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The storying of birth

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Abstract

Birth narratives have been found to provide women with the most accessible and often utilised means for giving voice to their exploration of meaning in their births. The stories women tell of their birth come out of their pre- and post-experience bodies, reproducing society through the sharing of cultural meanings. I recruited a selection of 20 birth stories from a popular 'mums' Internet forum in the United Kingdom. Using structural and thematic analyses, I set out to explore how women tell the story of their body in childbirth. This project has contributed evidence to the discussion of women's experiences of subjectivity in the discursive landscape of birth, while uncovering previously unacknowledged sites of resistance. The linguistic restrictions, sustained by the neoliberal control mechanisms on society and the self, act to shape the reality, feelings, and expressions of birthing women. Naming these silencing strategies, as I have done through the findings of this project, and celebrating women's discourse on birth, as the explosion of birth stories across the Internet are doing, offer bold moves to challenge the muting status quo of women in birth. Reclaiming women's language for birth and working to create a new vocabulary encapsulating the experiences of birthing women will also present opportunities for the issue of birth and women's experiences of it to occupy greater political space with a confident and decisive voice.

Keywords

gender and health, maternity care, narrative analysis

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Background

This is a study of birth stories and the complex work they do to position their storyteller within her experience of giving birth. Unlike earlier work with birth stories that concentrated on identifying components of positive or negative birth experiences, perceptions of choice, shared decision-making or compassionate care (Bylund, 2005; Hastings-Tolma et al., 2018; Hirschenfang, 2011; Kay et al., 2017; Mosier, 2016; Munro et al., 2009; Tumblin, 2013; Weston, 2011), this study develops the novel perspective of analysing birth stories through a broad lens of social identity theory and acknowledgement of vulnerability during birth to explore the work done by the story (Carson et al., 2017; Hastings-Tolma et al., 2018; Simic, 2014). Here, the focus is on the interdependence between the expectations and actual experience of the storyteller during birth, her perception of the audience to her story, and the consequent story construction and positioning of the storyteller within this relational network.

An understanding of the historical landscape is essential to appreciate what women step in to when entering the birthing 'system' in the United Kingdom. The radical 'Changing Childbirth' report accepted as legislation in 1994 set the benchmark for a new woman-centred service that focused on choice, control and continuity. Within this background of choice, control and continuity in both location and content of maternity care, birth place distribution reflects the dominant service model within the United Kingdom. The majority of births in 2015, the most recent year for which statistics are available, took place within an obstetric unit (OU) located in the hospital (92%), with 2 per cent in a freestanding midwifery unit (FMU) and 2.1 per cent planned home births with midwifery attendance (Office for National Statistics (ONS), 2017). The current context of birthing within the United Kingdom has been shaped by over 200 years of intergroup conflict between midwives and the medical fraternity, characterised by a feminist struggle for a place in the privileged world of education and technological practice. This context has evolved within a geography of rising institutional power and dominance of the medical grand narrative within society.

The interpretation of the birth experience has the potential to impact upon the woman's future engagement with health services (Bowser and Hill, 2010; Department of Health National Maternity Review (DOH), 2016; Pires et al., 2002), their self-esteem (Forssen, 2012; Kennedy et al., 2003; Leap and Edwards, 2006), bonding with their infant and adjustment to parenthood (DOH, 2016; Fahy and Parratt, 2006; Nicholls and Ayers, 2007; Stephens, 2008). Such consequences are rarely attributed to the childbirth experience as they tend to manifest after engagement with maternity services is complete, yet women still vividly recall the emotions and experiences of birth after decades have lapsed (Forssen, 2012; Karlsdottir et al., 2018). Such consequences emphasise the importance of post-event reconstruction. Telling the story can be a way to name challenging feelings from an experience and make them easier to live with (Madsen, 1994). The foundation of this exploration of the work done by birth stories is the distinction

between viewing childbirth as an experience rather than an event. The distinction in terminology is important, because while an event may be an important or unusual occasion in one's life, an experience is something that leads to the participant gaining knowledge. It leaves an enduring impression on one's life and the person is never quite the same afterwards (Denzin, 1992). People often tell stories to work out their own changing identities, giving voice to an experience inadequately described through the dominant discourse and to guide others who will follow them.

