

'Holistic Mothers' or 'Bad Mothers'? Challenging Biomedical Models of the Body in Portugal

ANNA FEDELE*

Abstract

This paper is based on early fieldwork findings on 'holistic mothering' in contemporary Portugal. I use holistic mothering as an umbrella term to cover different mothering choices, which are rooted in the assumption that pregnancy, childbirth and early childhood are important spiritual occasions for both mother and child. Considering that little social scientific literature exists about the religious dimension of alternative mothering choices, I present here a first description of this phenomenon and offer some initial anthropological reflections, paying special attention to the influence of Goddess spirituality on holistic mothers. Drawing on Pamela Klassen's ethnography about religion and home birth in America (2001), I argue that in Portugal holistic mothers are challenging biomedical models of the body, asking for a more woman-centred care, and contributing to the process, already widespread in certain other European countries, of 'humanising' pregnancy and childbirth.

Keywords

Holistic Mothering; Goddess spirituality; Portugal; CAM; biomedicine; homebirth.

Author affiliation

Anna Fedele holds a PhD in Social and Cultural Anthropology from the École des Hautes Études en Sciences Sociales (Paris) and the Universidad Autónoma de Barcelona. She is a Senior Researcher at the Centre for Research in Anthropology (CRIA) at the Instituto Universitário de Lisboa (ISCTE-IUL), Lisboa, Portugal. Her award-winning book *Looking for Mary Magdalene: Alternative Pilgrimage and Ritual Creativity at Catholic Shrines in France* was published by Oxford University Press in 2013.

*Correspondence: CRIA, Av. Forças Armadas, Ed. ISCTE-IUL Sala 2n7, Cacifo 237, 1649-026 Lisboa, Portugal. E-mail: fedele.anna@gmail.com.

Introduction

This article is based on early fieldwork findings (since 2013) about 'holistic mothering' in Portugal. I use the term holistic mothering as an umbrella term to describe different mothering choices that are rooted in the assumption that pregnancy, childbirth and early childhood are of crucial importance to the child's development as well as to the wellbeing of the mother, and that there is a religious and spiritual dimension to both pregnancy and mothering. The Portuguese mothers I encountered insist that birthing and breastfeeding are not only physiological processes but also spiritual occasions. These women therefore choose what they regard as empowering ways of mothering, such as home birth, water birth, prolonged breastfeeding and other forms of intensive parenting.¹

Considering that my fieldwork is ongoing, and that, to date, little research about the religious dimension of alternative mothering choices has been done in the social sciences, this article offers a first description of the phenomenon in Portugal as well as some initial reflections from an anthropological perspective. I will also analyse the influence of the international Goddess spirituality movement on holistic mothers.

Home birth, intensive parenting and other forms of alternative mothering have become increasingly popular, especially in the United Kingdom, the United States and Canada, but are still emerging in the traditionally Catholic countries of Southern Europe, including Portugal (da Silva Santos 2012; White and Schouten 2014), which has one of the highest rates of caesarean section in Europe, and where complementary and alternative health care practices (CAM) are only slowly being recognised by local authorities. As a consequence, Portuguese women who want to birth and mother in ways that differ from the norm face significant challenges. To give just one example, women who are determined to birth in water are often obliged to choose to give birth at home. Unlike in Germany or Switzerland, for instance, where some hospitals and/or clinics are equipped with birthing pools to allow women to birth in water or to experience part of their labour in water, most Portuguese hospitals do not have birthing pools. If, in rare cases, they do have a pool, their midwives and doctors have rarely been trained to assist in water birth. Home birth as such exists in a legal void in Portugal (da Silva Santos 2012; White and Schouten 2014), and women who choose to give birth at home are generally considered irresponsible: 'bad mothers', accused of putting themselves and their babies in danger.

I begin by introducing Goddess spirituality, after which I will analyse the theories and practices of holistic mothers in Portugal. I will propose holistic mothering be regarded as a polythetic class, that is, characterised by a bundle of attributes, all of which are not necessarily possessed by each member of the class. This approach allows me to respect my informants' refusal to identify with specific social or religious groups on the one hand while pointing out how theories and practices related to Goddess spirituality are nonetheless influencing

¹ Intensive parenting (also called attachment parenting), an international movement that originated in the UK and the US, endorses proximity between parent and child and involves baby wearing, co-sleeping and long-term breastfeeding (usually for three to four years but sometimes longer). For case studies in the founding countries, see: Bobel 2002; Faircloth 2013; Hays 1996; Wolf 2011.

holistic mothers. I will then analyse a particular case study, Sonia's story, which exemplifies the experiences of the mothers I encountered. In Sonia's story we see the power negotiations involved in giving birth at home and the ways in which a holistic worldview, as well as a spiritual approach to mothering, allows women to challenge not only the biomedical system but also governmental rules about the registration of new-borns. Drawing on Pamela Klassen's ethnographic analysis of home birth and religion in America (2001), I will argue that in Portugal holistic approaches to mothering are important sources of challenge to biomedical models of the body, and form part of ongoing pressure to achieve a more women-centred model of birth. This kind of pressure, it should be said, is already widespread in other European countries such as the United Kingdom and the Netherlands.

This article is therefore a first description of holistic mothering in Portugal that situates it within the wider panorama of alternative mothering movements in Europe and North America. The aim of this piece is to explore the religious dimension of alternative mothering choices and to suggest ways in which religious theories and practices related to mothering challenge conventional biomedical ideas and procedures.

