

## Birth(ing) Stories

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### Combining Poetic and Paradigmatic Approaches to Mothers' Counter Narratives

*Women, especially mothers, are often the object of medical and cultural discourses about health, education, and childrearing. Mothers are objectified in these discourses—making them the brunt of patriarchal, institution-sanctioned advice about their own bodies and the ways they mother. In this narrative study, two birth stories from a larger study on women's literate subjectivities have been isolated for further analysis. I argue that birth narratives, while ubiquitous, need further creative inquiry in order to understand how mothers re-story their own experiences in the form of counter narratives. These two birth narratives have been analyzed using three distinct methodological variants of narrative inquiry—the functionalist, sociolinguist approach of Labov, the paradigmatic, sociocultural analysis of narratives exemplified by Reissman and Kramp, and finally, a poetic representation featuring the collective voice of researcher and participants. Analyzing taken-for-granted narratives allows a closer look into how women reclaim power, assert agency, and participate with and against the institutions and discourses of motherhood first discussed by Adrienne Rich. Recommendations are made to share mothers' stories of "talking back" with the medical establishment in order to make motions towards the recognition of women's rights as participants and deciders of their own births.*

#### Introduction

A woman's experience of childbirth, like a good story, has a beginning, middle, and end. Popularly called a "birth story," the recounting of human childbirth might be the most well-known (certainly the most action-packed) storytelling on earth. In this study, I took the birth stories of two women—both with complicated births—as a unit of analysis. Paying attention to these narratives as

“epistemic explorations” (Davis-Floyd 245), I isolated them as intact examples of how women re-story their experiences of becoming a mother, and in so doing express resistance to the patriarchal environment of Western medicalized birth. Stories about motherhood are powerful ways women connect, explain, and process motherhood as experience (Chase; Evans and Grant; Rich). Stories of how motherhood as *experience* interact with motherhood as *institution*—or mothering discourse(s)—illustrate the tensions that women grapple with, and the positions they cast themselves (and are cast) in their daily lives as mothers (Rich). This study utilized feminist life history interviewing (DeVault; Oakley; Reinhartz) and narrative analysis to frame how two participants told stories of the hospital births of their firstborn children, and how those stories in turn “told” their own tales of “becoming” in the social environment of medicalized, normative mothering. This study also utilized triangulated approaches by telling the research story “three ways” (see Wolf).

### Narrative Inquiry

Narrative inquiry is a vast field in the social sciences that encompasses both theory and methodology. There is no one unified methodological approach to narrative inquiry, but approaches that fall under its rubric attend to the fundamental importance of narrative configuration in human experience (Polkinghorne). Susan Chase defines narrative inquiry as a “subset” of qualitative inquiry, an “amalgam of interdisciplinary analytic lenses, diverse disciplinary approaches, and both traditional and innovative methods—all revolving around an interest in biographical particulars as narrated by the one who lives them” (651). While there are many different ways of approaching narrative under the umbrella category “narrative inquiry,” all have the basic recognition of the importance and prevalence of the use of narrative form in how people make sense of their experiences. It is a way of knowing, or more particularly, a “storied” way of knowing and “one of the fundamental ways in which humans organize their understanding of the world” (Cortazzi 384).

As a unit of data, narratives are intact plotted stories—usually with a beginning, middle and end (though some researchers doubt the universalist claims in this western-devised plot structure, see: Reissman, *Narrative Analysis* 17). However, attention to context is important. If narratives are “naturally occurring” in human speech and in interview data, it still takes another human being to determine their boundedness—where the narrative structure begins and ends. Narratives are constructed in the telling of experience. Describing narrative form, Mary Kay Kramp says, “Clear accounts of an experience, typically jargon-free, are structures in a story form, constituting

a meaningful story, *sometimes not known to the storyteller until it is told*" (108, emphasis added).

