Document généré le 21 mai 2024 14:13

Ethnologies

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Volume 7, numéro 1-2, 1985

URI : https://id.erudit.org/iderudit/1081320ar
DOI : https://doi.org/10.7202/1081320ar

Aller au sommaire du numéro

Éditeur(s)

Association Canadienne d'Ethnologie et de Folklore

ISSN

1481-5974 (imprimé)
1708-0401 (numérique)

Découvrir la revue

Citer cet article

Carpenter, C. H. (1985). Tales Women Tell: The Function of Birth Experience Narratives. *Ethnologies*, *7*(1-2), 21–34. https://doi.org/10.7202/1081320ar

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Tales Women Tell: The Function of Birth Experience Narratives*

Carole H. CARPENTER

According to some recent studies,[1] elderly women who are unable to remember events of the immediate past can vividly recall and recount their birthing experiences. These memories obviously are deeply meaningful to their bearers, even when some of the women concerned no longer recognize or relate to the children involved in them. The tales in which the experiences are reported have, however, more than personal significance and can be used, as is one purpose of this paper, to analyze a key aspect of superstition and popular belief, namely, authority—the basis for establishing belief. Such analysis indicates that birth experience narratives serve various functions for both the tellers and their audiences, and that these tales should not be dismissed—though they frequently are—as merely idle women's talk.

Despite all the recent developments in science, medicine, education, and communication, birthing remains one of the focal points for traditional belief today. Much mystery still surrounds the beginnings of life and, faced with this unknown, virtually all persons harbour at least some degree of irrational or a-scientific belief associated with child-bearing from conception through the post-partum period.

In the course of my own first pregnancy in 1979, I became self-

*An earlier version of this paper was presented at the American Folklore Society meeting in Nashville, Tennessee, October 1983. I am grateful for the firm editing of my husband, Ken Carpenter, in the final preparation of this work.

1. As reported, for instance, by Nancy Wainer Cohen in *The Silent Knife: Cesarean Prevention and Vaginal Delivery After Caesarean, VBAC.* (Bergin & Garvey, S. Hadley, MA, 1983).

consciously aware of the extent of pregnancy lore,[2] and particularly fascinated by the persistence of superstitious beliefs and practices among intelligent, educated, apparently level-headed women. Casually at first from simple curiosity, then intensively for professional purposes, I undertook a study of these beliefs involving persons from across Canada between eighteen and seventy who had given birth to one or more children.[3] The births under discussion took place in a wide range of circumstances: in hospitals, at home, by planned and unplanned Caesarean section, under general anaesthetic, with or without medication, in birthing homes. In all, some fifty women were interviewed at length, many others (almost any appropriate woman I encountered) more briefly. All my informants had high-school education at least, and most were professionals. They were considered by others, and thought themselves to be, unlikely bearers of superstitions, which was the most obviously fallacious belief I encountered.

My informants included, for instance, an internationally-recognized Canadian artist with three grown daughters, who admonished me for lifting my hands above my shoulders to hang a picture because I "might cord the baby." (DK)[4] There was the chemical engineer who could not help but think that wine she spilt on her hand, which she then unthinkingly touched to her face, explained the presence of a tiny port wine birthmark on her second child's face. A mathematician felt compelled to abide by her mother's prohibition (given by long-distance phone call) against using knives and scissors during an eclipse for fear of miscarrying. And my own general practitioner, after dismissing as nonsense the common Jewish custom of not purchasing

