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An existential and spiritual discussion about childbirth:
Contrasting spirituality at the beginning and end of life

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Abstract

Birth and death are both fundamental human experiences. The end of life has been a major topic in philosophical, psychological and sociological debates. Meanwhile, the beginning of life seems to be ignored in discussions around existential meanings and spirituality. Recently a growing number of empirical studies are emerging that focus more on birth as lived experience, revealing existential and spiritual issues around childbirth. In this article, we bring together insights from different discipline perspectives, such as philosophy, spirituality studies and midwifery, to open the dialogue for studying meaning making and spirituality at the start of life. In order to bring these insights into relief, end of life literature is used as a comparative perspective. This existential and spiritual analysis on start of life reveals the need to focus more on an embodied and relational spirituality in and around birth. In this age of fast past technological and medical innovation research from multi-perspectives needs to be done to explore existential and spiritual understandings at the start of life.

Keywords: spirituality; meaning making; existential; childbirth; death

Introduction

Birth and death are two of the most significant life-events shared by all human beings. Everybody is born and everybody will eventually die. What is more, some of us bring life into the world. Few would deny that both events are profoundly biophysical, psychosocial, emotional and spiritually meaningful (e.g., Hashiloni-Dolev & Weiner, 2008; Hertz, 1960; Kaufman & Morgan, 2005; Liamputtong, 2005; Lupton & Schmied, 2013; Prinds et al. 2016; Walter, 2012). Whilst it is not possible, or indeed the intention of this article, to provide a complete survey of all literature pertaining to meaning and childbirth globally it is important to acknowledge the diversity and rich meaning associated with childbirth. Birth and death are life transitions that engage us personally and collectively and are expressed differently among different cultures, societies and historical periods (Callister & Khalaf, 2010; Crouch & Manderson, 1993; Crowther & Hall, 2017; Davis-Floyd, 2017; Etowa, 2012; Ettinger, 2005). When we speak of birth and death this is not only the biological functions of this process. The terms “social birth” and “social death” reveal something special more about the start and end of life holding significant social values that are determined by social and cultural understandings of personhood and relationships (Kaufman & Morgan, 2005; Hallam, Hockey & Howarth, 1999).

Whilst at the end of life, the importance of spiritual and existential questions has been widely acknowledged and also linked to quality of life (e.g., Balboni et al. 2013; Edwards et al. 2010)¹, the start of life as spiritual and existential experience remains only tentatively explored (Bornemark & Smith, 2016; Crowther, 2018; Crowther & Hall, 2017; Etowa, 2012; Hall, 2017). Despite spiritual care being increasingly integrated in end of life care, such as palliative care (Balboni et al. 2017; Edwards, Pang, Shiu, & Chan, 2010; Puchalski et al. 2009; Steinhauser et al. 2017; Wright, 2002), at the start of life, existential and spiritual aspects are, in the main, left unspoken and perhaps hidden within other dominant professional and cultural discourses around safety and risk (Ayers-Gould, 2000; Barrett, 2017; Carver & Ward, 2007; Crowther & Hall, 2017; Hall, 2016; Lymer, 2016; Schües, 2017).

From a sociological perspective, pregnancy and birth have been changing significantly since the 1970s. Especially in Western societies birth rates have been dropping continuously; parents

¹Spiritual concerns are part of the WHO definition on palliative care. See WHO (2017): <http://www.who.int/mediacentre/factsheets/fs402/en/>

are having fewer children and at an older age (Kiernan, 2004). In Western society, becoming a parent is not necessarily determined by being married or being in a relationship. Moreover, due to different sociological developments, having children at an older age, involuntary as well as voluntary childlessness, have been increasing (Kiernan, 2004). Whilst these changes are acknowledged to influence the phenomenon and experience of bringing children into the world, a thorough theoretical analysis of existential and spiritual aspects of childbirth and parenthood are rarely explored.

German philosopher Christina Schües (2008, 2017) argues that in the history of philosophy, the start of life has been mostly neglected. In contrast, death has been debated intensively within philosophy, psychology, sociology and other related disciplines (de Souza, Bone, & Watson, 2016). Schües (2008), as well as others (Bornemark & Smith, 2016; Lymer, 2016), argues that as long as we do not deepen our thinking and understanding what it means to come into the world through the body of another human being, we cannot fully grasp an understanding of the self, identity and processes of meaning. The purpose of this discussion article is to help illuminate and address these concerns.