Truthfulness (or the accuracy of an account) is not the issue in narrative inquiry—instead we think of “truths,” as in the construction, re-remembering, and telling that makes truth in the telling, or a view from “somewhere” where situatedness and personal experience constitute a relevant form of objectivity (Haraway). These truths are “neither open to proof or self-evident” (Personal Narratives Group 261) and they are re-constructed in analysis and representation. Martin Cortazzi reminds us that narratives “are not pre-packaged inside the person of the respondent, waiting to be expressed in response to the eliciting stimulus of a question. They are interactive co-productions” (390).

Tellers tend to put their stories into “archetypal forms” such as tragedy, comedy, romance, and satire (Reissman *Narrative Analysis* 19). These types of distinctions are typical in sociolinguistic approaches to studying narrative form and as such deemphasize sociocultural context and the poststructural notion of discourse. There has been a shift in narrative inquiry to adopting a more poststructural frame at examining context, identity formation and subjectivities of both the “narrator” and the “narrated” (Chase; Grbich 125). The importance a researcher places on this co-producing quality of narratives guides her or his approach in analyzing them. On one end of the spectrum is the functionalist, sociolinguistic model articulated by William Labov. In this model, narratives are excised from their contexts and organized via clauses (including abstract, orientation clauses, complicating actions, evaluations, resolutions, and coda). This structuring of narrative may involve reducing narratives into manageable chunks in order to parse out the structure, plot, and meaning of the story. This approach utilizes the “western assumptions of time marching forward” (Reissman 17). On the other end of the spectrum is the sociocultural model exemplified by the seminal, feminist, and multi-authored narrative study of the Personal Narratives Group. In this feminist approach to understanding narratives of women, the researchers paid close attention to the cultural contexts (including the micro-context of the research/interview itself) of narratives.

Many qualitative researchers utilize poetic transcription and representation in the writing up of research “findings.” Creativity and innovation help power the transmission of the findings. Researchers, already in the act of construction while analyzing data, use poetic representation to builds on that performative aspect. Laurel Richardson writes

In feminist writings of poets and social scientists, the position of the author is linked aesthetically, politically, emotionally, with those about whom they write. Knowledge is not appropriated and controlled, but shared; authors recognize a multiplicity of selves within

themselves as well as interdependence with others, shadows and doubles. (“Poetics” 705)

Poetic and other creative representation methods (ethno-drama, arts-based research, etc.) allow for the feminist co-construction of powerful stories, recognizing that the act of analysis is not a fixed, neutral (or solitary) event.

### **Description of Analytic Methods**

Data from three separate interviews with mothers from the same small, southern American town had a number of narratives—many overlapping and connected—about mothering practices and experiences. My original research questions centered on notions of literate subjectivities, specifically how mothers of small children practice various forms of literacy, and how they connected the two in narratives. A salient theme that emerged was the power of the childbirth event as a storied experience, and a connection to mothering discourses. Each participant shared a birth story with me in the course of the interview—and of the three, two responded with the story from the eliciting prompt: *Tell me about yourself as a mother*. Two birth stories were departures from the interview—they were lengthy and emotional. After telling them, the participants, Janice and Lori (both names are pseudonyms), referred back to the birth stories in connection with other events and meanings in their lives. Because of the apparent power of the birth story as a phenomenon (Davis-Floyd 245-6), I pulled these passages out of the transcripts for analysis.

### **Identifying the Birth Narratives**

While working with the transcript data in the open coding stage of analysis (Strauss and Corbin), I identified the birth narratives. I experienced a similar process to what Catherine Reissman describes in her description of the coding stage of analyzing divorce narratives:

The response “felt” like a narrative when I attempted to code it. I found myself not wanting to fragment it into discrete thematic categories but to treat it instead as a unit of discourse; it “sounded” like a narrative when I went to re-transcribe it into a form suitable for that kind of analysis. It seemed to be structurally and thematically coherent and tightly sequenced. (*Narrative Analysis* 44)

Similarly, in the case of my interviews, the birth narrative became a salient (and in two cases, quite lengthy) departure from the flow of the interview theme.