Frank (2013) describes the story told to also be social. This is because they are told to someone, and the shape of their telling is moulded by all the rhetorical expectations the storyteller has internalised about the topic. From these sources, storytellers have learned structures of narrative, conventional metaphors, imagery and standards of what is and is not appropriate to tell. Whenever a new story is told, these expectations are reinforced, changed and passed on to affect others. Birth stories can be used to preserve culture and explain human experience, document knowledge about community and the beauty of birth, and stimulate change (Drake, 2002). Sharing birth stories and receiving a reaction from the group or from the self with the internalisation of the attitude expressed in another's story can encourage reflection on the meanings ascribed to birth, deconstructing stereotypes by 'telling it how it is' (Letherby, 2002). For example, some women describe vocalisation during labour as a source of strength as opposed to a failure in breathing rhythm, defining what it means to be a woman in labour and challenging a story of birthing women's dependence with one of agency and autonomy. This can open new ways of viewing the experience and an appreciation of the multiple ways of constructing the story (Widmann and Farley, 2001). Antelius (2009) would take such an example to explore the performative aspects of narrative to the group, while other scholars would explore the agentic and political work of such a narrative (Andrews et al., 2013; Bruner, 1991; Cavarero, 2000). Despite their differences, these theoretical perspectives agree that there is a social task to storytelling.

Through a multi-perspective analysis of birth stories, I explore the becoming of identity through the experience of birth, storied ways of knowing and the positioning of women in the birthing discourse.

Methodology

Kramarae (2005) describes strategies that are used by muted groups in society to give voice to their group. Celebrating the group discourse, adding new words to the language system and communicating with each other using media platforms that give voice to the group are some of these strategies. This use of accessible platforms could explain the explosion of birth stories across the Internet in blogs, forums and chat rooms as women seek ways to share their experience. To explore how women position themselves within their experience of birth in dialogue with an assumed audience of other birthing women, I sampled a series of 20 consecutive birth stories from the many hundreds posted on the public noticeboard of a popular UK-based

'mums' website. The website claims to have 1.9-million members, with 8 million or more visitors to the site each month and is packed with information on an array of pregnancy, birth, parenting, child development, play ideas, recipes, money saving tips from professionals and other mums. In an attempt to take an unbiased sample of stories, I started from a story posted on 1 October 2012, taking the next 20. I did skip a couple as they did not share any aspect of the labour and only reported the birth or were a comment on postnatal care. In this way, I am defining what constitutes a birth story for the purpose of my study. I checked the stories I had selected to ensure there was not thematic posting in response to a leading narrative. I found within my data set a range of style, from long detailed testimonials to short factual pieces apparently lacking in text reflection or evaluation with a couple of 'dramatic' stories of both positive and negative outcome. All story authors documented their location as towns and cities around the United Kingdom, emphasising the UK contextual nature of the reported birth experiences.

Non-intrusive web-based research that does not interrupt the naturally occurring state of the site or cyber community is compared with naturalistic observation in a public space (Kitchin, 2008; Rodham and Gavin, 2006). Such data can then be used in the same way as text (Kozinets, 2010). However, the Internet is neither a public or private space nor is it just text. As governance in this relatively new field of research continues to evolve, I have followed the recommendations of Kozinets (2010) to practice maximum concealment of the participants. Consequently, I refer to the online site used to access the birth stories as a popular 'mums' website. The management team of this site gave permission to use the stories as they were posted publicly, as long as I respected the confidentiality of the storyteller. Therefore, I have given pseudonyms to the storytellers and withheld specific location details inferred from the postings. Due to redesign of the website since starting this study, the original stories have now been removed and cannot be traced by typing quotes into a search engine.

To explore the personal and social components of the stories, I used a structural analysis framework described by Labov and Waletzky (1967) and a thematic analysis technique described by Braun and Clarke (2006). According to Labov and Waletzky's (1967) detailed analysis of the words, clauses and tropes of the story reveal a relationship between meaning and action at the story level. There are six component parts of their structure. These may not present in sequential order and may not all be present in every story. The six components of their framework are named as abstract, orientation, complicating action, evaluation, resolution and coda. The birth stories of this study matched the story format of Labov and Waletzky (1967) with the telling of a chronological collection of events in a structured way. The stories revolved around a purpose, contained lots of evaluation and reflection that worked to interpret and contextualise the emotional experience of events. Within the stories, there was often more than one plot present. This multiplicity of plots made the structural classification difficult at times as the primary function of the clause was not always clear. However, to mitigate the risk of losing vital context by the use of Labov and Waletzky's strict classification, I employed a

more fluid analysis style that continually returned back to the overall story that married the sub-plot narratives together.

