Birth Stories: A Way of Knowing in Childbirth Education

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Abstract

Birth stories have a lasting impact on expectant mothers. The purpose of this paper is to recognize the influence of birth stories as a key component of informal communication of knowledge about childbirth for expectant mothers. The review of literature and research is related to childbirth education, anthropological thinking, and applied learning theory with foundational concepts from Vygotsky, Bruner, and Bandura. Implications for childbirth educators are included.

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I have heard that it is the most pain you can ever experience in your life . . .

(A comment shared by an expectant mother during her first night of Lamaze Childbirth Preparation Classes, concerning what she had heard about childbirth.)

Without exception, knowledge of childbirth has been a persistent measure of a feminine, woman-to-woman legacy. For most expectant mothers, this traditional communication has been an influential, primary way to learn about giving birth. This unique art of storytelling illuminates the specialness, subtlety, and emotional components of birthing (Boykin & Schoenhofer, 1991). Because these highly-charged variables are minimized or absent in formal childbirth education, sharing birth stories becomes more long-lasting as wisdom is passed from "one who knows" to those "who need to know" (Walker, 1984; Bruner, 1990).

Most recent childbirth education research is minimal

and lacking in a strong theoretical base in connection with the concept and impact of birth stories. Little is known about enabling parents—women in particular—to reclaim their power, control, and courage in the birth of their children, identifying the positive components, and recognizing the impact these stories have on expectant parents. A dire need exists for investigation on the impact of this cultural phenomenon.

Review of Literature

Robbie Davis-Floyd (1992), an anthropologist, interviewed more than 100 expectant women, mothers, and their health care providers to learn about the impact of American birth rituals. Davis-Floyd described the pregnancy/childbirth rite of passage as a phenomenon known as "transformation in the peer domain" (p. 34). The transformation is a unique bond shared by those who pass through the process together. First-time mothers frequently search for an effective means to cope with their pregnancy. This group discusses pregnancy, birth, and children, forsaking all else. Such earnest, purposeful engagement serves to initiate each expectant mother into the common culture of pregnancy. Pregnancy and birth knowledge is passed on in story, symbol, and example. Personal narratives include the trauma of whole-pregnancy experience. Solidifying the interface of mothers-to-be, these accounts become tools for the group (Davis-Floyd, 1992).

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Because birth stories contain vast amounts of information and are grounded in real-life experience, they may offset the medical model of birthing as the ideal. Davis-Floyd (1992) cites a 1989 study by Sargent and Stark to support the significance of these exchanges for women. From the investigation of 84 couples, the researchers confirmed the importance of such interactions. "Childbirth classes influenced responses to delivery less than pre-existing beliefs, values, and expectations. . . . [P]ersonal experience and non-idealized accounts of birth by family and friends do significantly affect orientations toward pregnancy, labor, and delivery" (pp. 41-42).

When women share their birth stories, they decide which aspects of the narrative to share. This selection process constructs a new essence of their experience. Other less significant aspects of the story fade in their memory. Hearing another woman's story may trigger faded memories into consciousness and, at that point, a mother's birth experience is subject to reinterpretation (Davis-Floyd, 1992). When positive birth stories are shared, special messages are conveyed that describe the courage and power of women as birth givers, the integrity of the birth process, and the sanctity of the family; thus, the beauty and delicacy of the maternal newborn interactions are conveyed. These stories have the potential to change the beliefs of those who become vicarious learners (Davis-Floyd, 1992).

Stories of birth that mothers tell their daughters have been altered by years of a medically managed system. As a result, a generation of women is silent and without birth stories. Grandmothers, the traditional family historians, are without voice. This generation of mothers was chemically silenced in knowing their birth experiences. Armstrong and Feldman (1990) believe that today's women take this silence for granted. Not all women know about birth practices that include support, verbal instruction, caring, and nurturance, thus influencing the essence of every woman.

