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Translating Birth Stories as Counter-Narratives[1]

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Abstract

This article studies childbirth narratives and their translation from the perspectives of narrative theory, feminist studies, and translation studies. In line with the arguments that personal narratives can undermine public ones and subjective experience can be a legitimate source of knowledge challenging institutions and authorities, birth stories are presented here as 'counter-narratives,' telling alternative stories from a subordinate position in the knowledge hierarchy. These stories are noteworthy examples of subjective, experiential, visceral, and feminist knowledge passed on from one person to the next, one generation to the next, and, in the case of translation, from one language and culture to another. Focusing on a key work compiled and written by an American midwife, *Ina May's Guide to Childbirth*, and its Turkish translation, which include 44 birth stories, the article compares and contrasts maternal health systems in the u.s. and Turkey, societal expectations, and the role of birth stories in both cultures. It locates these personal/public narratives in relation to the greater meta-narratives circulating in these cultures and discusses how translations reflect these meta-narratives while aiming to reshape them.

Keywords**:** translation, birth stories, feminist perspectives on childbirth, narrative theory, maternal and neonatal health.

Traducción de relatos de nacimiento como contranarrativas

Resumen

Este artículo estudia las narrativas en torno al parto y su traducción desde los enfoques de la teoría narrativa, los estudios feministas y los estudios de traducción. En línea con los argumentos de que las narrativas personales pueden socavar las narrativas públicas y que una experiencia subjetiva puede ser una fuente de conocimiento legítima para cuestionar instituciones y autoridades, relatos de nacimiento se presentan aquí como 'contranarrativas', que cuentan historias alternativas desde una posición subordinada en la jerarquía del conocimiento. Esos relatos son ejemplos dignos de mención del conocimiento subjetivo, experiencial, visceral y feminista que pasa de una persona a la siguiente, de una generación a otra, y, en el caso de la traducción, de una lengua y una cultura a otra. Centrada

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en una obra clave compilada y escrita por una matrona estadounidense, *Ina May's Guide to Childbirth*, y su traducción al turco, que incluye 44 historias de nacimiento, el artículo compara y contrasta los sistemas de salud materna en Estados Unidos y Turquía, las expectativas societales y el rol de los relatos de nacimiento en ambas culturas. Ubica estas narrativas personales y públicas en relación con narrativas mayores que circulan en estas culturas y discute cómo las traducciones reflejan esas meta-narrativas a la vez que busca darles nueva forma.

Palabras clave: traducción, historias del parto, perspectivas feministas sobre el parto, teoría de la narrativa, salud materna y neonatal.

La traduction des histoires sur l'accouchement en tant que contre-récits

Résumé

Cet article étudie les récits sur l'accouchement et leur traduction à partir des approches de la théorie narrative, des études féministes et des études de traduction. Conformément aux arguments selon lesquels les récits personnels peuvent saper les récits publics et qu'une expérience subjective peut être une source légitime de connaissances pour interroger les institutions et les autorités, les histoires de naissance sont présentées ici comme des « contre-récits », qui racontent des histoires alternatives depuis une position subordonnée dans la hiérarchie des connaissances. Ces histoires sont des exemples qui méritent d'être racontées puisqu'elles font partie des connaissances subjectives, expérientielles, viscérales et féministes qui passent d'une personne à une autre, d'une génération à une autre et, dans le cas de la traduction, d'une langue et d'une culture à une autre. Axé sur un travail clé compilé et écrit par une sage-femme américaine, *Ina May's Guide to Childbirth*, et sa traduction en turc, qui comprend 44 histoires de naissance, l'article compare et contraste les systèmes de santé maternelle aux États-Unis et en Turquie, les attentes sociétales et le rôle des histoires de naissance dans les deux cultures. Le texte place ces récits personnels et publics par rapport aux récits majeurs qui circulent dans ces cultures et examine la manière dont les traductions reflètent ces méta-récits tout en cherchant à leur donner une nouvelle forme.

Mots clés: traduction, histoires de naissance, perspective féministe sur l''accouchement, théorie narrative, santé maternelle et néonatale.

1. Introduction

Narrative theory, as applied within translation studies, has argued that "narratives do not merely represent, but constitute, the world" (Harding, 2012, p. 287) and that personal narratives, cumulatively and over time, can undermine even the most enduring public narratives. Similarly, there is growing recognition within medical humanities that subjective experience can be a legitimate source of knowledge and that experiential information can complement, enhance, as well as challenge, the conventional wisdom disseminated by institutions and authorities. Childbirth stories are narratives in the sense that they are stories parents, often mothers, tell to make sense of a pivotal event in their lives, explaining and justifying their decisions and actions, and the consequences thereof, or, more often than not, the decisions taken on their behalf and actions imposed on them. These stories are noteworthy examples of subjective, experiential, and visceral knowledge passed on from one person to the next, one generation to the next, and, in the case of translation, from one language and culture to another, enabling transnational formations of activism with a view to empower women in their choices regarding childbirth.

On closer inspection, birth stories can be regarded as both personal and public narratives. They certainly start off as personal (see e.g., Harding, 2012, p. 291; Baker, 2006, p. 28). For the mothers, they are often a way of making sense of their childbirth experiences and thus, of incorporating those experiences —or more accurately, the memories— to their personal history. Birth stories shared in print and online, however, are also public, not only because they can be read by any interested party, but also because they contribute to the formation and carry the traces of public narratives on maternal and neonatal health as well as reflect and contest wider sociocultural and institutional convictions (Baker, 2006, p. 33). The events narrated in these stories are interpreted by the readers through the lens of the public narratives about birth circulated in a given society at a given time through institutions of family, medicine, religion, and media; in return, the stories can have a tangible impact on the way these institutions approach childbirth. The same stories ultimately conform to or challenge the larger meta-narratives of the time, such as 'progress,' 'science,' and 'modernity,' vis-à-vis their relationship to maternal and neonatal health.

