

What is Death Midwifery?

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In conversation with a fellow home funeral guide the other day we came to notice that we were using the terms 'death midwife' and 'home funeral guide' interchangeably even though neither of us believe that they are the same thing.

In the UK a death midwife works with people who are actively dying like a hospice volunteer might serve here in Canada. There are others who offer support for end of life and afterwards who call themselves thanadoulas, death doulas, end of life coaches, spiritual midwives etc since the terminology is in a state of flux. When Paul Hensby asked me to write a guest blog for Final Fling I figured it might be a good opportunity to offer my own interpretation of what death midwifery is at this point in time when the entire field of death and dying is coming increasingly into awareness.

For me, death midwifery is more of a concept than a job description. It's more like a philosophy that speaks to a way of practicing as opposed to the delineation of a practice itself. To my way of thinking, one wouldn't say that a death midwife plays any specific role in community, except to say that the role she does play is one that exemplifies a conscious awareness of the naturalness of death and dying. A death midwife accepts death, dying and grief as normal and healthy parts of life, and so models a willingness to bring presence to those areas that our deeply death denying culture would otherwise have us avoid.

Death midwifery recognizes the entirety of the pan death experience from individual, family, community and wider social contexts (and considers it from primarily a psychosocial spiritual perspective). Conscious awareness of death doesn't necessarily begin with a terminal diagnosis. It is a more deeply entrenched cultural attitude concerning how we chose to live given the conditions of our own mortality. Theorists point out that we have become increasingly alienated from death and dying. Death midwifery accepts such alienation as the condition we presently find ourselves in and uses that as a starting point for an exploration into what it means to die.

When I call myself a death midwife it has a tendency to rub many people the wrong way. In drawing the

connection with birth midwifery, folks expect death midwives to be proficient in a specific set of standardized skills that may be employed to oversee, support or direct a physical or medical process we call dying. Of course some people working in the field of death midwifery (such as a hospice nurse) might do just that. Other death midwives (such as shamans or psychopomps) might work with folks at end of life as well but on a more purely spiritual level. Still other death midwives might not typically be involved with end of life at all, instead supporting families after death has taken place (such as home funeral guides or celebrants). What they all have in common (and what, in my opinion, makes them more than simply a hospice nurse or a home funeral guide) is a willingness to accept the universality, irreversibility, non functionality and causality as well as the non corporeal continuation of dying. In thanatological terms, they model a mature understanding of death as described by Mark Speece. Just like the understanding that birth midwives bring to the field of obstetrics, death midwives understand that dying doesn't necessitate palliative intervention. Birth and death are going to take place regardless of (rather than because of) the professional services that are offered to assist with the process. Midwives support a process that takes place primarily within a context that is best described by the dying individual and their family and community. In other words, I believe that the practice of either type of midwifery places individuals and families at the centre of their own experience.

In addition to the uncomfortableness around the use of the word midwifery, the other part of the title can be even more daunting; the word death. Death midwifery carries connotations of mysticism verging on the occult, and here we come face to face with the very taboo which makes the practice of death midwifery itself so essential: the denial of death. Just to say the word is considered radical, so we prefer to comfort ourselves with euphemisms. This can be a very real and practical roadblock; my business card says "death midwife" so who do I expect to call me? When? And to do what? I can tell you who doesn't call: dying people and their families. Calling a death midwife at the end of life must feel like giving up hope. In a sense the title estranges us from the very people we wish to support because we pro port to accept something that the individual and family most often do not want to happen, even though accepting death doesn't necessarily mean wanting or even being ready for it to happen to oneself or loved ones. People who do call are those whose personal denial of death is

still almost entirely intact, those whose morbid interests feel enlightening because they have not yet entered the awareness of their own dying. The more I do this work the closer I come to understanding it as an expression of my own attempt to keep death under control and at bay even as I feel the life affirmation of walking ever more closely with my own dying. Denial of death is an important and valuable attitude; one that death midwifery at its best seeks to engage and honour rather than eliminate.

So death midwifery is very broad indeed. I think of it like an umbrella under which many services, practices, beliefs and ideas might be placed in order to view them as an interconnected whole rather than in a fractured and compartmentalized way. Some organizations recognize death midwives as practitioners who offer a full range of services across the pan death spectrum, but I would say that a death midwife is anyone to practices relatively to the pan death spectrum (and with awareness of the broader context and the psychosocial spiritual dimensions that affect dying here and now). I might say that end of life doulas or home funeral guides are to death midwifery what palliative nurses are to hospice; that is, practitioners who realize that their offerings are just one piece of a puzzle, and that it is the individuals themselves (and as a member of their communities) who create their own dying by living it.