It is important to understand both the personal context of the stories (of the participants and of my relationship with them) and the textual context of the stories—how they came to “appear” in the course of the interview. In other words, “the text is not autonomous of its context” (21).

Keeping in mind that the transcription process “loses” data (in the form of pitch, timing, intonation, and non-worded data such as body language, laughing, etc.), I repeatedly listened to the birth narratives in the original transcripts to understand their context in the interview.

Arguing against picking apart narratives into more traditional paradigmatic coding units, Reissman says, “Precisely because they are essential meaning-making structures, narratives must be preserved, not fractured, by investigators who must respect respondents’ ways of constructing meaning and analyze how it is accomplished” (4). I chose two narratives—Janice’s and Lori’s—because the narratives seemed similar in structure and in theme.

I triangulated methodologies by organizing the narratives into clauses (Labov), using paradigmatic analysis of narrative (Kramp; Reissman), and crafting a story in a form of poem. First, I wanted to break each narrative into Labov’s functionalist clauses with no mention of context nor connection to the participant’s larger story or the context of the interview itself (including where the narrative appeared in the interview trajectory, how it was followed up, and where I place myself as researcher in the co-production of the narrative). Secondly, inspired by Mary Kay Kramp’s discussion of how to merge analysis of narratives and narrative analysis for increased analytic power, I followed her open-ended guidelines for inductively analyzing more than one (similar) narrative for comparison across cases. Finally, I crafted my own narrative in the form of a poem, resulting in a “re-storying” that features my own voice and experience as a birthing mother prominently while incorporating data from the participants’ stories. Poetic data representation is one way to re-story interview data in such a way to introduce a “third voice”—not the participant or the researcher but a co-constructed piece (Glesne 250). The poem weaves pieces of interview data, my own birth experience, and the juxtaposition of the concrete with the abstract in an effort at “word reduction while illuminating the wholeness and interconnectedness of thoughts” (Glesne 250). I hoped that using all three techniques might paint a richer picture of the how narratives of birth for these women (and myself) have powered notions of a social self in a way that a single method might not.

### **Re-transcribing the Birth Narratives into Labov’s Model**

In conducting this phase of the analysis, I first broke down the narratives into Labov’s clause structure to understand if doing so added any analytic strength or

unforeseen dimension. Doing so allowed me to see the narratives in linear form, and to order each complicating action in sequence. It also gave me something of a horizontal plane upon which to compare the narratives. Table 1 displays Janice's birth story and Table 2 displays Lori's birth story. Both women were describing the births of their first children. Parenthetical numbers refer to the chronological line numbers in the original transcript.

Janice's description of her birth emphasizes a major turn or twist—a configuration of a tragedy in a plot sense—the unwanted c-section and the aftermath of trauma. Noticeably absent from Janice's account are the details of the c-section itself such as hospital procedures, family presence and involvement, and the bodily experiences (such as pain, nausea, etc.) involved in surgical birth. Looking at the plot structure of her narrative, the emphasis is on the evaluation—considerably negative. Janice, a normally “really positive” person, diagnoses herself as depressed in line 14 and without any connection between the resolution and the disparate elements of the evaluation (especially the dramatic change of tone in lines 19-21). The left-out contexts of this re-transcribing of Janice's narrative will be discussed below.

Lori's birth story features a long string of complicating actions—signals that her birth was not a simple event. She inserts counterpoints at key moments—clarifications on how she was helped as well as harmed. For example, in the middle of the story where a doctor she has “never met” is threatening her with a c-section, she explains the kindness of the nurses and their attempts to “rock” the baby down into the “right spot.” She also stresses her lack of experiences (“first time mom”) and her lack of supports—due to what she perceives as generational gaps with her mother and grandmother (which were themes in her interview). She counters with thankfulness for the “amazing” nurses, her husband Bill, and the presence of her best friend. Her story seems to link her tragic experience (for, like the first narrative and according to Labov's model, I would categorize this narrative as a “tragedy”), with her wish to only have one child (the coda “one's good” is repeated twice at the end of the narrative). For mothers of young children (especially those with traumatic birth experiences), this sort of connection might be a familiar one.