This discussion article seeks to open a dialogue on spirituality and meaning in birth through contrasting spiritual and existential concerns at the beginning and end of life. The goal is to draw attention to birth as existential and spiritual life-event. The research question posed is: ‘what is the role of spirituality and meaning making at the start of life?’ At the end of life theoretical and empirical research on spirituality has a longer history is therefore much more anchored in health care practices than at the start of life. Therefore, insights from the end of life care will be used as a comparative lens. We will argue that spirituality at the start of life reveals three existential qualities: (1) spatiality, (2) temporality and (3) embodied relationality. We will show how these existential qualities are also central at the end of life, yet reveal different meanings at either end of life. By comparing these two life-events (birth and death) through an existential and spiritual lens, we formulate some conceptual suggestions for a model of spirituality at the start of life that can help uncover spiritual and existential needs in maternity care. We use insights from philosophy, sociology, anthropology, as well as empirical studies conducted in midwifery studies. The philosophical underpinnings of this discussion article are drawn from phenomenological and hermeneutic writings in order to focus on lived experiences of spirituality at the start of life. Through adoption of an ontological approach we appreciate that any conceptual analysis of

spirituality at the start of life will never be complete. Instead, our hope is to invite the reader to join with us in thinking and considering anew the existential and spiritual dimensions at the start of life and how they relate, or not, to those previously explored at the end of life.

In the next section, the terms “spirituality” and “existential concerns” will be unpacked to clarify the focus of this article. Defining spiritual and existential themes at the start of life is challenging, therefore, we will draw upon a philosophical perspective on spirituality at the start of life to explore what these notions mean. Following a theoretical analysis of existing empirical research on birth and death, we introduce three existential qualities of spirituality at the start of life: (1) spatiality, (2) temporality and (3) embodied relationality. In light of these discussion threads we conclude with presentation of new perspectives, suggestions for future research and recommendations for clinical practice.

Spirituality and existentials

The term spirituality, which formerly has been mainly linked to religious beliefs and practices, has now been recognized as “pursuit of matters of ultimate concern that lie beyond the limits of the corporeal and the social” (Flanagan, 2007, p. 1), but does not necessarily refer to the supernatural. Religiosity and spirituality are not exclusive categories, but often connected. Religiosity is linked to religious traditions and institutions (Zinnbauer & Pargament, 2005) and spirituality is more broadly understood here as lying at the core of human experiences that are of ultimate concern and transcending the self and everyday life (Hill & Pargament, 2003; Knoblauch, 2009; Streib & Hood, 2016). “Transcending” or “transcendence” are important terms in defining spirituality. In academic literature, the meaning of the term “transcendence” has been moving away from the Durkheimian classification of the sacred being opposed to the profane or the transcendent being opposed to the immanent. Instead, transcending is rather seen as a movement, as activity that does not need to be misleadingly polemic; both sacred and profane can be found in secular and earthly experiences (Knoblauch, 2009). Transcending is experienced in notions of losing or merging oneself with something outside of the self (Ammsermann, 2010; Knoblauch, 2009). In relation to birth, being one with the baby that is born or losing a sense of self, and connecting with a feeling of higher self during birth, can be interpreted as spiritual, transcending experiences (Lahood, 2007; Parratt, 2010), for which there is some biomedical empirical evidence (Buckley, 2015; Dixon, Skinner, & Foureur, 2013).

Sociologist Ammerman (2010) conceptualizes different qualities of spirituality that can be employed here to structure this theoretical analysis more systematically. First of all, spirituality is linked to the mysterious: to unexplainable, extraordinary experiences. Second, spirituality is found in the majestic: in experiences that are beautiful, that have a sense of awe and wonder. Third, spirituality is linked to meanings: humans are always on a quest for meaning. A search for meaning is often related to “why?” questions in life. Fourth, spirituality is experienced in deep connection, such as finding or losing oneself in another human being, the interconnectedness of all life, a sense of community or a deep sense of compassion. Finally, spirituality can be related to a moral compass, it thrives on the basis of one’s ideas and visions about what we believe are good in the world.

