Stories, Legends and Ordeals: The Discursive Journey Into the Culture of Motherhood

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Abstract

By examining the narrow window of time in which a sample of women (N=53) became mothers for the first time, we may gain insight into some of the ways in which fundamental personal transitions are negotiated, enacted, shared and rendered comprehensible, by the discursive community in which they occur. The organizational implications of initiation rituals, the sharing of stories, and the creation, and negotiation, of group lore and mythology are explored.

Introduction

Birth is the quintessential rite of passage. For the child being born, birth is, of course, the formal entrance into human society (even though the foetus has been a social entity since the first knowledge of its conception.) For the woman birthing, the passages are multiple: she might be seen to now be an adult; she might, in many Western countries at least, be seen to be fully entering, and submitting to, a technologized realm of meaning wherein birth is primarily a medicalized event (Davis-Floyd, 1992); she certainly, if this is her first birth, crosses the threshold from girl or woman to mother. Since to be a mother is to occupy a social/cultural space shared with other mothers, she also simultaneously enters what I have called "the culture of motherhood" as she becomes a mother. The rituals surrounding birth might not (at least in present-day Canada) be primarily created by other mothers for the purpose of inducting new members into the culture of motherhood, but those rituals nonetheless constitute important markers of a woman’s entrée into the culture.3

Birth is like other rites of passage (Van Gennep, 1909) in that it is a socially determined and created event that exists around an observable physiological process. Parturition is a discrete physiological event that becomes enacted and performed as a sociocultural event.

Van Gennep (1909) argues that rites of passage fulfill the social purpose of orienting people away from old roles and toward new roles. To this end, he asserts, rites of passage have three distinct phases or components. The first is "separation" during which the initiate is physically, socially, and/or symbolically removed from her previous life, activities or associates. Certainly, pregnancy sets a woman apart from her previous life and patterns of interaction. The period of time during which she is birthing, traditionally called her confinement, makes this separation complete. Whether a Canadian woman gives birth at home, in hospital or at a birthing centre, birth is seen as an intensely private event, attended by a small group of specifically chosen intimate...
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sentence to the new human. These are the powers of gods so it is little wonder that this process should be so widely emulated.

In making the personal transition to motherhood, women also make a social transition both in terms of their roles and status, and in terms of the complex and conflicted social meanings attached to their new roles and status. Furthermore they enter, willingly or not, a community of people who are generally identified by the “outside” world as having much in common and who sometimes identify themselves as having some things in common. Not all wish to enter this community, not all feel that they have entered this community, not all are equally welcomed by this community, but none is left untouched by it and very few are totally isolated from it. This is the community which I call the culture of motherhood and which many of my participants refer to as “the mommies’ club”. It is with this community, and the entrée therein, that my research has been concerned. I have conducted qualitative interviews with 53 women who were either pregnant for the first time or who had been mothering for three years or less.

In this article, I will discuss some of the processes by which gestational women come to be initiated into the culture of motherhood. By examining the quintessential rite of passage that is birth, we may draw out implications for organizational practice. If it is our concern to facilitate transitions in individuals’ senses of self, to contribute to individual senses of efficacy, and to help build a sense of community and cooperation among people, then there is much we can learn from women as they make their first forays into the culture of motherhood.

Birth and Labour Stories

Birth and labour stories are exchanged during a relatively short portion of one’s membership in the culture of motherhood but they are of tremendous importance. Generally, it takes the presence of a pregnant woman or a new mother to trigger the telling of labour and birth stories. Pregnant women start hearing the birth stories of other mothers very early in pregnancy, and once they have given birth they are expected to share their own stories. Later, I will examine the exchanges of birth stories that occur after women have given birth. At this point I want to focus on the labour and birth stories that are shared with pregnant women.

Many women, when pregnant for the first time, seek out the labour and birth stories of friends and relatives so that they might have some sense of what to expect. Of great value
in this regard are friends, family members, and even strangers, who have given birth relatively recently, generally no more than about 10 years previously. Women tended to report that the birth stories they sought out were of value to them, even if they sometimes contained frightening accounts of pain or of births that became terrible ordeals. Blaire Hanks said:

I like to hear them. Some of them are a little bit scary, some of them are like nice little fairy tales but, you know, I like to hear them because it just reminds me that I’m not in charge and the best I can do is just stay in tune with the day and just move through the day and quite enjoy it which I am, enjoying the day.

Jennika Kovacs had a similar perspective:

It was neat to hear different stories because there is such a wide range. …some people thought it was the best thing in the world and some people had a negative experience. It prepared me mentally for it being potentially the best experience in my life and potentially the worst experience in my life. I felt like I was seeing the spectrum. I was just expecting it to be great but it made me realise that those women probably were too.

It is the unsolicited birth stories of others that can sometimes take getting used to. Many of the women who spoke with me were amazed at the gruesomeness of most of the stories; it seemed that all they were hearing were the horror stories of birth. Some felt that this actually represented the kindness of other mothers who were trying to help them prepare for what lay ahead. Others interpreted these stories as sadistic attempts to frighten them.

