"I Needed to Become a Mother": Poetic Representations of Maternal Embodiment, Autonomy, and Birth Trauma

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Abstract
While poetic inquiry has been used to explore many aspects of motherhood, there has been less attention given to pregnant, birthing, and immediately postpartum/fourth trimester embodiment. Here, we utilize poetry to explore a topic that is understudied and embodied experiences in the transition from pregnancy to early motherhood. The poems we present in this article are part of a larger project exploring experiences of embodied transition into motherhood. In the context of this larger project, 14 women were interviewed about their experiences of pregnancy, birth, and postpartum. In order to maintain focus on the embodied transition to new motherhood, only participants within 6 months of their first birth at the time of the interview are included in this article. The full data set was analyzed using a feminist-informed qualitative method centered on voice (The Listening Guide), and the poems we present here are derived from the second listening, which focuses on participants’ use of “I” in their narratives.

Keywords
poetic inquiry, motherhood, embodiment, postpartum, The Listening Guide

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“I Needed to Become a Mother”: Poetic Representations of Maternal Embodiment, Autonomy, and Birth Trauma

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While poetic inquiry has been used to explore many aspects of motherhood, there has been less attention given to pregnant, birthing, and immediately postpartum/fourth trimester embodiment. Here, we utilize poetry to explore a topic that is understudied and embodied experiences in the transition from pregnancy to early motherhood. The poems we present in this article are part of a larger project exploring experiences of embodied transition into motherhood. In the context of this larger project, 14 women were interviewed about their experiences of pregnancy, birth, and postpartum. In order to maintain focus on the embodied transition to new motherhood, only participants within 6 months of their first birth at the time of the interview are included in this article. The full data set was analyzed using a feminist-informed qualitative method centered on voice (The Listening Guide), and the poems we present here are derived from the second listening, which focuses on participants’ use of “I” in their narratives.

Keywords: poetic inquiry, motherhood, embodiment, postpartum, The Listening Guide

The incorporation of poetry into the research process has been practiced in the social sciences since at least the 1990s. Often called poetic inquiry, this practice became more widespread following sociologist Laurel Richardson’s (e.g., 1992, 1994, 2001) move to craft a poem out of an interview transcript. This particular version of poetic inquiry, which we explore in this article, is known as a participant-voiced poetry (Prendergast, 2009) or found poetry (Butler-Kisber, 2010). These poems are created when researchers apply poetic forms and conventions to their participants’ words. While the words used in the poem are typically lifted directly from the interview transcripts, it is the researcher who chooses which words to use, how to arrange them, and what form the poem will take.

Poetic inquiry can be used to study many topics including life in an aged care facility (Miller, 2018), the experiences of psychiatric survivors (Adame et al., 2011), and unlabeled sexual experiences (Koelsch, 2015). Prendergast (2009) argued that the poetic inquiry, at its best, “will deal with the kinds of topics that lead into the affective experiential domain” (p. 546). Affective resonance is a primary strength of poetic inquiry, and we have noticed this effect when we have read poetry aloud at conferences or other events. While discussing lyric poetry, Richardson (1994) noted that “a lyric poem ‘shows’ another person how it is to feel something. Even if the mind resists, the body responds to poetry” (p. 9). This feature of poetic inquiry makes it well-suited for subject matter that is understudied, taboo, or expected to be met with resistance from the intended audience. The evocative nature of the poem can lead to an emotional understanding of the complex subjectivities of participants (Koelsch, 2016).

Poetry has been called upon as a method for examining mothers’ experiences. Gigouere (2013) advocated for a poetics of motherhood, which seeks to explore individual stories of birth...
alongside sociohistorical metaphors, paying particular attention to how these metaphors challenge notions of selfhood. Similarly, Faulkner (2020) incorporated poetry into her work on motherhood in order to “critique and resist middle-class White motherhood” (p. 7). Faulkner (2014) and MacKenzie-Dawson (2018) have also included poetry as part of larger autoethnographic accounts of motherhood. Others have presented poetic transcriptions of interviews with mothers in order to focus on specific experiences related to motherhood, such as those of mothers who are international graduate students (Zhang, 2020), adolescent mothers (Nichols et al., 2014), mothers who lost custody of their children (Janzen & Melrose, 2013), mothers who run (Willer, 2020), and mothers for whom mothering exists as a site of learning and knowledge creation (Barg, 2004).