Conversely, existentiality is concerned with questions of existential meaning: “questions of life, its origin, and its conditions” (Moestrup & Ploug Hansen, 2015, p. 427); the word existential can be understood as that which is “fundamental”. Employing the word fundamental in this way Beauchamp & Childress (2001) suggest, “... that someone [who] has a fundamental need is to say that the person will be harmed or detrimentally affected in a fundamental way if that need is not fulfilled” (p. 330). Thus, the difference between “psychological” and “existential” can be understood in different ways. The psychological perspective often refers to different mental states, such as emotions, decision-making, memory whereas the existential refers to putting these psychological states or experiences into a broader perspective that concerns our fundamental needs/orientations, such as social, cultural, religious frames and the centrality of our personal life-experiential narrative.

We are beings that are meaning making, it is an existential quality of our existence (Gadamer, 2008/1967). Therefore, any discussion of spirituality necessarily becomes a discussion about meaning. In life and death issues, spiritual questions are summarized in questions such as “what makes life worth living?”, “where do I find beauty and wonder in my life?”, “why is this happening to me?” or “what does death mean to me?” The terms “existential” and “spiritual” are therefore connected; both refer to questions of meaning and being. However, spiritual appears to focus more on the extraordinary or non-ordinary in a person’s life, while existential refers to more fundamental, universal human questions and needs:-

Philosophical explorations

The aim of this article is to develop a conceptual and theoretical understanding of spirituality at the start of life, but starting with the question ‘what does it mean to be born?’ is challenging. To help address these challenges we turn to some philosophical perspectives. The challenges encountered when attempting to understand start of life phenomenon, is related to our difficulties with conceptualizing birth as an existential and spiritual experience resulting in a paucity of fundamental theoretical work in this domain, for example, the complex question ‘when does life begin?’ continues to thwart attempts at consensus.

Schües (2008) points in “*Philosophie des Geborensseins*” at the difficulty of understanding and conceptualizing the beginning of something, in this case, when does life begin? Pinpointing, philosophically, the beginning of something is hard as the absolute beginning can be moved continuously to an earlier point. In biological terms, the beginning of life can be understood somewhat more clearly. However, within each society there are different social and cultural ideas on when life begins, often accompanied by medical, ethical and political debates (Hall, 2017). From a spiritual or existential perspective, the beginning of life is distinguished by personal, private and embodied meanings, but also necessarily determined by cultural and social frames. When does a mother recognize and acknowledge a life growing inside of her? There are various answers to this question: sometimes very early in pregnancy (using a pregnancy test that measures changes in hormonal profiles even before menstrual bleeding occurs), pregnancy can also be announced to the mother through the onset and experience of nausea that somatically and ideationally announces she is pregnant (Flakne, 2016). The announcement could be later in the pregnancy through the experience of fetal movements and feelings of inter-corporeal sensations as the unborn infant kicks the inside of the woman’s uterus; sometimes a emotional and social recognition of pregnancy does not occur. Whilst there might be a biological and anatomical starting point of life it is becoming challenging to define. Technological advances are pushing the start of life further back, e.g. in vitro fertilization. Yet the social and existential starting point, that is “when does the beginning of life matter to me?”, is much more ambiguous or fluid and determined by personal, as well as cultural understandings of what life means.

A second difficulty with understanding the existential meaning of the start of life lies in the asymmetrical relationship with our own birth. While there might be bodily traces in terms of a

pre-reflective memory, we cannot consciously remember being born (Schües, 2008; 2017). Moreover, the newborn is in social terms not a recognized person yet. As Anthropologists Kaufman & Morgan (2005) argue: “newborns are considered in many cultural contexts to be unripe, unformed, ungendered, and not fully human” (321), which “is evidence that personhood is not an innate or natural quality but a cultural attribute” (321). Hallam, Howarth & Hockey (1999) write that “not all bodies are synonymous with a self” (1) and “not all selves have an embodied corporeal presence” (1).

This observation has two implications for understanding the lack of conceptual understanding of the meaning of birth. Firstly, the start of life is related to human ambiguities and uncertainties surrounding the becoming of an embodied person and secondly, birth lies in the past, out of our consciousness and memory. We depend on the narratives of others, most evidently, our own mother giving birth to us, but also others present at our birth, such as our mother’s intimate partner (may be our father), midwife or other professionals, to tell us how we came into this world.

