Not Busy Being Born Is Busy Dying

A Conversation with Midwife Nancy Bardacke

Nancy Bardacke is a midwife, mindfulness teacher and founding director of the Mindfulness-Based Childbirth and Parenting (MBCP) program (www.mindfulbirthing.org), which she currently leads at the UCSF Osher Center for Integrative Medicine. She began assisting birthing families in 1971, began her meditation practice in 1982 with her first silent ten-day retreat, and began her professional training in Mindfulness-Based Stress Reduction (MBSR) with Jon Kabat-Zinn in 1994. Several years later she began developing her pioneering programs for expectant parents and healthcare professionals, which she now teaches both nationally and internationally. Her forthcoming book, Mindful Birthing: Training the Mind, Body and Heart for Childbirth and Beyond is scheduled for publication in 2012.

Interviewed in her home in October 2010 by Inquiring Mind editors Barbara Gates and Martha Kay Nelson, she commented that she is continually surprised by her life as a wife, mother, stepmother and grandmother.

Inquiring Mind: What led you to bring mindfulness training and the understandings of Buddhism to your work as a midwife and to the whole arena of birthing?

Nancy Bardacke: Bringing these two together was a way to weave all the different strands of my life into a single fabric. I began paying attention to the birth process in 1967, when I was pregnant with my first son. As was common among many women in those days, I knew next to nothing about what was happening in my own body, and as I lived the process I became fascinated by it. The rawness of the experience of giving birth and the challenges of mothering awakened in me something yet to be named.

But in truth, I think my calling as a midwife really began earlier, in my encounters with death. I witnessed my father’s death when I was 10, my step-brother committed suicide when I was barely twenty, I had thoughts of death during childbirth, and I almost died from a serious illness when I was 28. Like many drawn to the helping professions and to the Dharma, I was looking to understand my own pain and to heal my own wounds.

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As a beginning midwife, I was under the illusion that if I just supported the natural birthing process, all would be well. But I found as I practiced midwifery that you can’t hang out in the territory of birth without encountering death—miscarriage, stillbirths, babies with congenital anomalies, SIDS. Ultimately, my job as a midwife is to be with and support both the mother and baby through a life passage and protect both of them,
whenever humanly possible, from harm and death. Of course, sometimes that isn’t humanly possible, because we can’t control birth or death.

That was one of my big awakenings as a midwife: birth and death are part of the same package. Blessedly, birthing is most often wondrously happy, and the vast majority of time, all is well. There is nothing quite like being present with the miracle, the intensity and the uncertainty of the birth process to wake you up to the preciousness of life. But you can also wake up to its precariousness and the reality of death; sometimes babies die and sometimes birthing women die. When I found the Dharma, it resonated deeply with what I’d been struggling to understand in my own life and what the birth process was teaching me as a midwife.

**IM:** The term *midwife* is rich in connotations. People in the end-of-life communities often speak of “midwifing death.” Birth and death both involve labor—a physical labor and an emotional/spiritual labor—and both are surrounded by great mystery. Others have coined the phrase *midwife of the spirit.* As you see it, what is a midwife?

**NB:** The word *midwife* literally means “with woman.” A midwife is someone who is attentive and fully present to a woman during the process of childbirth; actually, she is accompanying a profound transformation occurring for at least two people—the baby who is being born and the mother who is giving birth and usually the other parent and family members as well. A midwife uses all her senses, intelligence and wisdom to facilitate safe passage. We call it “wise, watchful waiting.” Being a midwife is about truly living the qualities we cultivate in mindfulness meditation practice—patience, beginner’s mind, letting be and letting go, acceptance and an inner trust that we can be with things as they are. I’ve always loved how in French, the word for midwife is *sage femme,* “wise woman.”

**IM:** You’re talking about midwives as people who intentionally hold spaces of threshold, who accompany those who are moving through fundamental life passages.

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**NB:** And giving guidance when needed. This is what I have chosen to pay attention to in my life—to be with and guide female people and those others intimately connected to them as they pass through this very particular and profound life transition—becoming the people who will raise the next generation.