Unlike Janice, Lori does describe the play-by-play of her birth—the pain, the tears, the threats, and bodily experiences, such as rocking the baby down into her hips. Similar to Janice, Lori has described a tragedy with a twist—but this time the twist comes at the end. Lori does not have a c-section. She also stops going to her midwife due to the perceived negligence at the birth. The structuring of clauses in the preceding narratives foregrounds the chronology of the narrative construction, while exemplifying the difficulty in simply labeling either story as a “tragedy.”

*Table 1: Janice's Birth Story*

<i>Abstract</i>	I had a really complicated pregnancy with Noah. (1) So I ended up having this really scary c-section. (9) And they just you know threw me in there. Cut me open. Pulled him out. (11-12)
<i>Orientation</i>	I had placenta previa. (1) I was, I was at home (10) And started ... I was gushing blood. We had to rush from Manor Hills to the hospital. (10-11)
<i>Complicating actions</i>	They kept telling as the pregnancy went on telling me your placenta is probably going to move and you will still be able to have a vaginal delivery. (4-6) then they ended up telling me, no, actually, it's not going to move, so by the time I got to 35-36 weeks they were scheduling c-section talk. (6-7) And I mean I was like wanting a natural birth and having absolutely no interest in a c-section. (8-9) So the first, gosh, I would say I don't, I don't really feel like, I like [in dramatic voice] "oh ... my son," like bonded with him until he was, I mean, older. I would say like 4, 5, or 6 months old. (16-18)
<i>Result</i>	I think I had ... looking back now I think I had post-partum depression. (13-14) And I didn't want to breastfeed him. And I didn't even really want to be near him. I was, I just wanted to sleep a lot—so unlike me. I'm normally really, really positive. (14-16)
<i>Evaluation</i>	It was just really, really, traumatic and horrible. And so, after all that, it was like, I just felt, just messed up. (12-13) That was scary. Just to not feel happy to be a mom. (18- 19) And so, now ... uh watching him like just blossom...and he's turned into this little man ... this person and, of course, I really feel connected to him now. (19-21) So, um, but, so that was strange. My entrance into mother- hood was dramatically different than I thought it would be. (21-22)
<i>Coda</i>	Uh, but, [pauses] yeah I think, I think now it's going well. I like it now. [laughter] (22-23)

*Table 2: Lori's Birth Story*

<i>Abstract</i>	<p>I had a rough birth (1)                  I was using a midwife and my experience was not good (1-2)</p>
<i>Orientation</i>	<p>It was with the Women's center so I am not sure what you would consider...A certified midwife. Yes, yes. (4-5)                  Well, there were 3 midwives at the Women's center and so I never really picked one. I was comfortable throughout my whole pregnancy with all three of them—it doesn't matter to me which one. You know, you've all been great, so whichever one of you is there. I don't want to specify. (9-13)                  I went in Sunday night (15-16)                  I am still fuzzy on the details (21)                  I had been in a long time—since essentially 2:00 in the morning. (24-25)                  [big sigh] So it was one of those things—4:16 and she was born (39)</p>
<i>Complicating actions</i>	<p>I had the whole birthing plan and I didn't want to be induced and I didn't want to have an epidural and all that kind of stuff (6-8)                  I went in when I was 8 days over my due data then she more or less stressed that it would be important that I get induced. (13-15)                  ...and then 2:00 in the morning I was in pain so I asked for some pain relief. (16-17)                  Basically, my midwife stopped in for under 2 minutes in the morning to check on my progress. (19-20)                  I am assuming she was birthing with somebody else so an actual doctor who I had never met before came in to deliver at 4:00. (23-24)                  The nurse team was amazing. They helped me, helped me rock my entire body and that sort of a thing—and so got her wiggled down into the right spot. And then so that helped. (26-29)                  He said "we really need to think about"... (25-26)... but then at 4:00 he said, you know, if the baby doesn't come out by 4:30 then we are going in for a c-section. And it wasn't a "hey, let's do this and I'm including you in this." It was: "We're going to do this." (29-31)                  And that is when I cried. I was in pain you know before and I was swearing and stuff [laughs] but that was the point when I cried because it is scary, you know. (31-33)                  my midwife never really came back to talk, to check in with me—that I'm aware of, I mean it's possible she did and I was</p>