There is therefore an important conceptual difference between birth and death. Death is still in front of us, while our birth lies in the past, which we cannot remember. In some ways death is easier to reconcile because death is part of our future and will happen to us as socially recognized persons. Birth or the becoming of a person on the contrary needs to be socially recognized by others, which does not lie in our own hands or our ability to contemplate. In the words of Kaufman & Morgan (2005): “Beginnings are constituted through processes of social recognition [...] and are contingent on the attribution of personhood and sociality. Endings depend on the culturally acknowledged transformation of a living person to something else—a corpse, nonperson, spirit, ancestor, etc” (p. 319). Death needs also to be socially validated, but this status transition refers to the deceased. In birth, it is a living being that needs to be socially validated. Death is a social transition, but it is the end of life; birth is the beginning of something new that brings possibilities and creative potential (Arendt, 1958).

The phenomenon of when we come into being (as when we end being), is a mysterious moment of existence when we find ourselves ‘given over to’ a life with others who have already come before and thrown into a world already in motion (Butler, 2005). Whist both life-events, the beginning and end of life, are an existential transition, both also carry unique existential concerns and difficulties. Acknowledging the beginning of life as existential transition, asks us to further theorize and conceptualize the meanings of the beginning (Bornemark, 2016; Schües, 2008).

Whilst these philosophical perspectives underline the meaningfulness and potential difficulties accompanying childbirth for individuals and society, the definitions of spirituality and existential concerns seem to focus highly on cognitive and psychological dimensions of meaning. The definitions of spirituality and meaning seem to neglect an embodied, material and spatial view, which appears central in disruptive and transitional experiences such as birth and death. Crowther (2017) discusses spirituality in relation to childbirth, uses similar terms as Ammerman (2010) to define spirituality (e.g. “transformative”, “relational presence”, “wholeness, unity, connection”, “meaning and purpose” and “creativity, mysticism, imminence and transcendence”) (6). However, Crowther goes further in developing a model on spirituality at the start of life that goes beyond the psychological or individualistic notions of spirituality. She presents an ecology of birth model, that incorporates spatial, temporal and embodied existential qualities of spirituality and childbirth and argues these often overlooked and neglected. For this reason we will consider and foreground these three existential qualities in our analysis from the perspective of people in around childbirth, especially women.

Existential and spiritual experiences at the beginning and end of life

We now focus on three existential qualities of spirituality at the start and end of life and introduce existing empirical research to illustrate how they may present in practice: (1) spatiality, (2) temporality and (3) embodied relationality.

1. Spatial

First of all, spirituality at the start and end of life seems to arise within a specific inner, spiritual and physical space. Everything we do is within some physical place and felt space, but birth and death have their own unique and significant spaces and places. Both are outside everyday life yet unavoidably embedded within life at either end. Both life-events transitional and transformative experiences are attuned in particular ways. The significance of spatiality at birth and death, gestures to more than commonly understood as physical places. For example, Hunter (2012) describes an intimate felt space within institutionalized birth and Foureur et al. (2010) explore the relationship between birth space design and safe and a satisfying birth. Felt-space or mood in which birth unfolds is also significant. Crowther, et al. (2013) describe this ‘mooded’ birth space as one that is attuned in a certain way affecting birth and those there, such as construing birth as risky and fearfully surfacing anxious moods or attuning to trust and relationships at birth and the birth space

feels more inviting, safe and calming. Smythe et al. (2016) unpacks the notion of the ‘good birth’ and reveals how birthing spaces can be conducive to good birth when those within them work in tactful and sensitive ways that honor the significance of birth experiences that lie beyond the conventional protocols and guidelines of contemporary western birthing practices. Crowther, (2017) contends that the environment to birth enables or disables the availability of spiritual experiences to unfold for all those there. What becomes visible here is that the birth place (i.e. physical birthing room) holds significance and meaning for all involved (Christiaens & Bracke, 2009; Crowther, 2013; Fahy, Foureur, & Hastie, 2008; Foureur et al. 2010; Kitzinger, 2011; Walsh, 2007).

