HEALTH PSYCHOLOGY | RESEARCH ARTICLE

Making sense of the stories we are told about our own conception and birth: a qualitative analysis

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ABSTRACT: We are all born and we all have a conception and birth story. Whilst quantitative research highlights the impact of conception and birth on health outcomes, little is known about how people make sense of their own conception and birth stories. 10 participants took part in a qualitative interview to explore their conception and birth stories and how they have made sense of them. Thematic analysis described three major themes relating to; i) “shaping their sense of self” including feelings of “luck”, an appreciation for being alive and changes to their self-identity; ii) “changing family relationships”, and how their stories had influenced their views of parents and siblings; iii) “feelings about becoming a parent in the future” including their expectations of their own future births and conception experiences. Transcending these themes was the notion of “valence of the story” which illustrated that how a story was told and whether this was with humour or fear could change the impact of this story. Conception and birth stories may become ingrained into family narratives but they are also ingrained into who we become and even negative events can be ingrained in a more positive way if told with humour rather than fear.

Subjects: Health Psychology; Multidisciplinary Psychology; General Psychology

Keywords: qualitative; stories; birth; conception; fear; humour

1. Introduction

All human beings are born, which comes with a story and research indicates that people utilise stories as a path to making sense of their lives and the world around them (Haven, 2007). Stories are also an important tool in any community for knowledge to be shared between generations (Gnjatovic, 2015) and can be seen as a unique pedagogical interaction between the speaker and the listener, in which the speaker of the story imparts knowledge onto the listener. Adults are an important source for this development, often being constructed as the “knowledgeable” party, and stories provide a “tool” to enable knowledge-sharing experience and accelerate knowledge transfer within children (Sole & Wilson, 2004). In support of this, Haven (2007) reviewed over 350 research studies, collected accounts from 1,300 practitioners, and analysed over 70 review articles and concluded that it is universally accepted that stories are an efficient vehicle for “teaching, educating, informing and inspiring”. This learning process, according to Vygotsky (1978), is more likely to take place when it has meaning, and the dialogue offers “real-life” learning that creates a connection. It is also strengthened when we receive information from a “significant” person in our lives (Vygotsky, 1978) and when we can identify with the “character” in the story which is key for persuasion, transfer of the stories message and retention (Hoeken et al., 2016). Furthermore, narrative approaches to personality suggest that people see their lives as ongoing stories, which help to shape behaviour and identity (McAdams, 2017) contributing to the development of a sense of “self” (Ahn & Filipenko, 2007).
Conception and birth stories have many of these elements as such stories are provided by key figures in our lives, often our parents, have much personal meaning and relevance and may shape how we see ourselves. Most research into conception and birth, however, has tended to focus on the impact of the conception or birth itself rather than the impact of the story. For example, in terms of conception, research has explored the psychological consequences of medically assisted conception such as IVF (e.g., Holter et al., 2006; Jongbloed-Pereboom et al., 2012; Malina & Pooley, 2017) with a focus on the impact on both men and women and the marital relationship. Further, research has also explored how conception experiences can be improved for those undergoing fertility treatment through the use of acupuncture or psychological interventions focusing on coping and social support (Duffy et al., 2021; Ockhuijsen et al., 2014; Smith et al., 2019). In terms of the impact of birth, quantitative research highlights the impact of traumatic births or pregnancies on the child from a biological perspective (Emmerson, 1998). Likewise, studies indicate that Caesarean births may result in metabolic disorders (Peters et al., 2018) or a reduction in cognitive development (Polidano et al., 2017). Some evidence also suggests that birth order may impact upon educational attainment (Black et al., 2005; Booth & Kee, 2009) and that the timing of birth may influence neurobehavioral disorders (Ciarleglio et al., 2010). Research also indicates that traumatic birth experiences can have a long-term impact on the mother and may be associated with PTSD (Ayers et al., 2016). In contrast, qualitative research has tended to focus more on the parent's experience of conception or birth. In the main, most qualitative research has explored the experiences of mothers. For example, Nelson (2003) highlighted the benefits of discussing conception and birth difficulties with other mothers (Nelson, 2003) and Ogden and colleagues (Ogden et al., 1997, 1998) explored the impact of place of birth and highlighted the different experiences of having a baby at hospital or home. For example, hospital births were described in terms of negative experiences such as lacking privacy, the presence of machinery which felt impersonal, too many health professionals which felt intrusive and anonymous, the use of unnecessary medical interventions and a feeling of being out of control, vulnerable and powerless. Some women who had hospital births, however, also stated that they were impressed by the hospital's attempts to make them feel comfortable and described medical staff as a source of support and the availability of pain relief as welcomed (Ogden et al., 1998). In contrast, home births were described as having many benefits such as generating a sense of normality, creating a peaceful atmosphere, being able to find a role for their partner, integrating the birth with the rest of their day, feeling in control, being able to manage their pain, feeling more confident in themselves and being better able to manage their other children (Ogden et al., 1997). In line with this, Peters et al. (2018) carried out a systematic review of 35 qualitative studies exploring what matters to women during childbirth and highlighted how most women wanted a positive childbirth experience that either met or exceeded their beliefs and expectations. They also prioritised giving birth to a healthy baby in a safe environment where they could receive support from birth companions and kind clinical staff. Most women also wanted a physiological labour but recognised that birth can be unpredictable and that they may need to “go with the flow”. Further, in the case of intervention, women wanted to be actively involved in any decision making. In contrast, other research has also addressed the experiences of first-time fathers (Chin et al., 2011) or the expectations of fathers to be (Fenwick et al., 2012). Such research therefore explores the impact of conception or birth on the mother, father or the child. It is possible, however, that hearing about these experiences of birth in the form of a story also has an impact.