Following the structural analysis, I returned to the text as a whole and conducted a separate thematic analysis to focus on the context revealed in the stories. The structural analysis had highlighted a conversational style of storytelling with an audience (of assumed opinions) that informed the direction of the thematic analysis. The structural analysis had facilitated immersion in the 20 stories, and I proceeded with detailed inductive coding, trying to build a picture of what women share in online birth stories. This led to engagement with concepts and theories in the wider literature and refinement of the research question. The data were then revisited in light of the theoretical suggestions, recoding and merging coded elements of interest to embodiment, vulnerability and identity (Braun and Clarke, 2006).

Findings

The findings of this article are part of a larger body of work that sought to analyse the identity work of online birth stories. Due to word count constraints, I will present an excerpt from the structural analysis and two themes from the thematic analysis component that together illustrate the storying of the body in birth within the data set.

Structural analysis

Within the stories of this study, the structure revealed a lot about potential meanings ascribed to the birth experience. The abstract clause stated the birth belief model of the storyteller. The orientation clause appeared to act as a defence of the woman's response to her birth as it unfolded. The complicating action clause functioned in a similar way to the 'Protest Event' of Labov and Waletzky's (1967) work with young men in the challenging neighbourhoods of 1960s New York. There were many evaluation clauses peppered through the stories acting as reflective input. They were styled as an 'aside' to the audience with the function of turning physical events into an experience that conveys meaning. This emphasises the reflective construction of narrative from physical and emotional experiences. The resolution clauses recorded the achievement of the woman, placing her as the central actor in her birth experience. Finally, the coda clause returns the story to the present and gives insight into the current context of the storyteller. The coda reveals the emotional context of the story as events have been reassembled according to the needs of the present self.

Within the context of this study, the 'protest event' was found to function as a restoration of agency within the birth experience through enactment of the body. This functional clause links to broader thematic findings presented later. This restoration was against the control imposed by the institutional culture and its impact on the conduct of the birth. The protest event acts as a turning point in the

story, often following a period of personal uncertainty and reflecting the ascendancy or confirmation of embodied knowledge, reconnection with and enactment of the body in labour.

For example, Cindy had planned a homebirth with her second child but progressed through labour too quickly for the midwife to attend. She and her husband were guided through the birth by a 999 operator and an ambulance was dispatched in case of the need for emergency assistance. Cindy's protest against the pathologising of unattended birth and the consequent institutional response uses lots of body-based metaphor, reflecting her belief in the natural birth model and confidence in herself:

> Now I'll spare you the details but no-one reached us in time. My husband delivered our daughter with the 999 operator on speakerphone. It was surreal, terrifying and exhilarating all at the same time. The next thing I remember is the operator saying congratulations and there should be a paramedic at the door . . . [there were] . . . 6 medical professionals in total and a queue of blue lights and cars stacked down my road in case they were needed. They weren't.

Following the drama and build-up of the story, those two words 'They weren't' speak volumes to narrate her strength and position her in control of her body and her birth.

Another example is seen in the story of Andrea:

> . . . once my waters had broken the nurse sent my OH [Other Half] home! I told her I didn't think it would be long and called him to come back while I had a bath. I got out of the bath and was examined. They said I was fully dilated and needed to go to the labour ward.

Andrea's bodily knowledge was confirmed by the measurement procedure of the institutional narrative that granted her access to the labour ward and the continued support of her husband. In the story of Aria, she shares a moment of clarity as her body in labour connects to her 'self', following a period of uncertainty and dependence as she enters the hospital and waits to be examined. This examination is the ritualised gateway to accessing the birth pool and 'gas and air' support she wishes for her labour. Aria uses her body to frame her protest, creating a storyline in tension to the institutional narrative of compliance and dependence, by taking an unconventional birthing position of all fours in response to her interpretation of what was comfortable for her body:

> Eventually I got moved to the birthing pool which my partner got in with me. I kept falling asleep as I was exhausted at this point and got out. I just couldn't get comfy!! After what seemed like forever I knew I needed to push my little girl into the world . . . I found a 'comfy' place for me to give birth and of ALL the places it could have been; it was on the floor on my hands and knees as if I was crawling.