Holistic Spiritualities and Goddess Spirituality

During previous research about Goddess spirituality in Italy, Spain and Portugal, I found that significant numbers of women were choosing alternative forms of mothering and that in Portugal there were important links between this form of spirituality and alternative mothering movements. This finding eventually led me to begin researching the religious dimension of alternative mothering in Portugal.

I did so through participant observation in the greater Lisbon area, attending public events where information about home birth and prolonged breastfeeding was dispensed, or where the two were promoted. I attended conferences on alternative medicine and organic alimentation that targeted mothers especially. I also attended conferences about Waldorf schooling and anthroposophical medicine.² I selected for interviews Portuguese mothers of different ages who came from different areas of Portugal (although most of them were currently living in the greater Lisbon area). I felt it was important to develop a relationship of trust and friendship with these mothers, so they could speak freely and openly about personal issues related to their bodily experiences or their family life. I also spoke with some fathers, but so far only one (Sonia's husband) has agreed to be interviewed. I had informal conversations with more

² Anthroposophical medicine is a form of alternative medicine that is directly related to anthroposophy, a spiritual philosophy created by Rudolf Steiner (1861–1925). Treatments include the use of anthroposophical remedies but also counselling, massage and exercise. The two doctors I met during my fieldwork, who were following most of the women I interviewed, used both homeopathic and anthroposophical remedies, and were usually described as 'homeopathic doctors' (as in the case of the 'homeopathic doctor' mentioned by Sonia in her story, below). For more details about Rudolf Steiner's life and teachings see Zander 2008, 2011.

than 50 mothers and to date have conducted semi-structured interviews with 11 mothers and two midwives.³ Three of these mothers had undergone formation to become a doula but only one was practising on a regular basis. A doula is a person without medical specialisation who assists a woman and her close family before, during and after childbirth. In Portugal doulas generally receive formal training in Portugal or abroad and usually form part of the national association of doulas (see note 11). One mother I interviewed had also been an informant for my previous research on Goddess spirituality. Although I encountered some lesbian mothers and interviewed one, their experiences are not specifically addressed in this text; my analysis mainly refers to the experiences of mothers with their biological children, born in the context of a heterosexual relationship. Notable is the fact that, among the lesbian mothers I did meet, only a limited number practised holistic mothering. Whether or not this phenomenon is remotely representative of lesbian parenting in general is well beyond the scope of this essay, which centres on heterosexual parenting practices in Portugal, where the right to assisted reproduction for homosexual women is still a deeply controversial issue, and the number of lesbian mothers is relatively low.

Before I introduce theories and practices related to holistic mothering in Portugal I will explain, briefly, what I mean by Goddess spirituality and why a holistic worldview represents a central element of the alternative mothering choices I want to analyse.

Most people I came to know during my fieldwork on Goddess spirituality in Southern Europe and later, during research on holistic mothering in Portugal, had been raised as, but were no longer practising, Catholics. Following a common trend in contemporary religiosity in North America and Europe, described by religious historians and social scientists alike (among others: Heelas and Woodhead 2005), the majority of women I encountered during fieldwork stated that they were not 'religious' but 'spiritual'.⁴ Religious studies scholars are still trying to find agreement as to what umbrella term best describes those who prefer 'spiritual' over 'religious', and who use theories and practices found in books and/or learned in workshops as a foundation for their spiritual life. Notably, many refuse the label 'New Age, which they consider derogatory (Fedele 2013; Fedele and Knibbe 2013; Pike 2001); nor do they want to be part of an explicitly religious or spiritual movement. Analysing the relationship between 'spirituality, gender and expressive selfhood', Eeva Sointu and Linda Woodhead have proposed the term 'holistic spiritualities' (2008: 259):

We focus on what we term holistic spiritualities, by which we mean those forms of practice involving the body, which have become increasingly visible since the 1980s, and that have as their goal the attainment of wholeness and well-being of "body, mind, and spirit." Such practices are now pervasive within New Age and, to a large extent, neopagan communities, and extend beyond them to shade into the realm of complementary and alternative health care practices (CAM).

I found this definition particularly useful for understanding the kind of spirituality embraced by the mothers I encountered. It clearly points out the centrality

³ The interviews were recorded and the interviewees signed release statements.

⁴ For a critical approach to the religion-spirituality dichotomy see for instance: Ammerman 2013; Fedele 2013; Fedele and Knibbe 2013.

of holism but also the importance of alternative health care practices. Consider, too, that, in his early study of the New Age, Paul Heelas (1996) was already pointing out the importance of a holistic worldview for this movement (see also Heelas and Woodhead 2005).

An earlier version of this article (2015) used the term 'spiritual mothering' to describe my informants' worldview and parenting choices. However, in discussing the term with my informants, I found that several of them did not use the word 'spiritual' to describe their mothering experiences. What they did use was 'holistic', emphasising the importance of developing a more holistic approach to health, particularly to pregnancy, birth and childcare. Their holistic worldview took into account both the individuality of mother and child, including the fact that they are intimately interconnected. This holistic approach emerged, for instance, when discussing the importance of parenting choices in ecological terms, or the influence that negative family patterns could have during pregnancy and birth.

I also found that within the variety of movements described under the umbrella term, holistic spiritualities, Goddess spirituality exerted a particularly important influence on holistic mothers. Considering the slipperiness of Goddess spirituality, elsewhere (Fedele 2013: 67) I have proposed it be understood as a polythetic class,⁵ that is, formed by a bundle of attributes, all of which are not necessarily possessed by each member of the class.