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2. This phenomenon naturally occurs quite frequently among female folklorists, one of whom wrote me as follows after hearing my paper on the subject at the Folklore Studies Association of Canada meeting in 1980: "I was amused to note that I also had a baby just over a year ago [June 3, 1979] and during pregnancy threw away my 'folklorists' objectivity' to become involved in all the old wives' tales and mother's advice that was on the go." Letter from EBP, June 9, 1980.
3. Reported in the paper mentioned in note 2, "Belief Under Stress: Superstitions and Popular Beliefs Related to Pregnancy" (MS on deposit with my collection of pregnancy lore in the Ontario Folklore-Folklife Archive currently located at York University. That collection contains the data upon which this paper and the earlier one are based. Specific quotations from it are indicated by informants' identification in parentheses following.)
4. Upon recounting this occurrence in my paper "Belief Under Stress," I noted the shocked immediate reaction of a female colleague (LB) who later told me of her still-birth that resulted from just such a strangling. My account had made her wonder whether she had raised *her* arms during that pregnancy, an obvious effort on her part to explain what remains for her a tragic mystery.

a layette or preparing a nursery before the child's birth, went on to recount and thereby lend credibility to a belief "from home [Czechoslovakia] that no one should touch or startle a pregnant woman for fear that she might touch herself and scar her unborn baby in the same spot." (EL) Not all the collected beliefs are nearly so dramatic, yet almost everyone interviewed reported some level of belief in something, often items which, upon post-partum reflection, seemed irrational even to them.[5]

Throughout my investigations, I was particularly concerned with why the beliefs persisted despite the heightened awareness of birthing, the widespread availability of pre-natal instruction, and the emphasis on so-called "informed parenting" prevalent in the United States and Canada over the past twenty-five years or so. In an earlier paper,[6] I concluded that under circumstances of increased stress, irrational belief often surfaces, changing from remembrance into active belief, or is adopted to explain the unknown—namely, that for which there is no available, rational explanation or for which that *rational explanation cannot or will not be accepted.* Authority frequently rests with traditional belief and allied practices in spite of the advancements of medical science, as noted often and usually with dismay by both popular writers and medical professionals.[7] To explain this situation, the role of birth experience narratives must be considered.[8]

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5. The Ontario Folklore-Folklife Archive also contains some other relevant reports and items collected by students. I gratefully acknowledge the assistance of these students, most particularly Ellen Shifrin, whose 1980 course fieldwork assignment on "Childbirth Stories — A Preliminary Study of Their Function" stimulated my thinking in this area.
6. "Belief Under Stress", see note 3.
7. See, for instance, Helen Bullock's article "Old wives never run out of tales," *Toronto Star*, 17 January 1983, and L.F. Snow, S.M. Johnson & H.E. Mayhew, "The Behavioral Implications of Some Old Wives' Tales," *Obstetrics and Gynecology*, 51 (1978), 727-32.
8. There have recently been other studies of birth experience narratives, most notably Teresa Keeler's doctoral dissertation *Narrating, Attitudes, and Health: The Effects of Recounting Pregnancy and Childbirth Experiences on the Well-Being of the Participants.* (UCLA, 1984). Neither in this work nor in other studies of belief is the issue of authority directly addressed as here. Keeler identifies authorities as doctors, nurses, and women who have had babies, but does not explore the differential belief invested in information from these sources. In *Passing the Time in Balleymenone*, Henry Glassie does, however, consider the role of experience narratives as contributors to a belief tradition: " 'Experiences' are entries in an investigation. They provide confirmation, or negative evidence. . . .or disconfirmation. . . ." (Philadelphia, University of Pennsylvania, 1982, p. 66). Tradition, thereby, provides authority.

During pregnancy—the first pregnancy in particular—women must contend with not only physical and emotional changes that heighten stress, but also societal pressures that increase concern. These pressures arise from debates over the multitude of potential parental influences on the child *in utero* (through, for example, nutrition, smoking, drinking, listening to music) as well as after birth. Further, no *prima para* (first-time mother) knows what will happen to *her* in labour and delivery, indeed even before that in conceiving and carrying the child. For each woman, each birth, these are mysteries to some extent. About conception, one informant, a registered nurse, said: "After years of avoiding pregnancy, I couldn't believe it when I didn't get pregnant. How come? Had I wasted all that time and energy, money too, on birth control? Why me?" (BF) Another informant, a family counsellor, declared: "During my second pregnancy I couldn't understand why I looked so awful—I had pimples and a, well, sort-of mask around my eyes (the pregnancy mask, you know). The first time everyone had said how wonderful I looked. . .I glowed. Then I knew—I had to suffer for my girl." (ES) And so on—why one person has such bad morning sickness as to require hospitalization and another not a tell-tale hormonal pimple; one person a one-hour labour "like a rabbit" (FH) and another a struggle of forty-two hours—a vast unknown and, for all women no matter how educated, somewhat threatening.

