

# *The Language of Magic*

Edited by Eleonora Cianci and Nicholas Wolf



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# TABOO WORDS AND SECRET LANGUAGE AS VERBAL MAGIC IN CHILDBIRTH (RUSSIAN NORTH)

*Lubov' Golubeva - Sofia Kupriyanova*

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## ABSTRACT

From the end of the nineteenth century up to the 1970s and 1980s, the practice of childbirth was concealed in the rituals of the Russian North. The secrecy surrounding birth determined the key rules of maternity practices in the village. The circumstances of pregnancy, the onset of labor, and the choice of location for delivery were all concealed to protect a woman and a child from evil spirits. A special language was used to discuss childbirth. Expectant mothers tried to veil their state or just kept quiet about it. Birthing assistants also tried to speak in euphemisms, replacing direct indications of what was happening with pronouns and definitive attributes. Older women (mothers-in-law and midwives) taught the young by means of prohibitions (for example, prohibiting them from talking to people they met during labor) and used special speech tactics adopted by a woman in labor.

*Keywords:* midwives; practice of childbirth; ritual register; ritual speech; Russian North; Russian village.

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This article focuses on the practice and discourse of the birth ritual in the territory of the Russian North. It covers a period starting from the end of the nineteenth century and up to the 1970s of the twentieth century. The Russian North refers to the northern regions of the European part of Russia, namely the Arkhangelsk and Vologda regions. In this territory, until the 1970s, women gave birth at home. They relied on the help of a mother-in-law or other older women, village midwives who possessed magic treatment techniques and helped women during delivery.

First-aid stations in the Vologda and Arkhangelsk regions started to appear in large villages in the 1930s and 1940s. A village woman had a

choice between giving birth with medical assistance (in a hospital or at home), or with an older female relative. Our materials show that more often women chose to give birth with a mother-in-law or a midwife. Women asked for help from older women or gave birth on their own because in most cases they did not have time to get to the medical station. The majority of older women had obstetric skills since they assisted in the birth of their livestock and they were experienced mothers themselves.

In this area it was customary for a bride to live in the husband's house, which could be located in a different village. After the wedding, the young family lived in the same house side-by-side with the parents of the spouse. When becoming a mother, a woman learned the skills of caring for an infant, such as ways of swaddling and calming a child, from her mother-in-law and not from her mother as often happens in modern Russian urban culture. The birth of the first child was a way of initiating a new relationship with her mother-in-law. It was the mother-in-law who was the mentor of a young woman and took upon herself the functions of caring for her and the baby. For example, she treated the baby in case of illness and steamed the baby in a sauna during his first year of life. This was not only a hygienic procedure but also considered an act of magical protection from the evil eye of neighbors or the negative influence of supernatural forces.

At the same time, a woman entered a new community – a community of mothers who gave birth. They provided each other with support and care, for example, by bringing food to the woman after the delivery. Initiation into a new community included two types of practices, physical and verbal. We distinguish the bodily practices and the discursive forms that accompany them. The demonstration of bodily skills could be accompanied by words. For example, a midwife prompted poses for delivery (in the village tradition in this area, women often gave birth standing, leaning on something, or squatting). A midwife took the baby in her arms after birth and tied the umbilical cord.

While observing the village practices and going through childbirth ourselves, we found out that there is a different way of talking about pregnancy and childbirth in the village. While urban citizens calmly discuss pregnancy and exchange information about it, in the village it is still a taboo. The conviction underlying the taboo is based on the concept of the *sglaz* (“evil eye”) and *porcha* (“direct damage”). The evil eye and direct damage are included in the magical practices of the village and they are still important to this community. Village women say that the fewer people know about the onset of labor, the easier it will be. Therefore, the future



mother and her family tried to hide the circumstances of pregnancy, the onset of labor, and the choice of a place for delivery.