Those involved in Goddess spirituality describe women's ability to give birth as something sacred yet insufficiently valorised within patriarchal society. They take into account the fact that Judaeo-Christian religions have labelled female processes such as menstruation, conception through sex or childbirth as polluting or sinful (e.g. Klassen 2001: 83). Accordingly, practitioners want to turn things upside down, embrace a spirituality that sacralises and ritually celebrates these life-giving processes.

Many of my informants in Italy, Spain and Portugal embracing Goddess spirituality felt that they had 'lost connection' with 'the Feminine' and with 'Mother Earth', a disconnection they attributed to a long-standing patriarchal society that undermined women's power and autonomy. However, they also saw this lost connection as one of the consequences of the sexual revolution in the sixties that led women to adopt a masculine way of life to gain equality in the workplace. My interlocutors saw this patriarchal and nature-dominating lifestyle being passed on from mother to child. Consequently, for them, a different, more 'female-oriented' and 'spiritual' way of birthing and raising children represents a fundamental step in the process of making possible a different world.

The sacralisation of the female reproductive cycle is a central theme of Goddess spirituality. Research on Goddess spirituality in Italy, Spain and in Portugal shows that my interlocutors created rituals to celebrate the sacredness of menstruation, the only blood that flows without a body being wounded and the physical manifestation of women's power to give birth (Fedele 2013, 2014a).

⁵ After Martin Southwold's approach to Buddhism. According to Southwold (1978: 369): 'A phenomenon may be treated as a member of the class if it possesses only some of the attributes. Since different members of the class may possess different selections from the bundle of attributes, there is no guarantee that any one of these attributes is common to all the members'.

Although only some of the holistic mothers I encountered during fieldwork in Portugal would identify as members of the Goddess spirituality movement, they nonetheless expressed positive opinions about it. Most had moved away from their Catholic background and did not feel the need to join another religious organisation or to be identified by another label. That said, if we consider the bundle of attributes that form part of the polythetic class of Goddess spirituality (Fedele 2013: 67), we can say with certainty that the mothers I describe share most of these attributes. Although to different extents, the women all used an energy discourse to describe their feelings and/or choices related to their mothering experiences, emphasising the importance of following the authority within oneself in order to make empowering choices. Some mentioned the Goddess, while others referred to Mother Earth (or simply to the Earth) as a central source of nourishment and power, especially for women. Home birthers mentioned the importance of recovering abilities that women had when they birthed without medical intervention but also to a more distant, matriarchal past (Eller 2000). Some parents chose to baptise their children 'for their own parents' sake'. The majority of mothers had also celebrated rituals such as burying the placenta and planting a tree in the soil, or had created some kind of ceremony to bless the baby.

Holistic Mothering

So far my Portuguese informants are mostly white mothers in their thirties who have usually been to university (Bachelor's level) and who have, or have had, a variety of jobs. Most of them could be considered part of a Portuguese lower middle class. However, due to the economic situation in Portugal and high rates of unemployment, some of these women struggle just to earn a living. In Portugal, where homeopathic remedies are available only in a limited number of pharmacies (mainly in larger cities) and Waldorf schooling or other forms of alternative schooling are often organised by associations that are not formally recognised by the state, both alternative medicine and schooling are expensive. I heard many women complain that, unfortunately, these remain 'elite choices' that women are nonetheless forced to take because there is no affordable alternative. Many mothers only managed to afford these choices by leading a modest lifestyle and counting on the help of family and friends for babysitting, clothing and toy exchanges, and so on.

The mothers I encountered were pragmatic. They refused to identify with specific movements or labels such as La Leche League (Bobel 2001; Faircloth 2013; Ward 2000), natural mothering (Bobel 2002) or intensive mothering (Hays 1996). Rather, picking those aspects of each movement that worked best for them, the mothers tended to be critical of parents who embraced a strict set of ideas and rules.

All mothers I interviewed practiced some form of intensive parenting and seven of them had given birth at home. All used alternative medicine to care for themselves and their children, although the extent to which they did so varied. Seven mothers had not immunised their children or had chosen to immunise them only against some diseases. All of them ate organic food but only some were committed to a diet based exclusively on organic products. Some were vegetarians, others vegans.

Unfortunately, it is impossible to introduce holistic mothering within the constraints of an article without being reductive. What I can say is that my interlocutors are inquiring, voracious readers, used to questioning theories and practices they encounter in books, workshops and conferences, and to creating their own bricolage theories according to what works best for them. I found them eager to discuss, examine, and share opinions and findings with others. If there is a shared assumption, it is that every baby, like every mother, is unique; thus every mothering experience will and should be different.

Considering the complexity of this mothering profile, I chose to consider holistic mothering as a polythetic class with 12 attributes. The first attribute refers to the centrality of a holistic worldview, as just discussed. The last four attributes coincide with those of Goddess spirituality (Fedele 2013: 67), thus taking into account the important overlaps between this spiritual movement and holistic mothering. The remaining seven attributes will be discussed in detail, below.