Women necessarily seek to combat this unknown: my informants revealed that they did so in various ways. Each one had professional medical care during pregnancy (though not, in one case, at birth, since that informant delivered her son in a taxi en route to the hospital). Each did, in the words of one woman, "learn something from [the] doctor but, after all, he's a man and never had a baby so what does he *really* know—all this about so many centimeters dilation and all that, what did it *really* mean?" (SW) That opinion on medical information, variously expressed, was voiced repeatedly. Except for the oldest informants (over sixty), every woman interviewed had attended some sort of pre-natal classes, finding them meaningful and satisfying to varying degrees. And each had "read something," for better or worse.

Further questioning revealed that the classes and books considered most valuable by the informants were those that involved personal experience accounts, such as a work recommended in Lamaze pre-natal classes containing extended narrations from parents about

what they underwent from the onset of labour to after birth,[9] and the workshop run by a mother trained in anthropology who related cross-cultural experiences.[10] Purely clinical descriptions were not as valued, especially not in comparison to another source of information—remarked upon most frequently when absent and otherwise accepted as natural—that is, oral accounts from "people who know."

Who are those "who know?" Generally, persons so perceived by my informants were close female family members, most frequently of a preceding generation, though sometimes a peer who had already given birth. The authority was, in *each* case mentioned, a person the informant already felt a special tie to, or relationship with, that would permit intimate communication, even if it had never occurred before.[11] The informants typically specified appropriate authorities by describing the basis for rejecting inappropriate ones; for example, an aunt had "a lot of old-fashioned ideas," (MW) a mother-in-law was cold, a mother was an adoptive parent and had never actually borne a child herself, etc. The designated authority was, in approximately half the cases, *not* the mother. There is some evidence of a skip-generation bond whereby a grandmother was preferred, but too few grandmothers were alive at the time of the birthings under discussion to suggest a definite tendency. The proposed bond might be a by-product of the alteration in modern birthing practices (reversion or development, according to one's perspective) to reassemble those current two generations ago, more than those associated with the hospital technology of our mothers' time. Some women did select an already established confidante as their authority, but usually in the absence of suitable family. One of my informants became such a confidante for some co-workers, who looked upon her as a person close enough to them to "give them the straight goods." (KM)

Those women who, because of geography, family circumstances, or death, experienced their pregnancies removed from appropriate family "authorities" certainly felt deprived and usually said so *before* being asked about personal experience narratives. The most extreme

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9. Elisabeth Bing. *Six Practical Lessons for an Easier Childbirth.* (Toronto, Bantam, 1977).
10. At the University of British Columbia in 1981.
11. In a consideration of fairy and ghost lore, Glassie (*Passing the Time*, p. 69) indicates that evidence to support belief carries varying weight depending on the source: "Discussion of the other world is restricted by rules of evidence. Good evidence comes from reliable sources. It can be gathered by one's own senses or received from other, but that other is never a vague friend of a friend." In other words, good evidence carries authority and comes from a known source.

case was the unwed mother[12] who was forbidden by her family to discuss her condition with anyone, even within her own household. Eventually she was sent to a church-run home for unwed mothers to give birth. She felt a particularly strong deprivation and fear owing to her ignorance, and then anger and resentment at not being able to tell anyone about her experience.

