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Abstract

The purpose of this research study is to identify and analyze the connections between both educational interventions and educational-spiritual interventions in primipara (first) births and the birthing experience, the mother-newborn relationship, as mediated by self-efficacy, fear, spirituality, and the mother-fetus relationship. Childbirth preparation classes and workshops are considered to be short-term educational interventions which have been developed over the past 90 years with the goal of improving the labor and delivery experience and its results from both physiological and psychological perspectives (Beck et al., 1979). This research study is based on Antonovsky's salutogenesis model (Antonovsky, 1987) which espouses the development of health resources as opposed to fighting the causes of illness or disease. Coping during labor and delivery constitutes an acute stress situation of which we are aware in advance, which allows for the strengthening and training of immunity measures that will improve the ability to appropriately contend with Lahad's immunity theory (Lahad, 2017).

Four immunity measures were identified in the childbirth preparation classes which were a part of this study and took place in medical centers: knowledge, emotional coping, physical abilities and the support of those accompanying the birth mother. In addition, influence on the dimension of spirituality was examined among women who participated in the courses and chose to join an additional educational-spiritual workshop. The focus of this workshop was to give meaning and purpose, to expand positive feelings and to carry out spiritual activities. This intervention is based on the findings of previous research studies, which found an improvement in the labor and delivery experience as a result of spiritual education (Callister & Khalaf, 2010; Hatami et al., 2019).

Previous studies examined the influence of childbirth preparation classes on self-efficacy, fear and the fetus-mother bond, all of which were found to be significant in the labor and delivery experience and in newborn-mother bond (Citak Bilgin et al., 2020; Hosseini et al., 2018; Howarth & Swain, 2019). The influence of an additional educational-spiritual intervention and a comparison to other immunity measures has not been studied. The few studies that examined spiritual intervention did so from a religious perspective, while in this research study we also examined the spiritual-humanistic context. Another innovation resulting from this study is the examination of the influence of the class during pregnancy as well as post-partum, which allows us to identify the path of the connections and a model of the class's influence.

Data from 65 childbirth preparation groups was gathered over the course of two and a half years. The influence of participation in a spiritual childbirth preparation workshop was also examined. A total of 222 primipara women volunteered to participate in this research study. They

were divided into two experimental groups and one control group: 103 women participated in a regular childbirth preparation class (one that corresponded to those offered in the medical center at which the study was conducted), 50 women participated in an extended preparation class (in addition to joining a regular childbirth preparation class, they also joined a spiritual childbirth preparation workshop) and 69 women made up a comparison group which did not undergo a formal childbirth preparation class. This longitudinal research study was performed in four stages: pre-childbirth preparation classes for all of the participants; post-childbirth preparation classes for the women who participated in the regular and the extended childbirth preparation classes; post-workshop for those who participated in the extended childbirth preparation classes; and post-partum for all of the participants. The goal of this longitudinal research was to more closely track the interventions and psychological processes connected to the expected change in the childbirth experience and in the levels of newborn-mother bond, according to the relevant study group for each mother.

This research study was performed using quantitative and qualitative mixed-methods design (Bryman, 2006). The quantitative tools included seven questionnaires which examined, at the four points in time described above, the following parameters: personal details, spirituality, self-efficacy, fear, mother-fetus bond, labor and delivery experiences and newborn-mother bond. In addition, relevant measures were gathered from the mothers' maternity emergency room files and from the hospital's summary of the delivery: dilation and effacement of the cervix at the time of arrival at the hospital, length of time until delivery, choice regarding pain relief, medical interventions throughout the delivery and the baby's Apgar score. The qualitative tools included 25 interviews that were semi-structured, regarding the labor and delivery experience, and 15 observations of the mother and baby interacting, as a focused sample within the study group.

An analysis of the data was performed using theoretical statistics and inferential statistics, which include analyses of repetitive measures that allowed the examination of any changes that occurred as a result of participation in courses and which compare the three groups from the study. The correlations of the connections between the different variables in the study were examined and a SEM (Structural Equation Modelling) pathway analysis was performed in order to examine the connections between the existing variables in the model that is proffered in the study. In addition, a thematic analysis was conducted on the qualitative interviews, and on the analyses of the observations of the mother-newborn relationship.

