

"Spiritual Mothering" in Portugal

Some initial reflections from an anthropological perspective

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Abstract:

This paper is based on ongoing fieldwork on "spiritual mothering" in contemporary Portugal. I use spiritual mothering as an umbrella term that covers different mothering choices based on the assumption that pregnancy, childbirth and early childhood are important spiritual occasions for both mother and child. The women I encountered choose practices such as homebirth, prolonged breastfeeding or attachment parenting because they see them as being healthier and empowering for mother and child on a physical but also on a spiritual level. Considering that I have not concluded my fieldwork and that little literature exists about the religious dimension of alternative mothering choices in the social sciences, the aim of this paper is to present a first description of this phenomenon paying special attention to the influence that theories and practices related to Goddess spirituality have on spiritual mothering. Drawing on Pamela Klassen's ethnography about religion and homebirth in America (2001) I will argue that in Portugal, where there is one of the highest caesarean rates in Europe and alternative medicine and healthcare are only slowly finding their way into hospitals, spiritual mothering appears as an important source for challenging biomedical models of the body.

Keywords: Goddess Spirituality, Spiritual Mothering, Portugal, Alternative Medicine, biomedicine, homebirth, breastfeeding, attachment parenting

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This article is based on ongoing ethnographic research about "spiritual mothering" in Portugal since 2013. I use the term spiritual mothering as an umbrella to describe different mothering choices based on the assumption that pregnancy, childbirth and early childhood are of crucial importance for the child's development as well as for the wellbeing of the mother and contain important spiritual and religious meanings. The Portuguese mothers I encountered insist that birthing and breastfeeding are not only physiological processes but also spiritual occasions. They therefore choose what they consider as empowering ways of mothering such as homebirth, waterbirth, prolonged breastfeeding and other forms of attachment parenting.

Considering that I have not concluded my fieldwork and that little research about spiritual mothering has been done so far in the social sciences this paper aims to provide a first description of this phenomenon in Portugal as well as some initial reflections. I will also analyse how the international Goddess spirituality movement influences the theories and practices these women use to justify their choices and make sense of their rituals.

Homebirth, attachment parenting and other forms of alternative mothering have become increasingly popular especially in the UK, US and Canada, but are still at their beginnings in traditionally Catholic countries of Southern Europe such as Portugal (White and Schouten 2013; da Silva Santos 2012). In a country like Portugal, that has one of the highest rates in caesarean section in Europe and where alternative medicine and healing techniques are only slowly being recognized by local authorities, "spiritual" mothers have to face many challenges. To give just one example, in Portugal women who are determined to birth in water are often obliged to choose to give birth at home. Unlike in other European countries such as 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 or, if (in rare cases) they have one, their midwives and doctors have rarely been trained to assist a waterbirth. Homebirth as such exists in a sort of legal void in Portugal (White and Schouten 2014; da Silva Santos 2012) and women who chose to give birth at home are generally considered as irresponsible and accused of putting themselves and their babies in danger.

Referring to the story of one of my informants that well exemplifies the experiences of other women I encountered, I will show the power negotiations she had to go through in order to give birth at home and the way in which her spiritual approach to mothering allowed her to challenge not only the Portuguese biomedical system but also Portuguese governmental rules about the registration of newborns. Drawing on Pamela Klassen's ethnographic analysis of homebirth and

religion in America (2001) I will argue that in Portugal spiritual mothering appears as an important source for challenging biomedical models of the body.