The impact of conception and birth stories is the focus on the present study. To date, however, there is little research exploring the impact of these stories. In a personal reflection, Loren (2017) who was the first IVF baby born in Australia, described how finding out that she was an IVF child helped her feel loved and wanted and made her more resilient during difficult times. In parallel, research indicates children can benefit from learning about their genetic origin which can influence their wellbeing and relationships with their parents (Ilioi & Golombok, 2015). It has also been suggested that finding out that a child is unplanned or unwanted could lead to attachment insecurity and struggles with relationships in later life (Gillath et al., 2018). Further, fears surrounding conception and birth can also be passed down through the generations from mother to daughter via the negative
stories they tell (Isbir, 2013). Likewise, Richens (2018) reported in her study that pregnant women described mainly hearing “horror stories” and wondered if anyone ever had a “normal birth” whilst those who had heard more positive stories from their own mothers felt reassured.

In sum, stories are key to how we make sense of ourselves and the world around us. Whilst much research has explored the impact of conception or birth on the parent or child, little research has explored the impact of hearing the story related to one’s own conception or birth. The aim of this qualitative study was therefore to explore people’s own accounts of how their stories about their own conception or birth have influenced them throughout their lives.

2. Method

2.1. Design
This study used a qualitative design with semi-structured interviews. Interviews were chosen rather than focus groups as it was predicted that each story would be unique, idiosyncratic and detailed and we wished to give participants personal space to provide detailed accounts of what had happened to them and how they had made sense of this in their lives.

2.2. Participants
Ten participants (7 females, 3 males) from the UK took part in the study. Each story was different and unique and due to this saturation of information was not reached. It was felt, however, that for this research topic saturation may never be reached as conceptions and births are so varied. But by the end of 10 interviews whilst new information about conception and birth was still apparent, it was felt that we had sufficient information to develop coherent themes but not too much information to make the data set unmanageable.

2.3. Procedure
Inclusion criteria were aged 18 or over and with a birth or conception story they would be willing to talk about. Three participants responded to an advert posted on a University social media group, and from this, the remaining 7 participants were recruited through word of mouth via snowballing. Two interviews were conducted face to face and 8 were conducted by telephone. All interviews were audio recorded and transcribed verbatim with a mean of 24 minutes. One participant only spoke for 5 minutes and gave a very brief description of what had happened to him and did not feel that his experience had impacted upon his future self as a parent. The remaining interviews were about 25–30 minutes long. The study received favourable ethical approval from the University Ethics Committee (UOS 514292–524,283-52,955,487).

2.4. Interview schedule
Interviews were semi-structured to enable flexibility. Questions were opened ended and included: Do you have story you are willing to share about your conception and/or birth? What was the story you were told about your conception/birth? How was this talked about in your family as you were growing up? How does or did that story make you feel? Do you think it has impacted you in anyway? Participants were asked about either their birth or conception stories or both depending on what experiences they wanted to focus on. The interviews were carried out by AS who is a female researcher who was studying for a Masters at the time of the study.