In death and dying, the place where the person dies is considered of great importance (Wright et al. 2010). While the place of death has significantly changed in the last century, with hospital death becoming much more common in Western society, dying at home is still considered by most people the most ideal place to die (Donnelly & Battley, 2010). From the opening of the first hospice in the UK in 1967, there has been a movement back to a more intimate and home-like (Walsh, 2007) death place, which together with the development of palliative care and volunteers in the terminal phase also re-introduced dying at home or a home-like environment, such as hospices. The need to have a death with as least pain as possible is valued highly in contemporary western healthcare; wishes and preferences around the physical space of dying are taken seriously.

In death and dying, there is also discussion of an inner, spiritual space that has been found to be important (Leget, 2017). As Leget (2017) argues, in the West we are in need of developing a new form of art of dying (*ars moriendi*). According to Leget (2017) this means creating an inner, spiritual space where the person is responding to five tensions (me and the other, doing and resting, holding on and letting go, forgiving and forgetting and believing and knowing). The inner space emerges within the dying person, but always related to the physical and social space where dying is taking place. The inner space is what we might consider a spiritual space in dying, and birthing that exists between the person and their surroundings.

A major difference between birthing and dying is that the dying person is a socially acknowledged person whose opinion can be included in the decision-making, while the unborn has no voice yet. In birth, it is the birthing woman and those who care for her who make a decision where and with whom the birth of a new human being happens. As the child’s life has yet to begin and the mother is making the decision for another living being, the argument of safety and risk

might overrule the ‘unborn’ and ‘yet to be’ person’s personal preferences for a more intimate, personal birth. How this affects, or not, the existential and spiritual experiences of the ‘being born into life’ remains unclear. Birth is a result of bodily and/or emotional relationships. These images foreground stark differences between spatial choices about when we are born and when we die.

2. Temporality and existential transformation

Another similarity between birthing and dying is that both are temporal experiences and both unfold with uncertainty and exactitude. Due to that temporality, birth and death can both be understood as transformative experiences. A review article by Prinds et al. (2014) reveals that the transition to motherhood is an existentially challenging and spiritually revealing experience. For some women purpose and meaning can be disrupted by the transition to motherhood. Unmet expectations about the experience of childbirth can lead to spiritual distress and injury (Hall & Taylor, 2004). Spiritual distress is described as a disturbance to purpose and meaning leading to feelings of dis-integration and is now recognized as a nursing diagnosis (Caldeira, et al. 2013).

The temporality of being at birth was examined and a quality of time that resonated with the study participants who spoke of a quality of time passing at birth that is neither cyclical nor lineal in quality (Crowther et al. 2015). Participants in that study spoke about felt-time that seemed to transcend experiences of clock time that assailed them in a specific ‘mooded’ time that brought profane and sacred into a unifying oneness. A time in which those at birth felt [re] connected to ‘others’ seen and unseen, acting as a catalyst for transformation. The participants described experiences of transformation at birth when ‘me’ and ‘I’ became ‘us’ in a profound feeling of togetherness where preoccupation with self was replaced by an intimacy of being-with-others-in-the-world holding the utmost significance. The quality of time at birth was named ‘*Kairos* time’ a quality of time that unfolds in and around birth (Crowther et al. 2015). Meeting in this *Kairos* time at birth brought participants a feeling of shared connected wholeness and commonality.

Perhaps in *Kairos* at birth the pre-subjective experience of being unborn returns them to a precognitive awareness prior to the differentiating and individuating process that adult maturity brings? Participants in the study found themselves within a flow of felt-time that stretched into past, present and future, reaching out into an inter-generational space in which ancestors, inheritors and others, now alive but not physically ‘there’, are all present (Crowther et al. 2015). *Kairos* at birth is thus not a series of now points that began at some inexplicable historical event but a felt-

time (Lemermeyer, 2007; Lahood, 2007), a time that remains enigmatic, a time when we can find ourselves thrown into a mystery about our own origins, meaning and shared purpose.