To discuss childbirth, women use a special type of speech that they learn in the process of their first birth. These new discursive skills are a way to talk about childbirth and a way of going through the process of initiation into maternity. Our research suggests that this is not only about covert bodily practices, but also about speech during the practice. Changing speech behavior through allegory and euphemisms is one response to discuss taboo subjects when language use becomes shaped by fear or distaste<sup>1</sup>. Based on the taboo nature of childbirth, we assume we are dealing with a particular ritual speech.

According to J. Du Bois<sup>2</sup>, who studied the general properties of ritual speech based on the material of various languages of Central and North America, Madagascar, Indonesia, and other regions, taboos, concepts substitution, allegories, and metaphors are common features of the ritual register. These are the verbal tools that village women use when they need to talk about childbirth. Below, we discuss the participants of this speech and the way they practice it, the conventions that regulate it, and the purposes it serves.

Northern Russian villagers do not talk about pregnancy and the onset of childbirth. A pregnant woman, a woman in labor, and the baby are all in a liminal state; they are subject to the influence of supernatural forces and the evil eye. The evil eye is associated with a person's ability to look at you or think something wrong<sup>3</sup>. For example, a woman born in 1915 was talking about her difficult labor. An old neighbor went into the house where the woman in labor was having contractions and directly asked if she was in delivery. According to the narrator, a direct question was enough to disrupt the birth process because a neighbor jinxed her. She concluded her story with the following advice: "no one should see you when you go to give birth". It means that a pregnant woman should avoid any extraneous contact.

Researchers in ethnographic descriptions of the rites of passage associated with pregnancy and childbirth most often emphasize concealing the birth process to facilitate it and protect it from evil spirits<sup>4</sup>. One of the methods of such magical protection was a particular restraint in the use of

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<sup>1</sup> Crawford 2008.

<sup>2</sup> Du Bois 1986.

<sup>3</sup> Olson - Adonyeva 2016, 235-242; Veselova - Marinicheva 2012, 51-75.

<sup>4</sup> Gennepe 1999, 44; Frazer 1980, 201-202.

words. There is a rule not to notice someone else's pregnancy or talk about it. For example, a male neighbor joked about a pregnant woman, comparing her situation to a chicken sitting on eggs. He was sick after some time and explained the cause of his illness by the pregnant woman's evil eye because he violated the taboo on direct questions about pregnancy<sup>5</sup>.

Younger women did not directly discuss the upcoming event with the older ones. However, women indicate that the older women (i.e., women much older than the woman in labor) dedicated them to childbearing issues. The older women did not talk about childbirth but taught the younger ones a new way of perceiving the world in which there are not only people but also supernatural forces<sup>6</sup>. Elders do not explain why it is better not to tell anyone about the onset of childbirth. This action should protect the young woman, who does not fully understand what is happening. As any neophyte, the woman in labor must completely trust the mentor (mother-in-law). E.A. Belousova, while studying modern urban childbirth in Russia, noted that medical workers also use euphemisms in communicating with pregnant women and women in labor. For example, during birth, midwives will call for women with the phrase "come on!". The modern urban tradition, similar to the village, treats the birth process knowledge as a special secret (taboo). Doctors give advice and prescriptions not directly but in a form of a threat, reproach, or invective<sup>7</sup>.

As I.A. Sedakova notes, the women's speech behavior changes during birth and for some time after<sup>8</sup>. She speaks quietly, does not raise her voice, or shout. Such rules appear in our materials. In the interview examples, we see how women in labor who have begun the birth process are silent about this, not talking about their condition to their mother-in-law, who will later help them in delivery<sup>9</sup>. Our interlocutors reported that during childbirth it is necessary to restrain screaming. G.I. Kabakova, on the material of the Southern Slavic dialects, notes that women and her entourage do not directly name the approach of childbirth but replace it with euphemisms<sup>10</sup>.

Researchers of the modern urban maternity rite in Russia also note the taboo associated with delivery. T.B. Shchepanskaya notes that those around her often use taboo advice to communicate with a pregnant woman

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<sup>5</sup> Folklore Archive of the Philological Faculty of St. Petersburg State University (hereafter FA) Bel 19-116.

