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Connecting Movement and Emotion for Childbirth Preparation: An Exploratory Study

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admission to the Degree of Master of Midwifery (Research)

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STATEMENT OF ORIGINAL AUTHORSHIP

I certify that the work in this thesis has not been previously submitted for a degree nor has it been submitted as a part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help I have received in my research work and the preparation of this thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

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GLOSSARY OF TERMS

Attunement: “attunement involves the alignment of states of mind in moments of engagement, during which affect is communicated with facial expression, vocalisations, body gesture, and eye contact” (Siegel 2015, p. 116).

Breath flow: “the phrasing pattern that resembles and is often directed by the rise and release of the breath” (Tortora 2006, p. 500).

Dance/movement therapy (DMT): “dance/movement therapy is the therapeutic use of movement to further the emotional, cognitive, physical and social integration of the individual, based on the empirically supported premise that the body, mind and spirit are interconnected” (DTAA 2016).

The word *dance* in DMT: “is often used metaphorically to describe the give and take in social interactions and emotional expressions” (Tortora 2006, p. 7).

Embodiment: “embodiment is another way of describing the integration of parts-mind, body, feelings, internal and external worlds” (Bloom 2006, p. xvi).

Experience: “practical knowledge, skill, or practice derived from direct observation or participation in events or in particular activity” (Merriam-Webster 2016).

Experiencing in relation to DMT: “is the immersion into the rhythmic stream of movement, an emptying and opening, a focusing on bodily sensation through movement” (Shreeves 2006, p. 238).

Experiencing: “the feeling of emotions and sensations, as opposed to thinking; involvement in what is happening rather than abstract reflection on an event or interpersonal encounter” (Medical Dictionary 2017).

Feeling tone: “the tone of the emotions depicted in a group’s actions; refers to the overall mood of a group” (Tortora 2006, p. 502).

Inner speech: “the silent process of thought and production of unuttered words. This function is essential to thinking that is done with words” (Medical Dictionary 2009).

Mirroring: “is a process that involves a therapist literally embodying the exact shape, form, movement qualities, and feeling tone of another person’s actions as if the

therapist were creating an emotional and physical mirror image” (Tortora 2006, p. 506).

Movement: “is creative and improvisational, embodying the imagination whereby the body becomes the vehicle for self-expression and a bridge between emotion and motion for integration and healing” (Payne 2006, p. 3).

Movement repertoire: “the range of movement qualities and elements an individual uses to express him- or herself” (Tortora 2006, p. 505).

Movement signature: “the specific qualitative action used most frequently in an individual’s movement repertoire; that is, the actions that most characterise or define an individual’s style of moving” (Tortora 2006, p. 505).

Movement therapy: “consists of a variety of Eastern and Western movement approaches used to promote physical, mental, emotional and spiritual well-being” (Mosby’s Medical Dictionary 2009).

Movement metaphor: “a specific, personally stylized, nonverbal, qualitative element, posture, or sequence of movements that frequently recurs within an individual’s movement repertoire and may have personal meaning” (Tortora 2006, p. 505).

Mover: “the person whose movements are being observed to determine specific non-verbal movement qualities (Tortora 2006, p. 505).

Self-awareness: “the capacity to become the object of one’s own attention where the individual actively identifies, processes and stores information about the self. It includes the end result of this processing and storing – self-knowledge, the overall information one has about oneself” (Morin 2005, p. 117).

Woman’s birth signature™ : “A woman’s specific qualitative movement repertoire and posture; that is, the action that most characterises or defines the woman’s individual style of moving and positioning her body during labour and birth” (Handorf 2016 – trademark pending).

ABSTRACT

BACKGROUND

During pregnancy, many women desire to develop self-confidence in their physical abilities and emotional strength to give birth. In order to achieve this, women often attend childbirth education classes. A number of studies show that traditional classes neither support women's physical and emotional well-being, nor increase women's self-confidence or affect women's experience of childbirth. This led to a perceived need to develop a creative approach to exploring women's physical and emotional transformation in preparation for childbirth.

PURPOSE

To investigate women's perceptions of an innovative childbirth preparation programme that integrates the therapeutic strategies of movement therapy with midwifery. The study further explored women's experience of how connecting motion (movement) and emotions contributes to women's self-awareness, and might contribute to the woman's birth experience.

METHODS

An exploratory, pre-post, qualitative study investigated five women's participation in a specially designed, two-day, pre-birth workshop. Focus groups, before and after the workshop and one-to-one, semi-structured interviews were conducted six to eight weeks after birth. The interviews were digitally recorded and transcribed. Researcher memos and field notes recorded non-verbal communication and the language of movement in combination with the interview data. Data were analysed thematically.

FINDINGS

Three themes were identified where the therapeutic approach of movement therapy offered women 'strategies to find their own tools', supported 'women's dialogue' and 'connected the whole woman with her baby'. This innovative approach increased women's self-awareness and created positive expectations of giving birth. Paying

attention to themselves and learning through experiencing may raise women's confidence in their ability to actively give birth

OUTLINE OF THE THESIS

Chapter One introduces the research question and the aim and significance of the study. It further provides background information about current childbirth preparation.

Chapter Two presents a review of the literature examining conventional and alternative childbirth preparation classes from 2005-2016. The literature describes the effectiveness of standard antenatal/childbirth education; women's perceptions of childbirth education programmes; the integration of childbirth preparation with psycho-prophylaxis and with mindfulness practice, and pregnant women's self-confidence.

Chapter Three presents the curriculum content and the conceptual and empirical foundation of the 2-day preparation for childbirth workshop developed for this research project. The workshop is based on a number of concepts derived from several disciplines including midwifery, childbirth education, art therapy, dance/movement therapy (DMT), yoga, mindful-based meditation and social psychology.

Chapter Four provides an outline of the study design and methods of data collection and analysis. An exploratory, descriptive design was used in order to explore women's expectations and experiences of attending a newly developed childbirth preparation programme that focuses on connecting movement and emotion for childbirth. The chapter describes the careful choice of setting for the study, participant recruitment and considers the ethical issues relevant for this study. Methods of data collection included pre and post programme focus groups with the women and in-depth individual interview 6-8 weeks after the birth of their baby. The qualitative data analysis technique of thematic analysis was considered the most appropriate for this study.

Chapters Five to Six present the findings of the study. Chapter Five presents the findings of focus group one, which reveals the women's expectations of a childbirth preparation programme in general and in particular, their expectation of this programme. Chapter Six presents the findings of focus group two, describing the women's experience of participating in this childbirth preparation programme.

Chapter Seven presents the findings six to eight weeks after women have given birth, and explores the tools they gained from the programme and then used during labour and birth. The findings consisted of three major themes. These were: Women's Dialogue, Developing Tools, and Connection.

Chapter Eight discusses the findings in relation to the literature and encompasses the implications for practice and further research. In particular it explores the strengths as well as the limitations of this study and highlights the potential benefits of the integration of movement therapy into preparation for childbirth programmes.