2.5. Data analysis
The emphasis of the study was on the stories participants had been told about their own conception and birth. The interviews could therefore have been analysed using a narrative approach which would have involved the development of a narrative about the participants’ own narratives. In contrast, we wanted to identify themes across the narratives. To this end the data was analysed using inductive thematic analysis, following the guidelines by Braun and Clarke (Braun & Clarke, 2006). The use of thematic analysis enabled the analysis of the participants’ own stories and how these stories had impacted their own lives. Therefore,
rather than using a narrative approach, this reflective approach permits the evolution of coding and construction of themes throughout the data analysis. This was a frequentative process, with various themes, subthemes and labels considered before the final thematic map was reached. To begin the inductive analytic procedure, transcripts were read multiple times to ensure familiarisation with the content and sections were highlighted if relevant to the aim of the study (AS). Patterns were then identified amongst the codes and those describing similar things were grouped together, and given a short self-explanatory sentence, to generate themes which were further grouped into sub-themes to create a thematic hierarchy (AS/JO). To ensure credibility, the codes and themes were discussed within the research team and refined to ensure that they were distinct and had enough supporting evidence to present a clear narrative (AS/JO). Themes and sub-themes were then illustrated with relevant extracts from the transcripts to develop a thematic story (AS/JO). The themes were not returned to the participants for comment.

2.6. Reflexivity
A reflexivity journal was maintained to aid transparency, allow the positioning, values and judgments of the researchers to be explicitly acknowledged through every stage of design, data collection and analysis. One researcher (AS) had been born through IVF and had grown up knowing that her parents had had to persist in a determined way for her to be born. The other researcher (JO) had been born at home and told that she was “born blue and hairy like a monkey” whilst her mum had her legs wrapped round the neck of the family doctor. She had also been told that her older sister had been made to play in garden on a cold March day with a burst ear drum. She had subsequently had two home births for her own children. These personal experiences inevitably shaped the researchers positioning when reading and analysing both conception and birth stories. These personal stories were not disclosed to the participants. The lead author (JO) has supervised and published over a hundred qualitative studies on a range of aspect of health psychology mostly using thematic analysis. Many of these has explored aspects of women’s health with a focus on birth, miscarriage and termination of pregnancy.

3. Results
Participants were aged between 22 and 28 (Mean = 24.7; SD = 2.28). Participants described themselves as White-British (n = 9) or White-European (n = 1). Participants described a range of conception and birth stories and highlighted how they felt these stories had influenced their subsequent life experiences. Those with conception stories were typically conceived via a form of assisted contraception (AC) whilst one had been the result of a “summer romance” (CB). The birth stories were more varied. For example, one participant (IB) who was born “dead” with Choledochal Cyst (liver disease), calculi in the heart, and splenomegaly whilst another participant (HB), told in a rather humorous but shocking way, how she had been told that the umbilical cord was wrapped round her neck preventing her from breathing. The nurses took him to a respiratory machine but became concerned when it didn’t appear to be working, only to find out they hadn’t switched it on at the wall. Several others had had quite traumatic births involving forceps or caesarean and one was a surprise twin. For protection of participants pseudonyms have been allocated (AB-JB) and names of family and friends changed throughout. Participant demographics and summaries of their conception and birth stories are shown in Table 1.

Analysis of the data described three major themes; “How stories shaped their sense of self and were embedded into how they saw themselves”; “How stories changed their family relationships” and “Intergenerational transmission and feelings about becoming a parent in the future”. Transcending these themes was the notion of the “valence of the story” with stories being presented in either a positive or negative way which influenced how the conception or birth story had been embedded into their sense of identity. These themes are illustrated in a thematic map (Figure 1) and will be described and illustrated with exemplar quotes.
3.1. Theme 1: how stories shaped their sense of self and were embedded into how they saw themselves

Participants described how their conception and birth stories shaped their sense of self. For many, the complications arising during their conception or birth had changed how they saw their place in the world fostering feelings of “luck”, for being alive today. Many also mentioned how these stories impacted on how they saw themselves and their self-identity. The role of luck and an appreciation for being alive together with changes in their self-identity will now be explored.