Embodiment and agency come together in these experiences as the confidence of the woman interpreting her body in labour stimulates confident, definitive moments of control. The storyteller uses her body in communication with the environment to exact a protest against the master narrative of the institution and its prescribed controlling rituals of birthing bodies (Krook, 2007).

Thematic analysis

Returning to the text as a whole, I conducted a separate thematic analysis, extracting four interconnecting themes that encapsulated the embodied telling of birth vulnerability and strategies used by the storyteller to negotiate her identity. I have named these themes as follows: (1) White Noise, (2) Doing the Body, (3) Bargaining Authenticity and (4) Witness to Transition. From these findings, the two interconnecting themes of Doing the Body and Bargaining Authenticity encapsulated the embodied telling of birth. Doing the Body extracts a resistance narrative from the storytellers, complementing and expanding the functional clause of the protest event. Storying of the woman's emotional interpretation of her body's situational response opposes the muting impact institutional 'White Noise' often had on her body in labour. The theme of Bargaining Authenticity was characterised by a performance of suffering, framed for an audience assumed to believe in 'natural' birth as the ultimate goal, by emphasising the importance of endurance.

Doing the Body. Doing the Body in labour was storied in all the narratives. Its presence was subtle in its emphasis by the storyteller and rarely acknowledged. Instead, there was a focus on either the action or consequence of the doing body to keep the story flowing. It presents in two distinct forms that were not necessarily exclusive: re-joining of the minded body in labour and the interpretation of emotion through the body's response to the environment. First is the re-joining of the self and body in labour where the subtle messages of the body break through the 'White Noise' of the institution. This re-joining symbolises confidence in the woman to interpret what her body is telling her. Doing the Body in labour was also storied through the subtle interpretation of the woman's emotion through her body's response to her environment. This activation of her bodily sense of performing an action or 'doing the body' in response to her interpretation of body-based intersubjective understandings is pre-reflective. This is because the body was seen to react to a stimulus only later interpreted and named by the woman when she had time to reflect on the full felt sense of the event. These examples connected feelings with meaning, in the form of a situational response, through the use of emotive language. This language is in contrast to the disembodied event reporting that used the technical language of medicine.

A clear example is evident in the story of Anna where she reflects on her birth and gives meaning to her emotional response of fear. This response results from

social learning (her mind) about birth with a big baby and manifests in the slowing of her body doing labour:

> My first baby was a three day labour . . . they had told me the baby was going to be around 12 lb. I was terrified and I think I held off from relaxing into it, until I couldn't do it any longer. She was 8 lb 3 oz.

Anna reflects on her corporeal response to the information that her baby was large, signifying the connection of this information to something beyond her, namely, a learned assumption of difficulty or pain in labour with a 12 lb baby. This socially derived knowledge is credited by Anna as underlying her fearful emotion that ultimately restricted her labour.

Another example is taken from the story of Mary:

> I started having contractions on the day I was due, but they were irregular, they were on at times very strongly, especially at night, and then they would reduce in the morning to practically disappear. This trend lasted a couple of days until I felt they were getting stronger and needed to go to hospital.
> When we arrived, I was warned this could well be a false start and I could very well be sent back home, which I was prepared for.
> After a French midwife (although this was in a London hospital) examined me, my water broke and she decided I could stay in one of the rooms with the pool. She gave us advice about what we could do to encourage labour, and this was the best night I had since contractions had started.
> I could feel contractions getting stronger and being more efficient, but morning broke, and no baby in sight . . . The French midwife left, and was replaced by two midwives who were not as relaxed as the previous one. I could feel my contractions getting weaker as I did not feel as comfortable with these midwives as I previously did. I was then told I would need to get drips.

Mary illustrates her environmental evaluation as potentially hostile with the less relaxed birth attendants and an experience of dominating power in the statement about having to get a drip [this would be to augment labour]. The quality of Mary's birthing situation has clearly changed from the night before, spent with the French midwife. Her felt sense of the situation suggests a negative and threatening atmosphere and her body adapts to this intersubjective learning by slowing her labour.