1. Holistic worldview
2. Importance of conscious pregnancy
3. Importance of natural childbirth
4. Importance of prolonged breastfeeding (more than 6 months)
5. Criticism of biomedical models of the body and request for a more woman-centred care
6. Importance of close contact between mother and child
7. Importance of close involvement of the father (or of another person, or persons who closely accompany the biological mother during pregnancy, birth and early motherhood, e.g. same-sex or heterosexual partners, friends, etc.)
8. Creation of rituals to celebrate pregnancy, birth and early childhood stages
9. Use of an energy discourse
10. Use of gender as a central element for religious and social criticism⁶
11. Emphasis on self-realisation and self-authenticity⁷
12. Sacralisation of body and sexuality

Importance of Conscious Pregnancy

My interlocutors emphasised the importance of being conscious of what was happening inside the body while pregnant. They would listen to the changes in their body, taking as much time as possible to tune into this experience and create a connection with the baby.

Several mothers explained that how the mother feels during pregnancy affects the baby and that it is possible that problems the mother had with her own mother would begin to surface at this stage. Some of them described their difficulties facing memories and emotions that emerged during pregnancy and how they tried to address potentially problematic issues through consciousness work and spiritual healing so these would not burden the baby, either in the belly or in the future. The women emphasised how negative experiences related to gender, corporeality and reproduction within the wider family could affect the experiences of pregnancy and childbirth.

⁶ Eller 1993: 6.

⁷ Heelas and Woodhead 2005: 78–90.

Although not all mothers had chosen to get pregnant, some emphasised the importance of consciously choosing to have a baby in agreement with one's partner before trying to get pregnant.

Importance of Natural Childbirth

All women I interviewed emphasised the importance of giving birth in a place where the mother feels safe and respected and where there is as little intrusion from doctors or other birth assistants as possible. Although for many women this place was their home, some stressed that they had been forced to choose home birth. That is, had the kind of care given in Portuguese hospitals been different (i.e. were women allowed to: give birth in the position they wanted, birth in water, easily refuse vaccination at birth, etc.) then the women might have considered birthing their babies in a hospital.

Importance of Prolonged Breastfeeding (more than 6 months)

All the women I interviewed breastfed for more than six months and stressed the benefits of prolonged breastfeeding for both mother and child. The intense bonding fostered by breastfeeding is seen as essential for the mother-child relationship; consequently, many fed on demand. The mothers described very positive experiences of breastfeeding and most of them perceived it as empowering. Only a small number breastfed for more than 18 months. Some of them had followed the advice of doctors who practise anthroposophical medicine to stop breastfeeding when the baby was about a year old, to foster the child's independence and development. Other mothers, deciding to go back to work, had to gradually give up breastfeeding. Still others stopped because they felt that prolonged breastfeeding was too tiring, and the child was ready for this step.

Criticism of Biomedical Models of the Body and Request for a more Woman-Centred Care

One of the most important elements that emerged from both informal conversations and formal interviews was that the women did not want to give away their power to doctors who did not recognise the natural authority of women as mothers and who wanted to control both the body of mother and baby. Male doctors, the women thought, had gained too much control over women's bodies in general and over birthing bodies in particular, both of which resulted in women's alienation from their own bodies. However, as with Pamela Klassen (2001) in her research about religion and home birth in America, I found that many do not necessarily refuse biomedical theories and practices completely; rather, women are careful to pick and choose those elements that make them feel safe and comfortable. In this process, doctors who use homeopathy, anthroposophical medicine and other alternative therapies act as mediators between biomedicine and alternative therapies. Such doctors usually help the parents to cure their children through alternative medicine but are also willing to prescribe

common drugs or antibiotics if they see that the parents do not feel the baby is safe, or if the natural remedies do not prove effective.

Importance of Close Contact between Mother and Child

All mothers I interviewed emphasised the importance of spending as much time as possible with their child and keeping body-contact as much as possible (e.g. co-sleeping, carrying in a baby-sling, etc.). The first three years are seen as most important for the child but also for the mother, who is in a state of fusion with the baby, and can benefit from increased spiritual receptivity, or openness. This heightened state allows her to have important insights about herself, her spiritual path and about negative influences that family patterns can have on her personal development as well as that of her children.

Importance of Close Involvement of the Father (or of Another Person, or Persons who Closely Accompany the Biological Mother during Pregnancy, Birth and Early Motherhood)

Most mothers described how important their partner's support had been in making their alternative mothering choices possible. A significant number emphasised the importance of the father, especially during the child's early years, and some explicitly addressed the importance of moving away from a matricentric model of childrearing.

Creation of Rituals to Celebrate Pregnancy, Birth and Early Childhood Stages

Many mothers honoured the birth through rituals that marked this important life passage, for instance, burying the placenta, consuming or creating a remedy from placental cells; conserving the umbilical cord; and holding a baby blessing. Others also created healing rituals to help their children during illness, or to facilitate important stages of growth.

Sonia's Story – a Case Study

Sonia's story offers a glimpse into how the theories and practices related to holistic mothering in Portugal actually function. At the same time, her story shows the difficulties faced by women who choose to give birth at home, as well as some of the strategies used to overcome these challenges.

