kind of radical kinship with the cosmos may rightly be called 'religious experience'.

Margaret O'Brien (1981: 26) is credited with the term 'reproductive consciousness' claiming that it was a special way of knowing arising from the embodied experience, unique to women, of birth-giving. However, O'Brien was a materialist feminist and it is the trans/personal and participatory nature of reproductive consciousness that is my study's concern. I suggest 'reproductive consciousness' (re-imagined to include embodied, participatory and perinatal dynamics) might be a useful umbrella term for women's trans/personal events in childbirth. While indicating their participation in unitive and non-dual states, women's narratives seem to reference a more complex set of participatory events than those cultivated in meditation and which serve a different function. Furthermore, many 'illuminative' religious philosophies and their adepts are patriarchal (Bache 2000), disembodied (Ferrer 2008) and womb-hating (Gross 1993: 86) with the phenomenal world ultimately 'subrated' and relegated to 'dream-like *maya*' (Loy 1988: 30).

Feminist commentators have long pointed out that reproduction is central to gender stratification (e.g. Ortner 1974). According to anthropologist Charles Laughlin, in Tibetan Buddhist cosmology, bifurcation and polarization of masculine and feminine categories occurs with women, womb and world being associated with darkness and the demonic, while men are related to light, unity and brilliance. This becomes the grounds for the suppression of females who are deemed dangerous to masculine unity (Laughlin 1990: 154). Rita Gross (1993: 83) has pointed out instances of misogyny in some Tibetan Buddhist texts:

The womb is often called a 'foul place'. Perhaps the most famous instance of this attitude is the oft quoted metaphor for Inherent Buddha-nature

(*thathgatagarbha*). 'Like a king-to-be in a foul female womb...even so is the Buddha-sphere to be found in living beings'. The judgment that the womb is a place of 'unbearable stench' is also frequent.

Some women describe embodied (almost meta-embodied) spiritual knowings—body/mind expansion—which can carry an echo of childbirth-specific morphogenetic fields or encounters with archetypes of the collective unconscious. Reproductive consciousness can include near-death and out-of-body experiences with perinatal features (Lahood 2006a) but also events specific to childbirth: encounters with 'otherworldly' childbirth assistants, heavenly midwives, beloved ancestors, angels, spirit helpers, disincarnate aunts and supportive older women or birth Goddesses in events suggestive of cosmic kinship and transpersonal connection. Women speak of encounters with religious figures who are utilized to hold their labour pain and give 'supernatural' support in the face of danger and death—even identifying with the dying (and ultimately reborn) Jesus Christ.

Some women experience body-ego transformations of great depth, transformative encounters with death mixed with the symbolism of 'generation', which can take the shape of 'all women' through time and space, radically connecting her to ancestors and origins in a kind of '*communitas universalis*', a sense of community with all things, which is, according to Eugene d'Aquili (1985: 28), 'at the heart of all mystical traditions within the world's great religious traditions'. Two generations are simultaneously indexed into hybrid family trees approximating future and past generations (the unborn and the long dead), origins and endings, and, for some, an encounter with biological impermanence and a real brush with eternity—exactly the kind of brush with death that Grof (1998b: 77-83) argues is implicated in consciousness evolution and reunion with the divine (the term 'evolution' means to unfold, open out, expand, and is etymologically linked to the word *vulva* through the Latin term *evolvere*).

While the fruit of the 'great religious traditions' is (ostensibly) a decrease in self-centeredness (Ferrer 2002), the birth of a child can be seen as the very embodiment of the fundamental template of human selflessness—the care of, and nurturing of, another. At the same time (for some women and depending on a variety of factors both internal and contextual) as the mother opens into the final liberation occasioned by her replay of the perinatal dialectic—which some women describe as an ecstatic unity—the 'object' of spiritual adoration, even devotion, is an embodied human being in a world. Some women speak of their worlds becoming sacralized in this moment.

By way of ending this article, I would like to pose a somewhat enigmatic question: Could it be that the process of childbirth may be secreting not only a whole raft of unnamed spiritual events but also the

great unadorned, unrecognized and secret 'religion' of the human family—the embodied love, care and relationship found between mother and child? Do these voices reveal a hitherto unspoken women-centered trans/personal domain—a tacit participatory reality—human love co-created, regenerated and sensuously embraced on the breast of a breathing parental and relational spirituality?

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