The conjectures of this research study as to the value of participating in educational interventions before the delivery were, for the most part, reinforced. Women who participated in the childbirth preparation course and in the workshop were found to have improved the measures

of the mediating variables, thanks to the educational interventions. The bottom line is that the mediating variables indicate that childbirth preparation is connected to a better labor and delivery experience, which expresses itself in a higher level of satisfaction from the delivery and in fewer medical interventions (for those in the extended childbirth preparation group the number of medical interventions was the lowest). The mother-newborn relationship was found to be the same across the different groups, despite the lower measures of communication with the fetus in the groups with educational intervention. The variable measures that were found to have improved throughout the educational interventions - the feeling of being capable of delivering the baby and the lessening of the sense of fear - influenced the mother-fetus and mother-newborn relationship, as seen in the correlations and in the model

In addition to the differences which were created between the research study's groups as a result of the study interventions, differences were found between the participants of the groups with regards to immunity measures prior to the interventions, as well as in the influence of educational intervention, in the connections between the various immunity factors and the delivery experience, and in the mother-newborn relationship. Connections between the variables were found among these differences: personality structure, background of the pregnancy (medical or psychological), support from one's surroundings (from those accompanying the birth mother in the delivery room as well as the medical staff) and the coordination of expectations regarding the delivery itself. These factors served to speed up, or block the acquisition of immunity resources and the implementation thereof during the educational interventions.

The findings of the qualitative study contributed to the understanding of the findings of the quantitative study and their interpretation. The main category found was the connection between the immunity factors and labor and delivery as a coherent experience. The descriptions of childbirth preparation that arose in the interviews were grouped into five themes with the common theoretical significance in the major category: "immunity factors". These themes correlate to five of the measures that make up Lahad's description of immunity (Lahad, 2017): knowledge – cognitive coping strategies; society – support; feelings – psychological resources; the body – physical skills; and spirit – beliefs and the search for meaning. The descriptions of deliveries that came out during the interviews were arranged into three themes with the common theoretical significance in the major category: "delivery as a coherent experience". These themes correlate to the three components of the feeling of coherency that Antonovsky conceptualized (Antonovsky, 1987): comprehensibility, manageability, meaningfulness.

The theoretical, clinical and educational aspects are of importance to this research study. Through the theoretical aspect we found that participation in educational intervention programs in

נספח י"ג – רציונל ויחידות הלימוד בסדנה רוחנית ללידה (הכנה מורחבת)

רציונל הסדנה: מפגשי חינוך רוחני לקראת לידה המהווים המשך אפשרי לקורס ההכנה ללידה. הסדנה מתקיימת בצורה חווייתית המשלבת התנסות, תרגול וחוויות אישיות המשולבות בלמידה ושיתוף קבוצתי. מבנה הסדנה המחייב מעורבות פעילה, מעודד לקיחת אחריות, מודעות ואמון מחזק מסוגלות עצמית ומפחית פחד. לאורך הסדנה ישנה הכוונה והתמקדות פנימה- הן במישור המודעות העצמית והן מצד ההתייחסות אימהית לעובר. מטרת המודעות, השיח הקבוצתי אודות התחושות שתובנות אלו מעלות ותרגול הקשבה לעובר, לתחושות ולתפקידים האימהיים לשפר קשר אם-עובר ולסייע ביצירת קשר עתידי של אם-תינוק. שני העקרונות הללו משולבים בתהליך הכולל לימוד, שיח ותרגול כלים פסיכולוגיים (בדגשים רוחניים כגון הרפיה ודמיון מודרך, הכוללים דימויים רוחניים) ורוחניים. לצורך גיבוש משמעות חיובית למתרחש בלידה, התמודדות טובה יותר בלידה ושיפור חוויית הלידה כולה.