Only a couple of women reported that they were not hearing many horror stories and they interpreted this as a desire, on the part of other mothers, to protect them from the knowledge of all the travails that might be around the corner.

In the sharing of birth stories, some central cultural values are conveyed to the incoming members. First are both the likelihood and the value of pain and suffering in the transition to motherhood. The agonizing details of the birth stories attest to this. Further, the use of pain-killing medication is specifically eschewed. Women who have had epidurals certainly speak of their experiences but generally do so defensively. They explain that the pain was unbearable, that the labour was too long, that their doctor insisted on the epidural, that they had to be induced (which is accepted as being more painful than a spontaneous labour), or that they had experienced “back labour” (also widely accepted as considerably more painful than the regular “front” labour). Anne Isely told me:

When I hear women talk about having an epidural, it’s always a little bit like, ‘well I had to have one.’ With a little bit of, we kind of sit back and admit that we had to have one. You don’t just, ‘Oh I had an epidural.’ It’s not a sense of pride. It’s not an announcement that we’re proud of. It’s like we failed a little bit.

All must provide evidence that they did, in fact, suffer, or truly desire to do so, before they “gave in” and had the epidural. Anne Isely continued her comments above by telling me how she presented her birth story to pregnant women and new mothers:

I always say that I made it through the first 8 hours without anything and then I couldn’t cope anymore. It was like…I just want to tell them that I gave it a go. I didn’t just walk in and say here I am for my
epidural. It was like I was in a lot of pain for 8 hours and then I had it. I'd been there and had that pain.

The ways that mothers tell their birth stories to pregnant women leave no doubt about the stigma surrounding the use of epidurals and other painkillers; women struggle with this knowledge when their time comes to give birth and they know, well before-hand, how they will have to present their own birth stories.

Like the offering and soliciting of advice, the offering and soliciting of birth stories helps to establish everyone's position relative to, and within, the culture of motherhood. Hierarchies of experience are established, cultural values are conveyed and new members are socialized into the discourse. Women are, at least symbolically, prepared for the ordeal that lies ahead by the more senior members who are welcoming them to the club. The fact that many of the women who spoke with me claimed that they were completely unprepared for the severity of pain they experienced when giving birth, despite what they had been told by other mothers, indicates that the talk of pain serves more of a symbolic than a preparative purpose.

We begin to see here the ways in which roles and relationships are established and enacted through the exchange of stories, or testimony. We can also detect the ways in which group, or cultural, values are transmitted via the lore of the group. It is not sufficient, in developing a sense of group identity, that a group of people exchange randomly chosen stories. What is significant here is that the stories revolve around a set of experiences that the group members perceive themselves to have in common; in fact, it is this shared set of experiences that identifies members of the group. Although the shared experiences would not have to involve an ordeal in order to be significant, the experiences that are being shared must be mutually defined as ones that change the person experiencing them. This change could be a shift in status, role, knowledge, or power. It is important to note that the transition (or initiation), the content of the stories told about it, and the rules and patterns of exchange in which those stories are shared are three distinct processes, even if they are implicated in each other and temporally co-exist. We will return shortly to a fuller consideration of the complexities of stories, and the telling of them. At this point, let us examine some of the rituals and rites of passage that mark the transition to motherhood.

**Rituals and Ordeals**

It is customary in human society that shifts in status are marked by celebrations and rites of passage. These events can be largely symbolic or they can involve real pain, suffering and challenge. When these are components of the entry into a new cultural space, we can expect to see quite elaborate rituals and expectations of surviving ordeals. Coming out the other side of an ordeal, be it an aboriginal vision quest, a tribal scarification, or a fraternity hazing, represents the changes, both real and symbolic, that the person has undergone.

**Classes**

For the first-time mother, attending prenatal classes is one of the most visibly ritualistic behaviours in which she will engage. Attendance at prenatal classes signifies that the woman is somebody who wants to prepare for birth in recognized ways. There can be some alarm, among mothers and medical practitioners, about women who decline to attend. The very existence of prenatal classes implies and signifies, culturally, that something alien, something outside of ordinary existence,
something that requires a great deal of training and preparation, is about to take place.\textsuperscript{6}

Although it does not have to be cast as a medical emergency, or even as a medically significant event, first birth is indeed a massive, and unique, event in the life of the woman who experiences it. Her attendance at prenatal classes allows her to engage in ritualistic behaviours that the larger culture recognizes as preparation for birth and motherhood. She also comes into contact with other expectant mothers and, although many women reported relatively little time for socializing in prenatal classes (especially medicalized ones), a sense of shared identity can be established, and sometimes new friendships are forged. Naomi Wolf (2001) shares the following African proverb: “Being pregnant and giving birth are like crossing a narrow bridge. People can accompany you to the bridge. They can greet you on the other side. But you walk that bridge alone” (p.1). Perhaps participation in prenatal class offers women the comforting knowledge that other women will be crossing their own bridges very close by.