While poetry has been used to explore many aspects of motherhood, there has been less attention given to pregnant, birthing, and immediately postpartum/fourth trimester embodiment. However, researchers have used other qualitative methods to study this phenomenon. For example, Akrich and Pasveer (2004), focused on embodiment in women’s narratives of childbirth and the roles that professionals may play to help women avoid alienation. In another example, McCarthy (2015), interviewed new mothers and identified four themes related to embodiment: *loss of corporeal autonomy* (losing a sense of the boundaries of one’s body), *becoming an “Other”* (emerging as a “new self” after birth), *bodily dis-ease: pain, dissociation, and betrayal* (loss of a sense of physical functions and/or cosmetic changes), and *being-against-time: an unnatural bodily rhythm* (a sense of failure at being unable to return to the pre-natal body template).

Here, we utilize poetry to explore a topic that is understudied: embodied experiences in the transition from pregnancy to early motherhood, including following birth trauma. Poetic transcription of interview data is well suited to convey the vastness of the fourth trimester, particularly those experiences that can feel taboo or even shameful. As mothers ourselves, we find poetry a powerful medium through which to express the all-consuming and fragmented experiences of early motherhood. Though not an initial motivator for conducting this study, we hope that the use of poetry to explore these experiences will offer a nuanced opportunity for mental health and obstetrics-focused health care providers to more deeply engage with embodied elements of postpartum experience.

**Method**

**Participants and Interview Process**

Participants for this study were sampled via social media advertisements and word of mouth. After obtaining Institutional Review Board approval to conduct this study, the first author, Elizabeth, identified herself as a “researcher exploring women’s experiences of pregnancy, birth, and postpartum” in social media groups targeted at new mothers. A total of 14 cisgender mothers ranging in age from 27 to 43 were interviewed. Of those mothers, nine identified as White, one as Mexican American, two as Black, and two as multiracial. Most (12) described themselves as heterosexual; one described herself as bisexual and one as queer. All were United States citizens. To focus on the embodied transition to new motherhood, only participants within 6 months of their first birth at the time of the interview are included in this article. To note, we use the phrase “give birth” to refer to all forms of birth, including vaginal and Caeasarean, medicated and unmedicated.

Interviews were conducted by the first author in locations selected by participants and lasted 1 to 1.5 hours each. Eight of the original 14 interviews were conducted via video chat, and six were conducted in person, either at the participant’s home or in a public location. The interview used a semi-structured interview guide focused on broad questions like “tell me about
Elizabeth A. Bennett and Lori E. Koelsch

Your pregnancy,” “tell me about holding your child for the first time,” and “what was it like to give birth?” These questions were designed to elicit an attunement to the participant’s body and bodily processes, with a special focus on transition between these stages of maternity. Four poems are presented here, representing the experiences of the participants who had given birth for the first time.

Data Analysis

The full data set was analyzed using a feminist-informed qualitative method centered on voice. The Listening Guide was developed by Gilligan, Brown, and colleagues in response to the complexity they heard while listening to girls’ stories (e.g., Brown et al., 1991). Step-by-step instructions for this method can be found in Gilligan et al. (2003), but it is sufficient to note here that the method involves working through an interview transcript multiple times while highlighting or otherwise demarking the different voices with which participants speak. Traditionally, the method involves reading a transcript multiple times, while “listening” for a distinct voice each time. The first voice that the researcher listens for is the “plot voice,” which provides a narrative to the story (i.e., what happened). The second voice, which is the focus of this article, is known as the “I voice;” by listening to this voice we can get a sense of how the participant positions herself within her own story. After identifying this voice, Elizabeth created “I poems,” which will be described further below. The final reading is for contrapuntal voices, which will be explored further in a forthcoming manuscript. For this study, the contrapuntal reading explored the tensions between the mothers’ understandings of themselves as agentic beings juxtaposed with experiences of dehumanization.

The I poems occupy the focus of the present article. Following Gilligan and colleagues (2003), these poems are created as part of the second reading/listening by first locating each instance of “I” spoken by the participant in the transcribed interviews. We focus on the participant’s use of “I” to attend to how she sees herself contextualized in her own narrative. The use of “I” also gives pride of place to the first person, which may speak to an important return to agency, individual personhood, and perspective among women who have experienced such a recent transition to the mother role, which is often experienced as a diminishing of the self.

After locating each instance of “I” in the transcriptions, the first author selected which additional words following the “I” would be included to generate “I statements,” which are meaningful chunks of text. These phrases were then arranged poetically, while maintaining the original order of content as it unfolded in the interview context. In creating these poems, attention was given to preserving evocative presence, intensity, and impact of the participant’s experience. The poems presented here were crafted from the interviews of participants who had given birth for the first time; for each of these four participants, this was also their only pregnancy. Participants are called by pseudonyms that they selected themselves.