Table 1. Participant demographics

| Pseudonym | Gender | Age (years) | Ethnicity       | Conception story                                                                 | Birth story                                                                                       |
|-----------|--------|-------------|-----------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| AB        | Female | 27          | White British   | IVF or some form of early fertility treatment.                                    | Lost lots of blood. Mother had to stay in for an extended period.                                   |
| BB        | Female | 25          | White British   | N/A                                                                               | Umbilici cord was wrapped twice around the neck. Bled throughout pregnancy.                        |
| CB        | Female | 28          | White British   | Unplanned. Result of “summer romance”.                                            | Surprise twin, water birth, at home.                                                               |
| DB        | Female | 22          | White British   | N/A                                                                               | Forceps, unknown aspects, lots of blood lost.                                                      |
| EB        | Female | 25          | White European  | IVF                                                                               | 18-hour long labour. Forceps used.                                                                 |
| FB        | Male   | 22          | White British   | IVF                                                                               | 6 weeks early.                                                                                     |
| GB        | Male   | 22          | White British   | N/A                                                                               | Umbilical cord wrapped around the neck. Emergency caesarean.                                       |
| HB        | Male   | 28          | White British   | N/A                                                                               | Born spine against spine. Umbilical cord wrapped around the neck.                                  |
| IB        | Female | 23          | White British   | Unplanned.                                                                        | Born with Choledochal Cyst (liver disease), born dead, calculi in the heart and splenomegaly.     |
| JB        | Female | 25          | White British   | N/A                                                                               | Under distress, Umbilical cord wrapped around the neck. Emergency caesarean.                       |
3.1.1. Feelings of luck and appreciation for being alive

Participants with a birth story typically involved some form of complication that could have resulted in an alternative ending. For example, HB experienced lack of oxygen from the umbilical cord being wrapped round his neck; FB was an IVF child born six weeks early, underdeveloped and with breathing problems; and IB had been told she was born clinically dead with multiple birth defects including: Choledochal Cyst (liver disease), Calculi in the heart and Splenomegaly. The nurses were able to revive her and no significant complications had persisted into adulthood. These near fatal birth stories were characteristically accommodated by feelings of appreciation and luck for being alive:

‘I think yeah I just got a bigger appreciation for oh I exist in the world … before hearing those things, you always take life for granted, I guess and the fragility of it, and how close I was to not being here.’ (HB)

‘It’s an interesting one, um I don’t know, its lucky I suppose, because I feel, based on the story, that it wouldn’t have been a far stretch for one or the other to not have made it, so a little bit lucky I suppose’. (FB)

Therefore, even though these life-threatening events occurred prior to any personal memory of them, the stories they had heard appears to have generated an appreciation towards their own lives.

This was also the case for those conceived through IVF, with people describing an appreciation for being alive due to the efforts their parents went through to become pregnant. EB was an IVF baby and had heard how she had been the last chance for her parents following several years of failed attempts.

‘I do appreciate the life I have been given; even though they have never put pressure on me … no I really appreciate being here’. (EB)

3.1.2. Internalising how our lives began into our self-identity

The stories about both conception and birth also appeared to influence how some of the individuals saw themselves and their self-identity. This was particularly apparent in the narrative of CB whose mother was pregnant with twins but stopped having contractions after the first baby was born. CB had been told this birth story which portrayed her mother as having faith in her own

Figure 1. Thematic map.
body's ability to deliver the second child. CB described how the story of own her birth portrays her mother's confidence in her body which in turn had impacted upon how she saw her own body:

‘my mum comes out of it pretty well, um and like her confidence in her body and herself to do it on her own in a room in ** and then not to go to hospital and all those kind of decisions have definitely impacted me and make me very confident in my own body’ (CB).

Similarly, EB also described how her birth story had impacted on their self-identity and described how her difficult birth justified her being difficult in adulthood:

“a cool anecdote to say about one's self, so I was a pain in the ass to get here, I was a pain in the ass during the coming here process, and it gives me justification, I say to people when I'm late, which is all the time, I wasn't even on time for my own birth, do you think I'm going to be on time for this' (EB).

Likewise, FB described how his positive sense of self comes from having been told that he came from a high-quality grade of egg:

‘I was a grade A egg, embryo, um, suggests good health and good genes … It’s sometimes fun to gloat that I’m a grade A child’. (FB).

Further, AB also described how she had been taught to believe that she was special as a child as she had been born via IVF following multiple miscarriages and failed IVF attempts. However, she also described how this feeling hadn’t persisted through her life:

‘I guess as a child being told I was special all the time, I probably really did believe I was special. But as I matured and grew up, I was like well everyone is special, I’m not special, I don't think that has prevailed throughout my life, but definitely as a child I felt like I was special’. (AB).

The implications for participants' self-identity were not, however, always positive. IB describes a stressful journey, embroiled with difficulties with her heart, liver and spleen, leaving a more negative impression:

‘so I think growing up there was a level of pressure to, I put on myself because I was told I was this amazing case, that I actually had to make something out of my life, and I think I had that even as a younger kid, that I had to do something or help my parents, not be a pain to my parents because I was such a burden when I was born’. (IB).

The contrast between CB's feelings and IB's emphasises the differences in how we internalise these messages in different ways, which may be driven by the tone of the story. Those with a conception story, typically born through IVF, did not appear to mention any negative influences on their identity.