Because birth practices have been rigidly shaped, people have strong opinions about medical protocol and its subsequent meaning. Such practices are absolutes in obstetrical culture so that the medical establishment communicates that any deviations from the medical norm place mother and infant in jeopardy. However, giving birth is not just about having babies. It is about women's lives, women's wisdom, women's bodies, and women's empowerment (Lamaze International, 2000; Ward, 1996).

Before the medicalization of childbirth, young women heard stories about strength and power in birthing, not about difficulty and suffering. Suzanne Arms (1994) describes the inheritance of young women today as a "toxic legacy of attitudes about childbirth" (p. 26). She believes the distinction from past and present is attributed to a

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loss of familiarity with the birth process, the loss of community with other women, and the loss of traditional feminine wisdom.

To understand the interrelatedness of factors surrounding health-related, goal-oriented behaviors and the development of confidence for labor, Broussard and Weber-Breaux (1994) formulated the Childbirth Belief-Efficacy Model (CBEM). The framework was intended to design, conduct, and evaluate childbirth education classes. They related self-efficacy to achievement of behaviors, vicarious experience, verbal persuasion, and motivation. In discussing Bandura's concept of vicarious experience, Broussard and Weber-Breaux (1994) cite the example of hearing horror birth stories from women who entered childbirth with high levels of fear and anxiety. Childbirth educators can help women "reinterpret what they have seen and heard as inaccurate or unnecessarily frightening portrayals of childbirth" (Broussard & Weber-Breaux, 1994, p. 11).

VandeVusse (1999) qualitatively analyzed birth stories and reported that the traditional nursing educational view of birth was challenged. The birth stories implicated a wider range of essential forces impacting a labor experience than traditionally taught. Although the investigator concluded that nurses could effect change by supporting women to assume more control of their birth experiences, the intent of the study was not to analyze the educational or emotional impact of the stories.

Theoretical Aspects of Storytelling and Birth

Telling birth stories is an essential task of mothers who have given birth. Listening to the stories is an essential task of expectant mothers. Sharing intimate processes of birth gives the expectant mother perspective and subjective knowledge. Often a window of opportunity to dialogue promotes reciprocity and learning exchanges, particularly concerning the deeper issues surrounding birth. Storytelling relies greatly on relationships and communication—it creates a bond among women and their shared history (Lindesmith & McWeeny, 1994).

Livo and Ruitz (1986) contend that, during the narrative exchange, the learner reconstructs knowledge gleaned from the story. The shared birth story provides a vicariously learned experience. Dialogue about the meaning of the exchange is essential to ways of knowing. The willingness to share is an expression of the pervasive need to explain the unknown. During the process of actively seeking and sharing knowledge, fears are lessened and a sense of control over childbirth may be achieved (Zwelling, 2000).

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Lev Vygotsky (1978), a Russian psychologist, stressed the importance of cultural and social contexts in learning that support a discovery model of learning. When applied to storytelling in childbirth, Vygotsky's two general learning assumptions are as follows: First, the shared knowledge must have meaning for the expectant mother as the learner. Essentially, this relevant exchange occurs within the context of the expectant mother's environment, thus making the knowledge transfer logical and unique to her. Those people sharing birth stories have a great influence on how the expectant mother incorporates that information into her world. The more significant and powerful the storyteller, the more significant and powerful the birth story is to the listener. Because significance and power are ultimately determined by the expectant mother, significance and power as related to story and storyteller have a far-reaching effect in determining what the mother learns from that interaction. For example, she may retain the vivid story of her frightened sister about to give birth without anesthesia, experiencing an extensive episiotomy, and enduring the hurried assistance of a vacuum extractor. Vygotsky's second learning assumption, as applied to storytelling in childbirth, is that the expectant mother must possess the tools for cognitive development that include significant others, culture, and language. The intimate culture of sisterhood associated with childbirth communicates what must be

learned to make sense of the experience. Therefore, birth stories play a significant role in this process because the dialogue and connection offer "real life" learning each time a story is told. Such social interaction is fundamental to an expectant mother's knowing about childbirth.