Reflexivity

We were drawn to this project as mothers of young children, each with our own stories of pregnancy, birth, and early motherhood. Elizabeth was fascinated by observed – and her own experienced – tension(s) between maternal desire and experiences of maternal, specifically birth, trauma. Lori was struck by the manner in which the process of giving birth is both deeply personal and extremely common, and therefore well-suited for poetic transcription. Additionally, the first few months of motherhood are often spent in a haze, and Lori’s experience of the fourth trimester for her first child was one of sleeplessness, fragmented consciousness, a loss of sense of time, and alternating moments of acute awareness of and
disconnection from bodily experience. Poetic form is able to hold this fragmentation and non-linearity.

**The Poems**

**Mischelle**

I needed  
I wanted desperately

Needed  
I needed to become a mother  
You know when your heart needs?

I had been  
I was in school  
A graduate degree  
Felt important

I desired  
I wanted motherhood more  
You know what I mean?

I was  
I am  
I am entitled  
To my own life  
You know?

I was undeniable  
Pregnant, rich

I had never felt this bold  
They had to face me  
My baby

I was  
I was expansive  
I took up space  
Rounded, overflowing

I really felt  
I was a goddess

I loved my birth  
He emerged

I always knew  
You know?  
I loved being able to do that  
He needed me  
They had to watch
Mischelle had recently completed a doctorate; in fact, she had defended her dissertation while in the third trimester of her pregnancy. Her poem encapsulates a spirit of uncertainty and questioning that was present throughout her interview. She spoke about the judgment she had received from peers and mentors in her program and wept during the moments she described feeling alienated from the “academic world” due to her “reproductive choices” (i.e., “I am entitled to have my own life, too,” she noted a few times during the interview). She attempted to check in with me throughout the interview, as though to ensure I saw and understood (e.g., “you know?”); these questions struck me as hoping to verify that I was not judging her like the rest of academe.

For Mischelle, the theme of embodied autonomy appeared via her commitment to existing in a pregnant body as a form of defying her graduate program – “they had to face me; I was undeniable” – and then maintaining a commitment to embodied and obvious maternity by breastfeeding her son in the presence of colleagues and faculty in her program (i.e., “they had to watch”). Her wrestling with boundaries and respect, and her willingness to lean into her maternal body as a means of achieving and garnering those things, made her feel emboldened. Yet, her repeated questions – “you know?” – meant that her brazen defiance felt simultaneously unsure, lacking some of the deeply embodied autonomy that she so clearly conveyed.

Tanya

I used to know me
   My baby is five months old
   It is weird to talk about my body
I knew
   Like I said

I didn’t know
I did not know
   Would it rise to the challenge?

I was
I couldn’t get off
I was
I was on a conveyor belt
Is this was it is?
I’m becoming a mother?

I was the most human
I remembered
I watched
I have ever
   It was dehumanizing
   They stood over me
   The decision was made
I didn’t choose
I’m not sure
    Did I consent?
I labored so intensely
I have never been so strong
I don’t think

I wanted different
I wanted
I wanted
I witnessed
I was a witness to my own birth
    My body
    My body became

I was mutilated
    Opened up
I will never get that back
    My baby was fine
I was not
I am not ok

I had no choices
    When I spoke
I was
I was
I was unsure if I was speaking at all

Tanya’s poem is ensnared in her experiences of bodily uncertainty and self-described birth trauma. Throughout her interview, her experiences of pregnancy and transition to motherhood were intimately tied up in feelings of lacking agency and ownership over the process. This disempowerment was especially striking given her work as a social worker and advocate. At the beginning of her interview, Tanya expressed memories of uncertainty in regard to her body’s ability to “rise to the challenge” of motherhood, noting her priority of being “enough” as a mom, while juxtaposing this worry with her fear of her body “coming back to itself.”

She described with great emotion how her body was “mutilated” during birth, in what she described as a birth trauma. In particular, she noted still experiencing flashbacks to her birth experience nearly one year later at the time of our interview. During labor, she was transitioned from midwifery care to an “unknown OB” due to an issue she did not understand but “suspected was related to the priorities of the healthcare system.” She was rushed to the operating room for a Caesarean section that she is unsure she consented to; she noted continued regret over the loss of her embodied autonomy during birth. Her poem speaks to her experience of losing her body in a literal sense: “my body was suddenly, palpably not my own…when I spoke, no one in the room listened, so I tried to scream. No one listened. I was unsure if I was speaking at all.”
Camille

I still feel
I feel
   It is so hard to talk about
I was
I was so intensely ill

I’d never thought
   How many ways could I say
I am
I was so worried
I would die

I had wanted to be pregnant

I was so sick
I did not know
I did not know
No one believed my symptoms
I switched
I had three doctors