So when I call myself a home funeral guide or a grief counselor I'm referring to rather specific professional offerings and skillsets that are defined by tangible codes of ethics and regulatory bodies. When I call myself a death midwife I'm referring to something much more holistic and ambiguous; a willingness to witness death, dying, post death care and grief. A willingness to be non expert, nonspecific and noncapitalist and to answer to an ancient calling regarding a role that I am meant to play within my community.

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Defining the Role of the Death Midwife

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What if you had the option to care for your loved ones at home through the whole of the pan-death process (before, during and after death)?

Most Canadians are not aware that 'post-death care at home' is a legal choice.

What if you had the option of having **one** person who has the experience to support you throughout the whole pan-death journey, rather than receiving specific and separate services from several providers? That person would be the equivalent of a birth midwife — a death midwife.

There is a growing movement in North America towards a more natural, ecological and hands-on approach to the pan-death process — a return to how families cared for their dying/deceased in pre-20th century times, but with modern services. Further Canadian-based information on this movement can be found at <http://www.cindea.ca>.

A wide variety of services are evolving to support families if they choose this approach. Providers may refer to themselves as Death Doulas, Soul Midwives, Death Midwives, Thanadoulas, Home Funeral Guides, Funeral Celebrants, etc. They offer services, pre/during/post death, that don't necessarily overlap. For example, most Death Doulas focus primarily on the stage before death, alongside any hospice care available; whereas Home Funeral Guides tend to concentrate on enabling post-death care to happen at home. At present, the term 'Death Midwife' is often used in addition to a more specific title — and thus there is some confusion about how the term ought to be used.

Philosophy versus Job Title

There is a philosophy attached to the term "midwifery", which focuses on a wholistic, family-centred, and consciously-chosen approach to birthing — and in pre-20th century practices, to dying as well. This philosophy, in its present form, is a counterbalance to the modern institutionalized medical approach to birth care. The same basic philosophy is beginning now to be re-applied to death care.

The midwife's role in birth is well-known and well-

defined; and in recent decades, midwives have become recognized as medical practitioners with specific qualifications. One of the most significant elements of their role — for mothers and their families — is an unbroken continuum of support throughout the whole of the **pan-birth process** (i.e. during pregnancy, labour and birth, and the postpartum period). Similarly, death midwifery offers an option that bridges the abrupt gap that exists between palliative care and funeral home services.

But what do we mean by a Death Midwife and by death midwifery? Is a Death Midwife a person who is capable of providing support for a Death Journeyer and their family throughout the entire pan-death spectrum? Or is "death midwife" an umbrella term for a range of practitioners, who adhere to what could be loosely referred to as the "philosophy of death midwifery" (a generalized counterbalance to the medicalization and institutionalization of death), but who offer limited services which do not cover the entire pan-death continuum?

Some do consider the term as referring more to a philosophy than a specific role/service — supporting a wholistic, family-directed and conscious-choice approach to dying/death, no matter what specific role the providers may offer. Others adhere to the same philosophy, but have identified the need for a specific and recognizable job title for those who provide full pan-death services.

'Death Midwife' as a Specific Pan-Death Role

CINDEA (Canadian Integrative Network for Death Education and Alternatives) chose to use the term 'death midwife' to identify a specific role — a job title, as it were — which intentionally spans the whole of the pan-death process (i.e. including what **all** the above providers might offer), for the following reasons:

1. Continuity of Service — Presently, there is a significant gap between pre-death and post-death services. In most cases, a hospice, hospital or residential-care facility offers pre-death services, which end at the time of death (although many hospices do offer grief counselling). Soon after death, the body is moved to the funeral home, which offers an entirely separate service. Therefore, there is no continuity between pre-death and post-death services — nor between the people who offer them.

Furthermore, a third disconnected role may be added, if the person who develops and leads the funeral or

memorial services is not one's own clergy (nor a well-known friend with experience in leading such ceremonies). Nowadays only a small percentage of the population are committed members of a specific parish, so the clergy leading the ceremony may also have little knowledge of the family and what is specifically meaningful to them. Some might avoid the ceremony that would be most meaningful to them for fear of having religious elements added that are not in keeping with the Death Journeyer's life choices

Not all funeral directors are trained to lead funeral services and/or in how to make them personally meaningful to the family; and even if they are, they are likely to have little knowledge of the family's background. Thus, there may be a second gap in continuity, with a possible loss of significance in the ceremonies.