Not all, though by far the majority, of the women interviewed actively sought this oral information source while pregnant, and each did feel a definite compulsion to tell of her birthing experiences. As one informant said, "Here it was six o'clock in the morning and I was rarin' to go. How could everybody be sleeping when I wanted to tell them about what I had just done? I *had* to tell someone, so I called Mum—she'd understand." (KM)

When are the experiences of birthing made public, to whom, and for what purpose? The immediate response—even from a number of my informants—is the "babies and diapers" syndrome, that is, women talk about it all the time, any chance they get, to other women. But, upon reflection, my informants clearly recognized and specified appropriate situations and audiences, and distinguished versions of their narratives suitable for particular times, persons, and purposes.

The informants collectively suggested three different times or stages in the telling of birth experience narratives—immediately, later, and much later. "Immediately" refers to the period just after delivery through the next six weeks to two months when one is termed a "new" mother. There are generally considered to be two sub-periods here: the first being the hospital stay, and the second, afterwards when the new Mom is totally responsible for the child and has to focus on it rather than herself (as she was still able to do in hospital). The time designated as "later" covers the child-rearing years while one's peers continue to bear children, and "much later" refers to the time when the next generation (in terms of child-bearers) starts having children.

During the first sub-period, the new mother wants to "tell the whole world," (JK) "to call everyone I could think of" (KM) —but not necessarily first, or most, or to recount the *whole* story. Most frequently, she especially desires to reach "someone who really understands" (usually her chosen "authority"), and with whom she either has an established bond or can now truly share and make a better tie, this

12. RM, thirty-five and the mother of a two-year old girl at the time of interviewing. The experience she recounted occurred when she was seventeen and she contrasted it strongly with her second birthing about which she could and did talk freely and with pleasure.

latter usually being her own mother. Most persons—family, peers, colleagues, anyone who will listen—are told condensed versions of the story, stripped of details regarding the actual experience and focussed more on the product, the child and its size, hair colouring, features, and so on. This trimming of the story results from the mother's perception that "most people just aren't all that interested," (TM) as well as from some degree of reluctance to share quite so intimately. Among patients in hospitals, especially roommates, a sense of camaraderie may develop and detailed accounts be swapped. But, with one exception, my informants glossed over such experiences as unimportant. One informant recounted how she roomed following her first birth with an unwed mother from whom she felt estranged by her own joy, and the next time with a woman whose baby was dead three days before she birthed it. Constrained while hospitalized from sharing her experiences, she felt she had perhaps missed something.

Once out of the hospital, the mother begins to recount stories within the new groups to which she now belongs, that is, mothers and parents of small children. Many more details emerge with greater regularity, usually in comparative discussions; rarely, though much more often than she does later on, will the woman tell the extended narrative, "The whole thing, A to Z, with all the grunts and groans, blood and sweat." (KM) This is also the period in which women may reasonably often recount each others' stories, usually within designated groups of mutual friends or persons with comparable difficulties who can identify with and through them. Within this post-partum period, the story is told, albeit in different forms, frequently and in many circumstances, almost whenever there is a willing ear.

Gradually "the story becomes old hat," (SW) and a reticence to recount the experience grows (often fostered by a word-weary husband). Narration occurs in increasingly more specific instances. It may take place in casual conversation, even at gatherings such as cocktail parties, because "it's something to talk about" (IH) with strange women, "something we all share." (NW) But such stories are restricted in personal detail and significance. Much more important are those told to another audience in the performance situation mentioned first among all those considered possible by my informants—"I tell my kids." From age two or so on, children receive information about their birth from their mothers and fathers both. Aspects of their birthing, such as its time and duration, who was present, as well as contemporaneous conditions—weather and world events, for example—are related and often associated with characteristics of the child.