Goddess Spirituality

Before I introduce the theories and practices related to spiritual mothering in Portugal let me first explain what I mean when I speak of Goddess spirituality. The term "Goddess spirituality" is normally used to refer to an international religious movement that is described along with other new religious movements with the umbrella term Neopaganism or, more recently, contemporary Paganism. Contemporary Pagan movements range from neo-shamanic groups revitalizing Native American or other shamanic traditions, over to groups that have been described as part of a "feminist spirituality" (Eller 1993), or to witchcraft groups, as well as contemporary druids and Isis fellowships. Neopagan theories and practices started to spread in the 1960s in Great Britain and in North America¹. Neopagans share a desire to revitalize pre-Christian nature religions and a criticism of institutionalized religions (particularly Christianity) as patriarchal and misogynist. Not all contemporary Pagan groups however worship the Goddess or use gender as a central element for their theories and practices. These two elements are characteristic of Goddess spirituality movements. Moreover, not all those groups described as contemporary Pagans would feel at ease with the term Pagan and this is particularly the case in traditionally Catholic countries of Southern Europe where I did my research (Fedele 2013a, 2013b). Goddess spirituality is sometimes also assimilated with New Age spirituality, however, I found that the term New Age was often perceived as derogatory by my Southern European informants (Fedele 2013a, 2013b; Fedele and Knibbe 2013). Also other social scientists have pointed out the problems related with the term New Age (e.g. Wood 2007, 2010). For these reasons I prefer to use the term "Goddess spirituality" that was widely used and accepted by my Southern European interlocutors during fieldwork conducted since 2002 first in Italy and Spain and later, since 2009, in Portugal.

With a few exceptions (Rountree 2014; Aitamurto and Simpson 2012), little attention has been paid by social scientists to the spread of Goddess spirituality in continental Europe and especially in traditionally Catholic countries in Southern Europe such as Italy, Spain or Portugal. It is difficult to determine an approximate number of Goddess spirituality practitioners in mainland Europe (Fedele 2013b), let alone in Southern Europe. This is due to different factors such as the un-

¹ For a detailed study of the rise and development of Neopagan theories see Hutton (1999). For an early study about witchcraft among Londoners see Luhrmann (1989). For ethnographic or sociological studies about contemporary Pagans in the United States see Berger (1999, 2003), Pike (2001; 2004), Salomonsen (2002) and Magliocco (2004).

institutional nature of the movement, the secrecy of many individuals out of fear of social criticism or even discrimination and, finally, because of the disagreement about the religious movements that fall into the category of Goddess spirituality or contemporary Paganism.

Considering the slipperiness of Goddess spirituality, elsewhere (Fedele 2013a:67) I have proposed to think of it as a polythetic class. Following Martin Southwold's (1978) approach in his study of Buddhism, a polythetic class is formed by a bundle of attributes all of which are not necessarily possessed by each member of the class.² The complete polythetic class I elaborated to describe Goddess spirituality would therefore be as follows:

- 1. Use of an energy discourse
- 2. Centrality of ritual creativity
- 3. Use of gender as a central element for religious and social criticism³
- 4. Emphasis on self-realization and self-authenticity⁴
- 5. Sacralization of body and sexuality
- 6. Importance of the connection with "the Goddess" and "Mother Earth" and practices to obtain this connection
- 7. Reclamation of a matriarchal past and of beliefs in unity with paganism
- 8. Criticism of Christianity for being androcentric, exclusive and disembodied
- 9. Androcentrism considered as the basis for the current catastrophic situation
- 10. Rejection of the concept of religion: you need no intermediaries to relate to the divine

Those involved in Goddess spirituality describe women's ability to give birth as something sacred that has not been sufficiently valorised within patriarchal society. They consider that Judaeo-Christian religions labelled female processes such as menstruation, conception through sex or childbirth as polluting or sinful (e.g Klassen 2001:83) and want to turn things upside down, offering a spirituality that sacralises and ritually celebrates these processes. As I have shown in my previous analysis of the sacralisation of menstruation (Fedele 2013a:45-90, 2014a) within Goddess spirituality theories in books or workshops are rarely taken for granted.

² In their analysis of the New Age movement in Glastonbury (2000:54-56) David Riches and Ruth Prince's refer to Needham's concept of a polythetic class (1975) and Southwold's use of it to define the concept of religion. Southwold writes: "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. Indeed a class must be regarded as polythetic when there is no attribute which is both common to all members and important to understanding them." (1975:309)

⁴ Heelas and Woodhead 2005:78-90.