In summary, this theme encapsulates how participants' birth and conception stories have impacted upon how they feel and see themselves. For example, life-threatening birth related events could produce a sense of feeling lucky, an awareness of the fragility of life, and an appreciation for being alive. Likewise, the very process of how they were conceived and born, whether this was traumatic for them or their mother, and whether they were made to feel special shaped their self-identity and became embedded into their sense of self.

3.2. Theme 2: how stories changed their family relationships
Participants also described how their conception and birth stories gave a new dimension to how they saw their parents and siblings. For many, it helped to humanise their parents with the stories creating a reciprocal love relationship whilst some stories generated more mixed feelings to their siblings.
3.2.1. Feelings of love and appreciation towards parents

The conception and birth stories highlighted the struggles and challenges their parents faced to bring them into the world. This was particularly the case for those who had been conceived via IVF who had been told stories about waiting to become pregnant, struggles with IVF, extra efforts such as flying internationally (EB), or selling their boat for money (AB) which were all seen as displays of love:

‘I feel a lot of love from my parents and my extended family, because I know that I’m this really long anticipated, like a product of, like I don’t know, my mum sees it as a miracle’. (AB)

These feelings of being loved were also reciprocated, with participants emphasising feelings of love and appreciation towards their parents.

‘Makes me love my parents for wanting me so much, and they went through so much, and I feel sad for them that they went through so much’. (AB).

The stories also shaped the participants’ views of their parents often seeing them as more resilient because of what they had been through. This was particularly the case for HB whose mother had had a particularly long and difficult birth:

‘A bigger part of that to see my mum being this super strong person, because it’s a strange thing … I don’t know yeah, I think hearing it just feels me with pride, in knowing if you understand what I mean, you know just having to tackle all these different adversities.’ (HB).

It is also reflected in EB’s story which detailed her parents trying to become pregnant for seven years, and not giving up despite multiple setbacks:

‘Well for my mum I felt sad, and really proud of my mum and dad, and how strong they have been, how they really dedicated themselves to having kids’. (EB).

AB’s story is embellished with details of previous children lost and multiple attempts to conceive. Whilst these stories are melancholy, they seemed to have provided an excellent bonding opportunity between parent and child and by exposing this vulnerable side to themselves, children were able to connect with their parents on a different level. This was more apparent between mother and child, than father and child, as mothers appear to take the more prominent role in storytelling:

‘with my mum she is very open, I do not talk about it with my dad’. (BB)

‘I haven’t come across people talking about birth stories as much as my mum did’. (CB)

‘yeah when my brother and I had questions we would ask, my mum would be very open, my dad very Dutch did not want to talk about it’. (EB)

3.2.2. Building and challenging sibling relationships

Those with siblings also described the impact these stories had on their sibling relationships. On the positive side, the way the stories were talked about sometimes led to a more caring relationship. This was particularly apparent in the narrative of CB who was a twin and felt more protective of her sister:

‘I suppose the fact my sister came out after me and needed care, it’s made me feel a certain way towards her, kinda caring, kinda protective’ (CB).

For some, the story had helped to build their relationships with siblings as the story had been turned into a joke:

‘My brother and I often joke about it, like I’m the miracle kid, you are the normal one’ (EB).
In contrast, CB described how the story about their twin birth may have had a detrimental impact upon their other siblings and could sometimes lead to resentment.

‘I wonder if it affected everyone else negatively, you know if my brother and sister, my other siblings, but yeah, they do harbour some things about the twins being the special ones and the favourites’ (CB).

Likewise, IB worried about the stress her birth and conception had caused her siblings, and AB mentioned how the negative influence of her birth and conception influenced her brother:

‘So it wasn’t necessarily hearing about my medical condition, but the way it affected other people in my family, my brother and sister, and the way it was talked about in my family, it was very detailed about how stressed they were’ (IB).

Stories about conception and birth could be seen to both build and challenge relationships with siblings. At times the stories strengthened the sibling bond through either humour or creating a protective bond, whilst they could also create friction and resentment if one sibling was seen to be preferred or to be the cause of stress in the family.

In summary, hearing stories about conception and birth shaped family relationships. For many, understanding the difficulties that parents go through allowed children to appreciate a new side of them which enhanced the bond between parent and child, particularly with mothers. The stories also had implications for their relationships with siblings although these were more mixed and could lead to either a sense of protection or rivalry.

3.3. Theme 3: intergenerational transmission and feelings about becoming a parent in the future

Participants also described how hearing their own conception or birth stories influenced their views of their own future parenting with a focus on fertility, birth and pregnancy.