I now say
I am
I have survived
   Even the birth
I vomited
Throughout
   Baby crowning
I threw up again

I still have
I have
   My body couldn’t
   Nausea, heaving, vomit
I didn’t
I didn’t know bodies like mine
Rejected my baby

I survived
   My baby is healthy
I am not
I am not ok

The narrative of embodiment in Camille’s poem is driven by her experiences with a “near death” experience of hyperemesis gravidarum, or extreme sickness during pregnancy, that lasted the entirety of her pregnancy. She noted that she had to “try out three different doctors” before switching to a midwife who had expertise in working with hyperemetic patients. Camille was tearful throughout her interview, visibly shaking as she recounted
symptoms of hyperemesis; she noted that her body “rejected” pregnancy and her baby in the intensity of its sickness.

As she attempts to adjust to new motherhood, she described “terror” regarding the possibility of resuming sexual activity with her partner and noted that she continues in the psychotherapy that she started during her third trimester. She described what her therapist had labeled “dissociative symptoms” that began during her third trimester; as if to convey the seriousness of her experience, she reflected “I believe that my experience was my psyche’s way of disconnecting me from my body.” She summarized her experiences of dissociation and hyperemesis by shaking her head: “I am not ok.”

**Audra**

I am
I am a reader
I have always
   To know is empowerment

I knew
I wanted
I had read
   Before becoming pregnant
I knew

I knew what was coming
I felt prepared
   My pregnancy
   Classes, breathing, articles
I’ve always been a reader

I learned
I had been feeling
   Pressing my ribs, his head
   Breech
I know now
I trusted
   “There is no safe way”

I became scared
Convinced

I was
I didn’t
I didn’t know
   Was there a safe way?
I know
I know
   Who knows what could have happened?

I feel
I still feel
Everyone tells me
I am
I am healing

Audra’s poem is wrought with internal conflict (e.g., repeated questions that she posed rhetorically during her interview; the presence of contrapuntal narratives of feeling empowered and disempowered; accepting the doctor’s narrative while also questioning it). A researcher and writer herself, she devoted her pregnancy to planning, in her words, the “most beautiful, empowered birth possible.” She expressed frustration over being classified as geriatric, while finally feeling “an experience of joy” over becoming pregnant after having previously wondered if motherhood would happen for her (she did not meet her spouse until her late 30s). She worked with a midwife yet chose to give birth in a hospital setting to compromise with her spouse who desired for her to work solely with a medical doctor.

She experienced pregnancy as a largely positive and deeply empowering experience, yet learned that her baby was breech (i.e., positioned feet-down) just one week before her due date. Her midwife deferred to an OB who “took over” Audra’s case, and Audra recounted feeling as though she had been “tricked, convinced that there was no safe way to turn the baby, or try a vaginal birth at all.” Her experience of what she now worries was an “unnecessary” Caesarean section resulted in her “losing ownership” of her own maternity at precisely the moment she transitioned from pregnancy into motherhood: birth. Yet, she also repeatedly affirmed the support she has felt by her spouse and community, which seems to have restored some sense of her own dignity and humanity as she transitions into motherhood. She also noted her physical and emotional healing at the end of the interview (“I am healing”) as a potential indicator of her attempts to meaningfully integrate her birth experience into her embodied transition to motherhood.

Discussion

These poems simultaneously represent individual women’s experiences while also speaking in chorus with a broader embodied experience of gestation, birth, and transition. Maternity is in some sense a well-studied topic, via several disparate literatures (e.g., medical, historical, psychological), yet qualitative accounts of women’s experiences of identity and embodiment in pregnancy/birth/postpartum period remain underrepresented in psychological and medical literatures (see McCarthy, 2015; 2020 for one exception). After conducting a literature review of childbirth embodiment, Walsh (2010) noted that much of this literature is focused on medical technologies rather than the experience of birth itself. Calling attention to the transition from pregnancy to the fourth trimester is important for myriad reasons; we briefly highlight a few here, brought into clarity by our participants’ accounts. Birth and early postpartum presents unique challenges to new mothers’ mental health, and better understanding the ways in which mothers experience themselves during this time provides a valuable window into this experience for both mental health and obstetrics-focused health care providers.