<sup>6</sup> Olson - Adonyeva 2016, 252-256.

<sup>7</sup> Belousova 2003, 344.

<sup>8</sup> Sedakova 1998, 205-206.

<sup>9</sup> FA Lesh10-88; FA Lesh10-152.

<sup>10</sup> Kabakova 2001, 208.

in the city<sup>11</sup>. For example, it is understood that a pregnant woman should not be afraid, talk about difficult births, or mention a baby's pathologies. You cannot quarrel in the presence of a pregnant woman. Even in maternity hospitals, women did not inform their relatives about the start of childbirth in order for it to be successful<sup>12</sup>.

This essay is based on the material of our own field research and the research of our colleagues, records which are stored in the open Russian Archive of Russian Daily Life and Folklore Archive at St. Petersburg State University. The interviews were conducted in the territory of the Russian North: in the Vologda region from 1980 to 2006 and in the Arkhangelsk region from 2007 to 2018. We analyzed nearly 300 stories in which village women talk about their childbirth. The oldest women interviewed were born at the beginning of the twentieth century, the youngest ones were born at the beginning of the 1960s. It is important to consider age when discussing changes or preservation of the tradition.

## 1. RITUAL SPEECH IN THE PROCESS OF DELIVERY

Village women use a special discourse to discuss delivery. Evidence of this fact can be found in ethnographic sources from the end of the nineteenth century. For example, a relative who leaves for the help of a midwife tries to conceal his or her route (i.e., does not show where he or she goes), and then begins a conversation with the midwife allegorically, using formulas known only to them. They might speak allegorically without uttering the word "delivery" itself, but by using euphemisms such as "the wife broke a leg"<sup>13</sup>. Our materials show that women try to avoid referring to childbirth directly. According to the signs of ritual speech by Du Bois, in the speech of women, there are allegories and metaphors instead of direct indications of the state of the woman in labor.

### 1.1. *Euphemisms and metaphors*

A woman born in 1933 in the Arkhangelsk oblast, while talking about her labor, recalls that she did not tell her mother-in-law that she had con-

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<sup>11</sup> Shepanskaya 2001, 240.

<sup>12</sup> Kruglyakova 2001, 222.

<sup>13</sup> Baranov *et al.* 2005, 458.

tractions. When her mother-in-law came home and noticed the state of her daughter-in-law and realized what was happening to her, she did not say so directly. The mother-in-law only said: "You're not feeling (looking) so well today, mother (dear)"<sup>14</sup>, without naming her state aloud. The mother-in-law uses the euphemism "not well", which indirectly indicates the physical condition of the woman in labor. Also, when addressing her daughter-in-law, the mother-in-law uses the word "mother" to address her. In ordinary speech, it is impossible for seniors to address younger ones like this. This indicates a switch to the ritual register<sup>15</sup>.

A woman from the Leshukonsky District (Arkhangelsk oblast), born in 1929, said that when she had contractions, two women came to ask for water. The older one understood what was happening but did not ask the woman directly. She went to the woman's mother-in-law and hinted allegorically that the daughter-in-law was in agony. "Agafya Andreevna, *your molodka* (daughter-in-law), she is in her time, and she is all alone"<sup>16</sup>. In this phrase, the direct naming of the beginning of contractions is replaced by the circumstance of time, and an indication that the woman gives birth alone, which means that she needs help.

Female solidarity and an understanding of what is happening without additional words can be confirmed by other examples. A mother-in-law sent her neighbors to visit her daughter-in-law who was pregnant and lived in a different village, and there had been no news from her for a few days. The mother-in-law talked to the neighbor like this: "Please, go, my *molodka* (my girl) hasn't come back from Edoma for a few days, she's a little pregnant [...]"<sup>17</sup>. "A little pregnant" is a diminishing of the significance of the condition of a pregnant woman. She also calls her pregnant daughter-in-law *devka* (a girl). Such appeal is used only for addressing young and not married women, but not for a daughter-in-law.