Likewise, death is a temporal and transformative process, for the dying person, as well as loved ones and community (Hertz, 1960; Romanoff and Terenzio, 1998). In addition, like the moment of birth, the moment of death has been found as important in meaning making (Donnelly & Battley, 2010). Relatives describe the moment of death as peaceful, intimate and generally positive. Families often sit by the person and touch them gently, such as holding the hand or kissing the forehead (Donnelly et al. 2006). As with being at the moment(s) of being at birth of another, being present during the final moment of another's death is considered as meaningful and important by relatives. The final moment of death can, although expected, still be experienced as a surprise, which underlines the experience of uncertainty in the dying process.

The exact moment of death can never be predicted precisely; neither can the birth of an infant (even when birth is managed through medicine and technology – the exact moment remains uncertain). Equally when is a person fully 'demised' (i.e. last breath, last heart beat, brain death) and when is a person fully 'born' (at conception, first maternal felt fetal movements, birth of head, first breath, first feed); these are ongoing questions of debate. There seem to be strong existential and spiritual similarities between the temporal and transitional aspects of birth and death. However, death is centralized around the end of something, while birth initiates the beginning of possibilities (Arendt, 1958).

3. Embodied relationality

Life and death reveal both the importance of the body in terms of (1) embodied experience (in terms of "being-in-the-world") and (2) the body as a representation of culture (Csordas, 1999). Birth is a result of bodily and emotional relationships. According to Heidegger (1967) to be *Dasein* (human being), is to be with others, to be in relation to others. We are thus always somehow being-with-others. Embodiment, as being-in-the world, is argued to be always relevant in human mental processes, which refers to our body not only *being* present in space and time; rather our body "inhabits space and time" (Merleau-Ponty, 1958, p. 161). At birth and death, we want to argue here, embodiment is the most fundamental source of the lived experience of both life-events and hence a source of spirituality. In other words, "meaning is grounded in our bodily experiences"

(Johnson, 2007, p. 12) and our continuous relational interconnectedness with others and places (Crowther, Smythe, & Spence, 2014; Hall, 2017; Parratt, 2010).

Without revisiting the above discussion on how we can be with other when pre- or a-subjective, this section focuses on others being there with us when we are born and when we die. Like birth we may not have any control over who is there and not there at the moment of death. It is possible to die physically alone, although others are always there in their absence and remain in our thoughts. From an ontological perspective, we remain with others even if distant from us at the moment of dying alone as we are never completely alone from the physical presence of others; it is just a matter of physical distance. On the other hand, being born is always physically and bodily with at least one other: our mother (although often there are others). The physical vulnerability of human infants necessitates closeness to care providers for our survival. Evolutionary obstetrics tells us the need for care providers for parturient mothers arose due to the increasing brain size and increasing challenges imposed by bipedalism in the birthing process (Rosenberg & Trevathan, 2014). Whatever the rationale health care providers are called to births to assist and outcomes for global maternity recognises that improved survival rates at childbirth (both mothers and infants) consistently occurs when skilled attendants are there at the time of birth (Requejo et al. 2015). Interestingly, a 2014 Lancet series emphasized how midwifery significantly improves outcomes through provision of bio-medical as well as psychosocial emotional care too (Renfrew et al. 2014). This includes provision of care that demonstrates empathy and sensitivity to spiritual needs (Moloney & Gair, 2015), including how midwifery care requires qualities of spiritual presence (Pembroke & Pembroke, 2008). From research in palliative care with healthcare chaplains, Wright (2008) found that the most important spiritual needs at the end of life were “someone to be there” (86 %) and “someone to listen” (89 %). The most important existential or spiritual issues regarded “concerns for relatives” (88 %), followed by “issues of pain” (71 %). The biggest concerns of the dying are related to closeness with others and loved ones.

Pregnancy, childbirth and parenting is one of life’s major events, where all relationships around that newborn change. Bäckström (2018) found that the way in which new parents cope is connected with their sense of coherence; a person’s ability to perceive life as comprehensible, manageable and meaningful and that both professional and social support can strengthen the experience of parenting individually and as a couple. Childbirth involves transformational experiences that includes relationships with others near, far, seen and unseen (Crowther et al.

2015). Birth can also bring forth the immediacy of mysterious other as mothers and others narrate peering into seen and unseen realms together in ways that cannot be contrived (Hunter, et al. 2008; Dahlberg, & Aune, 2013). During the time of death there is also a sense of mystery and close connection, observed in a diverse spectrum of deathbed phenomena (Barbato et al. 2017).