Despite the growing interest in childbirth narratives within diverse academic disciplines, such as rhetoric studies, comparative literature, motherhood/mothering studies, women studies, and midwifery (e.g., Akrich & Pasveer, 2004; Colton, 2004; Cosslett, 1994; Hensley Owens, 2015; Nelson, 2009; Podnieks & O'Reilly, 2010a; Takeshita, 2017), there has been no research, from a translation studies point of view, on the circulation of these narratives beyond their languages and cultures of origin. Furthermore, there has been no study to date examining "the critical role of translation in the trans/formation of feminist movements, locally and transnationally" (Castro & Ergun, 2017, p. 2) within the socio-political, cultural, economic, and medical contexts of childbirth. The majority of research in feminist translation scholarship tends to focus on literary texts and eschews to diverge into other, multidisciplinary areas (Castro & Ergun, 2017, p. 4), such as medical humanities and social movements, as is the case in this study.

To address this lacuna, the contribution focuses on a key work, *Ina May's Guide to Childbirth* (Gaskin, 2003; hereafter, *Guide*) and its Turkish

translation (2015), which include 44 birth stories.[2] In examining this work through the lens of narrative theory and feminist studies, I want to present the stories and their translations as 'counter-narratives,' as "alternative stories told from a subordinate position in the knowledge hierarchy [playing] an important role in destabilizing accepted discourses" (Takeshita, 2017, p. 335). The subordinate position, in this case, refers both to the position of the lay women who contributed their stories to the volume vis-à-vis the authority of medical institutions and to Gaskin's own position as a self-taught lay midwife in the US (who completed her midwifery training retrospectively) vis-à-vis obstetricians.[3] Gaskin herself notes the subversive potential of these stories in her book:

> Stories teach us in ways we can remember. They teach us that each woman responds to birth in her unique way and how very wide-ranging that way can be. […] They teach us the occasional difference between accepted medical knowledge and the real bodily experiences that women have —including those that are never reported in medical textbooks nor admitted as possibilities in the medical world. […] Birth stories told by women who were active participants in giving birth often express a good deal of practical wisdom, inspiration, and information for other women. (2008, pp. 4-5)

While 'feminism(s)' are not necessarily explicitly invoked in the source or target texts under scrutiny here, I would argue that these texts are excellent examples of concentrated and transnational feminist endeavors challenging the status quo in the medical-institutions' treatment of birthing women globally, regardless of their location in the world. In order to give readers an idea of what these endeavors have to contend with, I will first focus on the birthing scenes in the source and target societies.

2. Birth in the US and Turkey

To be able to appreciate the significance of Gaskin's work and its translation, a brief contextualization of childbirth in the US and Turkey is necessary. Since the commonalities between the two countries' approaches to birth exceed their differences, I will depict a general picture valid for both and emphasize any differences as and when they arise. It would also be pertinent to note that the situation depicted here is valid for the great majority of countries around the world, attesting to the power and spread of oppressive practices on women's bodies in the name of furthering maternal and neonatal health.

In both Turkey and the US, healthcare systems are mainly financially and technologically driven, and highly commercialized, due to the prevalence of private facilities in tandem with public healthcare (the latter more widespread in Turkey). In both countries, "the medical establishment continues to claim pregnancy and parturition to be a form of disease" (Rich, 1976, p. 182) and birth has become "a complexly negotiated minefield of litigation, politics, vested interests, money, and beliefs about

2 The choice of the material has certain implications and limitations. While I would have liked to focus on birth stories shared on-line, i.e. without undergoing an 'official' editing process and without 'framing' by a single person and authority figure in midwifery (see e.g., Hensley Owens, 2015), such e-stories are usually not translated, and therefore cannot be examined from a translation studies perspective.

3 As Wolf notes (2001, p. 186), most obstetricians refused "to sit down at a table with Ina May", despite or maybe because of, the successful track record achieved at The Farm, the birth center where she was located.

who holds the power over the delivery room" (Wolf, 2001, p. 18).[4] Despite the medical advances and the funds allocated to maternal health, the US has one of the highest maternal mortality and morbidity rates[5] among 'developed countries.' The statistics are in fact quite similar for both Turkey and the US, with 16 and 14 deaths/100,000 live births, respectively (as of January 1st, 2018).[6] Caesarean section rates are also similarly high in both countries: (e.g., 2015, among OECD countries) 53.1/100 live births in Turkey (1st in the world among OECD countries), 32.2/100 live births in the US.[7]

In both countries, as in most parts of the world, there is a long history of a gradual shift from a midwifery-led approach, which focused on normalcy in pregnancy and birth, to a patriarchal and capitalist obstetric dominance, a perspective on the lookout for problems in birth and treating mothers as customers/patients/objects. This shift took place in tandem with the move of urban births from home to hospital, transforming birth from a mainly social event shared within female circles to a mainly medical event overseen by male physicians (for a succinct summary, see Colton, 2004, pp. 697-699; see also Arms, 1975; Davis-Floyd, 1992; Wolf, 2001; for a history of the development of obstetrics vis-à-vis midwifery, see Rich, 1976, pp. 128-155; for a mainly US specific history, see Hensley Owens, 2015, pp. 18-38). Adrienne Rich reflects on her experiences of pregnancy, birth, and early motherhood in the 1950s:

> None of us, I think, had any sense of being in any real command of the experience. […] We were, above all, in the hands of male medical technology. The hierarchical atmosphere of the hospital, the definition of childbirth as a medical emergency, the fragmentation of body from mind, were the environment in which we gave birth, with or without analgesia […] The experience of lying half-awake in a barred crib, in a labor room with other women moaning in a drugged condition, where "no one comes" except to do a pelvic examination or give an injection, is a classic experience of alienated childbirth. The loneliness, the sense of abandonment, of being imprisoned, powerless, and depersonalized is the chief collective memory of women who have given birth in American hospitals. (1976, p. 176)

Rich's account of a "classic experience of alienated childbirth" in hospitals in the US in the 1950s is almost identical to the accounts of women who gave birth in Turkish hospitals in the 1970s and onwards. Her further observations are valid in both instances: "no more devastating image could be invented for the bondage of woman: sheeted, supine, drugged, her wrists strapped down and her legs in stirrups, at the very moment when she is bringing new life into the world" (1976, p. 171).

3. Societal expectations of birth and the role of birth stories

Various societal mediations shape women's expectations and image of childbirth: books, journals, birth preparation courses, lay discussions, popular media, residues of childbirth history (e.g., fear of death due to once widespread iatrogenic puerperal fever), interactions with care providers, and online information.

4 For some concrete examples of how financial considerations dictate the care offered, see e.g., Wolf, 2001, pp. 169, 178.

