‘Stories are difficult like that’

Lesley Kay
PhD Student UCLan
Supervisors: Professor Soo Downe, Dr Gill Thomson, Kenny Finlayson
Senior Lecturer in Midwifery - Kingston University & St. George’s, University of London
2\textsuperscript{nd} phase of a PhD study

1\textsuperscript{st} phase considered how present-day pregnant women come to understand birth in the context of birth stories

Found that birth stories one of many ‘voices’ women use to prepare for birth – concept of the ‘modern birth story’

2\textsuperscript{nd} phase set out to determine what information landscape was like for women pregnant in 1970s and 80s

How did 2 groups of women come to understand what their experience of birth might be?

What was their experience of hearing stories of birth whilst pregnant?
Methodology

- Hermeneutic phenomenological approach underpinned by work of Heidegger
- Allowed me to bring my beliefs and understandings into collection and interpretation of data
- World of birth ‘always already one of shared meanings’ (Crowther et al 2014)
- Hermeneutic interpretation allowed me to uncover those meanings
Method

‘A journey of thinking’
(Smythe, 2005)

- Review of the literature
- Ethical approval
- Purposive sampling
- Recruitment - interviews – transcription – interpretation
- Circle of THINKING WRITING SHOWING
Emergent meanings

- ‘Stories are difficult like that’
- ‘It’s a generational thing’
- ‘On the conveyor belt of care’
Women’s pre-understandings about childbirth are rooted in their experience of ‘being-in-the-world’ of birth.

Women experience aspects of this world in relation to other people in that world.

In their pregnancies women find themselves in a world that appears to operate in a certain way and where certain things have already shown up as important.

Heidegger describes this as ‘thrownness’ (Heidegger, 2012, p.173).

Choose possibilities of action that are conditioned by their enculturation into the practices of their specific childbearing community.
• Born in the 1960s and birthing in the early 1980s, gave birth in a world where “we tended to just accept what we were told and went along with it”

• In Pamela’s ‘world’ birth took place in hospital and “the attitude was just ‘lie down on this bed and have your baby’”

• In this world the norm was one where caring involved ‘leaping in’ and ‘dominating’; health professionals took up the burden of care and managed women’s births for them (Heidegger, 2012, p. 159)
• Birthing in the 21st century

• Prior to attending antenatal classes, was approaching the birth of her first baby with a number of deeply entrenched ‘understandings’ of childbirth

• Included birth taking place in a hospital, on a bed, in an ‘unnatural’ position, a long and painful labour (meaning she would need an epidural) with care provided throughout by ‘experts’ there to ‘help and guide her’ and ultimately available should anything ‘go wrong’
Isabel after classes....

- Learns that birth doesn’t need to be something to ‘put behind you’ but rather that it can be an experience in itself.

- At the classes Isabel learns about her body and its capabilities, and the extent to which she can be involved in the decision making relating to her care; “I feel more empowered and more like I can actually make decisions...I can input what I want into my experience. And there is an experience for me”

- In this ‘new’ world of birth caring involves ‘leaping ahead’ and ‘liberating’ and women are empowered to manage their own expectation and experience by accessing information and planning ahead (Heidegger, 2012, p. 159)
Abstract: “I heard a story when I was first pregnant...from a friend who gave birth three years ago’

Orientation: ‘My friend gave birth in the same hospital that I would be going to. I asked my friend about her experience in that particular hospital because I would be there as well’

Complicating action: ‘Suddenly the midwife looked very serious and pressed the emergency buzzer...so basically the heartbeat of the baby dropped’

Evaluation: ‘Her case is quite different because it was before her due date and her waters broke at home’

Resolution: ‘They had to do a C-section immediately’

Coda: ‘And that’s her story. She was in the operating room and she gave birth and that’s it’
What is shared in stories....

- That most women give birth in hospital on a bed (Stephanie)
- That birth is a ‘process’ which is managed (Ruth)
- That interventions in childbirth are normal and help to make birth ‘safe’ (Isabel)
- That birth is painful but it leads to a baby so it’s ‘worth it’ (Pamela)
- That a large number of women use analgesia (Stephanie)
- That most women scream whilst birthing (Isabel)
- That at times birth is dramatic (Ruth)
- That breastfeeding is difficult and ‘awful’ (Sophie)
- And that a ‘good’ birth is one where the outcome is a healthy baby (Penny)
‘Stories are difficult like that’

- ‘Horror’ stories
- ‘Showing the extreme’
- ‘Too perfect and wonderful’
- ‘Being economical with the truth’: protecting or neglecting?
- Living in a ‘polite culture’: the ‘rules’ of sharing
“I really wished she hadn’t because I was really early on in pregnancy at that point. I’m still quite you know worried by it, but she was saying that her neighbour got gestational diabetes towards the end of the pregnancy and they were going to do a caesarean. And then the consultant said, ‘No, we’ll leave it’. And then she had a bad episode with her sugar levels, the baby went completely hyperactive, ended up wrapping his cord around his neck and then dying basically”

(Bonnie)
Consumerist analogies like ‘reviews on Amazon’ and ‘customer service’ used by the women to describe the way negative stories are portrayed.