Many of my informants in Italy, Spain and Portugal were secretive about their spiritual choices and believed that these could be misunderstood by their Catholic families or their social environment. They wanted to "re-consecrate matter" and felt that, in order to counterbalance the negative effect of patriarchy, it was important to overemphasize women's power and the "Feminine" and to venerate the "Goddess". An important number of them felt that they had "lost connection" with their "feminine essence" or more in general with "the Feminine" and with "Mother Earth". They attributed this disconnection to the patriarchal society they lived in 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 in order to obtain equality in the workplace. According to this worldview, men and women had lost contact with nature's rhythm, with the nurturing "energy" of "Mother Earth" and with their intuitive and sensitive "female side" or "essence" because they were living according to rhythms regulated by a society dominated by men. For my interlocutors this patriarchal and naturedominating life-style is passed on from mother to child and a different, more "female-oriented" and "spiritual" way of birthing and raising children therefore represents a fundamental step in the process of making a different world possible.

The sacralisation of the female reproductive cycle is a central theme of Goddess spirituality. During research on Goddess spirituality in Italy, Spain and in Portugal I found that my interlocutors created rituals to celebrate the sacredness of menstruation as the only blood that flows without somebody being wounded and the physical sign of women's power to give birth (Fedele 2013a, 2014a). They also celebrated rituals to honour menarche and menopause. With their rituals they wanted to transform menstruation from Eve's curse into a blessing because they held that until women considered menstruation as a problem or a disease they could not manage to feel at ease inside their female bodies and be proud of their femininity (Fedele 2014a). In this context, even if contraception and women's' ability to choose when and with whom to have a baby is highly valued, the contraceptive pill is often accused of offering a "false menstruation". Women are encouraged to use less intrusive birth-control methods and to take full advantage of the spiritual insights related to the menstrual period (Fedele 2013a:145-190; 2014a).

A great number of people I came to know during my fieldwork on Goddess spirituality in Southern Europe and later, during research on spiritual mothering in Portugal had been brought up as Catholics but were no longer practising. Following a common trend in contemporary religiosity in North America and Europe described by religious historians and social scientists, they stated that

⁵ "Mother Earth" and "Goddess" were sometimes used as synonyms considering that "Mother Earth" was the visible manifestation of the Goddess.

they were not "religious" but "spiritual" (among others: Heelas and Woodhead 2005; Berger et al. 2008:14). Disappointed by the negative experiences within the Catholic framework they preferred the word "spirituality" to that of "religion" (Fedele and Knibbe 2013:1-27). In this context "religion" is conceptualized as conservative, hierarchical and misogynist and as opposed to "spirituality. As an anthropologist I do not believe that religion and spirituality should be considered as completely separate phenomena, however we should not dismiss the importance that this dichotomy has for social actors⁶.

Spiritual mothering

There exist some social scientific studies about homebirth (Klassen 2001), prolonged breastfeeding (Faircloth 2013; Wolf 2011) and natural parenting (Bobel 2001a, 2001b), but, with a few exceptions (Klassen 2001; Ward 2000; Pasche Guignard 2015), the relationship between such unconventional forms of birthing or parenting and religion in Europe and America has received little attention from social scientists. In my own research about Goddess spirituality in Italy, Spain and Portugal I found that an important number of women were choosing alternative forms of mothering and that in Portugal there were interesting links between this form of spirituality and alternative mothering movements. This eventually led me to start a research project on the religious dimension of alternative parenting in Portugal. Although some of my informants were related with the Goddess spirituality movement, through the snowballing technique I soon encountered women who did not necessarily identify as part of Goddess spirituality but embraced other forms of contemporary spirituality.