Even if the death was expected, family members can feel a sense of shock along with the sadness of the loss. During this time they may need to make arrangements with service providers who do not know what they have been going through, both as a family and as individuals — the special concerns and needs of the family members, the specific wishes of the Death Journeyer (and perhaps some confusion or discord amongst family members about it), etc. The family may, indeed, feel a sudden sense of abandonment as soon as the body leaves the home or hospice.

Thus, there is a distinct advantage to the family if they have chosen a person who offers support across the entire pan-death spectrum — which includes pre- and post-death care, and the weaving of personalized meaning into appropriate ceremonies. Such a person is what *CINDEA* has defined as a "death midwife" (see <http://cindea.ca/web.html> for a detailed 'web of facets' illustrating this role). Having supported the family to address their concerns and wishes through the pre-death stage, their Death Midwife would have a better sense of what is actually needed by the family after the death. The DM will have already explored what is personally meaningful to the family before the death, and begun developing the ceremonies chosen. Some decisions may need to be changed later — but the DM has experience in both helping to revise the plans while maintaining their significance, and identifying the practical means to do so, immediately after the death.

2. Parallel between Birth and Death Midwife — At present, our culture is only familiar with Birth Midwives

— a role that they have struggled for decades to legitimize again, and which adheres to the above general philosophy. *CINDEA* believes that any use of the term 'midwife' for the death side of life-passages requires that it clearly honour the **full role** of a Birth Midwife. This would include following the same general philosophy, and paralleling the Birth Midwife's options of wholistic, family-directed, hands-on and at-home care services throughout the whole continuum of the pan-death process.

CINDEA acknowledges that medical training is a very significant facet of the Birth Midwife's skills — a skill that is not required by a Death Midwife. On the other hand, a Birth Midwife does not need to be skilled in developing meaningful ceremony, which is a necessary part of a Death Midwife's role if the DM's service is to be truly pan-death. Although these two services are not specifically parallel in type, they do produce a parallel-ness in range of skills. Otherwise, we understand both birth and death midwifery as being parallel roles in the birth and death life passages (for a table of parallel responsibilities and skills see <http://cindea.ca/midwifery.html#parallels>).

3. Clarity of service offered— At the present time, there is no common term for someone who offers the full range of pan-death services. Other titles (such as Death Doula, etc., mentioned above) may indeed offer such a complete range (see <http://cindea.ca/web.html> for the 'web of facets' of a Death Midwife's role), but this may not be immediately clear to the family searching for such support. Using 'death midwife' as an umbrella term only identifies the philosophy — not the range of services. Given that such services are only now beginning to be offered, and that our culture is unfamiliar with them, how are families to know what to ask for in terms of pan-death care, without having to do extensive internet searching and/or interviews beforehand? How does a family easily identify that they will get the full services from one person, rather than a number of providers?

When given a simple description of 'death midwife', many people recognize what it means. They may respond with, "Oh, you mean 'at the other end of life from birth'?" or sometimes, "Oh, I think my great-grandmother was one of those." In fact, the concept of a 'death midwife' (whether called that or not) has only been lost for a couple of generations; and it is still fairly easily recognizable as the role at the other end of life from birth. Given the comprehensive parallel of services and support between a Birth and Death Midwife, and the recognizable

similarity, it seems most appropriate to use the term 'death midwife' for someone who is offering full pan-death services.

Given the current lack of clarity of what is expected and/or offered, there is definitely a need for a well-defined and easily recognizable term that clearly refers to a single pan-death provider. This would help assure Death Journeymen and their families that that job title is identifying someone who will provide both the full range of services and the continuity that that offers.

Synopsis

There is a definite need for some umbrella term that identifies the particular practice and philosophy of a wholistic, family-directed and consciously chosen approach to dying/death — where death is understood as both an inherent, and a personally significant, component of the cycles of nature. One possible umbrella term is 'wholistic death-care'.

There is also a need for a term that identifies a person who offers a continuum of services covering the entire pan-death spectrum. Although *CINDEA* is aware that there is no common agreement yet on the meaning of the term, we have chosen to use 'death midwife' for this role.

Laypeople not connected with the field of wholistic death-care do recognize, at least approximately, what a Death Midwife might do (because they already know what a Birth Midwife does). Furthermore, *CINDEA* believes that it is appropriate and respectful to use the word 'midwife' **only** when the role of a Death Midwife honours and parallels the full spectrum of services offered by a Birth Midwife.

Thus, it seems to us that we need two distinct terms **that cannot be confused with one another**. We have proposed Death Midwife for a person who provides the greatest possible range of services around death, plus the umbrella term 'wholistic death care' for the general philosophy. We have considered these choices at some length, with our primary criteria being clarity for the public and respect for Birth Midwives. We hope our suggestions for these two terms will provide the basis of a meaningful debate.

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