Accentuate childbirth as a medical event which needs to be managed.

Ramifications for the ways in which women experience and make sense of their own birth.

“Mothers’ stories also teach other women what is possible and to be expected” (Olafsdottir & Kirkham, 2009, np)

They provide a ‘lens’ by which we see and experience the world, a lens which governs the way we think and behave in that world.
“Certain things make me laugh on Soaps. They’re always either ‘A’, their water breaks and they have the baby in about half an hour in like a pub or something or, ‘B’, they might be on a bed screaming the house down, because they want to show the extreme”

(Charlotte)
Women ‘fall’ into the dialogue and speech of the world of birth (much of which may be ‘groundless’ and yet appear to be ‘authoritative’)

“I think the problem is it’s just out there, it’s just out there in society. So it’s a cultural thing you’re battling against. I think that’s a lot harder because often, even when you’re shown the facts, your culture will overwrite that. You tend to listen to that rather than the facts. I think we’re all a bit guilty of that” (Bonnie)

Satisfied by the ‘idle talk’ around them means women may not be motivated to achieve any genuine understanding of birth

Instead they may accept the public understanding and find themselves “taken in a peculiar direction and...absorbed in the immediate, in fashions, in babble” (Heidegger, 1962, p. 74)
“They’re all you know, amazingly positive experiences and, you know, there is the odd bit in there that’s, you know...there was one with an induction. She sort of described the induction and things but, yeah, I don’t know if I fully believe that she hasn’t taken out some of the bits and pieces. I’m not sure”

(Ruth)
A world where the extraordinary (the ‘horror’ of birth described in a story) is made ordinary through familiarity.

Appearance of ‘horror’ accommodated and then made invisible by that accommodation.

Other interpretations are effectively ‘closed off’ (Heidegger, 1962).
“People who’ve had a good experience don’t say so much...maybe because they don’t want you to think, if you’ve had a bad birth, that everything was perfect for them and not for you. You might hurt their feelings and you wouldn’t want to do that would you? You wouldn’t want to make them feel bad”

(Pamela)
What was not being shared....

- Stories about physiological, undisturbed birth
- Birth that is joyous and life changing
- Birth where women feel empowered and powerful!
- Birthing know how
- Birth as something women instinctively know how to do
- Birth as a life event, as ‘an experience’ rather than as a means to a baby
“I think people withhold experiences because they don’t want to frighten people and I think I would probably do the same. You know, you actually don’t say stitches are horrible and you know, and breastfeeding’s awful...my personal view. You don’t want to impose that on anyone”.

(Sandra)
Heidegger’s ‘fear about others’

- In fact another way of fearing for oneself; the fear that the other (their daughter or daughter-in-law in most cases in this study) may be ‘torn away’ from them (Heidegger, 1962, p.183)

- In this sense it could be seen as a ‘selfish’ act rather than an altruistic one as it might appear on first sight

- Although perceived as a negative feeling fear could instead be seen as a move away from certainty to a space of possibilities (Gammeltoft, 2011)

- Or as a means of educating oneself by “grasping the world and gaining knowledge” (Kukkola, 2014, p. 380)

- By attempting to protect others, the women in this phase could have disempowered them by not providing them with an impetus to seek out new knowledge
Summary

- Phenomenon exists
- Worthy of attention
- Narrative script
- Edited & dramatized
- Prevalence of ‘horror’
- Positive stories not shared readily
- Unwritten ‘rules’ around the telling
Implications for practice

- Stories play a significant role in educating childbearing women
- Need to be exposed to a variety of stories
- Women need to be empowered by stories
- Women need to feel powerful in relation to birth
- Women need to believe in their ability to birth
- Help required to ‘unpick’ stories in order to use them as a useful resource
‘Careful the tale you tell, that is the spell, children will listen’

(Sondheim and Lapine, 1990)
Any Questions?

lkay6@uclan.ac.uk


Kukkola, J. (2014). Fear as 'disclosure of truths': The educational significance of an existential-phenomenological insight. ETA.