<i>Complicating actions</i>	like out of it really. Because when you are in lots of pain you're trying to not worry about anything else. (40-43) And my follow up visit there they had me wait an hour before anybody came to see me. (43-44)
<i>Result</i>	I luckily didn't have to have a c-section. (39-40) So I just stopped going to see them. So I had a very negative outlook on the whole birthing experience. (44-45) She was born with all her fingers and all her toes and crying away. (49-50)
<i>Evaluations</i>	I am glad that Bill [partner] was with me and I had my best friend with me as well. So you know I had two really good support people and two nurses that were beyond amazing. (45-47) I was a first time mom. I had never done this before. I didn't know. I don't have a good relationship with my mom so I never really talked to her about it. I have a great relationship with my grandma but that is not really something that you talk about with that generation so much. Bill's mom and I don't talk about those sorts of things either [laughs]—similar generational type thing. So I didn't know what to expect. (33-38) It was really scary for me. (38) But she was healthy, she was fine. (48)
<i>Coda</i>	So it was good. (50) ...well, one's good. One's good [laughs]. (51)

## Paradigmatic Analysis of Narratives

After putting the birth narratives into Labov's model, I followed guidelines adapted from Kramp's paradigmatic analysis of narratives (with or without breakdown into clause form). Carol Grbich, also, suggests: "Link stories to relevant political structures and cultural locations" (131). This process allowed me to compare the two narratives and find themes, as well as "locate" them in sociocultural and political contexts, rather than chronological "told" stories. Both Grbich and Kramp suggest paying special attention to one's own subjectivities when going through this process, as well as noticing linkages between the researcher's stories and the data stories. Context played a more important role in this phase of the analysis.

First, I attended to each story, repeatedly listening to each birth narrative in order to hear the nuances of speech—speed, pitch, and the untranscribed

conventions such as sighing and laughing, changes in voice, the subtle “mm-hmms” that I uttered as interviewer from time to time. I tried to listen “around and beyond words” (DeVault 66). I read the narratives aloud. These steps allowed me to “familiarize [myself] with the narrator’s language, inflection, and especially the story itself” (Kramp 116). I then created a small matrix of themes for each story and across the two stories. I was careful to attend to metaphor and the complexities of self. I then took the set of general themes and organized them in a paradigmatic structure. I then created a list of themes across both narratives. These include:

- Birth as tragedy with a happy ending
- Lack of professional supports
- Counter-arguments with the medical establishment/“talking back”
- Denial of agency
- Body as object

First, each narrator describes an essentially traumatic experience, albeit with a happy ending (Janice: “I like it now.” Lori: “It’s good. One’s good.”) Another element lost in written transcription is that each narrative ended with good-hearted laughter, mine included. There was very much a sense of birth-as-war-story—tragic and painful but survived. Janice, who at the time of the interview was six months pregnant with her second child, had become a breastfeeding advocate, taken a natural birthing class, and was working on birthing rights for her pregnant friends. She had also hired a traditional doula for the second birth. Her experiences with what she thought of as post-partum depression brought on by traumatic birth have been instructive in being proactive about her next birth. (Side note: Janice recently gave birth to her second child—completely naturally and on her own terms.) Lori was adamant in her interview about her desire to just have one child.