One woman frequently told her three children how the middle child (a breech birth) was born "feet first ready to run,"[13] thereby explaining his tendency to hyper-activity. Another contrasted the agitation in her family because of a parental critical illness at the time of her first birth with the calm, settled state contemporary with the second to explain the great difference in temperament between her first, "a worrier, so serious," and her second child, "so laid-back, he's almost asleep he's so relaxed" (SV). Yet another distinguished between her first Caesarean and its product—"an emergency and frightening for everyone concerned" (The child is serious and cautious), and the second which was planned and "golden" (the child is "easy-going and willing to try anything.")[14] The scientific evidence available to date supporting any of these associations is flimsy at best, but that does not prevent parents from making them and influencing their children by verbalizing them. The stories are repeated frequently, often at the request of the child concerned; details are added as appropriate, but all the informants emphasized that they never "really go into it" with their children while they are young.

The most frequent instance of telling birthing narratives during the child-bearing years is to other pregnant parents or, less often, to those wishing to become pregnant. These accounts are supposedly directed at advising, encouraging, and supporting, "especially if someone is afraid or doesn't know from straight-up." (KM) And they may be told to men, even a man alone, if he is part of a pregnant couple. More commonly the stories are addressed to the couple. They are not volunteered to men, though the majority of my younger informants (under forty-five) said they would definitely answer questions if men in their peer groups asked directly. The older women by comparison claimed not to have discussed such matters in mixed company, citing the social mores of their day as emphasizing modesty in this regard.

One of the younger informants commented in mock disgust how her husband "loves to tell *everything* about the birth!" (SW) The male practice of telling birthing narratives is a separate and worthy study; here only a few comments are pertinent. Birthing experience narratives are reportedly more common among men in the popular culture now than formerly not only because birthing is a more openly discussed part of life but also because more fathers participate directly

13. From the Ellen Shifrin collection in the Ontario Folklore-Folklife Archive.
14. *Ibid.*

in the births than was the case in the last several generations of modern urbanized living. The informants whose husbands were present at the births indicated that fathers share these accounts with other pregnant fathers or couples, most often to encourage the fathers-to-be to participate. When and how men use the stories apart from their wives is another question.

My informants beyond child-bearing age indicated that they no longer recount their tales among their peers because "the subject just never comes up." (EW) They do, however, tell any son-in-law or daughter-in-law in the effort to give this individual a better idea of the person he or she married and to develop in new family members a sense of belonging to the group. The older women reported that they continue to tell the stories to their own children (and grandchildren) as an aspect of the family's lore. Further, they recount their experiences as comparisons to family births nowadays but only, they claim, if the family is receptive.

"When someone is particularly interested, I might go into it more," said one older informant (GM), who then went on to describe a special relationship she had with a grand-daughter with whom she had shared many details of her birthing experiences, more than she had ever told her own daughter. Several older informants mentioned having such connections and regarded them as deeply meaningful, saying they would not tell such intimate tales to "just anyone."

From one generation to the next or to two below, advice, admonishments, warnings, and practical information are passed, but only to willing listeners. This self-selection of audience is not, however, always supported by their accounts of what they themselves received from older generations. Most of my informants recalled having been "told some things by [my] mother" throughout their youth, whether or not they wished to hear it. Some of this information, acquired from whatever source, they ignored or did not attend to at the time, but found that it came back to them during pregnancy nonetheless. What they then did with the information depended very much upon what can best be termed the "authority" associated with it.

The tellers of birth experience narratives themselves clearly think of such tales as a means of passing on traditional wisdom, of instill-

ing or reinforcing traditional beliefs and practices.[15] When the teller is a/the designated authority for the receiver, the beliefs may have a profound effect on the latter's emotional state and behaviour. When the teller's authority is rejected, as mother's so often is, the tales can be the basis for reverse practices and may result in the opposite of what the teller intended. For instance, one Jewish informant recalled her mother telling how her peers "never purchased anything for a baby before its birth, never prepared the child's room, nothing." Once pregnant herself, she was reminded of these belief legends and promptly "ran out and bought everything for the baby, just to show her [the belief] was foolish." (HT) In this instance the mother's authority is negligible because she herself never gave birth, being an adoptive parent. Hence her wealth of belief could not be supported by personal experience tales and was, therefore, discredited by her daughter.