Conceptualizing spirituality at the start of life

What can we learn from existing empirical research about existential and spiritual experiences at the beginning and end of life? First of all, existential and spiritual questions and experiences at birth and death are oriented towards a non-ordinary, temporal, spatial and relational connectivity. At the beginning of life this relationality is absolute: the childbearing woman and child are one and become for the first time physically separated at birth when the child interacts for the first time with the outside world. Relationality at death is also central, but the dying person is (mostly) a socially recognized being, which in the course of dying and death slowly transitions in social status. The social status of the unborn and newborn are hotly debated in our medicalized society and therefore in need of more existential and spiritual debate: what does new life mean in social and philosophical terms? Often the experience of childbirth and parenthood as existential and spiritual gets concealed and blurred within the notion of 'spiritual care' which often involves formulaic tasks performed by health care professionals (Crowther & Hall, 2016). Although the notion of care is important when considering end of life and start of life 'care' in this context; caution is required not to understand such care as separate and measurable 'to do tasks' from what are often spiritual and existential experiences accompanying start and end of life encounters.

It is evident through this examination and (re)interpretation of empirical work that there is a plethora of experiences in and around childbirth that contribute to conceptually framing the beginning of life as a phenomenon that is existentially and spiritually constituted. The above exploration of fundamental of spirituality at the start of life are not to be understood as separate but overlapping non-hierarchical qualities that coalesce into a significant attunement in and around birth. Spirituality draws together a wholeness of birth, or an ecology of birth that incorporates transcendental and immanent experiences (Crowther, 2017).

We draw our thesis together arguing that research on existential and spiritual questions at the start of life confers the same consideration as given at the end of life. Birth and death are both experiences that can be characterized as disruptive, transformative and non-ordinary. We have

shown that a significant body of work has been established in the last decade concerning end of life (Steinhauser et al. 2017). This work has been linked to patient's need for meaning, coherence, purpose and significance (Steinhauser et al. 2017). Conversely, start of life existential and spiritual work is still in its infancy and a need for more conceptual thinking in this domain is warranted.

A sustained theoretical analysis of spiritual and existential questioning around childbirth care is necessary for rethinking and re-evaluating contemporary maternity care systems. The importance of spiritual orientated care has been suggested and how maternity care providers need to be sensitised and educated towards spirituality and become aware of the spiritual and existential concerns that surround birth (Attard, Baldacchino, & Camilleri, 2014; Ayers-Gould, 2000; Barrett, 2017; Carver & Ward, 2007; Crowther, 2014; Crowther & Hall, 2017; Delaporte & Martin, 2018; Hall, 2016; Pembroke & Pembroke, 2008), yet a lot more work to bring this into practice is required. Whilst in the field of palliative care, the spiritual needs of patients are gaining more attention and taken seriously the challenge in the field of childbirth care is to gain more focused attention on these issues. When practitioners learn to understand the meaning of birth for those involved, especially the birthing woman, and learn to be sensible in asking the right questions, the quality of care could be improved. What we learn from end of life care, is that focusing on death as a spiritual and existential event creates space for questions and meaningful places (such as in hospices), improves the quality of dying. Our wish is to introduce a similar language and lens at the start of life, and ask: 'what does quality of birthing and living mean at the start of life?' This article hopefully opens up the discussion about birth as spiritually and existentially meaningful that deserves our collective concern. Such a refocusing in contemporary maternity care would re-orientate models of care provision based on improved relationships and felt-spaces, sensitive and empathetic care, inform future research projects so they always include experiential data and help create educational curricula for maternity care professionals inclusive of the existential and spiritual concerns explored in this article.

Conclusion

Birth is uniquely special yet shares some of the enigmatic experiential and spiritual qualities of death. Both occasions initiate a quest for meaning and experience of changed relationships. Through examination of existential and spiritual experiences around birth we have shown the significance of birth beyond purely biomedical understandings. Unfortunately, birth has received

considerably less attention to existential and spiritual issues than death. It is time to acknowledge the beginning of life also holds as many confounding existential and spiritual meanings that require our attention. The goal of this article was to create further awareness and debate of this in academia and clinical practice.

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