The way in which prenatal classes signify that an important transition is about to occur, one that requires training and preparation, can be achieved in other contexts. Orientations for new staff are analogous here but I would suggest that sometimes it is necessary to build in these opportunities when they might not actually be needed for the transmission of task-related knowledge. For example, an organization undergoing structural changes that will not change the content of anybody’s daily job but which will be unsettling, might offer a type of pre-transition class with the latent function of encouraging everyone to feel that they are not alone on their journeys, that they are prepared for the changes and that the organization cares about their well-being through the transition.

### Showers

One of the most taken-for-granted rituals of pregnancy and early motherhood is the baby shower. Several women actually reported having more than one baby shower. One of the basic rules of the shower is that a woman does not arrange and host it herself, even if it happens in her home. Some representative of the mother orchestrates the event, and often the charade that the event is a surprise is enacted. I refer to this as a charade not because the time and place of the shower might not actually surprise a woman but because the shower itself would appear to be virtually inevitable.

Showers can happen at any time during pregnancy and early motherhood but they usually are held in the last trimester of pregnancy or during the first couple of months of motherhood. They are thus situated chronologically very close to the birth and almost definitely, for pregnant women, when the largest risk of losing the baby is past. This can be explained as consideration for the pain a woman might feel if she miscarried after a shower and was surrounded by baby things and the evidence of such happiness. At the same time, showers represent a significant entrance ritual into the culture of motherhood, and it would make sense if the initiates were, in effect, screened as to whether they are likely to go on and successfully enter the culture they are being welcomed to.

The baby shower is, in some ways, a concentrated microcosm of the types of interactions the pregnant woman or new mother has been having with other mothers. Although some women expressed comfort with the idea of co-ed baby showers for the new parents (if the parents are a heterosexual couple), most baby showers are strikingly a woman-only...
zone. Not all the guests are mothers; certainly non-pregnant and non-mothering friends and family share in the festivities, but the event is about becoming and being a mother and so other mothers occupy a central place. The exchanges of advice and rounds of birth stories that have happened in other locations are prevalent here. The initiate is thus discursively constructed as someone to whom wisdom is appropriately passed and whose impending or recent entrance into the culture is to be celebrated.

Perhaps the most significant event at the baby shower is the giving of gifts to the pregnant woman or new mother. Since anthropologist Mauss (1954) pioneered the area of inquiry, there has been considerable research into the social structure and cultural conventions surrounding gift-giving. Mauss saw gift-giving as a form of social contract under which giving, receiving and reciprocating are all obligatory behaviours. In the case of baby showers, we can easily see that the guests are obliged to bring gifts and that the guest of honour must accept them, or appear to, if she does not want to risk offending the giver and unsettling the whole event. Once the event is over, she has greater freedom to return the gift to the store or exchange it (if it was store-bought), perhaps with the giver never knowing.

The obligation of reciprocity is not as clear here. As Shurmer (1971) has pointed out, there are some events or conditions that obviate the need for reciprocity in gift-giving. The ceremonial nature of the shower and the condition of the recipient as pregnant or newly mothering provide such cases. This does not mean that the recipient is exempt from all reciprocal obligations, simply that she is not expected to give back gifts to the guests of this party. She is expected to give her gratitude and her attention to these guests. She is expected to give gifts to other pregnant women and new mothers at their showers (and we can fairly safely expect that some of the guests at this party have been or will be the guests of honour at their own baby showers). Furthermore, if we define "gift" broadly to include all items and services of exchange, then we can see that at the shower the gift might take a tangible material form but that the recipient of this gift is still expected to enter into the mutual exchange of advice, birth stories, support and assistance with the guests and with the larger community of mothers.

The giving of gifts at a baby shower thus represents the system of reciprocal obligations and dependencies that exist between mothers (as per Sherry Jr., 1983). This is a vital component of establishing a sense of group identity. Schwartz (1967) has argued that "gift exchange influences group boundaries by clarifying them; and the more group boundaries are defined, the greater the favorability of intragroup over extragroup exchange" (p.11). Such exchanges thus not only help to clarify the boundaries of the group, they also bond the members to each other. In addition, not only are the gift-givers able to express their feelings of connection to the new mother, the giving of baby-related gifts provides them with a way of being involved with the new baby.

Like other gifts given at ceremonial occasions that mark a shift in status, such as a wedding shower or even a wedding, the gifts are for the recipient but only in the capacity of the performance of the new role. Schwartz (1967) argues:

gift-giving plays a role in status maintenance and locomotion. This is illustrated best in the 'rite of passage' which gifts normally accompany. In such instances, they not only serve the recipient... as tools with which to betray more
easily his or her former self but symbolize as well the social support necessary for such a betrayal, (p. 3).

Thus a pregnant woman might receive gifts intended for her own personal use and enjoyment, such as aromatherapy oils, body lotion, anti-stretch mark cream, a gift certificate for a massage or to a maternity-wear store. Each addresses her primarily, if not solely, as a pregnant woman. This is not a gift-giving occasion when her other interests and desires are likely to be catered to. She will probably not, for example, receive the new book by her favourite author or the new wallet on which she has had her eye. Likewise, many of the gifts are for her use but only in her job as mother; she might receive, for example, a baby monitor, but is unlikely to receive a new coffee pot.