3.3.1. Worries about fertility or feeling it would be easy

When discussing fertility, those participants brought up with a more negative version of their conception story describing their parent’s lack of fertility, often felt worried about their ability to conceive in the future. For example, AB described how the fear her mother had felt surrounding her own fertility had been transferred onto her children:

‘If I try and pick something heavy up or do anything that could affect my fertility, she would become visibly distressed, and say ‘nono don’t do that you won’t be able to have children’ and so the first thing I think when I pick up a heavy object, or with the smoking, the first thing I think is oh what if I can’t have children, so now I have this anxiety about being infertile’. (AB)

In contrast, those individuals brought up with a very positive view of their parents’ conception process, had a more positive outlook on their own. For example, CB had been told how her mother had become pregnant after only the first sexual encounter with her father which made her feel that her own conception in the future would be equally easy:

‘they just conceived by accident and then, I know that isn’t the case, so many people have real trouble with the whole thing, from conception to birth, but it’s kinda I think, I’m very kinda, it has to be that natural for me, it’s not like that’s the only way, but, I don’t if that makes sense.’ (CB)

In a similar vein, BB’s mother had talked about her conception in a humorous way, detailing where she thinks she may have been conceived, such as on the “stairs”.

“I thought it was quite funny, the places I was possibly conceived”. (BB).
BB then described having no concerns about becoming pregnant but only about the pregnancy itself:

“mhh not really, only with worrying about bleeding and if I am pregnant, but I think a lot of women worry about that”. (BB).

3.3.2. Fears or confidence about pregnancy and birth

Stories around birth experiences also impacted the view participants had of their own future birth experiences. For example, those participants who grew up hearing fearful stories about complications expressed greater concerns about their own futures. This is illustrated by DB who had been told her mother had experienced a lot of difficulties, she wasn’t very well and ended up in a nursing home. DB’s anxiety, however, appears to stem from the lack of detail around what had gone wrong:

‘it does scare me a little bit … so I guess I’m wary that I don’t know what it was, is it something that’s genetic or was it a one off that just happens in you, so I guess I’ve always been a bit like well will that happen to me, and made me a bit scared about having my own children, a bit nervous, but also I think it worries me because I don’t really know what it is.’ (DB)

Similarly, AB described how her mother had described the birth as “painful and scary” and that there had been no indication that anything would go wrong, and then suddenly as she went into labour, she lost a lot of blood, and had a long labour:

‘I have blocked it out because it’s given me a fear of giving birth’. (AB)

BB had a similar experience, being told her mother was “very nervous and bled a lot” throughout the pregnancy. BB therefore worried she would also have a similar experience:

‘But because my mum bled, I have that fear that maybe I could be pregnant and bleeding’. (BB)

Accordingly, negative birth stories seemed to transfer to fear about the participants’ own future experiences. In contrast, when birth stories were told with confidence and positivity, even when the birth had been problematic, the participant seemed to have a more relaxed and positive view of what might lay ahead of them. For example, whilst CB was told that her mother had not been expecting twins, then, that contractions had stopped so all parties were unsure of how the other baby was going to come out, this had been described in a positive way, emphasising her mother’s confidence, how she did not want to go to a hospital, having complete faith in her own ability to push the other baby out, which she did successfully. The story is also embolded with hints of humour, such as the father commenting on thinking he saw “another head”, and the midwife telling him not to be “silly”.

‘I feel weirdly confident about the whole thing, despite hearing all the horror stories that people go through, and I think that is completely influenced by my mother’. (CB)

Therefore, whilst the stories about fertility and birth seemed to transfer from mother to child it was the emotions attached to these stories which appear to influence their impact rather than the content of the story itself. No male participants made any comparison between their own birth and conception stories, and future birth experiences.

In summary, interviews illustrated a degree of intergenerational transmission between parents and their children, and participants, particularly women, described how their conception and birth stories had influenced their expectations of their own future fertility and pregnancies. At times, some stories led to fear and concern about the ability to conceive or the expectation of difficult births whereas other stories resulted in more positive expectations and a sense of confidence that everything would go well. This difference in part reflected the content of the stories. It was,
however, also influenced by the valence of the stories with even difficult stories having a more positive legacy if they had been related in a humorous and positive way. This will now be described in more depth through the final transcending theme.