Female bodies are the carriers of life. And babies—which means everyone, because we all were once babies—enter into this life through a female body. If we look beyond all the different ways humans may be conceived and birthed, and all the cultural attitudes, practices, values, moral judgments that manifest in behaviors, laws and social institutions, the fact remains that bodies have sex and reproduce themselves. It’s pretty remarkable, don’t you think? But the terrain around reproduction can get pretty tricky. Whose baby is this anyway?
Who did what with whom? We big-brained human creatures make up all sorts of stories about sex, birth and babies. Look, for example, at the stories from various religious traditions. They say Mary was a virgin and the Buddha was born through his mother’s ribcage. I don’t know what everybody’s problem is with reality. Bodies reproduce because people have sex and babies come out of vaginas (at least before 50 years ago, when increasing numbers in the West started being born through cesarean births). Every person walking on the planet is the result of an egg and a sperm getting together to grow inside a woman’s body.

**IM:** That was a great Eve Ensler moment, a Vagina Monologue right there... It just came to me in listening to you, that in bringing mindfulness to the birthing process, you really are re-enlivening the spiritual aspect of midwifery, like the “wise women” from ancient times.

**NB:** Perhaps, but I must admit to some hesitation around using the word *spiritual*. That word means so many different things that it can cloud rather than clarify. It can also create barriers between those people who consider themselves to be “spiritual” or to have a “spiritual practice” and those who don’t. That is why I prefer to use the secular language of Mindfulness-Based Stress Reduction. This is both a practical and personal decision. While I continue to learn from Buddhist practice—from retreats and study—I find I can be more effective and reach more people to decrease suffering, particularly in the domain of childbirth and parenting, through secular language. And, in addition, I’m still trying to understand what “spiritual” means.

**IM:** Whatever language it is couched in, when you were introduced to Buddhist practice and started going on retreats, you began to apply what you were learning to the birthing process.

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**NB:** Absolutely. I went through a lot of searching in those early years. All along I would hear the teachings in terms of both my own personal life and for the women and families I served. I was very curious about the mind/body connection in the birthing situation. That’s because I repeatedly saw that the way the mind of a laboring woman holds whatever is happening in the present moment has a huge impact on her experience of childbirth. For example, if a woman is consumed with fear and fighting pain during childbirth, the result is increased suffering. I imagine this is also true in the dying process. I mean, the Buddha wasn’t just whistling Dixie when he talked about the second dart, the “optional” suffering the mind creates when we resist the first dart, the inevitable pain that is a normal part of being alive.

I see a lot of parallels between birthing and dying. It is not unusual that at some point either during pregnancy or in labor, a woman realizes something like, “Holey, moley, the only way out of this is through.” There is an inevitability to birthing, determined by the body itself, that can’t be escaped, just as there is an inevitability to dying.
Female bodies bringing babies into this world through the birth process have intense physical sensations; this can be true of the dying process as well. Like birthing, dying can involve physical pain. I have had numerous elderly people say to me, “I’m not afraid of death; I’m afraid of the pain.” In both birthing and dying, we can get caught in reactivity to whatever body sensations we are having. That’s where practice comes in.

**IM:** The dying process can certainly be more manageable through breathing practice. If the dying person can have an advocate or somebody there reminding her, if nothing else, just to breathe, it makes a huge difference, regardless of whether or not she’s even heard the word *mindfulness.*

**NB:** Yes, that’s a lot of what midwives and doulas and sometimes labor and delivery nurses do too, without even knowing of or using the word *mindfulness.* We pull the woman back into the present with our presence. However, when a laboring woman has practiced mindfulness, she can do this herself. She knows how to use her breath to anchor the mind in the present so she can just be fully in the moment-to-moment body/mind process of giving birth. Mindful awareness allows for the letting go of the reactive thoughts and emotions about the past and the future—“Oh my god, that last contraction was so bad” or “How much longer is this going to go on?”—allowing the process to happen in the body. Then birthing becomes much more manageable.

