

Infant Baptism as a Family Rite of Passage

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Anthropological definitions of "rites of passage" and family system theory are employed to make the case that infant baptism is itself a rite of passage, not merely for the infant being baptized and its parents, but for its whole extended family. The pregnancy, birth, and "fourth trimester" following birth are analyzed as the significant context for the rite of baptism, a context whose broad psychophysical, psychosocial, and psychospiritual dimensions affect and are affected by the rite of baptism. It is argued that pastoral preparation for a particular baptism and the aftercare that follows it need to be far more extensive than is common pastoral practice.

In her book on ritual and pastoral care, Elaine Ramshaw (1987) stresses the "lifelong centrality and corporate meaning" of baptism and warns against its relegation to the status of a "life cycle rite for babies" or, in churches that commonly practice adult baptism, "a life-cycle rite of adolescence, the rite of passage to adulthood." Ramshaw also cites a second "distortion of baptism's meaning," its "privatization," according to which "the event is ritually stated to be of significance only to the immediate family and godparents." In her view, "this concentrated focus often blurs the larger picture, the corporate nature of life and faith in the community of the baptized" (1987, p. 36f).

While Ramshaw's caution against a superficial, reductionistic, and privatistic understanding of baptism may be viewed as a useful corrective, it cannot be denied that baptism is, in fact, a rite of passage, and one that has potentially profound implications not only for the individuals baptized but for their immediate and extended families. Interestingly, this perspective appears briefly in an official commentary on the *Lutheran Book of Worship*, the hymnal of Ramshaw's own denomination, the Evangelical Lutheran Church in America:

All societies have "rites of passage" to assist their members through times of growth and crisis. The church too has provided for liturgical celebration of various stages of human growth and maturation. This liturgical attention is more than merely taking notice of the various stages of growth and life; it is a way of helping people pass the thresholds of human experience by giving them the support of the community that assists in the process of growth. The words dramatized in liturgy are powerful words (Pfatteicher & Messerli, 1979, p. 339).

In this paper I intend to explore the pastoral implications of baptism as a rite of passage for the family of the baptized. Although I will focus on infant baptism, I expect that this exploration will be suggestive for adolescent and adult baptism as well and may be extrapolated to other sacraments and rites of the church and to analogous rites in Jewish synagogue and temple.

rites of passage

Arnold Van Gennep and Victor Turner, the primary anthropological voices behind modern ritual studies, formulated and developed the concept of rites of passage. Van Gennep's study (1960) of *rites de passage*, first published in 1909, analyzed the ceremonies associated with an individual's "life crises" (pregnancy and childbirth, initiation, betrothal and marriage, and funerals) and discovered that these life crisis ceremonies enacted a consistent *schema* (pattern, dynamic process) of separation, transition, and reincorporation.

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The first phase (of separation) comprises symbolic behavior signifying the detachment of the individual or group either from an earlier fixed point in the social structure, from a set of cultural conditions (a "state"), or from both. During the intervening [transitional] period, the characteristics of the ritual subject (the "passenger") are ambiguous; he passes through a cultural realm that has few or none of the attributes of the past or coming state. In the third phase (reaggregation or reincorporation), the passage is consummated. The ritual subject, individual or corporate, is in a relatively stable state once more (Turner, 1969, p. 94f).

Because Van Gennep observed that "a change of social categories involves a change of residence" and "is identified with a *territorial passage*, such as the entrance into a village or a house, the movement from one room to another, or the crossing of streets and squares" (1960, p. 192), he organized his reflection about this pattern around a spatial metaphor, the passage across a border or through a door, the crossing of a threshold (Latin: *limen*), and hence applied the term "liminal" to the transitional stage of a rite of passage.

Van Gennep's work did not significantly influence American anthropology until the publication of its English translation in 1960 and the subsequent adoption by Victor Turner of the term "liminality" to describe the ritual process (1969). For Turner liminality is an ambiguous condition, in which its participants "elude or slip through the network of classifications that normally locate states and positions in space. Liminal entities are neither here nor there; they are betwixt and between the positions assigned and arrayed by law, custom, convention, and ceremonial" (1969, p. 95). That is, liminality is outside of and in opposition to the politico-legal-economic structures of organized, differentiated, hierarchical society; it is a moment outside of ordinary time, a "communitas" characterized by "undifferentiated, equalitarian, direct, nonrational (though not *irrational*), I-Thou or Essential We relationships, in Martin Buber's sense" (1974, p. 46f). It is anti-structure, yet contributes to the maintenance of the structures of society: "In *rites of passage*, men [sic] are released from structure into communitas only to return to structure revitalized by their experience of communitas. What is certain is that no society can function adequately without this dialectic" (1967, p. 129).