Lack of supports—especially birthing/medical supports—was another salient theme. While each woman had supportive family members (although Lori describes a non-supportive mother and grandmother), they found a less than supportive role in their nurse-midwives. Social support is one of the most important predictors of a perceived positive birth experience (Squire). Further troubling is that nurse-midwives are popularly thought to be motherly, wise women who stay closer to the birthing woman than the medical establishment—rather than instruments of that establishment (for an excellent exposé of this issue, see 2007 motion picture *The Business of Being Born*). Janice and Lori’s story reflect what others have noted—that certified nurse-midwives (CNM) work within the patriarchal, medicalized social environment of Western birthing (Davis-Floyd; Squire). This ten-

sion hints at a larger “collective story” (Richardson *Writing Strategies* 64) of women’s disenfranchisement from childbirth.

Each narrative featured some form of “talking back” (Nathanson and Tuley) to the medical establishment that engendered the trauma. Janice’s counter-argument comes against what is thought to be the main expectation of mothers after birth—immediate bonding. She also puts the c-section experience in graphic, almost dissociative, terms: “And they just you know threw me in there. Cut me open. Pulled him out.” Lori’s counter-arguments were aimed at the physician and the CNM that spent “under 2 minutes” attending to her. In the end, she stopped seeing the physician or midwife as a final act of protest.

The women’s language suggests that they position themselves as agents in a social environment that has ritualized control pre-determined, despite allowances such as the “birth plan.” Janice said she had “absolutely no interest” in a c-section. Lori said: “I had the whole birthing plan and I didn’t want to be induced and I didn’t want to have an epidural and all that kind of stuff... I should have stuck with my gut and didn’t but I went in and got induced.” She asserts her agency in the narrative, even as she remembers the trampling of that agency. Lori had a birth plan, a document outlining her wishes and boundaries (often they stipulate exactly which medications a birthing mother does not want to even be offered). These are acts of agency and defiance, denoting participation in the “figured world” (Holland et al. 40-3) of natural childbirth. Importantly, figured worlds “are not so much things or objects to be apprehended, as processes or traditions of apprehension which gather us up and give form as our lives intersect them” (41). This denial of agency in this “intersection” was powerful and traumatic for women who have made every effort to make choices for their own well-being. They have continued to re-define their experiences through gaining control in the telling of the story that they did not have during the event itself. These narratives feature mothers “talking back to power” (Nathanson and Tuley 1), yet they show that the very act of countering dominant discourses in the re-storying of an experience give identity-constituting meaning, refiguring a sense of self, and how to tell that self.

Finally, both narratives hint at a larger issue of the body-as-object, which is a much-criticized aspect of the western biomedical model of childbirth (Gaskin). Taking bodies away from agency, or agency away from bodies is a feature in Janice’s abstract, “And they just you know threw me in there. Cut me open. Pulled him out.” Lori describes how the doctor she had never met approached her participation in her own birth: “He said ‘we really need to think about’... but then at 4:00 he said, ‘you know, if the baby doesn’t come out by 4:30 then we are going in for a c-section.’ And it wasn’t a ‘hey, let’s do

this and I'm including you in this.' It was: 'We're going to do this.'" Mothers' bodies are positioned as divorced from mind and agency in a false dualism that reflects the current biomedical view of mothers-as-vessels. This is the "medical gaze" (Foucault) in action—controllers (physicians and others) as powerful "knowers" and "seers" looking on/inside bodies and discovering illness or disease in need of curing.

Next, we turn to a narrative of my own creation. My own experience of childbirth is interwoven, creating a "third voice" that resists the coding and analysis done thus far.

### **Birthing a Story / Poetry as Analysis**

First there is the dissonance—obvious and ridiculous—  
*my body knows what to do, but I am assumed to be inadequate.*

Then, there are the refusals:

No, I do not want Pitocin.