This support of traditional beliefs, then, is one of the functions of birth experience narratives, and particularly important to the noteworthy persistence of pregnancy lore. These beliefs and practices are maintained, particularly though not exclusively, by a tradition of tale-telling—the narrating of birth experiences.[16] Informants in this study reported that specific, personalized stories supporting one belief or practice or another, recounted by their designated authorities, definitely influenced them. However, more generalized accounts of beliefs and practices had little effect. These were beliefs and practices presented without a personal account, that is, without acceptable authority. Such traditions were commonly rejected by my informants as "old wives' tales", "silly practices", and the like. It must be noted as well that not all information received from an "authority" was given equal credence, a matter requiring further investigation. And not all information that affected behaviour was received orally from an "authority"; however, informants indicated repeatedly that the information that most powerfully changed their ideas or influenced their behaviour was what they obtained orally from persons they trusted.

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15. Gary Butler's doctoral dissertation concerns, in part, the relationship of belief to narration. See *Supernatural Folk Belief Expression in a French-Newfoundland Community: A Study of Expressive Form, Communicative Process, and Social Function in L'Anse-à-Canards* (Memorial University of Newfoundland, 1985), soon to be published by the Institute for Social and Economic Research at Memorial University.

16. These narratives do, as Glassie claims the personal experience narrative usually does, namely, "offer personal possessions for general use" (*Passing the Time*, p. 62) and in so doing "fuse[s] the personal and the collective." (p. 59)

A personal bond permitted the perception of authority which both enabled transmission of traditional information and engendered belief, albeit at varying levels. Most often, traditional information received from the authority was remembered. Others may well have preferred similar information, but were not recalled as having done so. Establishment of authority for a-scientific beliefs (often considered later or by others to be irrational) relied upon personal experience narratives.

Few of the stories of birthing are themselves traditional. Brief accounts of how Sophia Loren spent nine months on her back to avoid miscarrying circulate widely, but there are not many stories of this sort. Within a given group—such as a family or females of child-bearing age—some tales circulate like other traditional narratives, but only in their attenuated forms. The longer forms have more limited and specific performance situations. Typically, as with personal experience narratives in general, the narrating and the information it communicates rather than the specific expression constitutes the tradition.

Both in their content and by their performance birth experience narratives have various other functions than their important, though restricted, role in establishing authority. Some of the stories are vastly amusing and are consciously told for their entertainment value; others document medical practices in prior times and are told for their educational value as history, as criticism of the medical profession, or records of social practices in a particular place or time. Many of the stories obviously function as cautionary tales—they are told in the effort to guide behaviour, for instance, "to warn a woman, especially academics, not to go by the book because birth doesn't necessarily go by the book." (MW) And the stories function as explanatory tales which help foster and maintain the identity of children.

But none of these functions is sufficient to explain the significance of the stories to their usual tellers, that is, the main actors in the dramas—the mothers. Why is it that these women recall the narratives so vividly even many years later? One might resort for an explanation to mere rhapsodizing on the glories of birth, but the functions may be more precisely and logically delineated. It is primarily in the *telling* that the tales come, over time and with repetition, to have their most significant functions; the verbalization, the expression of the tales, is the key to the importance, not so much the specifics of content, the physical or social setting, the audience or its reac-