I started my research on spiritual mothering in 2013 and so far my Portuguese informants are mostly mothers in their thirties that have usually been to university (BA level) and have a variety of jobs. Most of them could be considered as part of a Portuguese middle class. However, due to the economic situation in Portugal, with a minimum salary of 505 euros in 2015, and high rates of precarious jobs and unemployment, some of them struggle to earn a living. Many of them have to make sacrifices and to borrow money from friends and family in order to pay for alternative health practitioners and remedies or send their children to alternative childcare centres or kindergartens. In Portugal, where homeopathic remedies are available only in a limited number of pharmacies

⁶ For a critical approach to the religion-spirituality dichotomy see for instance: Ammerman 2013; Fedele and Knibbe 2013

⁷ For a detailed analysis of the term contemporary spirituality see Fedele and Knibbe 2013.

(mainly in larger cities) and Waldorf schooling or other forms of alternative schooling are often organised by associations that are not formally recognized by the state, both alternative healing and schooling are expensive alternatives. I heard many women complain that unfortunately these remain "elite choices" that they are forced to take because there is no alternative.

Although during my fieldwork in Portugal I encountered lesbian mothers, their experiences are not specifically addressed in this text and my analysis mainly refers to the experiences of mothers with their "natural" children, born in the context of a heterosexual relationship. Like in Sonia's story that I present below as the central case study for this analysis, many of the mothers I encountered where helped in their pursuit of a spiritual motherhood by their partners or husbands. Although I did interview some fathers, in this article I chose to focus only on the experiences of the mothers.

It is impossible to introduce spiritual mothering within the limits of an article without being reductive. My interlocutors are voracious readers and are used to questioning theories and practices they find in books or hear in workshops and conferences. They create their own bricolage theories according to what works best for them and are always eager to discuss and confront their opinions and findings with others. There is a shared assumption that every baby and every mother are unique and that for this reason every mothering experience will and should be different. For instance if the mother does not feel safe giving birth at home she is encouraged to go to the hospital. Rather than giving a definition of spiritual mothering I therefore prefer here to list the main themes that emerged from my informants' accounts and the main practices related to them.

Conscious pregnancy: listen to the changes in one's body taking out as much time as possible to tune into this experience and create a connection with the baby; keep in mind that how the mother feels during pregnancy affects the baby and it is possible that some problems the mother had with her own mother start surfacing at this stage; try to address potentially problematic issues during pregnancy through consciousness work and spiritual healing so that they do not end up being a burden for the baby in the belly and also in the future.

Natural childbirth: try to give birth in a place where you feel safe and respected and where there is as little intrusion from doctors or other birth assistants as possible; keep in mind that the great majority of mothers are able to give birth naturally and the midwife or doctor should be a facilitator rather than somebody who knows better than the mother what to do.

Ritualisation of childbirth: take some time to honour the birth through rituals that mark this important life passage e.g. burying of the placenta, consumption or creation of a remedy from placental cells; conservation of the umbilical cord; baby blessing.

Breastfeeding on demand: intense bonding with the baby fostered by breastfeeding is essential for the mother-child relationship and is an empowering experience for the mother; try to feed on demand.

Intensive parenting: spend as much time as possible with your child and keep body-contact as much as possible (e.g. co-sleeping, carrying in a baby-sling, etc.) because the first three years are the most important for the child but also for the mother who is in a state of fusion with the baby and of particular spiritual opening.

One of the most important elements that emerged from the informal conversations I had with women and with those who agreed to have formal interviews, was that they did not want to give away their power to doctors who did not recognize the natural authority of women as mothers and wanted to control both the body of the mother and of the baby. They thought that male doctors had gained too much control over women's bodies in general and on their birthing bodies in particular, thereby alienating women from their bodies. However, like Pamela Klassen (2001) in her research about religion and homebirth in America I found that many of my informants do not refuse biomedical theories and practices completely but carefully pick and choose those elements that can provide them with a feeling of safety and comfort. In this process, doctors who use homeopathy, anthroposophical medicine⁸ and other alternative therapies act as mediators between biomedicine and alternative therapies. They 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 that their baby is safe without them or if the natural remedies do not prove effective.