5 See e.g., Maternal Health Task Force, https://www.mhtf.org/topics/maternal-health-in-the-united-states/ Accessed September 10, 2018.

6 https://www.indexmundi.com/g/r.aspx?v=2223 Accessed September 17, 2018.

7 For an interesting article on the reasons behind the high c-section rates in Turkey, see http://theconversation.com/erdogan-banned-caesarean-sections-so-why-does-turkey-have-the-highest-rates-in-the-oecd-65660 Accessed September 27, 2018.

"Each of these disparate encounters helps to subtly (and not so subtly) imprint ideas and expectations about childbirth" (Hensley Owens, 2015, p. 6). Representations of childbirth in the media —which are quite often the only visual exposure a modern woman gets in the absence of opportunities to attend real life births— mostly reinforce the public narrative that birth is an anomaly that has to be feared, an emergency to be managed, controlled and 'delivered' by technology and medical experts, thus "usher[ing] pregnant women into a dependent and subordinate position" who are then expected to "surrender themselves to obstetrics" (Takeshita, 2017, pp. 334-335).

Nelson (2003 and 2004) refers to the prevalence and variety of sociocultural rituals that give birth not only to the baby but also to the mother. She notes that "The expulsion, or removal, of a foetus from a uterus is concurrently the one necessary event that must happen for birth to take place and only one small part of what the social event of birth is about" (2004, p. 801). Antenatal classes, baby showers, blessing ways, medical benchmarks during pregnancy (e.g., ultrasound scans), hospital procedures on admission and throughout labor and birth, home birth preparations, and postpartum arrangements are all socio-culturally constructed rituals, shaping and giving meaning to the process of becoming a mother. One such ritual is the sharing of birth stories, orally, in print, and over the internet. In the absence of a stable and strong female community and wisdom, and familiarity with life transitions such as birth and death, "the shared birth story provides a vicariously learned experience" for expectant mothers (Staton Savage, 2001, p. 4). Birth stories partially fill the gap created by the lack of "significant observational and participatory experience with the process and with different women's ways of handling different births," compensating for "individual bodily experience and […] collective observational experience to draw on" (Hensley Owens, 2015, p. 95). Thus, private stories become public resources of information and support.

Another significance of birth stories lies in the fact that the majority are told by mothers themselves. As Cosslett observes, "childbirth needs to be made visible, written about, from a woman's perspective. Too often, the story has been taken away from women by the 'audience perspective' accounts of fathers, or, more influentially, doctors" (1994, p. 2). O'Reilly argues that "matrifocal narratives, written as they are in the voice of the mother and from her perspective, serve to map the lived and real contours and configurations of maternal experience, those masked and distorted by patriarchal cartographies of motherhood" (2010, pp. 371-372). Similarly, Podnieks and O'Reilly note that, compared to child- and especially daughter-centric narratives dominating both theoretical and literary accounts of motherhood, narratives that begin and end from the perspective of the mother are rare (2010b, p. 2). These narratives serve the broader feminist goal of unmasking/demystifying motherhood, taking it out of the closet, "speak[ing] truthfully and authentically about […] experiences of mothering" (Podnieks & O'Reilly, 2010b, p. 3), and in the case of birth stories, of the process of *becoming* a mother.

These stories help the mothers to relive the events, keep them alive, incorporate them into their memory and sense of self (Nelson, 2004, p. 803). Writing them down, sharing them publicly and reaching out to other women preparing for birth or grappling with their own birth-related emotions and memories help the women avoid 'victimhood,' censorship and silence (Hensley Owens, 2010, p. 353). Especially in the case of traumatic events and

their subsequent narration, birth stories may help turn disappointment into acceptance and reconciliation, which are crucial for women's mental health.[8] This rewriting and rewiring of past events (Hensley Owens, 2015, pp. 137-138) enable women to gain more control over what has happened to them and to heal themselves, at least partially.

Second-wave feminism's credo "the personal is political" resonates deeply in the writing and sharing of birth stories (Hensley Owens, 2010, p. 356). While these stories are replete with highly emotional, physical, spiritual, and psychological detail, and seem to solely focus on personal experiences and memories, they set off concrete social and political ramifications by presenting childbirth choices, critiquing societal and medical expectations, advocating certain stances towards antenatal, perinatal, and postnatal choices and decisions, and, quite often, inspiring resistance against standard practices and rigid social norms about where, how, and with whom to give birth.

4. Birth stories in *Guide*

> Within motherhood studies, the term 'motherhood' is used to signify the patriarchal institution of motherhood, while 'mothering' refers to *women's lived experiences of mothering* as they seek to resist the patriarchal institutions of motherhood and its oppressive ideology. An empowered practice/theory of mothering, therefore, functions as *a counter-narrative of motherhood*: it seeks to interrupt the master narrative of motherhood to imagine and implement a view of mothering that is empowering to women. (O'Reilly, 2010, p. 370, my emphases)

For the last few centuries, the entry to the patriarchal institution of *motherhood* has been initiated and administered by a largely patriarchal maternal care system, provided mainly within institutionalized settings. Sharing positive and empowering stories of births, as lived experiences and as events taking place out of the medicalized setting, therefore, affords a passage into *mothering* by "writ[ing] against/about patriarchal control and institutionalized medicine" (Hensley Owens, 2015, p. 7). This is ultimately the contribution of Gaskin's *Guide*, which is divided into two sections. The first comprises 44 stories of births that took place at The Farm Midwifery Center in Tennessee, through the 1970s until the late 1990s. These stories are penned mostly by mothers —a few are by birth partners and midwives— and present an array of possible scenarios at childbirth in an out-of-hospital setting. When one considers that since the 1950s, 90-99% of births in the US have taken place within hospitals and been attended by physicians (Hensley Owens, 2015, pp. 27, 37), the importance of these stories becomes clearer.[9] As Hensley Owens points out "women who make non-dominant location choices pose both rhetorical and material challenges to childbirth's medical progress narrative" (2015, p. 38).[10]

The second part of *Guide* is devoted to medical advice and research-based evidence from a midwife's perspective. The book also contains several appendices, the most well-known of which (ST 321-322) lists The Farm outcomes of 2,844 pregnancies between 1970-2010, which includes figures such as "births completed at home: 94.7%," "twins: 17 sets; all vaginally

8 For the transformative power of birth stories in healing birth trauma, see Colton, 2004.

9 For instance, in 2006, women giving birth at birthing centers (0.2%) or at home (0.5%) in the US only amounted to 0.7% in total (Hensley Owens, 2015, p. 38).