In his early work, when his reference point was tribal societies, Turner defined ritual in narrowly religious terms as "prescribed formal behavior for occasions not given over to technological routine, having reference to beliefs in mystical beings or powers" (1967, p. 19). He later broadened his definition to include such secular domains of modern industrial societies as esthetics, politics, popular culture, and the law. To describe the ritual genres of industrial (and post-industrial?) leisure--ballet, theater, film, novel, classical and pop music, art, sports, and the like--Turner coined the term "liminoid," which he contrasted with more narrowly defined archetypal, natural, and religious "liminal" rites (1977, p. 43). Although Turner's definition of ritual and his distinction between "liminal" and "liminoid" have been the subject of recent critique (Driver, 1991, p. 230-238), his broad definition of liminality has provided to subsequent theorists a model for understanding widely diverse phenomena on the edges of society,

FAMILY RITUALS

A considerable literature analyzes the place of ritual in family life (Bossard & Boll, 1950; Reiss, 1981; Laird, 1984; Wolin & Bennett, 1984; Cheal, 1988; Rosenthal & Marshall, 1988; Seltzer, 1988), and a substantial volume illustrates and analyzes the therapeutic use of rituals with families (Imber-Black, Robert, & Whiting, 1988). In the introductory article to an issue of *Family Therapy Networker* dedicated to "The Power of Ritual" David Kertzer (1989) defines five functions of ritual in family life: (a) means of self identification; (b) legitimation of social arrangements, providing a sense of continuity amidst change; (c) creation of solidarity among family members; (d) mechanism for shaping people's beliefs (creating an interpretation of reality); and (e) vehicle for changing people's perceptions and social relations. Kertzer concludes that "the continuing power of ritual is nowhere more clear than in the rites in which American family life is steeped" (p. 27). He notes increased participation by the husband in the birthing process as a contemporary ritualization analogous to the *couvade* in tribal societies and suggests that continuing revitalization of family rites occur through inventing new rites, resuscitating old ones, and altering the symbolism of the ones we have.

In a series of publications that are particularly pertinent to our interest, Judith Davis (1984, 1987, 1988, 1989) has studied the bar mitzvah as a ceremonial rite of passage. She divides the six-month period surrounding the rite into three phases, planning, ceremony, and aftermath, each theoretically paralleling the traditional three stages of the rite of passage, separation, transition, and reincorporation, with their associated pre-liminal, liminal, and post-liminal emotional conditions (1988, p. 178). I will adopt the same three phases in the analysis of infant baptism.

INFANT BAPTISM

Infant baptism carries theological and ecclesiastical significance for those who undergo it (such matters as forgiveness of sins and reception of divine grace, identification with Christ, and incorporation into the Church). In this paper, however, I will focus in each of the three phases on three interacting dimensions of infant baptism--psychobiological, psychosocial, and psychospiritual--which profoundly affect its appropriation by the baptized and his or her family.

PREPARATION: SEPARATION

The first phase of the rite of passage involves behaviors which detach the individual or group either from an earlier fixed point in the social structure, from a set of cultural conditions (a "state"), or from both. In the case of infant baptism this preparation phase involves biological, social, and spiritual changes through which a marriage will become a family or a particular family structure will be expanded, rendered more complex, and irretrievably altered.

Pregnancy

Baptism, like all rites, is rooted in biology--in childbirth, in pregnancy, in fertilization (or "conception"), and ultimately in sexual intercourse-- and the substantial period of preparation for infant baptism is the nine months of pregnancy that necessarily precede it. In most cases, the pregnancy will have followed upon many sexual unions of the parents-to-be. In some cases it will have followed only a few or even a single one. In some instances pregnancy will eventuate from intentional, even laborious calculations and strivings by the would-be parents, perhaps with medical advice and intervention. In other cases it will come unintentionally and unexpectedly as a welcome surprise or a shocking mistake.

The more frequent the couple's sharing of intercourse, the more likely that they will probably never be able to calculate on which of those many occasions the fertilizing sperm was deposited in the mother's body. They will have a general sense of the time period, the other events going on in their lives at the time, and the prevalent patterns of their lovemaking. (Of course, if the mother shared more than one partner, she may not even know--short of subsequent tissue comparisons--which partner's sperm completed the conception.) On the other hand, if the couple shared intercourse only infrequently, perhaps even with the clear intention and plan to conceive a child, the couple may well recall the exact occasion, the time and place, and their precise feelings--physical and emotional--at the climactic moment which produced their pregnancy. They will recall whether that particular union was an act of love or duty, habit or force; whether love was shared or only taken; whether both partners, or only the man or woman, enjoyed orgasm; and whether they intended, hoped, or planned to conceive, whether they had given it no thought, or whether the conception was a "mistake" to which they now felt compelled to adapt. Where infants are conceived through artificial insemination or extrauterine procedures there will be other and equally powerful associations. These recollections--of the consummating biological event and of the feelings associated with it--will affect each partner's feelings about and attitudes toward the ensuing pregnancy and the child to be born. They affect the degree to which the couple will be able to appropriate baptism's perspective on the child as a "gift of God."