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Let’s look at the physiology of fear. Something perceived as frightening, in this case the physical pain of childbirth, stimulates thoughts and emotions that trigger the sympathetic nervous system—the fight, flight or freeze reactions. However, if you can be mindful of body sensations as sensations, and the reactive thoughts and emotions, you can shift toward the parasympathetic, to a place where relaxation, connection and healing reside. Attention to the breath is the key. With mindfulness of breathing, we can uncouple the intense sensations or pain in the body from the reactive thoughts and emotions about the sensations.

Expectant parents have often found it immensely helpful when I rename what we generally call labor “contractions” as “expansions.” When the uterus contracts, the cervix expands. A contraction and an expansion are happening in the very same moments. So the question is: What is the most skillful way to work with the mind? I often suggest the mother attend to and allow the sensations of expansion, which accompany the opening of the cervix so the baby can come out; then she can shift from a resistance mentality to an acceptance mentality. We know from meditation practice that this applies on many levels. It’s freeing to move toward the expansion, to hold experience in expanded awareness—whether you are grappling with the pain of contraction in the body, or the pain of contraction in the mind around the “I,” “me,” and “mine.” The contraction is the no. And the expansion is the yes. It’s often really hard to get to the expansion, but going toward it, even if it is painful, is where the wisdom is.
Choosing to expand awareness around any contraction is where you find liberation. Of course, this takes practice, because it still hurts. For me, that’s what Dharma practice is—being with life as it is, breathing through whatever is happening, even when it hurts, because you know that nothing—neither the process of birthing, nor of living or dying—is permanent. So the shift from contraction to expansion is the great challenge and the great mystery of it all.

**In This Fathom-Long Body**

by Nancy Bardacke

We’re born on the in-breath, and we die on the out-breath. We’ve got a certain number of breaths in-between. As we observe the breath and the body, we see how our physical being is not solid or fixed. It is alive and changing in every moment.

If all goes well, the body that first forms in the womb will grow, be born, keep growing, possibly reproduce, sicken, age and eventually die. The body does this all on its own. We don’t have to intentionally grow our fingernails when we are in the womb anymore than we can intentionally will ourselves to attain sexual maturity or stop our organs from wearing out.

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At birth, our entire circulatory system makes a dramatic shift; we can now breathe oxygen from the air instead of receiving it through our mother, passed from her lungs to her blood and to us through the umbilical cord. In the first few years, our body changes very rapidly; we learn to use our hands, to sit, crawl, stand, and walk. During childhood, we learn to talk, think, imagine, reason, speculate, and explore. Puberty and its manifestation in sexual body sensations, urges and activity involves another dramatic shift. Body changes and the resulting behavior may lead to reproduction and for a woman to pregnancy, births and lactation. The inborn aging process continues to manifest as the reproductive aspects of the body either slow down or cease all together. The body/mind wears out, may get sick and eventually dies; in fact, sickness and death can happen anywhere in the cycle.

Each passage of the body involves gain and/or loss. As we know from the Second Noble Truth of the Buddha, the more we are attached to the preceding phase, the more we suffer. Our challenge is to let go and be with things as they are. We can see this so clearly in children as they learn to let go of the old and move into the new. There can be attachment and eventual letting go of the breast or bottle, and there can be the curiosity and gain of becoming a big brother or sister and at puberty a mix of excitement and stress as the body develops breasts, begins to menstruate, or grows facial hair and a deepening voice.
As the body—ready or not—catapults us into sexuality and all the mysteries and confusions that can accompany the powerfully pleasurable body sensations, there can be new attachments. Enormous suffering can result if the size, shape and color of every body part don’t match what we desire. With the phase of reproduction, there can be attachment to the special state of pregnancy and its loss through giving birth. As we get older, there can be grief over the loss of our once energetic young body, with its excellent balance, joints that don’t ache, and parts that don’t have to be replaced.

The passages of life continue, inextricably propelled by the changes in the body, until we die. Will we experience them with attachment and contraction or with expansion, acceptance, and letting go?

“What we call the beginning is often the end. And to make an end is to make a beginning. The end is where we start from.” —T. S. Eliot

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