There is also a set of gifts that she will receive, unlike gifts received by other people on other occasions that are of great symbolic significance. These are the gifts that are not really for her or for her use at all; they are gifts for the baby. That it is the new mother who receives the clothing, toys and stuffed animals on behalf of the baby symbolizes that she is now the executor of the baby’s own wealth. Mothers are far more likely than fathers to be the recipient of gifts intended for their children. And this is not merely a solution to the practical problems that the baby might not yet exist to receive its own gifts or that, even if it does exist, it is unable as yet to enact the role of gift-receiver. Certainly, the new mother must enact that role on her baby’s behalf, opening the gifts and expressing delight and gratitude. But she is not merely the executor; these gifts were given to her. They arrive in packages with her name on them (although after the baby is born they might be addressed to the baby). The act of delightedly accepting gifts on behalf of someone else, at a party in her honour, symbolizes her own disappearance as a non-mother. The woman she has been is shrinking and is being replaced by somebody who is concerned more about the child, its care and happiness, than about her own material acquisition and enjoyment.

An important thread here is the notion of establishing reciprocal obligations and dependencies among group members. These can be very powerful in binding together members of a group. It is essential then, that group members are perceived as having something of value to offer each other, that they have opportunities for exchanging resources, knowledge, services and the like, and that there be mechanisms both for showing appreciation for what has been offered and for reciprocating in some manner.

The Birth

The expulsion, or removal, of a foetus from a uterus is concurrently the one necessary event that must happen for birth to take place and only one small part of what the social event of birth is about. The human/mammalian uterus will expel a foetus, or try to, when the right time comes (not infallibly but nothing in nature is infallible). There is no physiological need for birth to take place in a certain location, or with particular attendants, or with any attendant at all. (Merrett-Balkos, 1998, for example, documents the traditional requirement that Anganen women in Papua, New Guinea give birth in isolation.) There is no one correct position in which to give birth or any one series of sounds, or requirement of silence, that is mandated by the physiological process. There is no natural or obvious thing that must be done with the placenta and umbilical cord (Davidson, 1985; Long, 1963; Passariello, 1994). There is no universal way of treating, feeding, or

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interacting with the parturient woman and her body and there is no physiologically necessary, or universal, way of feeding, nurturing, clothing, and interacting with the new baby. All of these dimensions of birth, which often seem obvious, natural, and necessary in the particular forms in which they manifest to the people of a particular cultural group, are sociocultural creations, enacted by the mother, and those who facilitate her journey, within the socially constructed parameters of the ecological systems of which she is a part.

Similarly, there is nothing in the uterus's act of expelling a foetus that physiologically transforms a woman into a different person or different type of person. Certainly there are hormonal shifts and fluctuations throughout pregnancy and nursing that are common, in their broad parameters, across all gestational and nursing mothers, but these do not produce universal, or predictable, changes in women's behaviours, personalities or temperaments. The apparently instinctual mothering behaviour that we witness in other animal species is not obvious in humans. Instead we have cultural mythologies about maternal instinct, with the specific formulations varying across cultural groups, through history. We have cultural expectations that women who give birth, or who engage in other types of mothering behaviour, are "maternal." It is the social event of birth, not the physiological process that transforms the woman into the mother.

I agree with Davis-Floyd (1992) in her assertion that birth is the rite of passage through which women become mothering members of the larger culture, learning to enact pregnancy, birth and motherhood as these are conceptualized in that larger culture. But women are not mindless dupes of culture and so do not make these transitions in passive ways. Individually, and in cooperation with other mothers, women negotiate the cultural meanings of motherhood, attempting to reconcile cultural models with their own senses of self, (even if these senses of self are also, ultimately, derived from, and enacted within, the culture.) The culture of motherhood, as the cultural space occupied by mothers, both conveys the larger cultural values, policing their application, and provides spaces and opportunities for individual and group examination, negotiation, and even rejection of those values. The culture of motherhood is thus simultaneously a microcosm of the larger culture and something set apart from the larger culture. Although it is only one group that new mothers emerge into from the ritual of birth, it is a significant one. Most other mothers are not, of course, present at the birth of any one mother. The shift in status must thus be conveyed and witnessed in indirect ways. In general, women's positions within the culture of motherhood are established discursively; mothers talk to each other.

Mother Tongues: The Discursive Construction of Mothers

There is a wide range of topics that mothers discuss with each other and, of course, not all their discussions revolve around motherhood and children. Mothers are also workers, students and consumers, for example, and interact with each other in those capacities as well. It is not unusual, however, for mothers interacting in one context to find opportunities to also interact as mothers, and discuss mothering and children. The topics of conversation vary with the ages of the children and the interests and experiences of the participants in the conversation. I would suggest that the presence of at least one new mother in an interactional situation among mothers makes it more likely that mothering matters will be discussed. When new mothers
are together, it would appear to be almost inevitable that mothering experiences will be discussed. At this point I want to focus on a particular type of conversation that is very common among new mothers, either by itself or as a prelude to other topics, the exchange of birth stories.