No, I do not want an epidural.

No, I do not want a c-section.

No, I do not want Stadol.

Demoral. Stirrups. Fetal monitoring. *To get in bed.*

*What flavor popsicle can we get you?*

(Not: Tell me how to help you.)

I brought a birth plan for the birth man.

The midwife warms up the olive oil  
but she has disappeared into  
the clinical deep.

A froth of nonchalance melts on the linoleum.  
The man with the large hands (size XL gloves)  
Comes in to threaten and cajole,  
knife-motions quivering in the salt-light.

She comes on her own, alas—not pushed, but yanked.

But, a healthy cry!—  
all is obliterated by love,  
(Ten tiny fingers and ten tiny toes.)  
I reach out, phoenix-like from the ashes  
of Regional Medical

Standing on feet (heaven underneath?)  
 Baby all here—all wet—all mine.  
 But one's good. *One's good.*

## Discussion / Weaving Stories

These birth narratives exemplify the birth story as a way of understanding, of resisting, and of becoming “mother” in the western biomedical rite of passage—childbirth (Davis-Floyd). I would argue that while the stories might be considered “tragedies” in the Labov model, they are actually counter narratives, or ways of reclaiming/re-constructing lost (or stolen) power. These stories are part of a canon of motherhood—not stable histories, but continually reshaped narratives that ground women as political and cultural agents in their own experiences and in (and against) institutional discourses (Rich). They also hint at a larger “collective story” of birthing in a particular socio-historical contexts—one where media versions of normative mothering coincide with real diversity of motherhood (Lang; Nathanson and Tuley). Counter narratives should not be locked in research conversations, but legitimized through activism and institutional change. Moreover, these “talking back to power” counter discourses should be distributed to CNMs and physicians training to assist in childbirth.

For now, there is an unfortunate bifurcation between the western technomodel of birth (of which the certified nurse-midwives obviously play a part) and the realm of the traditional midwife/doula where natural birth practices are honored. This latter category is often denigrated as “primitive” or dangerous, or outside the normal social world of mothering and all that it engenders. If we understand that birth stories make meaning for women as active tellers of their own lives in already “figured worlds,” and that writing and analysis are political rather than neutral acts, then it is time to give more credence to the popular stories women tell each other—treating them as powerful counter narratives that have the potential to shift dominant practices.

Lori and Janice told their stories from particular social locations, that is, as white middle class women in the southeastern United States, their birth experiences were imbued with social privilege. The remembered “tragedies” became war stories, ways of reclaiming power and resisting normative, medicalized birthing.

However, perception of support during birth and lack of social support have very real (and potentially negative) consequences for early mothers (McCourt). If we listen between and inside the lines of Janice’s and Lori’s birth narratives, we find a medical system that still operates upon women’s bodies instead of in concert with them.