Only some of the women I encountered would identify as members of Goddess spirituality, however they expressed positive opinions about this religious movement. Most of them had moved

⁸ Anthroposophical (or anthroposophic) 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 counseling, massage and exercise. Anthroposophical remedies are ultra-diluted substances similar to those used in homeopathy. The two doctors I met during my fieldwork, who were following most of the women I interviewed, used both homeopathic and anthroposophical remedies. For more details about Rudolf Steiner's life and teachings see Zander 2011. For an analysis of early anthroposophy in Germany until 1945 see Zander 2008.

away from their Catholic background and were critical of the Catholic Church and of established religions in general. They did not feel the need to form part of another religious organization or to be caught under another label. However, if we consider the bundle of attributes that form part of the polythetic class of Goddess spirituality above, the women I have encountered so far shared most of them. Although to different extents, they all used an energy discourse to describe their feelings and/or choices related to their mothering experiences, emphasizing the importance of following the authority within oneself in order to make empowering choices. Some of them mentioned the Goddess, others referred to Mother Earth (or simply to the Earth) as a central source of nourishment and power, especially for women. Several of them mentioned the importance of recuperating powers and abilities that women had during the first part of the last century, when they still gave birth at home and were assisted by midwives but also to a more distant, matriarchal past (Eller 2000). Most of them created their own rituals like burying the placenta and planting a tree on it or creating a ceremony to bless the baby. Like Sonia below, some of them chose to have their children baptized and in many cases they explained that they did it "for their parents' sake".

Several elements that we find in Sonia's story emerged also in the life narratives of other women. I found Sonia's case particularly relevant because it clearly shows the difficulties faced by women who choose to give birth at home in Portugal and some of the strategies used to overcome them.

Sonia's story

Sonia is a middle class Portuguese woman in her thirties who has been living according to a macrobiotic diet since several years and is an experienced yoga practitioner. She grew up in Madeira and moved to Lisbon to study engineering at university. Her husband Pedro shares Sonia's lifestyle and they both prefer to rely upon alternative medicine for their health issues (mainly herbal remedies and macrobiotic remedies). When Sonia became pregnant she relied upon the public health system for the regular checkups and ultrasound screenings but kept relying on alternative therapies when she had health issues. She had planned to give birth in a hospital, until, in her 30th week of pregnancy, she went for the first time to a homeopathic doctor. He asked her whether she had considered having a home birth, assuring her that her yearlong experience as a yoga practitioner would help her to go through the birthing experience. Sonia remembered having read in a book she bought when she got pregnant that it was important for the woman to give birth in a place where she felt comfortable and safe and as the doctor mentioned to her the possibility of giving birth at home she realized how much better she would feel at home than in a hospital. Still she had many doubts.

She told me that she knew that in Portugal the public opinion considers women who give birth at home as irresponsible and that in case of an emergency doctors and hospitals treat the woman who has tried to give birth at home as a sort of criminal and prevent the midwife to further participate in the birthing process.

Sonia spoke with her yoga teacher whom she considered also as providing spiritual guidance and she remembers him commenting: "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 homebirth and eventually found a midwife and a doula that would assist them. They decided however that, taking advantage of the fact that both lived away from their respective parents, they would not inform them about this choice. Both felt that their parents would not support them but rather fill them with doubts and fears. Sonia commented: "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 Sonia and Pedro's apartment on a cold and stormy day in the inflatable pool brought by the doula. The birthing process was long and very painful at some points and Sonia felt that 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" she would not have been able to endure the overwhelming pain in the zone of her kidneys. Sonia also perceived the spiritual presence and support of her spiritual teacher and of her yoga group that was gathering to sing mantras just on the late afternoon when Sonia went through the final stages of the birthing process.