The pregnancy begins some brief time following that fateful union of man and woman with by far the more remarkable and momentous event--the union of man's sperm and woman's egg that occurs silently, secretly, unheralded, and unnoticed within the mother's body. Even as that hidden micro-union is taking place the man and the woman go about their ordinary life, oblivious to the occurrence that will so profoundly alter their lives and their relationship. They may share further acts of intercourse all unaware of what has taken place that even now has triggered minute and subtle changes in the woman's body chemistry and her physiological processes. Only when she misses her monthly period does she begin to suspect that something has happened to her, and only medical tests or a further wait for more obvious physical symptoms will confirm her suspicion.

Whether or not the events that eventuate in pregnancy pass unnoticed, pregnancy itself precipitates for the mother-to-be a life crisis of unique and unprecedented proportions. Penelope Washbourn writes, "Perhaps no change in a woman's life is more radical than the experience of being pregnant and giving birth" (1977, p. 94). According to Arthur and Libby Lee Colman,

there is a certain quality of inner experience which seems to be distinctive of the pregnant state and which sets it slightly apart from life at any other time. It seems universally true that women experience pregnancy as a psychological crisis. It could not be otherwise. Shifts in body image, secretions of hormones, and the maze of changing environmental supports and cultural expectations are inevitably mirrored in the psyche, in the mental life of the pregnant woman (1971, p. 6).

As the Colmans suggest, not since the onset of puberty will the woman experience such an assault on her body and the integrity of her physiological processes. However much she may have desired and willed these processes, once they have been set in motion she feels that her body has become the captive of biological forces over which she has little or no control. While she and her doctors may monitor their progress and she may take mildly palliative measures to increase her comfort and maintain her general health, the biological forces released within her proceed inexorably along the path toward labor and delivery, when those forces take total control in a predictable sequence of increasingly frequent and intense contractions, dilation of the cervix, and expulsion of the newborn from its mother's body.

The Colmans (1971) and others have described the psychological ramifications of the three stages of pregnancy. The first trimester is characteristically joyful and ambivalent. The joy comes from the woman's knowledge of the secret hidden within her womb, private knowledge she can share selectively with those whom she chooses to tell. She experiences joy in that knowledge, for she has the evidence that her body is successfully doing what it was made to do. But this "doing," like conception, is hidden, and only she may be aware of anything different, anything new. Hence, she experiences power in that knowledge as well, for she controls by her choice who else shall know and who shall be excluded from that secret knowledge. At the same time, the first trimester is a period of ambivalence. Do I really want this pregnancy? Should I consider terminating it? Am I strong enough, courageous enough, to endure the morning sickness, personally secure enough to accept the enlargement of my breasts and distention of my body? Can I face labor and the risks of childbirth? Do I really want a child? Coping with such issues seems to produce a marked emotional lability in the expectant mother during the first trimester, according to the Colmans, as she confronts her hormonal changes and her ambivalence between joy and fear, feelings of power and powerlessness, feelings of gratitude and resentment, feelings of pride and shame, feelings of eagerness and dread. "Probably the most important task of the first trimester is for the pregnant woman and her husband to accept the reality of their conception and for the woman to come to grips with all that this implies" (Colman & Colman, 1971, p. 36).

In the second trimester the threat of miscarriage has largely passed and the discomforts of any morning sickness or nausea will have dissipated. The Colmans call this period "the quiet months" (1971, p. 43). Washbourn refers to it as a time "of greatest fulfillment and drive. The initial ambivalences have been resolved, and the visible evidence and gradual movement of the fetus can bring an increased sense of well-being, joy, energy, and self-confidence" (1977, p. 107). When the expectant mother feels for the first time the kicking of her baby, she finally has the immediate experience of new life within her. She becomes inescapably conscious that it is an Other within her who is causing the changes in her body and whose needs she must serve. When the father-to-be can also feel these movements, perhaps even see them, new patterns of intimacy emerge between husband and wife. Often he will place his hand and face on his wife's abdomen to feel and try to hear the fetus. He may simply gaze in awe, waiting for visible movement. Indeed, "acknowledging the growing child can become the husband's way of initiating lovemaking" (Colman & Colman, 1971, p. 124). If the couple's sexual activity has been disrupted during the first trimester by the wife's physical symptoms and ambivalence toward the pregnancy, during the second trimester she may feel more erotic and sexually receptive (perhaps a function of her husband's increased interest in her body and the new life within her). Masters and Johnson (1966, pp. 153-156) report that some couples only now for the first time in their marriage enjoy satisfying sexual experiences.