Birth Stories Shared by the New Mother

We saw above that pregnant women begin to hear the birth stories of other women as soon as those other women know the woman is pregnant (so the stories become more common as the pregnancy becomes more visible). The presence of a new mother also brings forth birth stories, usually preceded by questions (such as “how was the labour?”), which elicit her story, or parts thereof, first. These interactions can happen between new mothers and other mothers of any age. New mothers meeting each other often offer up, or solicit, birth stories very early in their conversations (although a minority of women seem to shy away from this type of conversation). New mothers might, in fact, share their birth stories repeatedly with the same conversational partners, like the stories are jewels being turned over and over for close examination.

If a behavior is this prevalent we might assume that it is of some value to the people engaging in it. We might also assume that it is of value to the cultural group. Let us examine each of these possibilities.

Many of the women who spoke with me reported that they enjoyed the exchange of birth stories with other mothers, especially with other new mothers. When I asked what they got out of these exchanges, or why they valued them, several themes emerged in their answers. For some women, hearing the birth stories of other women offers the reassurance that their own experiences were within the realm of the ordinary and that they were, importantly, comprehensible. Jennika Kovacs explained this well:

I guess just sharing [birth stories], that kind of eases your feeling towards things and, and just reassures that everything, that it’s all a natural process and we’re all the same you know, we all go through similar things, that you don’t have to be embarrassed about things anymore. So it just kind of, you’re more open minded to things like that afterwards.

Giving birth is a unique and profound experience and many women believe that only another woman who has gone through the experience can understand the significance of the physical ordeal, the social consequences of the transition to “mother,” and the intensity with which one can love the baby born of one’s body. Thus, it is not merely hearing other women’s stories, but sharing one’s own, and having it responded to in affirming ways, that can offer validation and reassurance to a new mother. Traci Samuels was very succinct about this: “It’s just, it’s something that until you, until it’s happened, then nobody else in the world can possibly understand, you know. And it’s such a momentous event.”

If birth is a bridge that each woman must cross alone, then the sharing of birth stories allows her to relive the event, this time taking companions with her. She is able to share with them the significant moments in her journey and learn whether other women, on their own bridges, noted the same landmarks. Many of the women who spoke with me reported that they enjoyed the exchange of birth stories with other mothers, especially with other new mothers.
Sometimes, in hearing another woman’s story, a woman might cast her own story in a new light, or apprehend dimensions of it that she had previously overlooked.

In the same way that women might have had pictures or video taken of the birth, or might have written the details in a baby book or personal journal, telling the story is a way of keeping the experience alive, in the present. As Erica Edwards stated,

I think it helps to keep the story in your head and to remember the birthing experience, um, you know repetition helps to keep, um, you know, thoughts or information in your head, um, and I think it’s um, ah I’m not quite sure how to explain it but that’s probably the big thing for me.

This attests, in part, to the importance of memory; an event might as well not have happened, and cannot be integrated into one’s sense of self, if one does not remember it. Given that a woman’s birth experiences are integrated into her sense of self, the birth story, which might seem to be the story of how the baby came into existence, is actually the story of how the mother came into existence.7

Some of the accounts that women offered of the value of exchanging birth stories seem to attest to both a personal and a cultural value simultaneously. By establishing common grounds with other mothers, women are able to feel bonded to other mothers.8 In Canadian culture where the work of motherhood generally remains very isolated, this sense of a bond with similar others can be a personal lifeline. It also serves the cohesiveness of the overall group if members feel fundamentally similar to, and bonded with, each other. Sylvie Tremblay told me

I know what the mommies’ club is in terms of labor stories. I think that I can relate in that respect.

Everybody had better labour stories and when you are able to share a labour story, you feel like you kind of have arrived, you know…with other mothers.

Johanna Niles loved these opportunities:

“It’s just amazing. And it feels so good, cause we do that, we share all our stories when we get together with women, and it feels so good to be able to talk about all of that. Because it is an experience. It’s just, you know, everybody’s got their war stories if they want to talk about them.”

The exchange of birth stories is both the literal exchange of something of value and the culturally meaningful signification that one has something of value to offer. The acts of telling one’s own story and of listening to the stories of other women, and the ways in which these interactions occur, establish roles and relationships within the culture of motherhood. For example, new mothers get asked by more senior mothers for their stories, establishing a type of hierarchy, but they are at least as likely to offer their stories to other new mothers, establishing and enacting the equality of these relationships.

Some women stated that they use other women’s birth stories to help them determine what sort of person the other woman is and whether she might be worthy of befriending. Doreen Franklin claimed

I think it tells you about what kind of person you’re dealing with. I think it’s a real good question to try and figure out, OK, what’s this person like? What are they willing to sacrifice for the other person? Where was her focus? Like how do they cope in bad situations? Do

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they crumble? Are they weak? And it kind of tells you...it does tell you something. I found that the women that just went for the drugs, they hadn’t had a lot of things they had to buck-up [for] in life.

The cultural purpose here might be determining if a woman shares core cultural values but since the culture of motherhood is not a homogeneous group, it is often likely the case that stories, when used in this evaluative way, are used to classify women into ideological sub-groupings within the culture of motherhood.