Mary goes on to share her bodily response to the degenerating situation:

> The interventions of numerous monitoring machines did nothing to reassure me or make me comfortable and the gynaecologist was far from understanding, but I was determined to fight my corner and avoid an epidural if I could manage it and choose the position I was most comfortable in (for me, standing up at the beginning and then on all four).

> Obviously, the monitors did not work properly, and I was told until the actual birth of my son, that my contractions were not sufficiently efficient. . .??? and that it could take a while. . .
> Looking at my suffering, my husband had left the room . . . I was screaming and not being at my best at that time, but this was only to announce that the baby was truly coming.

The emotion is heavy in this abstract of her story and the distress apparent from her sub-conscious interaction with the negative birthing environment. Her use of the word 'but' verbalises a physical boundary or bodily hesitation, an internal resistance to the unsatisfactory anticipated situation of epidural insertion. The out of control feeling of her story physically pulls the reader towards the climax, letting them down before the anxiety becomes uncomfortable, to announce the impending birth. She rescues her anti-institutional portrayal of resistance behaviour through her reflection on the situation and reconnection with the positive symbol of the imminent arrival of her baby.

These two women, Anna and Mary, use emotional language to express their bodily response to their situation. Aria uses a similar style, sharing her intense emotion that precedes her overwhelming doubt. Fear and doubt manifest into the overpowering physical and emotional feeling of panic. The extreme language is visceral; it originates from her bodily interaction with the environment and impacts her response to the environment in turn as her knowledge no longer seems fit for purpose:

> Once I got there all I could hear were women screaming in pain – I turned a ghostly white and just sat down and shut up –the midwife told me not to panic and that the women were just in a lot of pain from pushing. I've never been so scared in my entire life!! I didn't know what to expect now. There were women screaming, I was panicking because they were screaming. It was my first baby, I didn't have a CLUE what to expect.

The stories were full of embodied language in a style of engaging storytelling, reflecting the physicality of the birth experience, the sensitivity of the woman to her bodily interaction with the environment and context, and the appropriation of a language to share the experience of the birth with the forum audience. Stories often switched between this emotive style and a disembodied reporting of measurements that appropriated the language of the institutional birth culture. This switch signified crucial time points, for example, in the 'diagnosis of labour', in the 'admission to the institution' and the transition to second stage and parturition. It is as if the emotive, physical experience of birth requires these technological anchors, from the language of the dominant group of medicine, to legitimise the woman's transition between phases in the birth process.

Bargaining Authenticity. Every story is built from the multiple voices that speak through the storyteller and can reveal hidden discourses and contesting narratives. The theme of 'Bargaining Authenticity' rose out of a counter narrative to the natural birthing ideology as Nicola rejects her natural birth experience to claim her allegiance with women who have experienced intervention. Her story reads as a plea to the community that her experience was authentic too. This bargaining dialogue with the perceived audience of the story continues across the data set as the concept of endurance in labour is emphasised. A competitive element enters the stories as if in a bid for authenticity of experience.

Nicola pitches her story of birth without pain relief in labour as an inability rather than a choice. On further analysis, it became clear that she had developed a defence narrative in solidarity with a perceived dominant group of women, to the extent of denying her original experience. Nicola perceives the other women in the postnatal ward may feel judged by her contrasting ability to birth without pain relief due to the observed interaction with the care providers. These women did not receive the congratulations and acknowledgement that Nicola's birth experience was attracting. Consequently, Nicola describes reframing her birth story to emphasise her extreme pain, desperation and even a desire for death. Her subjective uncertainty from being perceived differently moves from activism and resistance to overwhelm her. Consequently, she tries to resolve her unease by overcompensating in her conformity to the perceived norms of the mother group and specific way of being in the birthing discourse. This results in a performance of suffering that she proposes is equal with women who accessed pharmacological analgesia. She has adapted her story to align her experience with her perceived audience and to protest against the professional judgement of women's experiences:

> I am constantly getting responses from people like oh my word your such a hero! Your pain threshold must be really high. Wow well done for doing that. Even the midwives on the ward the next day were coming in saying wow you did fabulous for just having a couple of paracetamol.
>
> It's starting to really annoy me because I feel it's comments like this that make women who have loads of pain relief through labour feel like failures or weak. I was on the ward with 2 other women who had all the pain relief and no one made any effort with them to say 'well done you!'.
>
> I have started to respond to people by saying, no I am not a hero, I was in agony, I was screaming and crying for a c – section begging the midwife to pull him out of me and Shouting for an epidural. It was so painful that If someone had given me the option to carry on or die I would have chosen death. It's only because I had no choice on pain relief due to the allergy and quick progression (jumped from 3 cm–9cm in 2 hours).
>
> I hate that people see pain relief in labour as a weakness! I can guarantee you I didn't get a medal for it n I would absolutely make sure I got the epidural next time (if there is a next time lol) x.