10 While other women, of course, can present different challenges from within hospital settings (Hensley Owens, 2015, p. 38).

born," "VBACs[11] 96.8%," "maternal mortality 0%," and arguably the most quoted Farm statistics of all, "caesareans: 1.7%." The significance of the work carried out at The Farm becomes clearer when these outcomes are compared to the statistics quoted above for both the US and Turkey.

The stories included in the collection are uniformly positive, but they do not necessarily recount 'easy' births. On the contrary, they are realistic about the effort and time that go into a non-medicalized birth, not only by the mother and baby but also by those who support them. What *Guide* does is to challenge the widespread conviction that hospitals are *the* place to give birth; to encourage women's trust in their bodies and their ability to give birth, provided they have the right support, infrastructure, and evidence-based information; to demonstrate that technology can be used sparingly and only when necessary, rather than across-the-board; to empower women by guiding them towards their own informed choices; and to illustrate that a good birth is much more than the expulsion or delivery of a healthy fetus from a woman's body.

The stories in the collection usually adhere to general birth story conventions, which have historically indicated and foregrounded certain elements, such as time, progress, location, and attendants (Hensley Owens, 2015, p. 92); and yet, they also go beyond these conventions by including other, less 'factual' or 'measurable' elements:

- Couple's/mother's journey of deciding to give birth at The Farm, as opposed to a conventional hospital setting
- Other decisions taken during pregnancy and their implications
- When and how the labor started (often including details about the initial frequency of contractions and other tell-tale signs of labor)
- Timings (of contractions, midwives' arrival, baby being born), and often, the altered relation to time during labor
- Details of nature as observed in labor (e.g., rain, moon, forest)
- Positions taken during labor that helped mothers cope with the sensations, as well as other means (e.g., water, heat & cold, food, drink, massage)
- Support received from the partner and/or midwives during labor and birth
- The moment of crowning and birth, and the immediate aftermath
- Long-term repercussions of the birth (e.g., increased trust and confidence in one's capabilities, better relationships within family, personal growth)

The stories differ considerably in detail and emphasis; however, they come across as one clear voice, upholding the normality and 'naturalness'[12] of undisturbed labor and birth —a far cry from stories of births impacted by the technocracy and litigation culture depicted above. The book manages to convince its readers not through a denial of what modern obstetrics have contributed to maternal and neonatal health (quite the contrary), but through a contestation of the assumed expert consensus that a medicalized model of birth is the best. It is in this sense that these stories are 'counter-narratives.' Women who write and share their birth stories "do so in part to retroactive-

11 Vaginal Birth after Caesarean Section (VBAC).

12 Here I have to note the uneasiness that accompanies the terms 'natural' and 'naturalness' in relation to birth, especially within feminist and women studies. However, since the social movement itself is often referred to as 'natural birth movement' in Turkey, I will stick with this term, albeit in quotation marks.

ly reassert rhetorical agency over their own births, as well as to offer other women ways of understanding, writing their ways into, and asserting feminist rhetorical agency over their own birth experiences" and is therefore a "feminist act" (Hensley Owens, 2015, p. 2). This does not imply that all the women contributing their stories to this collection would have considered themselves as 'feminists' or 'birth activists'; however, ultimately, their efforts culminate in a uniquely feminist project questioning the status quo of mainstream and patriarchal practices in childbirth.

These stories occupy a space in-between literary birth stories by well-known authors, depicted in their short stories, novels and non-fiction, and online stories written and shared by 'everyday women.' They are collated in-print, within the specific framework of Gaskin's *Guide*. As in other forms of (auto)biographical writing, one cannot claim that birth narratives reflect 'the reality' of the particular birth event. More often than not, participants at a birth will have different perspectives and memories of the event and will, therefore, narrate from different points of view. Birth narratives are *reflections* of the experience of the people who narrate them. Furthermore, the 'same' event or even the 'same' story can be interpreted and framed in a multitude of ways (see e.g., Hensley Owens, 2015, pp. ix-x), depending on which public or meta-narratives one adheres to. Therefore, one needs to bear in mind the framing role of Ina May Gaskin and her editors as additional voices imposed upon these stories.[13] The distinction Harding makes between 'narrators' and 'temporary narrators' (2012, p. 302) is useful here. In *Guide*, the mothers act as 'temporary narrators,' i.e., "actors to whom the function of narrating is temporarily transferred" (2012, p. 302.) from Ina May Gaskin. In fact, in some of the stories, Gaskin takes up her narrator role by adding either introductory paragraphs emphasizing certain aspects of the birth story to come or by adding several paragraphs within the story presenting the midwife's point of view of the events (e.g., Liza's Birth, ST104-106).

In online birth stories, "women testify […] that particular services are worthwhile, particular types of attendants helpful, particular locations better than others. In providing these service recommendations, women display themselves as satisfied (or dissatisfied) customers" (Hensley Owens, 2015, p. 120). In *Guide*, this consumer aspect is subtler. Almost all the births recounted took place at The Farm with the help of The Farm midwives; so, a cynical viewpoint could see the whole book as an advertisement of the place. However, what the book is mainly trying 'to sell' is not so much The Farm per se, but the fact that out-of-hospital birth with experienced midwives is a possibility and a choice. This choice nevertheless remains in the periphery; the average birthing experience in the US in the early 21st century seems highly resistant to change (see the stories e.g. in Wolf, 2001, pp. 135-141, 145-148).

5. *Guide* in Turkish

Gaskin's book had already been introduced to the Turkish audience through translated excerpts distributed online several years before the publication of the whole translation (Susam-Saraeva, 2017, pp. 76-78; Susam-Saraeva, 2019, pp. 82-83). These excerpts were translated by non-professional translators such as obstetricians or lay bloggers and were

13 For a clear example, see ST83, about the start of postnatal depression for one of the mothers seven months after the birth: "Postpartum depression was rare on The Farm. […] (I was not on The Farm at the time it began)." These comments by the mother may have been prompted by Gaskin.

made available on the net as part of networked efforts in the name of the 'natural birth movement.' The online blurb introduces the book as "the long-awaited Turkish translation of one of the best books on natural birth",[14] indicating the existing familiarity with and enthusiasm for Gaskin's work, which can also be attested by the two reprints within a year.