That said, there are conceptualizations of motherhood, derived from the larger surrounding culture, that permeate the Canadian culture of motherhood. Although these are certainly not embraced equally or uncritically by all mothers, some central values seem to be the mother’s willingness to sacrifice and, if necessary, suffer for the well-being of her child; the mother’s willingness to be selfless, as opposed to selfish, in her dedication to putting the child’s needs before her own; and the mother’s willingness to be connected to, and interactive with, other mothers. The mere sharing of birth stories achieves this last purpose; the contents of the stories can convey the others.

Having a birth story to offer is having a ticket into the mommies’ club. Women without this ticket must buy or bargain entrance by some other means. Having a birth story to share then, is a way of proving that one actually is a mother. The contents of the story can be used by other mothers to help establish what sort of mother one is. The identities that are being established and negotiated are the individual identities of the tellers and listeners of the stories, and an overall group identity. The stories that group members tell each other serve in part to delineate who “we” are and who “we” are not; the parameters of the culture are thus roughly designated by the content of the stories, the ways to which they are told and the ways in which they are responded.

One of the prevalent themes that emerged in women’s accounts of their sharing of birth stories, and also in the actual birth stories which they shared with me, was the importance of demonstrating that one had suffered sufficiently in the journey to motherhood, specifically in the processes of labour and birth. The bogey-woman haunting the periphery of the mommies’ club is “the woman with ‘epidural’ written on (her) forehead (Shira Mencken).” This is the woman who, according to the cultural mythology, at the first twinge of labour pain goes to the hospital and demands an epidural. Her equally frightening and repellent sister is the woman who pre-arranges a caesarean-section and thus avoids both the pain and the physical labour of birth. All of the women in my sample had heard of these women, and several knew, or had known, at least one of them, but nobody admitted to being one of them.

As mentioned above in my discussion of birth stories during pregnancy, women learn early that they will have to convey either that they did, in fact, suffer, labour and experience pain or that they have convincing reasons why they were prevented from doing so. Many women said that they experience a kind of one-upmanship in the telling of birth stories, as if there is a competition to see who endured the most gruelling ordeal. Nadine Carson, for example, said of other mothers: “they would just talk about ‘oh well I had to go through all this pain and all this labour and then finally after all those hours,’ and those types of things. I think they were maybe bragging a little bit about, you know, ‘look what I did, I was able to
get through all this pain.” Women who have experienced, without medication, relatively easy, pain free and enjoyable births can feel marginalized and even rejected in the circles of birth-story-sharing.

Although some women experience relatively pain-free birth without medication, most women do experience some degree of pain in the uterine contractions and in the stretching (and possible tearing) of flesh, muscle and ligament that must happen for a baby to be delivered. Each birth is unique and entails its own degree of pain; likewise, individual women have individual pain tolerances and pain coping mechanisms. For Canadian women who have access to health services, however, there is no actual need for labour or birth to be painful at all. A wide variety of drugs exist that can be administered at different points in labour and delivery to render the experience pain-free (Simkin, 1989:161-180). Thus the physiological necessity for discomfort or pain during the birthing process is obviated by the medico-technical expertise that exists in our society. This expertise, however, is not uncritically embraced and its use is, in fact, tempered by values arising within the culture of motherhood.

People who are not members of the culture of motherhood, non-mothering women, men and children, generally do not care about the pain of labour and birth as much as do other mothers. By this I do not mean that they do not care for or about the woman in pain but that they are far less likely than other mothers to see the endurance of this pain as a valuable thing, or to see the unmediated/unmedicated experience of the ordeal of birth as a rite of passage. It is, for the most part, mothers who care very deeply about their own and others’ birth experiences, about whether those experiences are valuable, empowering and meaningful to the women having them. The pains of birth, the ordeal of birth, are given their cultural significance by other mothers; it is primarily the culture of motherhood that exercises the power to make meaning here.

If birth is an initiation ritual, and if this is an initiation by ordeal, then pain and the efforts of labour are the cornerstones of the ordeal. Physical pain, as Scarry (1985) points out, is an essential human experience but it is difficult to communicate and impossible to actually share with others. Scarry (1985) explains that “we make ourselves (and the originally interior facts of sentience) available to one another through verbal and material artifacts” (p.22). These verbal artifacts include the noises we make when in pain; they also include the stories we tell about the pain afterwards. All we can ever have is an artifact of someone else’s pain, whether contemporaneous or retrospective, and all we can ever offer is an artifact of our own pain. Thus, telling of the pain afterwards is, in a fundamental way, identical to having had the listener present to hear it in the first place. The story of the pain becomes the pain; the story of the ordeal is the ordeal. And although birth stories are not just about pain, they are, in a broad sense, about the ordeal which often includes pain, and so the question “what are the purposes of sharing birth stories?” contains within it the question “what are the cultural purposes of the pain/ordeal?”

Pain

Certainly, sharing an ordeal can bond members of a group to each other (Cohen, 1964; Raphael, 1988; Van Gennep, 1909;) and acknowledging and celebrating the ordeal can provide the foundation for a shared value system. Having evidence of surviving the ordeal, for example via the birth story, thus provides a marker, for oneself and others, of one’s membership in the new group/status. None of these ends, however, would actually
require that the ordeal be physically painful or, potentially, injurious.