tion.[17] In observing my informants—both those I knew well and those who were comparative strangers—I noted the marked ease with which they told the tales, and their obvious pleasure in doing so. The direct effect of the tellings was a feeling of heightened communication, a communion through narration. Given the emphasis in the tales on pain and blood, suffering and struggle, sweat and fear, one could be prompted to assume facilely that women are masochists who particularly delight in self-pity. But the tales in fact provide a means for women to triumph over rather than revel in their adversity, to assert joy over pain and suffering, to see positive forces dominating the evils of the world around. The narrations are a primary means by which women come to terms with the almost overwhelming fears and great demands of their encounters with the unknown that is creation. The tales provide for the re-establishment and maintenance of everyday equilibrium after these awful (awe-filled) encounters. It is, in fact, this process that is reported by women when they recount "forgetting" the *actuality* of the pain and experience. This dulling of the memory is frequently and justly interpreted as a preservation mechanism, a means (hormonally-induced and involuntary) of ensuring the survival of the species. And yet, the tellings do not indicate a desire to forget, but quite the opposite: they reveal a strong will to recount the passage through a great trial, the achievement of an apotheosis equivalent to that of the hero on Joseph Campbell's monomythic quest. Perhaps there has been no need for great numbers of female heroes throughout history,[18] for women individually have likely sensed their movement through this journey rather better than men because of their biological processes.

Birth experience narratives serve as a means of validating the rite of passage that birthing, not just birth, is. The tales are, in effect, comparable to the personal experience accounts of participants in vi-

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17. Keeler's study (see note 8) considers both the process and content of narrating as influential on the reality a person creates from her life, with particular emphasis on the interrelationships between narrating, conceptualizing, and feeling as they affect well-being. She argues that narrating can be either detrimental to health (generally as a result of its content) or a contribution to wellness. Her study was restricted to a time span of several months, while mine considered narrating over up to fifty years. In that time,process clearly triumphs over content, and the tendency is for the narrating to be profoundly positive for the teller, if not the listener(s) as well.

18. In *The Hero with a Thousand Faces* (New York, Meridian, 1956), Campbell documents the overwhelming tendency around the world and across time for the heroes of tradition to be male.

sion quests who, having had their experiences, must recount them and have them accepted by the elders in order to assume their new cultural status and positions. Once a woman has crossed this threshold of birthing and been accepted as a female human being in a new sense of creator/mother/nurturer, the individual uses her stories to establish contact with her new peer groups, to assert sisterhood, motherhood, and womanhood.[19] The most powerful aspect of these new contacts is the "Now-I-really-understand-Mother" phenomenon whereby a woman feels able (and, more often than not, desires) to relate to her own mother on a new level.

Further, the tales function to relieve suffering—to comfort, encourage, explain, support another; to counter the fear of the unknown and offer companionship as a compatriot confronts this great challenge. The opposite, the negative heightening of fear and distress, could—logically—also result, but none of my informants reported this function for tales that had meaning to them. Those personal experience narratives to which they attended were viewed positively, even if their content was not the most pleasant, because of the authority associated with them. Finally, (and here the research on the elderly first mentioned and the collective comments of my informants coalesce), the telling of the tales serves to bolster the tellers' self-esteem and to promote their mental well-being. All women interviewed remarked that their birthing experiences were high points in their lives, not infrequently *the* most significant occasions. One of my informants articulated this significance best when she likened birthing to painting. A professional artist and mother of a five-year old boy, she said: "Ultimately one is creating. . .one is in control of creative forces, in tune with creation, but not in command. Something mysterious and wonderful is happening."[20]

Women in their birthing are in touch with the primeval forces, the beginning of existence, the history of all humankind. Ever afterwards, they may take pride in their accomplishments, which are not necessarily the children themselves, but rather the feat of giving life, of being vehicles by which new life comes into the world. In telling the stories, women recapture that past glory, assert a sense of fulfill-

19. I am indebted to my colleague, Wendy Wickwire, who was also one of my informants, for first making this insightful comparison.

20. SH, the only American informant included in this discussion. She was in her late twenties when interviewed.

ment, and express meaning in their lives. Only women can tell these stories to such effect, for "only women *truly* ever know. No man can do it, you know." (MW)

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