The third trimester is characterized by an increase in abdominal size almost beyond belief. The expectant mother often experiences insomnia and may have an intense need to hold something or somebody. In the eighth month, when the baby has reached almost its maximum size, simply completing simple tasks may become difficult and exhausting. Pride and fulfillment mingle with anxious anticipation of the labor and birth about to take place. Many couples deal with their anxieties about the birth by participating in childbirth classes, which provide instruction in what will happen and in skills that will provide some measure of control over the process. Such classes are important for the mother in that they teach her "to trust, to cooperate with her body; she does not fear it or fight it. She understands the process and knows how to participate actively in the natural rhythms of the body" (Washbourn, 1977, p. 108). They are also important for the father as means by which he can participate with his wife in preparation for the coming birth. Continuance of sexual relations during the third trimester may also symbolize the assured continuance of the marital pair at this time of critical transition, although their successful consummation will often require considerable patience, trust, and ingenuity. The expectant mother may fear that intercourse will bring on early labor, her interest in sex may diminish, particularly if she has misgivings about her sexual attractiveness in her fully pregnant condition, and, as the Colmans express it, "The wife's abdomen may present an insurmountable obstacle for a couple whose sex practices have always been conservative" (1971, p. 57). Of course, if disinterest or reluctance to experiment result in the cessation of all sexual relations, both husband and wife will find themselves separated from full mutual support and caring during the crucial last months of the

pregnancy, and the husband may feel himself increasingly isolated. The couple's capacity to sustain and adapt their own relationship amidst the rigors of the third trimester may be a sign of the likely resilience of that relationship following the birth of their child.

We have focused thus far on the implications of the biological changes and challenges faced by the expectant mother and her husband or partner during pregnancy. The biological changes, however, have social ramifications, not only for the couple, but for their extended families and more distant social relationships. Even as the parents-to-be must struggle with the shifts in their roles and relationships that necessarily result from the arrival of a new family member, their respective parents must deal with their new role as grandparents-to-be, their siblings are now aunts- and uncles-to-be, and their friends must now adjust to them not only as married persons but as persons about to become parents. If this is not the couple's first pregnancy and they have other children, those children will need to come to terms with the prospect of a new sibling, both another friend and playmate and yet another rival for their parents' attention and affection. In other words, the whole extended family and social system is disrupted and must make substantial changes in response to the pending arrival of the child.

For the couple's parents, the pregnancy may signal a new lease on life. Their own mortality is alleviated with the prospect that their lives will be preserved for another generation. The loss they sustained when their children left home is softened as the grandmother-to-be relives her own pregnancies through her daughter's (or daughter-in-law's) and both expectant grandparents contemplate once again the arrival of a baby and the opportunity once more for closeness to children that grandparenting will offer. At the same time there is the possibility that the expectant grandmothers may have had very negative experiences with their own pregnancies, such that they now show excessive anxiety about the dangers involved or envy, resentment, or hostility if the younger couple's pregnancy occurred in timely fashion and seems to move along without complication. The intense feelings that these fantasies and expectations naturally induce produce extraordinary challenges for the expectant grandparents to find appropriate levels of support and care during the pregnancy, without attempting intrusive meddling or attempts to manage and control. The pregnancy of their adult children presents future grandparents with a real test of their capacity to support their adult children's need for differentiation within a mutual, adult-adult relationship.

For the expectant couple's siblings and friends, the pregnancy, particularly if it is a first pregnancy, signals a fundamental change in their relationships with the couple, who already during the pregnancy will have found a new focus of attention that may well diminish the energy they have available for siblings and friends. The pregnancy itself, like the baby to be born, becomes a rival for attention that already affects their relationships with the expectant couple. Moreover, siblings and friends who are age peers of the couple and who may themselves be married, will share in the excitement and anticipation of the pregnancy and birth. Childless couples and unmarried female siblings and friends, however, may experience depression and envy or resentment--perhaps covert or even unconscious--that will adversely affect their relationships with the expectant couple. They may deny their true feelings with excessive expressions of delight and encouragement, or they may withdraw in discomfort, embarrassment, or hostility. In short, the pregnancy portends a variety of responses among siblings and friends that, in turn, will have their effects on the expectant couple.

During the pregnancy older children of the expectant couple will already experience some withdrawal of attention and energy as both parents attend to the medical and psychological demands of the pregnancy. They will recognize already that this new baby is going to require a significant redistribution of parental time and energy. It is important that expectant parents be sensitive to the change of status, even demotion, that occurs for previous children when each new sibling is born. While they may well share the parents' joy and delight at the pregnancy and the prospect of a new baby to love and care for, that joy and delight are qualified by recognition of their own diminished place in the family. At the same time, the fact of the conception that has occurred and of the increasingly visible physiological changes in the expectant mother becomes a daily reminder to older children of the sexuality of marriage and an opportunity for the expectant couple either to suppress and deny that sexuality or to acknowledge and explore it with their older children in a manner appropriate to their ages. The atmosphere within the nuclear family may become highly sexualized, with considerable talk and acting out among the older children about babies, making babies, and having babies. The expectant parent's response will be a measure of their own acceptance of and comfort with their own sexuality and, hence, of their capacity to transmit healthy values and accurate information to their children. It is apparent that the pregnancy itself, like the birth, early infancy, and the baptismal ritual attached to these momentous events, bears ramifications not only for the expectant parents and their child, but for other children, siblings and friends, grandparents, and their entire extended family system. These ramifications within the family system, in turn, affect and alter the experience of the expectant couple.