Morinis (1985) argues that when initiation rituals involve pain, the pain is not merely symbolic but that it "has a central role in the accomplishment of the explicit purposes of the initiations (151)." In his consideration of the pain-filled rituals to which some male youths are subjected, Morinis suggests that the endurance of pain, and even mutilation, are ways of proving one’s manhood (Morinis, 1985: 156). Hardness, courage and stoicism in the face of pain are not, however, components of mainstream Canadian constructions of femininity. Canadian women are generally not called upon to prove their "womanliness" or "womanhood" in the face of ordeal nor are they likely to be admonished to "be a woman" when facing adversity. These characteristics are, however, consistent with popular expectations of mothers; human mothers, according to popular myth, share with the lioness and the mother bear the bravery, and willingness for self-sacrifice, in the face of any threat to their young. The solemn endurance of pain in birth, then, might be their first real opportunity to prove their motherliness. Adrienne Rich's analysis of her own and others' birth experiences supports this interpretation:

among those who were awake at delivery, a premium seemed to be placed on the pain endured rather than on an active physical experience. Sometimes I felt that my three unconscious deliveries were yet another sign of my half-suspected inadequacy as a woman; the "real" mothers were those who had been "awake through it all" (Rich, 1976, p.176). (Italics in original).

To submit to pain is to submit to sacrifice (Morinis, 1985, p.161). Enduring the painful ordeal is to simultaneously sacrifice and to symbolically represent one's willingness to make future sacrifices for the greater good, to which the initiate is now supposedly committed. The greater good to which new mothers are expected to commit is not the survival of the culture of motherhood but the health and survival of their children. Morinis (1985, p.161) claims that in order to meaningfully make the required sacrifice, "[i]t is relevant that in most cases, the initiated is expected to step forward willingly and bear the pain." To be overtly pressured to "step forward willingly," as most of the women who spoke with me said they were, underscores the extent to which the stepping forward is symbolic rather than genuinely freely chosen. The irony of this can become grotesque for women who did not actively choose to become pregnant in the first place.

It has also been argued that pain is a "peak experience" (Morinis, 1985, p.166), which has the capacity to actually shift one's consciousness, to fundamentally change the mind.

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our own and others’ pain in the telling of it, then perhaps the sharing of birth stories is the mining of painful experiences for the transcendent knowledge to be gleaned from them. Passariello (1994, p.116) suggests that “(p)erhaps we enjoy the pain of others, even our own pain, as a transcendence of the ordinary, as a jump into the dangerous pleasures of liminality, as a bridge to the non-ordinary, the sacred.”

Why might the culture of motherhood care if women are willing to make sacrifices or if they experience a shift in consciousness as they journey into motherhood? I would argue that one of the functions performed by the culture of motherhood is to oversee the care of the young. Within the culture of motherhood mainstream, or even alternative, constructions of childhood and of good and bad mothering are not simply blithely transmitted to new mothers. They are analysed, discussed, negotiated and struggled with but with the ultimate purpose of figuring out how to provide the best care to the children. There are dominant themes that cut across various constructions or models of “good mothering” and a willingness to sacrifice and a consciousness attuned both to the infant and to the vagaries and fragilities of human existence are consistent with these constructions. Being initiated into the culture of motherhood, then, involves demonstrating that you have, or have developed, some of the characteristics considered essential to the tasks of mothering.

We see, in the end, that the pain of birth is neither merely incidental, nor simply an inconvenience to be easily avoided by medical measures. The pain of birth is of great value, often to the individual women who experience it and certainly to the culture of motherhood. Birth pain cannot be ignored, either as a physical experience or as a cultural issue. All of the women with whom I spoke had to figure out how to deal both with the pain of birth as they lived through it, and with the conflicting cultural values surrounding the pain of birth. The majority ended up having some sort of pain medication but, as Fox and Worts (1999) argue, this might indicate that not enough support and guidance (by midwives and partners) was available through birth. It could also indicate, as Davis-Floyd (1992) argues, that these women have been successfully socialized into the dominant technomedical model of birth. The very common practice of enduring the pain for several hours and then taking medication or having an epidural is, I would contend, many women’s ways of reconciling the conflicting values and demands facing them. They are able to experience the pain, they are able to utilize the medical expertise our society can offer them, and in doing both of these they are able to feel that they have choreographed their birth experiences. They have an ordeal they can share with other mothers, the survival of which contributes to their sense of efficacy and, although they will probably have to explain and justify their use of pain medication, they have the sense of having made their birth experiences survivable for their own selves.

We see, then, that becoming a mother is, even for gestational mothers, not simply a biological fact (although it is, of course, embodied in numerous ways). The biology of gestation and parturition offer one set of experiences that can be signified, enacted and elaborated in ritualistic ways. It is the sociocultural enactment of these experiences, however, not the physical fact of them that serve to transform women into mothers and that usher new mothers into a cultural space shared by other mothers.