Sonia is a middle class Portuguese woman in her thirties, an experienced yoga practitioner who has been following a macrobiotic diet for several years. Sonia grew up in Madeira and moved to Lisbon to study engineering at university. Her husband Pedro shares Sonia's lifestyle: both prefer alternative medicine (mainly herbal remedies and macrobiotic remedies) to address their health concerns. When Sonia became pregnant she relied upon the public health system for regular check-ups and ultrasound screenings but continued with alternative

therapies whenever she had health issues. She had planned to give birth in a hospital, until, in her 30th week of pregnancy, she saw a 'homeopathic doctor' who practised anthroposophical medicine (see note 2). He asked her whether she had considered having a home birth, assuring her that her yearlong experience as a yoga practitioner would help her through the birthing experience. Sonia says she remembers having read in a book she had bought when she got pregnant that it was important for the woman to give birth in a place where she felt comfortable and safe. When the doctor mentioned the possibility of giving birth at home, Sonia realised how much better she would feel there, versus in a hospital. Still, she had many doubts, not least because in Portugal women who give birth at home are seen as irresponsible; should an emergency arise, doctors and hospitals are known to treat such woman as a sort of criminal, and will prevent the midwife from participating further in the birthing process. But, Sonia also realised, giving birth at home would enable her to avoid what she considered the excessive medicalisation of birth, as well as vaccinations and intrusive exams that she thought could negatively affect both her and her baby.

Sonia spoke with her yoga teacher, whom she looked to for spiritual guidance. His comment was, 'well, it is how they did it before'. Encouraged by the homeopathic doctor's and her spiritual teacher's positive feedback, Sonia and Pedro opted for home birth and eventually found a midwife and a doula to assist them. They also decided to take advantage of the fact that, considering they lived at some distance from their respective parents, it was best not to inform them about their choice to birth at home. Both sets of parents, apparently, would have been less supportive and more anxious, more likely to regale the expectant parents with doubts and fears. Sonia reflected on the tensions this created: 'My due date was in December and I knew that my parents were coming over to visit us for Christmas. I kept telling myself: "before that date the baby has to be born!"'

To Sonia's relief her son Mateo was born at the beginning of December in the apartment on a cold and stormy day, in the inflatable pool brought by the doula. The birthing process was long and painful. Without her yoga training, her 'capacity to centre only upon herself' and her 'ability to focus only on the aim of birthing on her own at home,' Sonia says she would not have been able to endure the overwhelming back pain, near her kidneys. Sonia also felt considerable support, including the spiritual presence of her spiritual teacher and of her yoga group, which had gathered to sing mantras when Sonia was in the final throes of the birthing process.

Once the baby was born, the midwife waited for the umbilical cord to stop pulsating and then invited Pedro to cut it. She had Sonia drink some juice that contained a small piece of the placenta to foster the shrinking of the uterus. The rest of the placenta was put into the freezer, for burial some weeks later under a newly planted tree.

The following day, Pedro and the midwife visited the Civil Registry Office in Lisbon where the midwife had already registered another baby at whose home birth she had also assisted. However, this time the woman bureaucrat at the desk refused to register Mateo without a document signed by a doctor who had assisted at the birth. For a moment Pedro felt he would not be able to register his son: 'this child does not exist for the world!' (*este menino não existe para*

o mundo). After some brainstorming, the two contacted Sonia's gynaecologist, who was also part of her yoga group, and asked her to produce a document stating that Sonia had been pregnant. Luckily, this document was accepted, and Mateo could then be registered. Pedro commented on the irony of the situation: 'it was required that a doctor said that he [Mateo] existed!'

Both Pedro and Sonia spoke about the birth and subsequent triumph over the sticky registration process in ways that were passionate and enthusiastic, describing them as empowering experiences. I should stress that, as with the other women I interviewed, Sonia's choice of home birth was pragmatic rather than ideological; she did not want to identify with any precise spiritual or religious movement. She, like other women in Portugal, do not necessarily choose home birth at the outset, but only after a process of evaluation, especially once they find that this is the only option that will maximise the possibility of natural birth, including birthing in their preferred position, surrounded by caregivers who share, or at least respect, the mother's worldview. Home birth also allows mothers to avoid what in Portugal are routine interventions such as the vaccination of new-borns⁸ or medical exams that many holistic mothers consider intrusive and thus potentially harmful to the baby.

Like Sonia and Pedro, other couples I spoke with also decided not to tell their parents about their birthing because of the widespread negative attitudes regarding home birth. The important role played by Sonia's husband is another recurring element mentioned by holistic mothers.

If we consider the attributes of the polythetic class that describe holistic mothering, we can say that Sonia possessed many if not most of them. She did not, however, use gender as a central element for religious and social criticism, nor did she explicitly refer to the importance of sacralising body and sexuality.

In contrast to women advocating for prolonged breastfeeding in the United Kingdom, as described by Faircloth (2013), or mothers embracing intensive parenting in the United States, as analysed by Hays (1996), both of whom described their choices as the best and who criticised mothers who made different mothering choices, Sonia and many other mothers I met had a more flexible approach. Emphasising the importance of self-realisation and self-authenticity, my informants often presented their parenting choices as those that made the mothers feel they were doing their best for themselves and their children. The fact that different mothers and children might have other priorities, and that mothers should make whatever parenting choices were best for them in their specific context, was also recognised and accepted.

Holistic Mothers Challenging the Biomedical System

Feminist researchers in the interdisciplinary field of motherhood studies have argued that intensive mothering is liable to reproduce or even to reinforce the gendered division of labour as well as the idea that caring work is primarily being done by women (e.g. Badinter 2010; Blum 1999; Douglas and Michaels

⁸ In Portugal babies are routinely immunised at birth against tuberculosis and hepatitis B.