This performance of suffering in rejection of the natural birth discourse emphasised the importance of endurance as a characteristic of the data set. I felt pain was perceived negatively by the story's authors and status within the mother group was regained through its endurance. This view reflects a mechanistic perspective of the body as pain becomes a sign of the contingent nature of the body and in the controlled language of medicine: bodily failure.

The concept of endurance appeared to be used in two ways within the stories. First, the woman's endurance of a long labour was put forward as a justification for an undesirable act of intervention or 'inappropriate' behaviour within the story. Framing the conclusion in this way suggests subliminal acceptance of either the bodily failure narrative or internalisation of the female constraints imposed by a restrictive doing of the body discourse. This sub set of stories emphasised the extreme length of labour:

> My labour wasn't progressing so they decided to give me some Oxytocin to help the labour along. I had specified on my birth plan that I didn't want it as I had read that some people can have a bad reaction to it.
> The nurse said that it was a 'one in a million chance', so reluctantly I agreed.
> My drip was hooked up to the oxytocin and straight away it started to impact on my babies heartbeat, which went from 150 beats per minute to 16.
> Straight away the nurse ripped out the drip and pushed the emergency button, and 4 doctors rushed in. The doctor tried to find my babies heartbeat and after a very scary couple of minutes of total silence in the room the heartbeat was found.
> It seemed my baby indeed did have a reaction to the oxytocin. Then all carried on as normal for a while and babies heartbeat resumed, but later on as labour was still not progressing I had to have an emergency caesarean.
> I was just thankful that I would be getting to see my baby at last as I had been in labour 39 hours. (Suzy)

The second thread in the use of endurance was to inform the status work of strength in the woman through her endurance of a fast and intense labour. I felt the increasing speed of labour claims to be very competitive especially by their use of minutes and time, by which women are measured and judged in obstetric services:

> I waited in all the long queues, there was no seats available in the waiting area so I was standing in ALOT of pain, once again thinking it was purely the pressure on the hips that I'd had the whole way through!
> my mum grabbed a nurse going past and said 'she's in labour' the nurse took one look at me and took me into my appointment and sure enough I was 7 cm dilated and in fully established labour!
> I was whisked into the labour ward with the hope my husband would make it in time! you would think with 3 labours I would have known but shows you how different each one is. (Claire)

> . . . less than 3 hours after the first contraction pain my beautiful daughter was born. (Wendy)
>
> . . . 3–9 cm in 20 minutes. (Nicola)
>
> I was supposed to be having a water birth so the midwives was frantically trying to fill the bath so I could get in. It was a comedy show with the two midwives rushing round the room crashing into each other . . . I got into the birthing pool just in time to start pushing and just as my daughter was about to be born hubby came bursting into the room . . . Daughter number three was born within ten minutes. I went from three centimetres dilated to fully dilated within 20 minutes! (Rebecca)

The midwives of Nicola's story were sharing subliminally with the women in the postnatal ward their interpretation of labour pain as a positive sensation. They were congratulating Nicola for fulfilling that natural birth ideal. With that comes an assumption of acceptance and personal control by the woman in response to the powerful sensations of her labour and resulting in no need for pharmacological support. Perhaps these stories of endurance are not just intragroup competition to bargain their suffering as authentic admittance to the mother group, but also signifies intergroup communication with the midwives, seeking validation for the authenticity of each individual experience.

Nicola's final sentence of the story suggests her need to fulfil certain criteria to achieve her rite of passage to motherhood, in the eyes of the mother group, to be stronger than her desire for validation of her strength from the midwives:

> I would absolutely make sure I got the epidural next time.