יחידות הלימוד מחולקות לשלוש חלקים, כאשר היחידה הראשונה מתקיימת במפגש הראשון והיחידה השנייה והשלישית מתקיימות במפגש השני. כל מפגש אורכו כשעתיים. הסדנה מיועדת לנשים בלבד לצורך פניות רגשית, תרגול משוחרר ושיח נשי אינטימי. הסדנה מלווה בחוברת אישית, הכוללת את הטקסטים הנלמדים, אפשרות לבצע את תרגילי הכתיבה האישיים והוספת סיכומים והערות פרטיות.

1. יחידה ראשונה: התבוננות-מודעות עצמית. הכרות בסבב, ההצגה העצמית מתרחשת מנקודת מבט של העובר המתאר את אימו. מילוי רשימת הפחדים וההתמודדויות הקשורות לתקופה שסביב הלידה, מענה על שאלות מודעות לגבי אחד מהפחדים תרגיל זה מציע התבוננות בפחד, כהזדמנות שניתנה מכוח עליון (אלוקים/הטבע) המאפשר לגלות כוחות ודרכי התמודדות חדשות לקראת הלידה הצפויה.

לאחר מכן כל משתתפת תבחר קלף המבטא פתרון לפחד (קלפים טיפולים מסדרת המסע), סיכום אישי של תהליך ההתבוננות בפחד מתקיים באמצעות כתיבת תפילה או שיר אישי. הסיכום הקבוצתי מתבצע באמצעות סבב שיתוף בתהליך ולמידת טקסטים מתוך מקורות היהדות העוסקים במודעות עצמית, ובמודעות לעובר.

2. יחידה שנייה: העצמה ומיקוד הכוחות.

היחידה נפתח בתרגיל אישי של הכוחות והכלים הקיימים להתמודד עם לידה. כדי להדגים את היכולת להעצים ולמקד כוחות שאנו זקוקים להם ניקח כדוגמה כוח בסיסי ביותר שניתן להעצמה: כוח הנשימה. נגלה דרכו את היכולת להרחיב את השימוש ביכולתנו באמצעות מודעות, הכרות עם הפיזיולוגיה שלה, תרגול נשימה סרעפתית, תרגול הרפיה ודמיון מודרך באמצעות נשימה (כגון כיוון החמצן למקומות נזקקים בגוף) והכרות עם שיטות נשימה מהקבלה היוצרות תיקונים בעולם ובאשה הנושמת אותן. סיכום אישי של חלק זה נעשה באמצעות ציור בצבעים המבטאים שאיפה ונשיפה רצויה ומייצרים דימוי אישי למעגל הצמיחה הטמון בשאיפה ונשיפה. סיכום קבוצתי באמצעות סבב שיתוף בחוויות ובנקודות אפשריות להעצמת כוחותינו בלידה ולימוד לגבי כוח הנשימה במקורות יהודים ומתוך שיטת ימימה אביטל.

3. יחידה שלישית: הרפיה

תרגיל בזוגות לחוויית הרפיה והבנה כי הרפיה דורשת מודעות ובחירה בשחרור. הקבלת תהליך זה להפסקה שבין הצירים. תרגול דמיון מודרך המשלב הרפיה גוף ונפש לצורך העמקה ביכולת ההרפיה. סיכום משותף באמצעות מקורות יהודים בנושא הרפיה ולימוד החלק השני של שיטת ימימה. סיום הסדנה באמצעות תרגיל סיכום קבוצתי במעגל שיתוף הנלמד והנחוזה.

general and specifically in spiritual intervention programs during the period of time preceding the delivery influences the nature and the intensity of connections between immunity factors and the labor and delivery experience, as well as the mother-newborn relationship. From the clinical aspect arose the importance of locating and referring pregnant women who need to increase their immunity resources to educational interventions that will be effective for them and will provide them with the appropriate support, allowing the birth mother the maximal expression of her immunity. The importance of increasing spirituality and the necessity to develop advanced educational interventions for different types of immunity, which will be appropriate both for psychological tasks throughout the pregnancy and for personal background details, can be learned from the educational aspect