2004). Social scientific studies about home birth, prolonged breastfeeding and natural parenting in the United States and the United Kingdom (e.g. Bobel 2002; Faircloth 2013; Klassen 2001; Wolf 2011) have shown that, while these theories and practices can be empowering for some women, they also exert certain pressures. Sharon Hays has described theories and practices related to intensive mothering in the 1990s as an attempt to 'ideologically separate the world of motherhood from the larger social world and thereby to make women responsible for unselfish nurturing while men are responsible for self-interested profit maximisation' (1996: 175). Chris Bobel has described natural mothering in the United States as 'a uniquely white, middle class enterprise' (2002: 171). Bobel observes that natural mothers 'make the fairly radical claim that female productivity must be ascribed social value', but they end up reproducing patriarchal notions about women and men. More specifically, such mothers in effect replicate 'the gendered division of labour and, more abstractly, the dualistic split between private and public spheres and the pre-eminence of biology as shaper of human destiny' (2002: 164).

Notably, with a few exceptions (Klassen 2001; Pasche Guignard 2015; Ward 2000), previous studies have paid little attention to the relationship between unconventional forms of birthing or parenting and religion in Europe and America. Little research has also been done about the role played by fathers.

We have seen that the attitudes of women embracing alternative mothering choices in the United States can be quite different from those of holistic mothers in Portugal.⁹ So far, I have found that while my interlocutors felt an enormous responsibility related to their child's wellbeing and their own spiritual development, they rarely mentioned the consequences that the choices implied by holistic mothering had, either for their socialisation or their career. When I asked them if they considered themselves feminists, many of the mothers I interviewed said that they did not. They explained that feminists had won important goals in terms of gender equality but that they put too much emphasis on attaining equality in the workplace, dismissing the spiritual dimension of the mothering experience as well as the centrality of close contact between mother and child during the first years. Their discourse, I found, tended to homogenise feminism and to ignore recent developments, especially those related to third wave feminism (e.g. Bobel and Lorber 2010; Budgeon 2011).

The scope of this article precludes my discussing current debates about the medicalisation of pregnancy and birth or the reproduction of patriarchal and naturalistic models through alternative mothering choices. However, based on my ethnographic data and, in particular, Sonia's story, I would argue that my ongoing research suggests a complex scenario is emerging. I think we should not dismiss holistic mothers as self-indulgent, middle class Euro-American women, but rather consider also the political dimension of their claims and the extent to which their choices in fact challenge the status quo in Portugal.

A significant number of my informants, familiar with the kind of feminist critique that would accuse them of reproducing traditional, patriarchal models, were consciously involving their partners in childcare and domestic duties. This

⁹ Also the natural mothers in francophone contexts in Canada and Europe studied by Florence Pasche Guignard (2015) seem to have more flexible and mother-centred attitudes.

does not necessarily mean the women had solved the dilemma of reproducing versus challenging patriarchal models, but they were aware of the dilemma and were actively searching for creative solutions.¹⁰

As is clear from Sonia's account about her struggles, what is on the one hand a personal choice is also inherently political. This is particularly evident in a country like Portugal where de-medicalisation and the resulting humanisation of childbirth as well as the legalisation of alternative healing methods are still newly emerging. My Portuguese interlocutors are defending ideas and attitudes that tend to be labelled as dangerous or retrograde in a country such as Portugal, whose citizens are often struggling to prove that their homeland is no longer a rural, traditional, Catholic country.

In Portugal a woman like Sonia is not only stigmatised as a 'bad mother' within her own social milieu, she also gives birth in a virtual legal void (White and Schouten 2014). This legal liminality effectively criminalises the mother. Should something go wrong during home birth, the mother would be rushed to hospital where nobody knows her and where she would be treated as gullible, untrustworthy and/or as a criminal who has put herself and the child in great danger. This was certainly the case with one woman I interviewed whose placenta did not detach properly after her son's home birth. She was met at hospital with: 'Why did she not solve this problem at home if she decided to give birth at home?' Not surprisingly, this mother described her ensuing stay in hospital as terrible.

Stories abound about what happens in hospital when a home birth goes 'wrong'. The descriptions I received, all from women who did not know each other, were strikingly similar, and the two midwives I interviewed confirmed this scenario. Instead of gathering information from the midwives and doulas who had been following the birthing woman throughout pregnancy and the birthing process, doctors sent them away. Often, the doctors also refused to take seriously the information offered by the birthing women themselves, in effect treating them as unreliable informants. Home birth in this kind of environment really is a subversive and potentially dangerous choice. Unlike in other European countries such as the Netherlands or the United Kingdom, there is no clear legislation that regulates either home birth or the collaboration between midwives and doctors.

Although in Portugal there is both a growing midwife and doula movement, as well as several associations that advocate for the humanisation of birth,¹¹ so far these lack both social visibility and the degree of influence needed to bring about change. Some of the mothers I interviewed were part of these movements and expressed their frustration with this gap. The women made explicit comparisons with other European countries such as Spain, where important changes in legislation regarding birth in hospitals had recently been made. Mothers also

¹⁰ This debate about intensive mothering is also related to tensions inherent in difference feminism and the writings of Adriana Cavarero (1990), Luce Irigaray (1993), Adrienne Rich (1976) and others. I plan to discuss this debate in the future.

¹¹ For instance, the non-profit organisation 'Humpar, Associação Portuguesa pela Humanização do Parto' (Portuguese Association for the Humanisation of Birth), or the Association 'Doulas de Portugal' (Doulas of Portugal).

emphasised that before real change could happen anywhere, things had to change within the individual.