The midwife waited for the umbilical cord to stop pulsating and then invited Pedro to cut it. She had Sonia drink some juice with a small piece of the placenta in it to foster the shrinking of the uterus. The rest of the placenta was put into the freezer to be buried some weeks later under a newly planted tree. Sonia told me that she was telling these details about the placenta to me because she knew that she could rely on me but that she did not normally share this information. She was aware that in hospitals birthing women were not allowed to keep the placenta and that the idea of consuming it would be shocking for most people.

The doula stayed with Sonia until midnight and left the new family once she was sure that Sonia knew how to properly attach Mateo to the breast and then cover her breasts with cabbage leafs to avoid sore breasts.

Sonia was so centred upon giving birth that she did not notice the storm outside and did not even hear that at some point somebody rang the bell. When Pedro opened the door and saw the police in front of him he thought to himself "they are coming because they heard Sonia screaming

and think that here there is somebody killing somebody else!". To his great relief the police was only concerned about the pieces of broken shutters that were falling from the building onto the street because of the strong wind. They left as soon as they discovered that the broken shutters were not those of Pedro and Sonia's apartment.

The day after Pedro and the midwife went to the office in Lisbon where the midwife had already registered another baby whose homebirth she had assisted. However this time the woman at the desk refused to register Mateo and said that she needed a document signed by a doctor who had assisted the birth. For a moment Pedro felt that he would not be able to register his son and thought: "this child does not exist for the world!" (este menino não existe para o mundo). After some brainstorming they 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 enough to have Mateo registered. Pedro commented: "it was required that a doctor said that he existed!"

When Sonia's and Pedro's parents discovered about the homebirth they were first shocked and quite critical but eventually Sonia perceived that a certain feeling of pride filtered through in her own parents.

Spiritual Mothers challenging the biomedical system

Previous analyses about homebirth, prolonged breastfeeding and natural parenting in the United States and the UK (e.g. Klassen 2001; Faircloth 2013; Bobel 2001a, 2001b; Wolf 2011) have shown that these theories and practices can be empowering for some women but also put a lot of pressure on them and that alternative mothering choices are not always as "free" as they seem to be. So far I found that my interlocutors felt an enormous responsibility related to their child's wellbeing but also to their own spiritual development but they rarely mentioned the consequences that the choices of spiritual mothering had for their socialization or their career. When I asked them if they considered themselves as feminists many of the mothers I interviewed said that they did not. They explained that feminists had obtained important goals in term of gender equality but that they put too much emphasis on attaining equality on 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. In their discourses these women tended to homogenize feminism and seemed to

ignore recent developments especially related to third wave feminism (see for instance Bobel and Lorber 2010; Budgeon 2011).

The limits of this article do not allow me to discuss in detail some of the topics touched upon in this text such as intensive mothering or the medicalization of birth. However, referring to my ethnographic data and in particular to Sonia's story above, I would like to argue that we should not dismiss discourses about spiritual mothering as those of self-indulgent, middle class Euro-American women, but consider also the political dimension of their claims.

As it emerges from Sonia's account about her struggle to give birth at home and have her son registered, at least in the case of Portugal what seems a personal choice is also a political one. It is political because it has to do with negotiations of power within plural Western societies. This is particularly evident in a country like Portugal where the de-medicalization and the resulting humanization of childbirth as well as the legalization of alternative healing methods are still at their beginnings. My Portuguese interlocutors defend 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 who chooses to give birth at home or to cure her child with alternative therapies is easily stigmatized as a "bad mother" by her social milieu and has to give birth in a sort of legal void (White and Schouten 2014). This legal liminality implies among other things that if a woman giving birth at home needs to be rushed to the hospital because of an emergency, she arrives to an emergency room where she is treated almost like a criminal. This was for instance the case of one woman I interviewed whose placenta did not detach properly after giving birth to her son at home. She was welcomed at the hospital with the phrase "why did she not solve this problem at home if she decided to give birth at home?" This mother described the following days at the hospital as a terrible experience.