TRANSITION: BIRTH AND BAPTISM

Childbirth

With the birth itself the changes described above finally come to full bloom. As the Colmans write, the physical event itself is "tremendous and unforgettable":

It involves forced participation in an extraordinary phenomenon which is all the more remarkable both because of its infrequent occurrence for any one woman, and because of the relatively large risk factor that accompanies it. Consider the experience: a mature woman, used to regulating her own life, suddenly finds herself in the grip of an uncooperative organ, the uterus, which rises up and performs on its own, in spite of anything she may contrive to do for or against it. Her conscious and unconscious wishes hardly matter. It is out of her control. It is this loss of control which seems to be the most important psychological aspect of the experience of labor. The woman has to face the reality that she is into something which simply will *happen* (1971, pp. 60f).

For some women the event will become, through mastery and determined exercise of natural childbirth skills, a heroic exercise in control. Other women seem to view labor and childbirth like an acute disease or trauma, place themselves in the hands of doctors and nurses, expect maximal use of anesthesia, and try to get through the process with as little conscious participation as possible; for them it is an expression of dependency. Still other women minimize childbirth as a natural event that should not require any special preparation and the discomforts and rigors of which should be withstood with stoic indifference; for them it is a feat of dissociation. For yet other women childbirth may be viewed as a social event to be conducted at home surrounded by family and friends, perhaps with a midwife in attendance (Colman & Colman, 1971, pp. 83-95). The character of the birthing and the role of the father and other family members, like the character of the pregnancy that preceded it, provides important information about the likely attitudes and feelings of both parents and other family members toward the newborn.

If the mother undergoes childbirth in isolation from her family, then it becomes hard to understand the birth process as more than simply a transaction between the mother and "her" baby. When the father is absent at birth, the stage is set for an "absent father" throughout the childhood of the newborn. The father may be absent out of disinterest or fear, or he may be excluded by hospital or physician. His exclusion is an alienating experience by which he is demoted to the status of a child protected from the "secret" adult female work of childbearing. Inasmuch as a male doctor is privy to this secret event on grounds that he is an "expert," the father is also led thereby to feel incompetent and inadequate as a help to his wife. He is both infantilized and disempowered. If the father is not present for the birth, the mother, for her part, may experience feelings of abandonment by the father and excessive responsibility for and possessiveness toward the newborn. The surrogate presence of an expert male physician may contribute to the mother's belief in her husband's incompetence to assume a full role in either birthing or parenting. All of these dynamics may contribute to covert hostility and power struggles affecting both the couple's relationship, attitudes toward the newborn, and its parenting.

If, on the other hand, the father and even other family members are present at the birth, its social dimensions are symbolized and enacted. The birth becomes a social event that acknowledges and demands the participation of family. In some families even older children are allowed to be present at the birth of the new sibling, thereby endorsing their interest in the reproductive process, acknowledging their full membership in the family, granting them access to its most important events, and eliciting their full participation in both the stresses and joys of family membership. Childbirth in this model is understood not simply as a woman's right and responsibility, but as a rite of passage for the entire extended family.

REINCORPORATION

The "Fourth Trimester"

The first three months following the birth of the baby are not often considered a part of the pregnancy. Bradt has suggested that they be identified as the "fourth trimester":

During this period there are endocrine shifts that are more abrupt than the hormonal shifts of puberty, the menses, or the pregnancy. As always with hormonal shifts there are affectual changes and instability that make the new mother more vulnerable to the response of her husband, the extended family, and her baby. Often the arrival of the baby begins with an experience of being overlooked, isolated, and, especially for mother, overwhelmed with the greater complexity of tasks and relationships. Postpartum depression is a risk during this time (1988, p. 242).

Apart from these biological changes in the new mother and the broadly recognized challenges posed by round-the-clock demands of newborns, Bradt points to a number of other stresses on the new parents. With the presence of a first child in the home, the couple experiences the beginning of the loss of privacy which will have an impact on their sexual relationship during the years of parenthood. Particularly if the mother nurses her child, moreover, sexual energy may be redirected toward her child, so that she seems disinterested in sex with her husband, a postpartum issue exacerbated by the need for healing of an episiotomy or other genital trauma during delivery. The addition of another party to the family, moreover, presents obstacles to the intimacy between husband and wife that comes from the opportunity for exclusive focus of caring and communication on each other. If they overinvest in the child, to the detriment of their own relationship, they can become a "child-focused family," with the likelihood of serious outcomes for both parents and child (Bradt & Moynihan, 1971). Because the isolation of the nuclear family can be a significant contributor to such an unhealthy child focus, connecting with the extended family as a resource to the emerging nuclear family is an important task that comes with the birth of a first child. Indeed, Bradt holds that "the decision to have a baby is the beginning of a shift away from the horizontal axis of marriage toward a realignment with the vertical thrust of the generations of the future and of the past"(1988, p. 243).