A dialectic between embodied autonomy versus embodied disempowerment emerged throughout our participants’ narratives and is a running thread in each of the poems presented here. Mischelle’s experience presents an overt example of the ways in which pregnancy presents an opportunity for bodily empowerment running directly counter to Western, largely White expectations for women’s bodily attractiveness (others have written extensively on this, e.g., Bordo, 1993). In contrast to dominant expectations of smallness and containment, Mischelle noted that she was “expansive,” “took up space,” was “overflowing.” McCarthy (2020), however, noted that while the pregnant body is expected to be larger, the postpartum body is less welcome, as women are expected to return to our pre-pregnancy shapes, often at a
The Qualitative Report 202

rapid pace. Breastfeeding, a deeply embodied, relational act (Simms, 2008), was also a critical part of Mischelle’s narrative; breastfeeding forced others (particularly those who were unable to see her as both maternal and intellectual/professional) to “watch.”

The sometimes-traumatic nature of pregnancy and birth deepens the dialectic between autonomy and disempowerment. The traumas voiced by our participants represent ways in which they were profoundly disempowered in the transition to motherhood. Tanya spoke about her experience in passive language: being “on a conveyor belt,” a “witness” to her own birth. Provocatively mirroring language that dominates rhetoric regarding women’s health and sexual experiences, Tanya noted she had “no choices” and wonders if she provided consent for her Cesarean. Audra and Camille both described their experiences of violated trust; Audra still wonders if she should have questioned the decision to pursue a Cesarean in response to her baby’s breech positioning, and Camille remains haunted by the experience of not being believed in regard to the severity of her hyperemesis. Echoing Beck’s (2004; 2017) phenomenological work on birth traumas, our participants’ narratives encourage a potential rethinking of what traumatic birth entails. Expanding what *counts* as a traumatic birth may open needed space for women like our participants to seek and receive support for traumas that may develop into depressive or anxious symptoms.

Others have written about the ways in which obstetric care has medicalized maternity (e.g., Murphy, 2010; Shaw, 2013), and our participants spoke poignantly to this experience; in some ways, we hear their experiences as an extension of the embodied traumas discussed above. For Audra, this was in regard to her experience of “losing ownership” of her birth and of witnessing her midwife “defer” to a physician in making the decision to pursue a Cesarean birth. For Camille, her experience of hyperemesis was discounted by “three different doctors”—all obstetricians—which resulted in an extended and emotionally traumatic experience of being the object of disbelief, echoing other well-documented examples of women’s reproductive health being minimized, poorly understood, or explicitly ignored by a medical community trained to provide care for these very issues (e.g., Goldman & Hatch, 1999).

Regarding future avenues for research into motherhood and embodied transitional states, we notice a few areas that have emerged as potentially fruitful moving forward. Qualitative research methods, and poetic inquiry in particular, remain underrepresented in literatures exploring embodied maternal traumas (e.g., hyperemesis, emergency Cesarean). Importantly, we recognize that much of the mothering research, including ours, has centered on the experiences of cisgender women, and it is important to also attend to the experiences of individuals with less-represented gender identities who have given birth. We also recognize that the women in our sample were primarily White, have access to social media, and had access to medical care during pregnancy and birth. Their experiences of birth and the fourth trimester should not be considered universal.

Poetry remains underrepresented in the dominant literatures mentioned above yet is at home in an emergent autoethnographic mother-scholar literature (e.g., Faulkner, 2014). We believe such arts-based inquiry, like poetry, may offer a unique bridge to connect seemingly disparate academic and personal writing, and we hope for more work at the intersection of poetry and mothering research. As we hope to have demonstrated in this essay, our participants’ narratives, as explored via poems, present an evocative and psychologically rich means of engaging with maternal experience.

**Concluding Thoughts**

In writing about autoethnographic explorations of motherhood, Sotirin (2010) calls for researchers to speak from a perspective of radical specificity. We believe that her instruction
applies here, in the “unfamiliar connections and relations that move both beyond and against the familiar storylines, emotional verities, and the all-too-recognizable critiques of cultural-political constraints that characterize personal narratives in both popular and academic writing” (p. 11). To write about women’s embodied experiences in the transition to mother, especially when those experiences are empowering-and-stripping, beautiful-and-miserable – a prototypical both/and – we echo Waldman (2010) in the need for a truth-telling about motherhood, beginning with the complex, laden, and surprising moments of pregnancy and birth.

The Listening Guide affords us a means of balancing method and narrative: the sparse nature of the poems presented here enables a felt resonance between participant, experience, and reader. In particular, these poems present the richly embodied nature of the transition from pregnancy into early motherhood, speaking both for our participants’ experiences and also echoing a broader maternal question: what is it to become a mother, to bodily enter into motherhood? There are many ways to become a mother, and here we have focused on the ways in which the physical body intersects with the emotional, psychological, and at times, political nature of sojourning within and through this transition. In addition to the phenomenological and poetic approach we have taken here, we encourage further qualitative research into fourth trimester supports for mothers entering into and recovering from birth.

References


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