The Turkish publisher of the book is an Istanbul-based small independent publisher called Sinek Sekiz,[15] which publishes translations on ecology, permaculture, self-sufficiency, and sustainable living, including, most notably, five books by the environmental activist and food sovereignty advocate Vandana Shiva.[16] *Guide* is thus located within an ongoing debate questioning mainstream perspectives on earth and life. In an interview,[17] İrem Çağıl, the founder of the publishing house, talks about her own birthing experience. When she was pregnant with her first child, Çağıl left the over-medicalized and profit-oriented hospitals in Turkey for The Bumi Sehat Foundation in Bali,[18] where she gave birth with the team of Ibu Robin Lim, an internationally renowned midwife. In this interview, Çağıl expresses her "rage against the hospital births as carried out in Turkey at the moment,"[19] emphasizing the "massive economy" underlying the decisions taken, especially those concerning the "80% c-section rates in private hospitals." She criticizes the government for impeding home births in Turkey and effectively forcing all mothers to submit to the procedures, payments, and conveyor-belt mentality of hospitals. She points out that her publishing house bought the copyright of *Guide* to shed light on the "nature of birth" for the Turkish readers and notes: "I really hope that […] women [in Turkey] will begin to question the mechanical and medicalized births determined by the men/state and claim ownership of their own births." With this candid personal/political history in birth, the publisher thus emerges as the first active agent in the translation process of *Guide*.

The Turkish translation of *Guide* was carried out by two people: Zeynep Birinci Güler and Özge Altınkaya Erkök. Birinci Güler is an accredited doula, supporting parents antenatally and during birth, an Active Birth Instructor, and an English teacher. Altınkaya Erkök is an art historian, curator, art critic, and lecturer, who completed her postgraduate studies in the UK (Gaskin, 2015, p. 463). Neither Birinci Güler nor Altınkaya Erkök has other translations to their credit, which suggests a personal commitment on their behalf to this book and its philosophy.[20] The translation was also checked and revised by two other people, one of whom is Dr. Gülnihal Bülbül, an obstetrician and vocal proponent of 'natural' birth in Turkey.[21] Therefore, it can be argued that the publisher, the translators, and at least one of the revisers are clearly involved in this project

14 https://www.idefix.com/Kitap/Ina-Mayin-Doguma-Hazirlik-Rehberi/Egitim-Basvuru/Aile-Cocuk/Hamilelik-Ve-Cocuk-Sagligi/urunno=0000000626622 Accessed September 27, 2018.

15 Club Eight, as in playing cards.

16 https://www.sineksekiz.com/ Accessed September 27, 2018.

17 http://www.5harfliler.com/dogum-bilgelik-veren-bir-tecrube-olabilir Accessed September 27, 2018.

18 http://bumisehat.org/ Accessed September 27, 2018.

19 All back translations from Turkish are mine.

20 Birinci Güler was reportedly working on a translation of Gaskin's more recent work *Birth Matters - A Midwife's Manifesta* (2011). http://icseldogum.com/?page_id=217&lang=en Accessed September 27, 2018. This book was eventually translated by a team of translators under the editorial directorship of Dr Esin Çeber Turfan (Gaskin, 2018).

21 https://drgulnihalbulbul.com/ Accessed September 27, 2018.

as transnational 'birth activists,' acutely aware of the worldwide developments within the field of childbirth, with personal networks extending beyond the borders of Turkish maternity services, and with their personal agendas closely matching those of Gaskin and her publishers. This would imply, at least in theory, that the translation would have a better chance of acting as a counter-narrative within the Turkish context as well. Let us now turn our attention to the way these stories were framed in Turkish as personal/political narratives and how they relate to the greater meta-narratives circulating in the country and worldwide.

6. Translating counter-narratives

Within feminist studies, the inadequacy of patriarchal language to address women's experiences in general and their bodily experiences in particular has been extensively discussed. When it comes to birth

> Perhaps there is no adequate description for something that happens with such full-on physical force, but the problem inherent to birth narratives is also historical - women haven't had a voice or education, or have been overwhelmed, unconscious, stifled, just plain worn out or worse, ill to the death. (Erdrich, 1995, p. 43)

This certainly has been the case for Turkish women, who continue to live in a patriarchal society, under considerable economic and political constraints. Birth stories in Turkish, if ever written down, have been brief, mostly focusing on measurable facts (time of delivery, height and weight of the baby), i.e., information passed on to mothers by healthcare professionals, and not a detailed account of mothers' own memories, experiences, or feelings.[22] The discourse available for the narration of these stories has been either "medicalized and technocratic" (Colton, 2004, p. 680) or romanticized through the depiction of a 'rosy' picture of motherhood, which reigns rather unchallenged within the Turkish society.[23] Similarly, there are no major critical studies at the intersection of feminism,[24] gender/women studies, and contemporary birth scenes in Turkey (for a historical study on birth politics in the late Ottoman era, see Erkaya Balsoy, 2015).[25] This lacuna presents considerable difficulties for the Turkish translation of *Guide* and emerges as a possible barrier to the assimilation of the book into local debates on maternal health, particularly from a feminist perspective.

22 For an exception, see Susam-Sarajeva, 2010a.

23 A glance at texts available on 'motherhood' in Turkey indicates that the majority of books on the subject are self-help or guidance books, either emphasizing the importance and intricacy of 'the art of motherhood' —an oft-repeated title for such books— or, at the other end of the continuum, 'exonerating' worn-out mothers from the 'tyranny' of such high expectations (See https://www.idefix.com/search/?Q=annelik Accessed October 2, 2019). Critical works on the topic are few and far between and tend to be translations talking about motherhood in 'foreign' contexts rather than autochthonous works.

24 The only platform in Turkey on which birth is considered from an implicitly feminist stance is DOĞANA (Association of Women's Rights at Birth; the acronym is also a wordplay on 'mother earth' in Turkish), which was established in 2011. As can be gleaned from its title, DOĞANA and its founders —a group of midwives, doulas, birth educators, obstetricians, and psychologists— approach the issue from the perspective of 'women's rights' in relation to birth and mothering. http://dogumdakadinhaklari.org/index.html Accessed September 27, 2018.