## 1.2. Opaque meanings

We found the following examples in which women, when talking about the onset of labor, use meaning opaqueness<sup>18</sup> or generally avoid naming

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<sup>14</sup> FA Lesh10-88.

<sup>15</sup> Adonyeva 2018, 148.

<sup>16</sup> FA Lesh10-228.

<sup>17</sup> Electronic Archive "Russian Everyday Life" (Propp Centre), <http://daytodaydata.ru> (hereafter EA) DTxt11-125\_Arch-Lesh\_11-07-11.

<sup>18</sup> Du Bois 1986, 318.

this process in any way. A woman born in 1930, who went into labor during haymaking and did not have time to return home to the village, hid in the tent and called her mother-in-law to help her without mentioning directly what kind of help she needed: “Vasilisa Ivanovna, come here [...] I kind of need help”<sup>19</sup>.

Village midwives helped in case of a difficult childbirth. As a rule, women gave birth on their own, and a mother-in-law helped to take care of the baby and tie the umbilical cord. A woman, addressing her mother-in-law, could say: “Look there, I’m leaving”<sup>20</sup>. This phrase means that she is gone for delivery but naming the process of labor is completely absent. When the mother-in-law understood that her daughter-in-law is in labor, she could say: “Let’s go, *molodka* (mother), to the barn”<sup>21</sup>. In this example, there are diminutives of “mother” and “barn”. The increase of diminutives in speech indicates a switch to the ritual register. Instead of naming the childbirth process, the mother-in-law talks about the place of birth, the barn.

Casual communication between close people consists of such omissions, which are understandable to relatives but completely incomprehensible to a stranger without further clarification. According to G. Garfinkel<sup>22</sup>, background knowledge, in which familiar life situations unfold, makes it possible to have a common understanding and agreement of reality. For a mother-in-law, a husband, and a midwife, and for everybody who knows in general, there are enough euphemistic indications of the state of the woman in labor. This is because it is expressed not only verbally, but also physically. “She is not looking so well” is a clear indication for a midwife.

General background knowledge shared between relatives is based not on direct speech, but on the woman’s body language. In close relations with the mother-in-law, the daughter-in-law does not need to say anything at all. A sensitive mother-in-law can understand just an ordinary gesture or sign. For example, a Mezen’ woman born in 1922 recalled her mother’s labor<sup>23</sup>. After the delivery, her mother knocked on the wall of a barn with a shovel. It was a sign which meant that she needed help with her newborn: her mother-in-law (who was also present in the house) had to go to the barn and take the infant.

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<sup>19</sup> FA Lesh10-189.

<sup>20</sup> EA DAu02-077\_Vol-Bel\_02-07-15.

<sup>21</sup> EA DAu02-076\_Vol-Bel\_02-07-13 FA.

<sup>22</sup> Garfinkel 1967.

<sup>23</sup> FA Mez10-241.

## 2. VOCABULARY FOR DESCRIBING THE DELIVERY

Despite prohibitions on discussing the state of the woman in labor, there is a large number of verbs in the speech of village women that denote the physical condition of the woman in labor and describe it quite accurately. Beginning in the 1930s and 1940s, medical aid stations appeared in the villages, and a nurse or a professional midwife would often help women during childbirth. Village women, especially those born in the 1940s and 1950s, used the word “contractions” in their speech to denote the very beginning of labor. These women, while talking about delivery, used medical terms (“childbirth”, “contractions”, “pushing”) because they gave birth with medical assistants. Women of the previous generation called childbirth *prinosi*. This word has the same root as the verb “to bring” (*prinosit*) as children were literally “brought” in the hems of their sundresses.