A further task following birth of the child is the rebalancing of work and home life, including renegotiation of the home and family responsibilities of husband and wife. This task is daunting in an age of dual-worker households and shifting gender role expectations. Marriage partners who have learned traditional role values from their own parents will experience more than ordinary difficulty in adapting to the different needs of families today. In the light of these challenges, it is not surprising, as Belsky, Perry-Jenkins, and Crouter state, that "marital quality declines modestly, though reliably, from the time passed before to after the birth of the first child. This decline is more pronounced for women than for men" (1985, p. 206).

PASTORAL CARE

During the Pregnancy

It should be manifest that when a child is baptized in the first weeks or months following its birth, the rite can hardly be dissociated from the profound biological and social changes and challenges which parents, child, and extended family have experienced during pregnancy, childbirth, and the "fourth trimester." Pastoral preparation for the rite, therefore, needs to begin, not merely some time after the birth, when the parents presumably approach the pastor with a request for baptism of their new baby, but as soon as the pastor receives word of the pregnancy. A visit to the couple can be an important first step in establishing a positive pastoral alliance with the couple through "empathic attunement" (Rowe & Mac Isaac, 1991) to their initial experience of their pregnancy, whether it is joyful and enthusiastic; depressed, resentful, or anxious; or--most likely--ambivalent. Pastoral understanding and acceptance of their feelings, however mixed, establish a foundation of trust which will make possible a productive pastoral relationship with the couple during their pregnancy and after their child's birth.

A second goal of early pastoral visitation will be to learn something of the quality of the couple's marriage. Belsky, Perry-Jenkins, and Crouter have emphasized that "families experiencing the most marital satisfaction prenatally experience the most marital satisfaction postnatally" (1985, p. 206). On the other hand, when a couple has failed to establish an adequately intimate relationship or when they are emotionally cut off from their own parents, they may seek pregnancy with the hope that the birth of their child will stimulate a rebirth of their own relationship or fill the vacuum created by the alienation from their own parents. Such hopes are doomed to failure. "If new infant studies are correct, the most significant preparation expectant parents can make is to solidify the marital bond so they can be emotionally available to the needs and special gifts of their child" (Anderson & Foley, 1991, p. 54). Once a positive pastoral alliance has been established with the couple, it becomes possible to work with a couple around the sensitive issues in their relationships or to refer them to professional couple therapy.

Since it is within the matrix of the extended family system that the life of the expectant couple is carried out, a third purpose of early pastoral intervention is to encourage a wholesome connection or reconnection to that larger system. On the one hand, according to Bradt, the well-being of all can best be served if extended family members become "nurturant resources" (1988, p. 244) for the couple and their new baby, On the other hand, healing the couple's relationships to their extended families will strengthen their marriage and thereby fit them to be more effectively caring parents. Friedman points to the periods surrounding rights of passage as "hinges of time" and unique windows of opportunity for work on extended family relationships:

All family relationship systems seem to unlock during the months before and after such events, and it is often possible to open doors (or close them) between various family members with less effort during these intensive periods than could ordinarily be achieved with years of agonizing efforts. I believe this is true

because, with respect to timing, life cycle events are not as random as they appear. Rather they are usually the coming to fruition or culmination of family processes that have been moving toward those ends for some time. Life cycle events are always part of "other things going on." They always indicate some movement, and it is simply easier to steer a ship when it is afloat, even if it is drifting in the wrong direction, than when it is still aground (1988, p. 120).

The "liminal" character of pregnancy makes the extended family system particularly vulnerable to change. The pastor may gently suggest contact with the grandparents- and aunts- and uncles-to-be to seek healing of old hurts and enmities and to enlist their support for the tasks ahead. Since the choice of a name for the newborn often is the occasion for following or breaking family tradition and possibly for honoring one extended family member while ignoring or repudiating another, early exploration of the significance of name-giving may also provide an important entree for address and possible resolution of extended family issues. The pastor will also want to sensitize the parents to the probable needs of any older children as outlined above and assist them in responding appropriately.

The fourth goal of pastoral intervention during pregnancy will attend to the spirituality of the experience for the expectant couple. It is to be expected that the psychobiological and psychosocial changes we have been describing bring with them concurrent psychospiritual changes and implications. It is appropriate for the pastor to explore throughout the pregnancy, at childbirth, and during the first year of the newborn's life the major existential questions raised for the couple by their experience: life and death, meaning and purpose, freedom and responsibility, isolation or alienation and intimacy (Yalom, 1980). The Colmans (1971) have documented fears about death prompted by the risks of pregnancy, in particular, the mother's fear of risks to herself, her husband, and her unborn child. At the same time pregnancy most poignantly provides for the creation of new life. The pastor will want to surface the couple's issues around life and death and the resources they do or might draw on to cope with these realities. The pastor will want to explore with them how the pregnancy and the prospect of a child fits (or does not appear to fit!) into their sense of meaning and purpose for their lives individually and as a couple. The couple may experience the pregnancy as the ultimate expression of their human freedom to make their own decisions and to engage their creative impulses, or they may feel it to be a constriction of their freedom and the responsibility that comes with it as a burden they are reluctant to assume. These dynamics call for exploration, within a context of unconditional respect for the couple in their struggles to accommodate to this new reality in their lives. Finally, issues of alienation, isolation, loneliness, and despair may surface for either partner, or they may describe an experience of unprecedented closeness to one another, to the natural and social worlds, and to God. By hearing how each partner is experiencing such issues and responding empathically and supportively, the pastor assists the couple in their adjustment to the pregnancy, contributes to their spiritual appropriation of the experience, and lays a foundation for the baptism of their child.