25 For instance, a comprehensive bibliography hosted by Karadeniz Teknik Üniversitesi (Black Sea Technical University) compiling books on women and gender studies in Turkish does not list a single work on birth. http://www.ktu.edu.tr/kadinarastirmalari-kadinvetoplumsalcinsiyetkonulukitaplar Accessed Oct. 2, 2019.

The traces of the idealized picture of motherhood mentioned above can be found in the visual extratextual material of the translation. On its front cover, there is the photo of a baby sleeping in a wooden box, draped with lace fabric and a red, hand-knit hat —a clear product of a photoshoot.[26] The cover presents a sanitized, 'cuter' image of childbirth and parenthood than the English version, which displays a simple and soft image of the naked torso of another sleeping baby.[27] The 'sugar-coating' evident in the Turkish version seems to be a recurrent strategy in the packaging of birth-related publications in Turkey; it can be found on other translated and autochthonous books on the subject, in line with the general romanticization of childbirth and parenthood. This visual framing does not help to bring labor and birth 'out of the closet' or empower parents-to-be with factual and detailed information; nor does it encourage realistic expectations and actual 'informed consent' in childbirth.

Some of the stories in *Guide* are accompanied by photos of the narrators, the babies and older siblings, and moments during labor, birth, or breastfeeding. In the Turkish version, these photos are kept, with the translation of their captions. Only one photo was removed (ST58) —that of a face-presenting baby when crowning. Arguably, this is one of the more powerful photos in the collection, attesting to the skill and confidence of the midwives at a potentially complicated birth taking place in an out-of-hospital setting. The photo was most likely deemed too frank or possibly even scary for the Turkish audience.[28] The decision demonstrates a desire to transfer the visual content of the book as much as possible, without offending the more conservative or sensitive audiences in Turkey through minimal auto-censorship.

At the macro level, one cannot note any obvious alteration to or omission in the stories. One noticeable difference, however, takes place in the formatting: The font size and type used in the story titles were changed. In the source text, the titles take the form of "Baby X's Birth - Month Day, Year," with the name of the narrator in slightly smaller font in italics underneath. In the translation, the titles are given as "baby X's birth," with "Day Month, Year-Narrator's Name" in much smaller font underneath. In *Guide*, the stories are presented in an achronological order, switching from e.g., 1972 to 1995, to 2000, and then back to 1970; this back and forth time travel is visually foregrounded in the titles through the bigger font and juxtaposition of the babies' names and their birth years. The stories thus subtly undermine the 'progress' meta-narrative vis-à-vis birth; they emphasize a certain 'timelessness' about birth, of what remains at the core regardless of technological and medical advances and changing social conventions. This aspect is blurred in the Turkish translation due to the change in fonts and the location of dates.

Another macro-level issue to be raised is the translation of extratextual material that frames both the first part of the book comprising the birth stories and the second part of the book focusing on midwifery-informed information. This material includes acknowledgements by

26 https://www.dr.com.tr/Kitap/Ina-Mayin-Dogu ma-Hazirlik-Rehberi/Egitim-Basvuru/Aile-Cocuk/Hamilelik-Ve-Cocuk-Sagligi/urunno=0000000626622 Accessed May 1, 2019.

27 https://inamay.com/books/ Accessed May 1, 2019.

28 This is not a consistent decision, however. Equally 'graphic,' though not so close-up, photos were kept in the second half of book. e.g., ST162-163; TT220-221.

Gaskin (TT4); 'An Invitation' by Gaskin, translated as '*Önsöz*' (Preface) (TT7-13); a glossary of medical terms (TT425-428); appendices, including The Farm outcomes report 1970-2010 quoted above (TT429-431), a short piece on 'Evidence-based Healthcare Service' (TT433-436), one on 'Mother-Friendly Childbirth Initiative' (TT437-442), and another one on 'Safe Motherhood Initiative' (TT443-446); and a detailed resources list including midwifery organizations, antenatal course accreditors, doula associations, journals, books, and videos (TT447-455). All the above focus on the Anglophone context, offering information on mainly North American and British sources, as well as international associations. What is strikingly lacking from the translation is the Turkish context. There is no preface or epilogue, for instance, which could have situated the stories or the midwifery-based information in their North American socio-historical background, and then compared them with maternal health services, its past, and its present in Turkey. There are no appendices on local resources, birthing centers or associations. This is all the more surprising, given the involvement of a prominent Turkish obstetrician, Dr. Bülbül, in the translation project. While it is, of course, important to access information on what is available in other countries, this information does not help lay readers locate local support for their own birth preparations; it, therefore, risks depicting a positive birth experience as out of their reach due to lack of infrastructure.

Up until this point, I have provided examples of macro-level issues that have a bearing on the framing of the birth stories in *Guide.* The alienating and distancing effect discussed above continues to reverberate through micro-level translational choices. For instance, the three references to medical texts at the end of the first section comprising birth stories are left in English (ST125, TT177). Throughout the book, Ina May's previous influential work *Spiritual Midwifery* is always mentioned in English. 'The Farm' is left in English (except on one occasion, TT29, where it was translated into its Turkish counterpart, *Çiftlik,* presumably an oversight during the revision process). Turkish being an agglutinative language, the suffixes added to The Farm further amplify this alienation: *The Farm'da* (in The Farm), *The Farm'ın* (of The Farm), etc. All the translational decisions discussed so far demonstrate that despite the dedication of the publisher, translators, and reviser to alternative approaches to birth, the translation reflects a certain tension between what is in *Guide* and what is possible to pass on to the Turkish audience. Below are further examples, selected from a multitude of instances throughout the translation.

The TT plays down some of the empowerment derived from the positive birth stories: "The confidence that these women gained from one another" (ST4) turns into 'strength' ["*Bu kadınların birbirlerinden aldıkları güç*" (TT18)], shifting a lasting psychological reward into a more physical, potentially transitory one. On ST28, a mother contributes with her brief reflections, rather than a full story, emphasizing the importance of a positive and determined attitude at birth, and of remembering one's own "power as a woman." This quote is put into a double-frame in the ST, set visually apart from the main body, and is thus foregrounded; in the TT, it is inconspicuously incorporated into the beginning of someone else's story (TT49).[29] Challenges posed by the mothers to their obstetricians are toned down: "When I asked not to have an episiotomy, he skirted the issue entirely" (ST5) becomes "When I asked his opinion about not doing an episiotomy, he completely ignored this alternative" ["*Epizyotomi*

29 Second part of the book keeps all such frames.

yapılmaması konusunda fikrini sorduğumda, bu alternatifi tamamen gözardı edip" (TT19)]. In accordance with the expected deference towards physicians in Turkey, the mother "asks his opinion," instead of objecting to an unnecessary procedure; furthermore, not having an episiotomy becomes 'an alternative,' rather than being 'an issue' to be discussed.