3.4. Transcending theme: valence of the stories: how its told not just what is said
Participants therefore described their conception and birth stories in terms of the impact on their sense of self, their relationships with parents and siblings and their potential future selves when becoming parents. Accordingly, the themes illustrate an intergenerational transfer between parent and child which has influenced how the child sees themselves now and how they feel about their futures. Transcending these primary themes was the key role of “valence” reflecting the positive or negative tone attached to the stories which permeated throughout the other three themes. Therefore, whilst many stories involved worry (eg. over not being able to conceive) or trauma or pain (eg. of the birth) it seemed that it was the way in which the stories were told rather than the content per se that influenced the result of this transfer process. Therefore, if the story was told with humour and with a positive tone then the impact was more positive, whilst those stories described with less humour and full of stress or worry resulted in a more negative outcome. This will now be examined with exemplar quotes.

3.4.1. Negative valence: fear, pain and anxiety
Several stories emphasised the “pain”, “anxiety” and “fear” their mothers had felt. As AB said:

‘The most she says about it is how painful and scary it was and how she lost so much blood and she thought she was going to die, and obviously it was very anxiety inducing for her because of the things that happened before’. (AB)

This led to AB talking about her own fears around birth as a result:

‘I would probably just say I think it has put me off, although I have this fear of fertility, I'll always have a fear of giving birth, so if I was to one day want children, I would have this fear, I know it's a fear for a lot of women, but maybe its more for me than someone else'. (AB).

Likewise, DB described how out of character it was for her parents to be “hushed” about things.

‘It makes me worried about her because it's all kinda hushed and we aren't really a hush hush kinda family’. (DB)

She had heard that her mother had had to have a forceps delivery but didn't know why or why she ended up staying in hospital for three days. This lack of detail created worry:

‘I guess I've always been a bit like well will that happen to me and made me a bit scared about having my own children'. (DB).

This negative valence also influenced participants’ self-identity. For example, IB described how her birth story included notions of “stress” and “being born dead” which had changed how she saw herself:

‘The way it was talked about in my family, it was very detailed about how stressed they were, so it was constantly like, I think I felt the need to always pay back all the stress they went through’. (IB)

Therefore, even though the outcomes of these births had been positive (ie a healthy baby) this was overshadowed by the strong negative emotions attached to the story leaving some participants feeling negative about themselves, and their possible future experiences.
3.4.2. Positive valence: humour, warmth and calm

In contrast, even when the story included objectively difficult experiences, if it was told in a more positive way with humour and warmth the impact on the participants was in turn far more positive, creating confidence and normalising the processes of conception and pregnancy, making it seem less scary. For example, whilst FB's parents had struggled to conceive and turned to IVF, the way this was told created a sense of calm:

‘I knew about the premature birth far before I can recall being an IVF child. Nothing was ever hidden about it; it was all quite open’. (FB)

Similarly, EB’s mother managed to normalise her previous pregnancy losses making a negative experience seem much more neutral:

‘They don't really get emotional about previous losses, they are like you guys are here that’s all that matters, it happens its biology, it sucks but its biology move on … because we have normalised the discussion about it and made jokes about it, absolutely not sensitive about it we couldn’t have kids, we couldn’t have kids, we had IVF it worked that’s the end of it move on’. (EB)

Likewise, whilst HB's birth had been traumatic, with details of the umbilical cord being wrapped around his neck, and being unable to get him to breathe, it had been told with humour which influenced the impact it had on him:

‘yeah it’s definitely a laughy jokey type of story, and my mum is obviously super happy that I managed to actually come out and breath for the first time … but yeah now its looked back on as a nice thing, like the other day we all had a good laugh about it’. (HB)

Similarly, whilst CB’s story would be considered traumatic for most it had been told in a positive way:

‘the story goes she went down to make a cup of tea to celebrate and came up and there was another baby, it like this great dramatic story, and um, it was told often and it made me feel quite special to be honest’. (CB)

Which in turn had affected how she viewed the birth experience in general:

‘I feel weirdly confident about the whole thing, despite hearing all the horror stories that people go through, and I think that is completely influenced by my mother, I mean she had homebirths for everyone, and none of us have been inoculated for everything, so it was very much confidence in the body’. (CB).

Therefore, despite everyone having stories which could have been deemed “scary” or “difficult”, an emphasis on the positive created a more positive outcome.

Therefore, whilst the core themes illustrate the impact of conception and birth stories on aspects of the self, relationships with family and the expectations of further pregnancies, transcending these themes was the notion on valence which illustrates that how the stories are told rather than the content of the stories per se has a greater influence on the process of intergenerational transmission between parent and child.

4. Discussion

Whilst much research has explored the impact of conception or birth on the parents and child the present study focused on the impact of the stories told about these events. The analysis described three themes relating to a sense of self, impact on family relationships and changes in their views about their own future parenting experiences. Furthermore, the interviews suggested that
Transcending these themes was the key role for valence and that how the story was told rather than the content of the story per se shaped the impact of their stories as they moved through their lives.