This link brings us back to Goddess spirituality, and the assumption that things need first to take place on a personal and spiritual level before they can then manifest on a material level (Fedele 2014b). While some holistic mothers had been, and or still were, activists in social movements for the environment, social justice or gender equality, what they told me was that these movements did not bring about real, enduring changes. According to their holistic perspective, changes on an individual level directly influenced the whole society and brought benefits not only for humanity but also for the entire planet. Many holistic mothers thought that change could occur only if you allowed people to perceive and relate to the surrounding world in a different, more spiritual way that implied a holistic worldview. A holistic approach meant people could feel connected to their body and perceive it as being interconnected with the surrounding world. As a consequence, people would then stop harming themselves as well as others; they would also feel the need to take care of the environment (see also Fedele 2014b).

For this reason, rather than focusing on political activism that, according to this worldview, deals with the surface of social problems, my interlocutors chose particular mothering practices as a way to effect deep changes on a personal and spiritual level. Adapting from Klassen (2001: 79), we can say that these women want to 'change the world by birthing' and mothering 'a new generation in a gentler way'. This is not to say that they regard having children as necessary. Many of my interlocutors said that women could also contribute to making the world a better place by using their creative potential in different ways.

Conclusion

My depiction of holistic mothers in Portugal shows the clear influence of 'holistic spiritualities' (Sointu and Woodhead 2008) and, more specifically, Goddess spirituality. Holistic mothers tend not only to dismiss the Catholicism they grew up with as androcentric and exclusive but also to criticise the medical establishment for being androcentric and eager to control women's bodies. With gender central to both religious and social criticism, alternative birthing and mothering practices offer such women a powerful means of regaining control over their bodies and their babies. That said, their approach is more pragmatic than ideological (the women pick and choose what they will use, and why). Holistic mothers certainly share theories and practices related to attachment parenting, but they tend to be less militant than their intensive mothering (Hays 1996) or natural mothering (Bobel 2001) counterparts elsewhere. The focus instead is on self-realisation and self-authenticity – ideals that reflect assumptions rooted in Goddess spirituality.

Even if my interlocutors rarely discussed their own mothering in terms of socialisation and career, they should not be considered self-indulgent, middle class Euro-American women who are unconsciously reproducing the gendered division of labour. Criticism by friends and family saw the mothers I encountered constantly confronted with the fact that their mothering choices might corral

them into a traditional gendered division of labour. In response, these mothers tried to elaborate various strategies of coping and resistance. That said, the tension between holistic mothering and reproducing gendered divisions of labour deserves more complex analyses than is either currently available, or than can be discussed here. In any case, we can expect these analyses, if and when they do appear, to pay more attention to local specificities, the critical capacity of social actors, and to the roles played by fathers, same-sex partners, or others deeply involved in a co-parenting process.

The actions of Portuguese women like Sonia, for whom spirituality is the foundation of personal choice, are also inherently political. Portugal's predominantly medical model of birth and early childcare criminalises women who are choosing home birth or alternative treatments for their children, in effect rendering them the 'bad mothers' alongside the 'good' medical establishment. These women say that change must begin on a personal level before it has consequences on a global level, and in Portugal things are slowly changing, thanks to the growing efforts of those (mainly women) who risk using alternatives to the biomedical model.

My findings reveal that a close analysis of the religious dimension of alternative mothering choices can yield important insights into the reasons why women in Europe and North America embrace such theories and practices despite the risks incurred. I plan to analyse in more detail how the social and religious context of Portugal influences alternative mothering choices and to what extent spiritual experiences of mothering challenge or reproduce existing gender stereotypes related to motherhood. I would also like to better understand the role played by fathers or same-sex partners. By so doing, my research will, I hope, open the way to further studies and more nuanced discussion. But to fully understand the complex relationship between religion and alternative mothering choices, we need long-term qualitative studies that focus on a relatively small number of cases and that facilitate the collection of life stories. This methodology will allow us to detect the creative ways in which mothers adapt theories and practices, and to analyse how alternative mothering choices are embedded in the greater cultural context.

We can look to holistic mothers then not only to illustrate the important role that religious theories and practices play in challenging biomedical models of the body (Klassen 2001) but also to suggest how the spiritual, as well as the personal, has political impact. Indeed, theories and practices of holistic mothers in Portugal are contributing to widespread efforts, both social and legislative, in other European countries, to 'humanise' pregnancy and childbirth.

Acknowledgements

This article is based on a paper presented at the international workshop 'Motherhood, Religions and Spirituality' held at the University of London (2013). I am particularly grateful to Gill Rye, Victoria Browne, Sariya Cheruvallil-Contractor, Rachel Jones and Sarah Bracke, who provided important suggestions. Florence Pasche Guignard, Irene Becci and Joanna White offered useful feedback and Susan Scott took care of the copy editing. Research for this article was funded by FCT/MEC, the Portuguese Foundation for Science and Technology, as part

of the strategic research plan of the Centre for Research in Anthropology UID/ANT/04038/2013. An earlier version of this text was published (Fedele 2015) in the working paper series of the Institut de Sciences Sociales des Religions Contemporaines of the University of Lausanne, <http://www.unil.ch/issrc/fr/home/menuinst/publications/working-papers.html>.