The translation's attitude to The Farm seems to oscillate between regarding it as a medical center —'birth cottage' (ST7) becomes 'The Farm' (TT21); 'let us in' (ST7) turns into "took us into the clinic" "[*bizi*] *kliniğe aldı*" (TT22)— or an outlying alternative —"birth at a rural Tennessee birthing centre" (ST23) becomes "birth in the middle of the countryside, at a birth center in the forest of Tennessee" ["*Kırsalın orta yerinde, Tennessee ormanındaki bir doğum merkezinde*" TT43]. The medical equipment and expertise available at the center is occasionally under-stated: "Time passed, and all the birthing paraphernalia was laid out in the nick of time" (ST94) was omitted from the TT (TT136); among the skills of the caregivers at The Farm "(intellectual, manual, observational, and intuitive)" ST113, 'intellectual' was dropped out ["*el becerisi, gözlem gücü ve içgüdüleri*" TT161].

The translation is also prone to 'normalize' birth-related choices according to practices prevalent in Turkey: "When I first discovered I was pregnant, I went to my gynaecologist" (ST87) is translated as "When I first discovered I was pregnant, I went to my gynecologist, <u>just like everyone else</u>" ["*Hamile olduğumu ilk fark ettiğimde herkes gibi ben de bir kadın doğum doktoruna gittim*" TT127]. Without this small addition, the sentence would not make much sense in Turkish, as this is already the common practice, as opposed to e.g., seeing a community midwife. One of the mothers refers to his husband, also born at The Farm, as "an outspoken advocate of natural and home birth" (ST15), which turns into "an outspoken advocate of natural birth" ["*doğal doğumun kuvvetli bir savunucusu*", TT32], downplaying the significance of home birth, which is often deemed inapplicable within the Turkish context, due to lack of education on the topic and of a robust infrastructure which could enable home births.

Most conspicuously, the medical institutions and personnel are presented in a less critical light in the translation, possibly because the translation could not risk alienating Turkish obstetricians and midwives and thereby reducing the likelihood of the adoption of its basic tenets within the already-restricted medical circles aspiring for 'natural birth'. For instance, "It was through these classes that we learned of <u>some dangerous practices</u> that are standard procedures at the hospital we were going to use" (ST26)[30] is reduced to "During this process, we learnt some of the standard procedures of the hospitals" ["*Bu süreçte, hastanede uygulanan standart prosedürlerden bazılarını öğrendik*" TT47]. An indictment towards the midwives supporting a previous hospital birth is completely deleted: "[My husband] also said the midwives [at The Farm] said I was doing great, <u>which was certainly more than my midwives had said during [my first child's] birth</u>" (ST63). An obstetrician, after hearing a couple's birth plans that challenged the hospital protocol, was "outraged" and "his <u>internal</u> exam was noticeably rougher" (ST26); this is euphemized in the translation as "his examination was rougher than usual" ["*muayenesi her zamankinden çok daha sertti*" TT47]. A "cesarean <u>prevention</u> hotline" (ST27) becomes a "cesarean <u>information</u> hotline" ["*sezaryen danışma hattı*" TT47]. A mother,

30 Referring to e.g., electronic fetal monitoring and augmentation through Pitocin.

who was training to become an obstetrician herself, observes: "Medicine *is* a culture all its own; it has its own standards of acceptable behavior and mores. I knew I'd be immersed in this culture one hundred hours per week with little time to reflect on what we were doing" (ST113); the underlined section is deleted from the Turkish translation (TT160-161), presumably not to highlight the fact that the medical personnel are forced to go about their business without having much time for self-reflection.

Another lengthy deletion takes place within the story of the same mother, whose partner is also training to be an obstetrician. Gaskin observes: "During one of their prenatal visits, I learned that a couple of healthy women had died because of complications after their cesareans. (Neither death was caused by the cesareans the women underwent at the teaching hospital where Heidi and Rudy worked, but rather were related to their previous cesarean sections)" (ST111; TT158-159). Knowing that this translation would be read in a population with 53% c-section rates must have discouraged the translators and reviser from sharing this information. About the same couple, Gaskin notes: "Knowing that they must also have some fears about giving birth so far away from a hospital […]" (ST111). This is translated as "appreciating their fears of giving birth elsewhere, far away from a hospital […]" ["*Hastaneden uzakta, başka bir yerde doğum yapmak konusundaki korkularını da anlayışla karşılayarak*" […] TT159], which ascertains the existence and 'normalcy' of such fears, rather than ascribing them to the couple's background in medical education.

The translation also seems to have a more emergency-like attitude to birth: "of course, we got to hold her [the baby] immediately" (ST28) is translated as "of course we had to catch her immediately" ["*Elbette onu hemen yakalamamız gerekti*" TT49]. It seems to have difficulty in associating labor and birth with 'beauty': referring to her reading of Gaskin's *Spiritual Midwifery*, a mother talks about the "allure and beauty of birth" (ST53), which is translated as the "allure and beauty of midwifery" ["*ebeliğin büyüsü ve güzelliği*" TT82], which seems fitting in the context of the story, as the mother in question later trains to become a midwife.

Based on these observations on macro- and micro-level translational decisions, I would argue that the birth stories in *Guide*'s translation remain somewhat distant, foreign, and inapplicable to the Turkish context.[31] Where the translators tried to counteract this distance, they have inadvertently rendered the stories more acceptable in their attitude towards medicine and medical personnel, as well as societal etiquette and expectations prevalent in Turkish society. This simultaneous alienation and mellowing inevitably detract from the 'counter-ness' of these narratives, making them more malleable to interpretations through the lens of dominant meta-narratives impacting upon childbirth in Turkey.