This story lies in contrast to the findings so far that the birth stories of this study were framed for an audience that is perceived to believe in 'natural' birth as the ultimate goal, with any intervention seen as deviance that must be justified. The performance of status work through stories of endurance among those experiencing an undesirable event would match this finding. Suggesting natural birth as a utopia to be aimed for but achievement requires defence to enable belonging to the majority.

Discussion

Many of the women of my data set demonstrated their resistance to the institutional narrative of birth by challenging modalities of 'Doing the Body' in labour, and in their use of language to articulate this way of being. Emotion has been credited with connecting the worlds of materiality and embodied interpretation (Thrift, 2007). It has also been described as a reconstructive act, formulating identity that is articulated through narrative (Guest, 2016; Lawler, 2014; Misztal, 2003). The examples offered in the stories of my study connected feelings with meaning, in the form of a situational response, through the use of emotive language. In support, female online communication has been described as emotional

(Herring and Stoerger, 2014). This emotive lexicon, verbalising the minded body in labour and its interactional response, is allowing these storytellers to take up linguistic and political space. Butler (2012) describes how media can form infrastructural support to resistance by establishing new spatiotemporal dimensions of the public sphere to facilitate modalities of solidarity. While vulnerability to the White Noise of the institution is not overcome by the resistance of the 'protest event' discussed within the structural analysis, it is enacted publicly. This public exposure of vulnerability to an infrastructure that is failing in its duty to birthing women to support them in the birth conditions they expect shows how bodies are being acted upon and the plurality and performance of resistance at work (Drichel, 2013).

Descriptions of the use of their body in communication with the environment position their acts as a symbol of resistance against the restricting narrative of the institution and the potentially judgemental attitude of their audience (Krook, 2007). The protest of endurance, suffering and alternative birthing positions destabilises the biomedical conceptualisation of the birthing body as solely a source of risk and potential dysfunction as the women proceed to birth (Chadwick and Foster, 2013). Use of the body juxtaposes the vulnerability of the individual's body against the power of the institutional birth system or the natural birth discourse, drawing attention to the inequality and perceived injustice of the situation (Lunceford, 2012). In this way, the body becomes a site of control as the storying of the resistance act contributes to the discursive construction of her identity (Bamberg, 2004; Long, 2015).

The plurality of resistance includes the celebration of women's birthing discourse and reclaiming of the shaming language of emotion and the body. However, in my data set, it is clearly still in the early stages of challenging the muting status quo (Kramarae, 2005). Within the narratives of this study, the storytellers either framed their story in a disembodied reporting of events using the technical language of medicine, or switched between an emotive, body-based style to include disembodied reporting of measurements at certain timepoints. These timepoints were the following: the 'diagnosis of labour', 'admission to the institution', 'transition to second stage' and 'parturition'. It is as if the emotive, physical experience of birth required these technological anchors, from the language of the dominant group of medicine, to legitimise the woman's transition between phases in the birth process. This is a clear example of 'muting' in action (Kramarae, 2005). It occurs when people are unable to articulate their ideas without changing their language to meet the dominant group's vocabulary. This is because of a disregard of the marginalised voice as there is not a publicly recognised vocabulary to express their experience. The storytellers of this study were seen to perpetuate the collective understanding of who is in power and who is not, by this incorporation of medical language, augmenting their own invisibility. This dialogic nature of storytelling acts to reaffirm the subjective identity of the birthing woman within this medical discourse (Baumeister and Leary, 1995; Morris, 2015).

Through the functional clause described as the protest event, women challenge the helplessness of vulnerability by returning agency to their body. In contrast,

Nicola's vulnerability to social judgement of her natural birth results in rejection of her body and enactment of agency through the language of her story. The storying of this bodily experience redefines the identity of the woman which is reinforced in the community by its repetitive sharing (Vacchelli, 2018). Thus, the audience is invited into a kinship of protest through activation of their own bodily sense of performing the actions (Ellingson, 2017). Activation of bodily sensations can also be achieved through the shared meanings within the story as storytellers try to describe their feelings within the birthing situation. The absence of a sufficient lexicon for the storytellers that appropriately captures the defining emotional and bodily feelings of her experience necessitates a storying of the experience to share the meaning with the audience.