In addition to empathic listening, exploration of marriage and extended family dynamics, and processing of existential issues, the pastor may serve the expectant parents by helping them to ritualize their experience. Anderson & Foley (1991) suggest incorporation of private and public prayer, inviting expectant parents to pray for their child and themselves during the pregnancy and at the time of childbirth. Public prayers might also be incorporated among the intercessory prayers at the Sunday worship. Such prayers perform a cognitive therapeutic function through varied repetition and internalization of the message that God is present for them and lovingly sustaining and caring for them through the pregnancy and delivery. With playfulness and humor they may wish to commemorate with special food, shared reminiscences, and brief prayers of thanks the particular act of intercourse which they believe resulted in the pregnancy as well as other milestones along the way of the three trimesters leading to labor and delivery. In order to incorporate the members of their extended family into the experience of the pregnancy, they may wish to gather family for informal celebrations for shared story-telling and for exchange of experiences and views of pregnancy, birth, and parenthood. The couple's parents might be invited to describe for the expectant couple how they themselves had experienced pregnancy and labor. The couple might comment on their experience of their own childhoods, particularly those elements they would wish to preserve in their own parenting. Secular toasts and sacred prayers could be spoken. Such intentional cross-generational interaction in the form of story-telling and expressions of good will, commitment, and hope support the couple, integrate them into their extended families, and connect them to both family and spiritual resources. In all of these prepartum, pre-baptismal celebrations special care needs to be given to the appropriate inclusion of any older children.

Birth and Baptism

A pastoral visit or phone call to the new mother and father following childbirth provides both a symbol of the Church's supportive presence and concern and a first opportunity to learn the couple's response to the birth and initial feelings about the newborn. It is also a time to learn how any older children are responding to the birth and

how members of the extended family have been or are being involved in the birth and in initial care to the couple and their new baby. The pastor is thereby alerted immediately to any physical, social, or spiritual issues that may call for pastoral or congregational attention. Prayers are commonly offered in thanksgiving for the safe delivery of the child and for continued health of both mother and child. From the perspective proposed in this paper, it can be seen that such prayers should also attend to the needs of the new father and any older children. They are an opportunity to ritualize concretely the particular experience of the new parents and their children explicitly within the framework of the extended family.

Planning for the baptism itself commonly involves didactic presentations by the pastor on the theological meaning and significance of the baptismal rite. These often enough focus on the significance of the baptismal rite for the newborn. That is, they may describe the grace or forgiveness or divine love for the newborn to be commemorated and conveyed through the baptism. They may discuss the child's baptismal incorporation into the Church (i.e. the larger Christian community) and the implicit benefits and obligations such incorporation entails. The parents' role is generally portrayed in such conventional didactic presentations as a duty and responsibility to protect and care for the child, to teach the child Christian beliefs and practices, and to assure its continued access to the Church community. In this view, baptism is done by the parents, pastor, and congregation for the child. It is a view supported also by the texts of the formal baptismal rites themselves. For example the baptismal rite commonly used in the Evangelical Lutheran Church in America refers to parents (and/or "sponsors") only in the following exhortation:

In Christian love you have presented these children for Holy Baptism. You should, therefore, bring them to the services of God's house, and teach them the Lord's Prayer, the Creed, and the Ten Commandments. As they grow in years, you should place in their hands the Holy Scriptures and provide for their instruction in the Christian faith, that, living in the covenant of their Baptism and in communion with the Church, they may lead godly lives until the day of Jesus Christ.

Do you promise to fulfill these obligations?

I do.

and the following prayer:

O God, the giver of all life, look with kindness upon the fathers and mothers of these children. Let them ever rejoice in the gift you have given them. Make them teachers and examples of righteousness for their children. Strengthen them in their own Baptism so they may share eternally with their children the salvation you have given them, through Jesus Christ our Lord.

Amen (Holy Baptism, 1978).