References

- Ammerman, Nancy. 2013. 'Spiritual but not Religious: Beyond Binary Choices in the Study of Religion', *Journal for the Scientific Study of Religion* 52:2, 258–278.
- Badinter, Elisabeth. 2010. *Le conflit: La femme et la mère*, Paris: Flammarion.
- Blum, Linda. 1999. *At the Breast: Ideologies of Breastfeeding and Motherhood in the Contemporary United States*, Boston: Beacon Press.
- Bobel, Chris. 2001. 'Bounded Liberation: A Focused Study of La Leche League', *Gender & Society* 15, 131–152.
- Bobel, Chris. 2002. *The Paradox of Natural Mothering*, 1st edn. Philadelphia, PA: Temple University Press.
- Bobel, Chris, and Lorber, Judith. 2010. *New Blood: Third-Wave Feminism and the Politics of Menstruation*, New Brunswick, N.J.: Rutgers University Press.
- Budgeon, Shelley. 2011. *Third-Wave Feminism and the Politics of Gender in Late Modernity*, Houndsmill, Basingstoke, Hampshire; New York: Palgrave Macmillan.
- Cavarero, Adriana. 1995 (orig 1990). *In Spite of Plato: A Feminist Rewriting of Ancient Philosophy*, Cambridge: Polity.
- da Silva Santos, Mário J. D. 2012. 'Nascer em Casa: A desinstitucionalização reflexiva do parto no contexto português', Master thesis, Lisbon University Institute.
- Douglas, Susan, and Michaels, Meredith. 2004. *The Mommy Myth: The Idealization of Motherhood and How It Has Undermined All Women*, New York: Free Press.
- Eller, Cynthia. 1993. *Living in the Lap of the Goddess: The Feminist Spirituality Movement in America*, Boston: Beacon Press.
- Eller, Cynthia. 2000. *The Myth of Matriarchal Prehistory*, Boston: Beacon Press.
- Faircloth, Charlotte. 2013. *Militant Lactivism? Attachment Parenting and Intensive Motherhood in the UK and France*, New York: Berghahn Books.
- Fedele, Anna. 2013. *Looking for Mary Magdalene: Alternative Pilgrimage and Ritual Creativity at Catholic Shrines in France* (Oxford Ritual Studies), New York: Oxford University Press.
- Fedele, Anna. 2014a. 'Reversing Eve's Curse. Mary Magdalene Pilgrims and the Creative Ritualization of Menstruation', *Journal of Ritual Studies* 28:2, 497–510.
- Fedele, Anna. 2014b. '2012, the Environmental Prophecy that Could not Fail', *Religion and Society: Advances in Research* 4, 167–175.
- Fedele, Anna. 2015. 'Spiritual Mothering in Portugal. Some Initial Reflections from an Anthropological Perspective', Working Paper Series of the Institut de Sciences Sociales des Religions Contemporaines of the University of Lausanne, <http://www.unil.ch/issrc/fr/home/menuinst/publications/working-papers.html>.
- Fedele, Anna, and Knibbe, Kim. eds. 2013. *Gender and Power in Contemporary Spirituality: Ethnographic Approaches*, New York: Routledge.
- Hays, Sharon. 1996. *The Cultural Contradictions of Motherhood*, New Haven and London: Yale University Press.
- Heelas, Paul. 1996. *The New Age Movement: The Celebration of the Self and the Sacralization of Modernity*, Oxford: Blackwell.
- Heelas, Paul, and Woodhead, Linda. 2005. *The Spiritual Revolution: Why Religion Is Giving Way to Spirituality*, Oxford: Wiley-Blackwell.

- Irigaray, Luce. 1993. 'Divine Women' & 'Body Against Body: In Relation to the Mother', in *Sexes and Genealogies* (trans. Gillian C Gill), New York: Columbia University Press, 7–22 and 55–72.
- Klassen, Pamela E. 2001. *Blessed Events: Religion and Home Birth in America*, Princeton: Princeton University Press.
- Pasche Guignard, Florence. 2015. 'The In/Visibility of Mothering Against the Norm in Francophone Contexts: Private and Public Discourses in the Mediation of "Natural Parenting"', *Canadian Journal of Communication* 40:1. <http://cjc-online.ca/index.php/journal/article/view/2893>.
- Pike, Sarah M. 2001. *Earthly Bodies, Magical Selves: Contemporary Pagans and the Search for Community*, Berkeley: University of California Press.
- Rich, Adrienne. 1986. (orig. 1976) *Of Woman Born: Motherhood as Experience and Institution*, New York: Norton.
- Sointu, Eeva, and Woodhead, Linda. 2008. 'Spirituality, Gender and Expressive Selfhood', *Journal for the Scientific Study of Religion* 47:2, 259–276.
- Southwold, Martin. 1978. 'Buddhism and the Definition of Religion', *Man* 13:2, 362–379.
- Ward, De Jager Jule. 2000. *La Leche League: At the Crossroads of Medicine, Feminism and Religion*, Chapel Hill: The University of North Carolina Press.
- White, Joanna, and Schouten, Maria J. eds. 2014. *Normal Birth: Experiences from Portugal and Beyond: Proceedings of a Seminar*, Lisbon, 28 February 2013, CICS, http://www.lasics.uminho.pt/ojs/index.php/cics_ebooks.
- Wolf, Joan. 2011. *Is Breast Best? Taking on the Breastfeeding Experts and the New High Stakes of Motherhood*, New York and London: New York University Press.
- Zander, Helmut. 2008. *Anthroposophie in Deutschland: Theosophische Weltanschauung und Gesellschaftliche Praxis 1884–1945*, 1st edn. Göttingen: Vandenhoeck & Ruprecht.
- Zander, Helmut. 2011. *Rudolf Steiner*, München: Piper.