## References

- The Business of Being Born*. Dir. Abby Epstein. New Line Cinema, 2007. Film.
- Chase, Susan E. "Narrative Inquiry: Multiple Lenses, Approaches, Voices." *The Sage Handbook of Qualitative Research*. 3<sup>rd</sup> ed. Eds. Norman K. Denzin and Yvonna S. Lincoln. Thousand Oaks, CA: Sage, 2005. 651-679. Print.
- Cortazzi, Martin. "Narrative Analysis in Ethnography." *Handbook of Ethnography*. Eds. Paul Atkinson, Amanda Coffey, Sara Delamont, John Lofland, and Lyn Lofland. London: Sage, 2001. 384-394. Print.
- Davis-Floyd, Robbie E. *Birth as an American Rite of Passage*. 2<sup>nd</sup> ed. Berkeley: University of California Press, 2003. Print.
- DeVault, Marjorie L. *Liberating Method: Feminism and Social Research*. Philadelphia: Temple University Press, 1999. Print.
- Evans, Elrena and Caroline Grant. *Mama PhD: Women Write about Motherhood and Academic Life*. New Brunswick, NJ: Rutgers University Press, 2008. Print.
- Foucault, Michel. *The Birth of the Clinic: An Archeology of Medical Perception*. New York: Vintage. 1994. Print.
- Gaskin, Ina May. *Ina May's Guide to Childbirth*. New York: Bantam, 2003. Print.
- Glesne, Corrine. *Becoming Qualitative Researchers: An Introduction*. 3<sup>rd</sup> ed. Boston: Pearson. 2006. Print.
- Grbich, Carol. *Qualitative Data Analysis: An Introduction*. Los Angeles: Sage, 2007. Print.
- Haraway, Donna J. "Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective." *Simians, Cyborgs, and Women: The Reinvention of Nature*. New York: Routledge, 1991. 183-202. Print.
- Holland, Dorothy, William Lachicotte, Debra Skinner, and Carole Cain. *Identity and Agency in Cultural Worlds*. Cambridge, MA: Harvard University Press, 1998. Print.
- Kramp, Mary Kay. "Exploring Life and Experience Through Narrative Inquiry." *Foundations for Research: Method of Inquiry in Education and the Social Sciences*. Eds. Kathleen B. deMarrais and Stephen D. Lapan. Mahwah, NJ: Lawrence Erlbaum Associates, 2004. 103-121. Print.
- Labov, William. "Some Further Steps in Narrative Analysis." *The Journal of Narrative and Life History* 7.1-4 (1997): 207-215. Web. 8 April 2010.
- Lang, Lauren. "Big Brother Meets the 'Alpha Mom': Tensions in the Media Standardization of Motherhood." *Lore* 6.2 (2008): 1-12. Web. 5 June 2010.
- McCourt, Christine. "Social Support and Childbirth." *The Social Context of Birth*. 2<sup>nd</sup> ed. Ed. Caroline Squire. Oxford: Radcliffe. 2009. 191-214. Print.

- Nathanson, Jessica, and Laura C. Tuley, eds. *Mother Knows Best: Talking Back to the "Experts."* Toronto: Demeter Press, 2008. Print.
- Oakley, Annie. "Interviewing Women: A Contradiction in Terms." *Doing Feminist Research*. Ed. Helen Roberts. London: Routledge, 1991. 30-61. Print.
- Personal Narratives Group, ed. *Interpreting Women's Lives: Feminist Theory and Personal Narratives*. Bloomington: Indiana University Press, 1989. Print.
- Polkinghorne, Donald E. "Narrative Configuration in Qualitative Analysis." *International Journal of Qualitative Studies in Education* 8.1 (1995): 5-23. Print
- Reinharz, Shulamit. *Feminist Methods in Social Research*. New York: Oxford University Press, 1992. Print.
- Reissman, Catherine K. *Narrative Analysis*. Newbury Park, CA: Sage, 1993. Print.
- Reissman, Catherine K. *Narrative Methods for the Human Sciences*. Los Angeles: Sage, 2008. Print.
- Rich, Adrienne. *Of Woman Born: Motherhood as Experience and Institution*. New York: Norton, 1976. Print.
- Richardson, Laurel. "Poetics, Dramatics, and Transgressive Validity: The Case of the Skipped Line." *The Sociological Quarterly* 34.4 (1993): 695-710. Print.
- Richardson, Laurel. *Writing Strategies: Reaching Diverse Audiences*. Newbury Park, CA: Sage, 1990. Print.
- Squire, Caroline, ed. *The Social Context of Birth*. 2<sup>nd</sup> ed. Oxford: Radcliffe. 2009. Print.
- Strauss, Anselm C. and Juliet Corbin. *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. 2<sup>nd</sup> ed. Newbury Park, CA: Sage, 1990. Print.
- Wolf, Margery. *A Thrice Told Tale: Feminism, Postmodernism, and Ethnographic Responsibility*. Stanford, CA: Stanford University Press. 1992. Print.