7. Conclusion: towards meta-narratives

The competing overarching narratives within the context of childbirth are often presented, and perceived, as two opposite ends of a continuum. One is a perspective that adheres to a 'progress narrative.' This narrative presents 'magic' as replaced by 'religion' throughout the centuries, which is itself replaced by 'science' towards the end of the millennium;

31 This is particularly evident in the translation of emotions and sensations, as well as of the more spiritual aspects of birth. However, for reasons of space, I intend to focus on these aspects in future publications.

these discourses still co-exist, compete, and overlap with each other, of course —even though, as Hensley Owens puts it, "science remains the belief system du jour" (2015, p. 7). According to this narrative, "ignorance, filth, and death have been replaced —through medical advances— by superior knowledge, sterility, and life" (Hensley Owens, 2015, p. 19) —'witches' of the middle ages superseded by 'patriarchal obstetricians.' One can detect this discourse in the works of academicians who are highly suspect of the rhetoric of the 'natural' birth movement. Cosslett, for instance, refers to 'natural childbirth *converts'* and 'Sheila Kitzinger's *followers'* (1994, pp. 5-6, my emphases), implying that questioning the dominant medicalized model means going back to the 'religious,' or worse, 'magical' paradigm. Needless to say, those adhering to the medicalized model are never referred to in such implicitly derogatory terms.

At the other end of the continuum, we find 'the decline narrative,' which suggests that

> Instead of improving over time, childbirth devolved over time. [It shifted] from what once was a woman-centered, easy and/or empowering, largely safe endeavour to one that is machine-centered, demeaning, and both physically and emotionally unsafe. In this view, birth has moved from idyllic to traumatic. (Hensley Owens, 2015, p. 25)

These two meta-narratives often find their expression in personal narratives told from two very different perspectives: "one finding labor an uplifting and sometimes even painless 'natural' experience, the other finding that 'same' experience excruciating, painful, and unbearable, grateful for medical attention and intervention" (Hensley Owens, 2015, p. 93). As Hensley Owens rightly observes, both parties often do not listen to each other and dismiss "the other's experience and advice" (*ibid.*) Nevertheless, there is a crucial distinction: while 'horror stories,' which detail the trials and tribulations of labor and birth abound, counter-narratives have been, until recently, rarely shared. This is mainly because "while one story relies on fear, discourages deviation from a 'norm,' and encourages cooperation with birth attendants" —i.e., increases conformity with the socio-political ideologies of the time and adherence to 'science' and 'consumer culture' as the current belief systems, "the other relies on what might be called faith, encourages deviation from what has become a norm (medicalized birth), and advises trust in bodily knowledge" (Hensley Owens, 2015, p. 93) rather than promoting any consumer product, service, or patriarchal conviction.

As I have stated at the start of this article, narratives do not merely represent, but construct the world we live in. These overarching narratives have very concrete, material, and practical implications for birth outcomes:

> It is by defining childbirth as a 'medical event', and by getting official acceptance of that definition, that the medical institution has been able to gain a monopoly over the treatment of childbirth and make hospitalisations almost universal […]. The competing definition of childbirth as a 'natural' event has also been gaining in public power, and has actualised itself in developments like home births, birth centres, and more power for midwives. (Cosslett, 1994, p. 4)

While Gaskin's *Guide* can be located mid-way on a continuum between the progress vs. decline narratives discussed above, if somewhat closer to the latter, its Turkish translation was carried out within the framework of the former, as the meta-narratives of 'progress' and 'modernity' have been particularly dominant within Turkish society (see Susam-Sarajeva, 2010b). Despite the best efforts of the agents

taking part in the translational process, the personal narratives incorporated into the book, therefore, can only minimally challenge the deeply ingrained public narratives on birth and women's bodies in Turkey. While the stories in the collection are intended to act as 'counter-narratives,' their power to challenge the status quo has been limited through various translational and editorial decisions. The translation nevertheless is a crucial step, and if it can elicit discussion, even in the margins, it will have a positive legacy in affecting women's choices in Turkey;[32] and as Hensley Owens notes, "If women's choices increasingly reflect desire for change, change will come" (2015, p. 115).

The change in question is not only limited to childbirth, however significant that would be: "To change the experience of childbirth means to change women's relationship to fear and powerlessness, to our bodies, to our children; it has far-reaching psychic and political implications" (Rich, 1976, p. 182). For many parents who challenge, resist, and ultimately opt out of the medicalized, technocratic, litigation-avoiding obstetric model of birth, this is only the first step in their parenthood journey. Once the authority of the medical institution is questioned, other procedures, institutions (e.g., educational), products, policies, and practices[33] also lose their 'normalcy'; this is evident in the fact that the Turkish translation was included in a series focusing on sustainable living. This continuous questioning of the mainstream and authority is a highly political stance. Any repercussion of the translation of these birth stories as counter-narratives should, therefore, be evaluated within this more general framework.

32 There are currently no critical reviews of Gaskin's work in Turkish, apart from brief blog entries and news items (see https://www.haberturk.com/yasam/haber/1040185-bu-kitabi-mutlaka-okuyun, http://kitaplikkedisi.com/kitaplar/ina-may-in-doguma-hazirlik-rehberi-ina-may-gaskin/ http://maviumut88.blogspot.com/2016/01/ina-mayin-doguma-hazrlk-rehberi-ina-may.html http://www.aybalaakil.com/ina-mayin-doguma-hazirlik-rehberi/ Accessed Oct. 2, 2019). However, the fact that two of her more recent works, *Ina May's Guide to Breastfeeding* (Gaskin 2009) and *Birth Matters - A Midwife's Manifesta* (Gaskin, 2011) were translated under an editorial team of doctors into Turkish and published in 2018 (Gaskin, 2018a & 2018b) indicate continuing interest in her work in birthing circles in Turkey. For brief accounts of Gaskin's life and works in Turkish, see e.g., https://www.dijitaltopuklar.com/2019/04/dogumun-dogasini-hatirlatan-ebe-ina-may-gaskin/, https://www.haberturk.com/saglik/haber/1084829-insan-da-tavsan-kadar-iyi-dogurabilir, and http://www.do-um.com/Yazilar/8/5/ina-may-gaskin-ile-soylesi Accessed Oct. 2, 2019.

33 For instance, home birth and home death are often portrayed as political acts against consumerism and capitalism (see e.g. Katz Rothman, 2016, pp. 4, 41-51).

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