Implications for Organization Development

I have examined both the physiological experiences of pregnancy and the cultural significations and enactments of those experiences. If we wish to use the culture of motherhood as a model for cohesive and cooperative groups, there are several key insights we need to draw out. As extensive
research into initiation rituals has shown, it is important for members of a potential group to share an identifiable experience, one that has been defined as transformative. If the group members do not all have the same experience, at the same time, then the experience must be shared in other ways, for example through the exchange of stories. Having a story to exchange signifies that one has undergone the transition, and the content of the story can convey the success of the transition or the worthiness of the new group member.

Since the stories we tell about ourselves are constitutive of our selves, both in our own eyes and in the eyes of others, it is not surprising that people would try to tell their stories in ways that minimize stigma. The stories we tell both are the lore of the group and are a discursive tango with the lore. What is imperative, for individual well-being, and for a desire to be a member of a group, is that there be ways to succeed. The transition process, and group membership itself, must offer experiences that will allow people to demonstrate that they are the sort of people that they themselves value and that the group values. This fit will never be perfect and, at times, there might be no fit at all between an individual’s values and those of the group. For many people, however, what is essential is that they be able to tell a “good story” about themselves. This means two things: first, that they have a good story to tell; second, that they have opportunities to tell it.

The importance of the exchange of stories also speaks to the significance of memory, both individual and institutional. The repeated sharing of individual stories keeps alive the process of self-construction and contributes to the sense of “us” as a shared group. Those individual and group stories must also be recorded and kept if there is to be any sort of institutional memory. The absence of this means that an organization would be re-inventing itself on a regular basis; in some instances this might be desirable, but, for the most part, this would be destabilizing.

What we learn by examining women's journeys into motherhood is that in participating in recognized rites of passage (such as prenatal classes and baby showers), by enduring an ordeal (birth), by having evidence of the ordeal (the birth story), by indicating a willingness to share the testimonial (via the birth story) of one's transition to the new status, and by being welcomed into the new community (in this case, mothers), identities are transformed for the individual participants and a sense of group identity is established.

Endnotes

1 Acknowledgements: My thanks to the anonymous reviewers for their insights and suggestions. Particular thanks to guest editor, Edward Barton for his guidance and encouragement.

2 The “culture of motherhood” is, more accurately, a subcultural space and it would be unreasonable to claim that there is just one subculture of motherhood in Canada. This subculture is actually composed of numerous sub-subcultures. These sub-subcultures can be organized around differing ethnic, racial, class and sexual identities/positions or based on differing ideologies of motherhood (as experience and as identity) and of mothering practice. One of the guiding questions of my research was whether there is an over-arching (sub)culture of motherhood, a space where the sub-subcultural differences can be transcended and mothers can come together in shared discourse and identity. My conclusion is that there is, even though many mothers might interact, most of the time, within specific sub-subcultural groups. I use the term “the culture” of motherhood, then, to underscore that it is cultural space, and cultural practices, I am discussing and that it is at the macro level of the subculture where I look for generalizable patterns that might hold true, in principle, throughout sub-subcultural variations. For example, initiation rituals are common cultural elements although they manifest themselves
differently across different cultures and subcultures.  

1 Space limitations prevent a full discussion of this, but these practices, as might be expected, can leave non-gestational mothers at a disadvantage when it comes to gaining entrance to the culture of motherhood.  

4 The sample included heterosexual and lesbian, single and partnered women from a number of ethnic and racial categories and spanning a range of social class positions. It included women who had birthed in hospital, in birthing centres and at home, attended by medical practitioners and by midwives and doulas, women who had experienced vaginal births and those who had experienced Caesarean sections. Pregnant women were interviewed a number of times during their pregnancy and early motherhood; new mothers were interviewed once about their experiences with pregnancy and new motherhood. All participants have been given pseudonyms.  

5 Non-gestational mothers (for example adoptive mothers and lesbian non-biological mothers) also negotiate entrée into the culture of motherhood. Some of their experiences overlap with those of gestational mothers but many also differ. Although space here prohibits an examination of the experiences of non-gestational mothers, it is important to keep in mind that only one sub-group of mothers is being discussed here.  

6 Certainly, individual women might not share a positive evaluation of prenatal classes. For example, midwives, and the women who employ them, are particularly likely to eschew the medical model of birth that underlies most mainstream prenatal classes. My point here is that these classes have a broadly-based cultural meaning/significance in which every woman is implicated regardless of the form of her participation or lack thereof.  

7 We might also say that the mother takes on aspects of the role model or “imago” (McAdams, 1993; McAdams, 1985; Mankowski, 2000) of a good mother.

6Cohen (1964), reflecting upon initiation rituals among young men, argues that sharing an ordeal develops a bond both between the initiates and between the initiates and older members of the new group/status. This, he says, will lead to stronger connection to, and identification with, the group one is joining than to or with previous groups.  

8This is according to the cultural mythology. Women who have had caesarean sections, chosen or otherwise, report tremendous pain and several weeks of recovery time during which their capabilities are greatly reduced; c-section is not, in actuality, the “easy way out.”

References


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