I am proposing, by contrast, that infant baptism, just like the four trimesters of pregnancy, childbirth, and the postpartum period, is to be construed as an event by, for, and about the entire extended family of the baptized newborn. The child's reception in baptism of grace, forgiveness, and divine love, for example, implies a transforming infusion of grace, forgiveness, and divine love into the whole family system, reflecting the specialness of both the child and the child's extended family and assuring divine concern and care for all. In effect, God creates through baptism a secure "holding environment" (Winnicott) within which child and family may continue to grow to health and wholeness. Similarly, as Anderson and Foley (1991) have aptly noted, incorporation of the newborn into the Church community qualifies the parent's "ownership" of their child. Because already in baptism the newborn is declared to be a citizen of a larger community that transcends family, the parents, siblings, and grandparents are already confronted with their child's (and their own!) right to identity as individual human beings. Baptism may serve, then, as a powerful ritual defense against any family enmeshment that will inevitably stifle the differentiation and individuation of, not only the newborn, but of all family members. The theology of baptism can and should reflect this family systems view of the significance of the rite.

The planning for the conduct of the rite itself should also reflect that view. The new parents' selection of sponsors or "godparents" for the newborn can be explored to ascertain how the particular choices reflect concern for and attunement to the family ramifications of those choices. What is being said about the couple's relationship to their extended family by their choice of sponsors? Whom are they honoring? Whom are they ignoring, repudiating, or "paying back"? What alliances are they forming or destroying? In addition to the sponsors, who will be present for the baptism? How might they participate? The resolution of such questions as who will stand with the parents at the font and who will hold the child carries powerful symbolic meaning for the family.

At the baptism itself the official ecclesiastical rite may be embellished and supplemented to include an introduction of all family members present and, with the prior concurrence of the parents, an invitation to all to draw near to the font. Prayers for all family members may be added, prayers of gratitude, petitions seeking God's grace and empowerment for them, prayers requesting healthy family relationships, including the will to help one another when needed and the courage to withdraw when appropriate, prayers committing, not simply the infant or its parents, but its whole family to God's transcendent care.

Aftercare

The reintegration of parents and their new child into the mainstream of extended family life may well begin at a family dinner and celebration scheduled following the baptism. Here a full blown celebration can take place, with a festive meal; toasts; storytelling about previous births and baptisms involving family members, especially other children who are present; family slides, movies, and video shows; games; and whatever other features may make the day into a memorable family party. The pastor can encourage plans for such a party in the course of the pre-baptismal planning and preparation.

In the weeks and months that follow, special pastoral attention needs to be given to the family to provide whatever support may be needed after the first excitement of the birth and baptism recedes and the newly emerging family must establish its patterns for the long haul. Father and mother must feel their way into their new roles, while finding innovative new ways to sustain their own relationship as husband and wife, often a daunting task for new parents who themselves must compete for time and energy with their own baby. As noted above, establishing satisfying new patterns for their sexual relationship may be a particular challenge with another person in the household, particularly if the new mother is nursing her child and receiving some erotic satisfaction by that means. Siblings of the infant may show regression and acting out as they find the adjustment to the new interloper in their midst more trying and more threatening to their status in the family than they had first expected. Grandparents may feel hurt and rejected if their children include them insufficiently in childcare, while the new parents may complain of grandparent intrusion and meddling that may threaten their marriage as much as it is a nuisance to their own first attempts at parenting.

Spiritual issues rise for the family when they feel the need for a closer relationship to their religious community, while finding attendance at worship and its other functions complicated by the constant demands of the newborn. Gratitude to God for the new birth may be compromised by the exhausting reality of infant care to the extent that the parents may fantasize the death of the newborn, who on the most stressful days may seem more a curse than a blessing. The disruption of established family life patterns and the impossibility of recovering or reinstating them as they were creates further challenges to the family that require enormous spiritual resources of trust and confidence that what emerges from this expanded family will somehow work together for good for all its members. Dependable and continued expressions of concern and care by the pastor and healthful support and involvement by the couple's extended family convey God's continuing care and sustain the sense of the world as itself a secure, protecting holding environment in which the uncertainties of the future can be grasped with courage and confidence.

CONCLUSION

This paper has drawn on anthropological definitions of "rites of passage" and family system theory to make the case that infant baptism is itself a rite of passage, not merely for the infant being baptized and its parents, but for its whole extended family. The pregnancy, birth, and "fourth trimester" following birth have been analyzed as the significant context for the rite of baptism, a context whose broad psychophysical, psychosocial, and psychospiritual dimensions affect and are affected by the rite of baptism. The conclusion I have drawn is that pastoral preparation for a particular baptism and the aftercare that follows it need to be far more extensive than is common pastoral practice. I have argued, moreover, that pastoral interventions should serve as a means to help the expectant parents understand their pregnancy within the context of their extended family and use this "nodal" passage as an opportunity to heal and strengthen extended family ties. When the couple is able to articulate and respond actively to such concerns, the rite of baptism becomes not merely an individual religious function for the "salvation" of their baptized infant, but a social occasion with power to enhance the health and wholeness of the extended family of the baptized. Once it has been recognized and acknowledged that the whole family and its internal relationships have been irreversibly altered by the arrival of this new family member, infant baptism will be reasonably understood as a family rite of passage with power to help the family adjust to the critical changes the assimilation of its new member will require.

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