Jerome Bruner (1990) also recognized the value of human interaction in learning. He suggested that culture gives knowledge meaning through language and communication patterns of logic and narrative. Bruner's theory of learning in its social context relates the construction of narratives from folk knowledge to explain the negativity of many common beliefs surrounding the value of childbirth in society. In other words, when birth follows a culturally predictable pattern, narratives have less significance. However, when the health care system has necessitated that childbirth be intervention-oriented, an aberrant childbirth mythology evolves and may be passed from one generation to the next. Cognitive dissonance (internal conflict between inner desires and the outer world) threatens the expectant mother's perceived control surrounding the embodiment of her infant and her own emotional, physical, and spiritual being. Bruner minimizes any significance to the argument as to consequences of story based on fiction versus fact. "Stories achieve their meaning by explaining deviations from the norm" (Bruner, 1990, p. 47). Stories explain the unexplainable in human action and purpose. While emphasizing the norms of society, stories provide a basis for rhetoric with confrontation. This confrontation encourages the teller and listener to process the information as sense and personal relevance is self-determined. Stories have the power to remove chaos from the world and provide an environment of sympathetic memory. Thus, each time a birth story is shared, women may either silence or escalate its characters and plot.

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Two principles from Bandura's (1977) self-efficacy theory relate to learning from others, vicarious learning, and verbal persuasion. When an expectant mother hears someone's birth story, she adds to her store of knowledge and behavior surrounding the birth process. When information about her own performance is minimal, her personal efficacy is measured against the performance of others. If the shared birth experience was acceptable, it is likely that she will seek a similar experience. Bandura describes verbal persuasion as an effort to convince the expectant mother that she possesses the knowledge and skills to birth her child. Persuasion is most effective if the mother believes that she has a chance at reaching her goals. Birth stories convey many long-lasting commanding messages that have a positive or negative influence on the listeners.

Implications for Childbirth Educators

Traditional childbirth curriculums are strongly psychoeducational in methodology (Nichols, 2000). With concern for comprehensive preparation ("teaching all that must be taught"), birth stories as a critical way of knowing may be sacrificed for more immediate, controllable, and measurable outcomes. How many childbirth educators include having new parents come to class to share positive birth stories? When segments of negative birth experiences are shared in class, time must be taken to reframe that information into a broader context to salvage any positive, perhaps obscure outcomes. While videos of women giving birth may convey a positive perspective, the vital learning comes when one processes the understanding of what was seen and heard in the video.

Do childbirth educators still believe that a woman can have a positive birth experience in today's health care arena? How are positive messages conveyed to the expectant mother when the prevailing belief is to the contrary? While teaching a positive, effective message and philosophy of birth, childbirth educators are often challenged by horror stories of birth. Time must be taken to encourage the expectant mother to abandon her negative baggage and to adopt a positive plan of self-efficacy. William Doll (1993) explains that, without dialogue, there is no metamorphosis, no interpretation. Narratives stimulate the learner to explore with the storyteller the potentialities created from the exchange. Dialogue combines history, language, and place, relating the experience

beyond the immediate context—all of which are viable acts of teaching and learning.

Conclusion

Childbirth education and its educators recognize the impact of an absence of positive birth stories in our culture today. Birth stories as a way of knowing and learning about the values and beliefs surrounding childbirth must be incorporated and accounted for as a vital educational process. The childbirth educator is in an excellent position to foster the inclusion of the narrative as a valid tool for learning about birth as a significant life event in a connecting, supportive learning environment. Perhaps then, stories of birth can be powerful and positive, a legacy of knowing that cannot be postponed.

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Tell It Like It Is

It is unwise to be too sure of one's own wisdom. It is healthy to be reminded that the strongest might weaken and the wisest might err.

—Mahatma Gandhi

Be still when you have nothing to say; when genuine passion moves you, say what you've got to say, and say it hot.

—D. H. Lawrence