For my interlocutors, mothering, from conception to breast-feeding and beyond, should be a spiritual experience that fosters the health of mother and child but also their spiritual growth. In this sense the emphasis is not only on the well-being of the baby but also on the importance that mothering has for the well-being and the spiritual development of the mother. Central to Goddess spirituality is the assumption that things need first to take place on a spiritual level before they can then manifest themselves on a material level (Fedele 2014b). In fact some of my interlocutors had been and some still were activists in social movements for the environment, social justice or gender equality, but they often felt that these movements did not bring about real, enduring changes. They thought that change could occur only if you allowed people to perceive and relate to the

surrounding world in a different, more spiritual way. Through this more spiritual approach people could feel connected to their body and perceive it as being interconnected with the surrounding world. As a consequence they would stop harming themselves as well as others and feel the need to take care also of the environment.

For this reason, rather than focussing on political activism, that according to their worldview only deals with the surface of social problems, my interlocutors chose particular mothering practices to obtain changes on a personal and spiritual level. Adapting Klassen's comments on homebirth in America (2001:79), we can say that these women want to "change the world by birthing" and mothering "a new generation in a gentler way". However they do not consider having children as a necessary goal in a woman's life. Many of them found that women could also contribute to making a better world using their reproductive potential in different ways, giving birth to their own creative projects through activities like artwork, writing, workshops but also bakery or gardening.

Conclusion

Throughout this text I have analyzed the theories and practices related to spiritual mothering in Portugal. Spiritual mothers embrace practices such as homebirth or intensive parenting and create their own rituals to celebrate pregnancy and birth. For them pregnancy, childbirth and early childhood represent important spiritual occasions for both mother and child and each woman finds her own way to spiritually mother her children.

I have argued that Goddess spirituality has an important influence on theories and practices related to spiritual mothering. Describing Goddess spirituality as a polythetic class (Prince and Riches 2001; Southwold 1978, Needham 1975) I have shown that many of my informants share several of the attributes that form part of this class, although they do not necessarily consider themselves as part of a Goddess spirituality movement. Portuguese spiritual mothers tend to criticize Catholicism for being androcentric and exclusive and criticize also the medical establishment for being androcentric and eager to control and even dominate women's bodies. They use gender as a central element for religious and social criticism and through their alternative birthing and mothering practices they want to gain back control over their bodies and their babies. However, they do not fully reject biomedicine but adopt a pragmatic approach choosing what works for them. They are what Pamela Klassen called "postbiomedical bodies", because they "continue to

rely on some of the dominant biomedical model while simultaneously adopting very different models drawn from religion or from alternative therapies" (2001:xii).

So far I found that my interlocutors rarely question the consequences that the choices of spiritual mothering can have for the mother's socialization as well as her career. However, I have argued that we should not dismiss spiritual mothering as apolitical escapism. Women like Sonia who give birth and mother their children according to their own spirituality make a personal choice that is also political. It is political because in Portugal there is a predominant medical model of birth and early childcare and women choosing homebirth or alternative treatments for their children tend to be labelled as irresponsible by the medical establishment. Referring to Sonia's story I have analysed the difficulties, fears and prejudices she had to face before, during and after homebirth. Because homebirth exists in a sort of legal void in Portugal, Sonia had difficulties to register her son. There was no doctor present at birth who could certify that the child had been born and the midwife's declaration was not considered as legally valid.

In Portugal things are slowly changing, thanks also to the growing efforts of those Portuguese (mainly women) who look for alternatives to the biomedical model (Fedele 2015; Roussou 2014). Thus spiritual mothers illustrate the important role that religious theories and practices play in the process of challenging biomedical models of the body (Klassen 2001) and invite us to reflect upon the possibility that not only the personal, but also the spiritual can be political.

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