### 2.1. Verbal forms

When speaking of childbirth, women often use special verbal forms. For example:

- Khvatat'/prikhvatyvat' — to catch
- Prinimat'/zaprinimat' — to take
- Zamotat'sya — to be tired out (to worn out)
- Priperet' — to press
- Muchat'/zamuchat' — to torture
- Pritoropit' — to hurry up
- Zabrat' — to take
- Vikryakat' — to make a quacking sound

Unfortunately, the translations here do not convey the meaning of these dialect verbs; they are used only in dialect discourse, and they are far from medical terms.

### 2.2. Shifter avoidance

Phrases used to indicate childbirth are usually impersonal forms in a passive voice:

- Menya zaprinimalo — I was taken in
- Menya pritoropilo — I was hurried out
- Menya stalo brat' nakorotki — I began to be taken on short ones

This language allows a woman, on one hand, to accurately describe what is happening to her with the onset of labor at the level of bodily feelings. And on the other hand, the woman in labor abandons the responsibility for her condition at the level of speech. Impersonal forms emphasize her absence as a subject, stressing the body feelings.

### 2.3. *Metaphors and onomatopoeia*

The physical vocabulary of the woman in labor is very metaphorical, which also allows us to say that when a woman speaks about herself during delivery, she switches the register of speech. As such, one of the most frequently used words meaning delivery is the lexeme with the root “torture”. In the *Explanatory Dictionary* of Vladimir Dahl among the examples for the word “torment” there are such phrases as “a woman in agony / torment”, in the meaning of “woman in delivery”<sup>24</sup>. Another example is the process of pushing: women use the verb *vikryakat* (to make a quacking sound), formed from the onomatopoeia “quack”.

The situation changed in the middle of the twentieth century. The help of a village midwife or a mother-in-law began to be supplemented by medical professionals. Medical records and the monitoring of pregnancy were introduced in the villages beginning in the 1950s and 1960s. In large villages, women were obliged to consult a doctor. However, young women continued to hide the symptoms of an approaching delivery before the onset of the contractions. For example, a woman born in 1926, while sharing her experience, told us that she had endured contractions for so long that when she was in the medical center, she did not have time to go up to the second floor and so gave birth on the stairs<sup>25</sup>.

We have a large number of stories about childbirth on the way to the hospital as a reflection of this. Due to the medical advances, women decided to give birth not at home, but with medical assistance. However, they went to the medical center too late; for the women, the signal to go to the hospital was the point when contractions were close to their end because this was the signal used when they delivered to mothers-in-law and midwives.

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<sup>24</sup> Dahl 1912, 950.

<sup>25</sup> EA Siam 06.07.06. L.K.txt.

### 3. CONCLUSION

Analyzing interviews with village women who talked about childbirth, we noticed that their spontaneous speech on the subject shares the same language strategies with ritual speech<sup>26</sup>. Moreover, these language qualities persist even when women remember their own childbearing. In villages, older women (midwives, mothers-in-law) were assistants and mentors in childbirth for a long time. The main task of the midwife was to provide emotional support to the mother. The elders taught the younger ones a new perception of the world, in which it is now necessary to interact with people and supernatural forces. Analysis of the interview texts shows that our informants most often use euphemisms, allegory, and diminutives in stories about childbirth. Also, a change in speech tempo and intonation indicates a switch to the ritual speech. Such speech qualities mean that women in labor and midwives address people and supernatural powers. Euphemisms and speech taboos appear in women's speech not only because this topic was taboo or shameful. The task, among other things, was to protect women in labor from the evil eye of people and the negative influence of supernatural powers.

In the second half of the twentieth century, shame was another reason why women tried not to talk to others about what was happening to them. In conclusion, we only touch on the larger topic of the medicalization of childbirth. Many researchers of modern maternity practices indicate that shame was planted by medical personnel who tried to control the female body. As a result, the habitus of concealment and sacralization of childbirth can be observed in studies of both village and urban culture up to the present day. In the village, women assess risks, justify preferences and make choices between the allegory of mothers-in-law and the direct and degrading discourse of doctors.

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<sup>26</sup> Du Bois 1986.



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