In terms of the impact on their sense of self participants described a sense of luck and feeling grateful for being alive which was most apparent in those who had had near-death birth experiences. They also described feeling special and wanted, particularly if their parents had struggled to conceive. These findings reflect the published personal reflection about being an IVF baby and the effect on feeling more loved (Loren, 2017) and they also support the notion that stories help to make up our identity (Ahn & Filipenko, 2007; McAdams, 2017) particularly if the key character in the story is relatable.

Participants also described the impact of their stories on relationships with their families. For many, their stories of difficult births or problems with conception made them feel both loved by and loved for their parents, encouraged them to see their mother as resilient and strong and gave them an opportunity to bond with their mother as she shared her fears and vulnerability with them. In contrast, relationships with siblings were perceived to have been changed in more complex ways. Whilst some stories made them feel more caring towards their siblings or a sense that they were special, some also described how being the special one themselves had generated a degree of resentment from other brothers and sisters. Whilst quantitative research indicates that learning about one’s genetic origin or that one is unplanned or unwanted may create problems with relationship in later life (Gillath et al., 2018; Ilioi & Golombok, 2015), the present qualitative data highlights the complexity of some of these changes in dynamics. Further, the results indicate that whilst it is key to persuasion and retention that the story-teller is “significant” to us (Hoeken et al., 2016), the story can also change how we feel about the story-teller.

Finally, the third theme illustrated how hearing stories about one’s own birth and conception can also change expectations of becoming a parent in the future. In particular, whilst some described fears about their own fertility or having traumatic births others expressed greater optimism and a belief that they would be as resilient as their mother had been. This reflects previous research indicating that birth fears can be passed down through the generations (Isbir, 2013; Richens, 2018). It also suggests that the same is the case for conception fears but that more positive experiences may also be transmitted from mother to child.

The results therefore indicate that conception and birth stories may impact a person’s sense of self, their relationships with parents and siblings and their views of themselves as parents in the future. Transcending these themes, however, was the power of the valence of the story. Regardless of the content of the story and whether it was about a difficult birth, a near death experience or struggles with conception, if the story was told with humour rather than fear the resulting impact was more positive. Research indicates that stories, can shape how we make sense of the world and that how they are received and their impact on the recipient of the story is influenced by the storyteller, whether they are a significant other and whether the character in the story is relatable (Haven, 2007; Hoeken et al., 2016; Vygotsky, 1978). The results from the present study indicate that stories about conception and birth very clearly influence those who hear these stories. They also illustrate the powerful impact of humour and how this can mostly negate any negative content of the story and ensure that even the most frightening events can become positive influences in our lives if they are told about in a positive way. Storytelling has been understood in terms of the “gist” they leave behind (Hoeken et al., 2016). The present study illustrates that stories about our conception and birth can change the way we see ourselves and that the “gist” of these stories not only relates to what is told but also how it is told.

Whilst the strength of this study relates to its novel research question and the insights it provides into the role of our conception and birth stories on our sense of self, there are some methodological problems, however, that need to be addressed. First the sample was ethnically
homogenous. Therefore, whilst we have provided detailed insights into the impact of stories in this narrow population further research is needed to explored birth and conception stories in a more ethnically diverse group which is pertinent given how expectations and experiences of conception and birth vary between different cultures. Second, given the changing technologies around both birth and conception, future research could also explore additional interventions such as surrogacy and egg donation and explore how these may also influence the way a recipient of these interventions sees themselves. Finally, the study recruited those with a story to tell but attracted mainly those with a difficult story to tell. It would be interesting to also explore less dramatic and more day-to-day conception and birth stories and their subsequent impact.

In sum, the present study illustrates how stories about conception and birth can change the way a person sees themselves, their relationship with their families and their sense of being a parent in the future. The study also indicates a clear role for valence and that whether a story is told with humour or fear is as important, if not more so, than what is told. We are all born and we all have a story. These stories can become ingrained into family life as part of the shared narratives we tell each other. The present study suggest that our own stories can also become ingrained into who we become.

Data availability statement: Research data are not shared due to the personal nature of the interview data collected and the possibility that participants could be identified.

Funding
The authors received no direct funding for this research.

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Disclosure statement
No potential conflict of interest was reported by the author(s).

Citation information
Cite this article as: Making sense of the stories we are told about our own conception and birth: a qualitative analysis. Jane Ogden & Amy Syder, Cogent Psychology (2022), 9: 2105877.

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