The muted group theory of Kramarae (2005) speaks to this linguistic restriction in the storying of birth, imposed by the deficiencies of the available lexicon to result in an attempt to convey meaning through the storying of the feeling or situation. This is a pertinent example of how not all sections of society are served equally by their language since the formulation of language is confined to a privileged group. Consequently, subordinate groups, such as birthing women, are rendered 'inarticulate' because the language they must use is developed by the knowledge of the dominant group, which naturally differs from their own (Turner, 1982). Lakoff (1973) described how a female must learn two dialects that of a woman and the neutral language of male dominated society. Throughout this study, I have recorded birthing women's approach to birth as relational, contextually and socially oriented in contrast to the individualising approach of science, without a dedicated lexicon to support its description. The expressions that are mobilised can therefore appear tentative, emotional and adjective laden or require storying to convey meaning. This can impede free expression of women's alternative modalities of being in the world (Kramarae, 2005). The storytellers of this study verbalised their minded body experience through an emotive lexicon allowing them as a community to take up linguistic and political space despite its dismissal as subjective, clouding the measurable variables of an event.

Many of the storytellers positioned themselves according to shared assumptions with their online forum audience, incorporating medical language at key points of their story to perform legitimacy in their experience. This is an example of muting in practice and augments the woman's own invisibility, perpetuating a collective understanding of who is in power. However, this example of linguistic submergence of the woman's identity is counteracted by the storytellers' tentative reclaiming of the language of the unpredictable body and of emotional ways of knowing. The body as a site of resistance counters the muting process and was apparent in the regaining of agency at a critical point in the labour while storying this reclamation of their body as their own. The embrace of an emotive, body-based language emphasises the power of story in the reflective construction of meaning. Such content highlights the story as a political tool to redefine and reinforce ways of doing birth, reclaiming the language of the body and its emotions from

its historical position as a tool to deride and subjugate women in society (Long, 2015; Showalter, 1985; Ussher, 1991).

The final strategy to overcome the muting process is to exploit the use of media platforms to give a voice to the muted groups. Ownership of bodily experience in the public space of an online forum, exploits the potential of the digital platform to shape a collective identity among the birthing woman community (Vacchelli, 2018). Identity has been described as unintelligible unless located in a social world, emphasising a drive for such exhibition (Wainwright and Turner, 2004). The use of narrative through this platform offers the story as a site of resistance, and therefore an activist practice by challenging the inequalities in birth power relations within the current configuration of the UK birth system. Vacchelli (2018) describes this problematising of dominant discourse in the public domain to present an opportunity to redress certain representations from the starting point of the personal in the story. Stories can index values within a shared activity, recreate the significance of behaviours and make meaning, binding women together into a community that resists individualist notions of a private life. If public appearance is considered a reflection of the inner self (Morris, 2015), the story sits as a considered medium to manage that appearance to the community and to the self. Within the context of my study, these stories also emphasise the power differentials and their movement within the experiences of birth and offer a challenge to the subjecting identity of the institution (Lunceford, 2012; Salmon and Reissman, 2013). As the body has become an object of intervention by the institution, these storytellers are reclaiming the object as subject, connecting modes of being through their embodiment (Wainwright and Turner, 2004). This subjectification is acted upon in a discourse of protest through the use of the digital platform of the 'mum's forum'. It is creating an opportunity for political activism to share alternative experiences of narrating the self and doing the birthing body (Misztal, 2003).

Conclusion

Through the structural and thematic analyses of 20 online birth stories, different modalities of storying birth and of doing birth are given. Storying of the body was seen to reinforce or challenge women's suppression by alternative narratives of the body in birth. Many of the storytellers positioned themselves according to shared assumptions with their online forum audience, utilising the dominant lexicon and discourse at key points of their story to perform legitimacy in their experience. This incorporation of medical language augments their own invisibility, perpetuating a collective understanding of who is in power. However, this example of linguistic submergence of the woman's identity is counteracted by the storytellers' tentative reclaiming of the language of the unpredictable body and of emotional ways of knowing. The body as a site of resistance was also apparent in the regaining of agency at a critical point in the labour and storying the reclamation of their body as their own. The embrace of an emotive, body-based language for birth is shared

in highly reflective, visceral accounts that emphasise the power of story in the reflective construction of meaning. Such content highlights the story as a political tool to redefine and reinforce ways of doing birth.

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