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Araştırma makalesi/Research article

Tackling Knowledge and Reining Uncertainty through Risk Rituals in the Transition to Motherhood

Anneliğe Geçiş Döneminde Bilgiyi ve Belirsizliği Risk Ritüelleriyle Dizginlemek

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Abstract

This study uses a fresh approach to demonstrate how the transition to motherhood is culturally marked and why this is so. In-depth discussions with 30 female doctors in Ankara, the capital city of Turkey, revealed that awareness of risks to their health and social well-being shaped their pregnancy experience and led them to undertake various rituals to alleviate their anxiety and protect themselves and their babies from miscarriage, disability, and complications during childbirth. The doctors stated that they performed such rituals on the advice of their families, believing that doing so would not harm them or their babies but could be beneficial. The distinctive character of these rituals is that they are ritual responses and adaptations

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to the perceived hazards and uncertainties posed by the transition to motherhood. The new approach used in this study first identifies contemporary pregnancy risk rituals. Then, it shows that some of these have been adapted from traditional avoidance rituals to modern times. Finally, it identified those rites of passage and practices that may compel women to adopt self-limiting routines or accept taboos.

Keywords: *risk rituals, rites of passage, risk, avoidance, uncertainty, pregnancy, motherhood*

Öz

Bu araştırmada, anneliğin kültürel olarak özel bir yerde nasıl ve neden konumlandırıldığına dair yeni bir yaklaşım kullanılmaktadır. Türkiye'nin başkenti Ankara'da otuz hekim anneyle gerçekleştirilen derinlemesine mülakatlar, sağlıklarına ve sosyal refahlarına yönelik risklerin farkındalığının hekimlerin hamilelik deneyimlerini şekillendirdiğini, kaygılarını hafifletmek, kendilerini ve bebeklerini düşük, sakatlık ve doğum komplikasyonlarından korunmak için çeşitli ritüeller gerçekleştirmeye sevk ettiğini göstermektedir. Hekim anneler, ailelerinin tavsiyesi üzerine bu ritüelleri kendilerine ve bebeklerine zarar vermeyeceğine, faydalı olacağına inanarak uyguladıklarını ifade etmişlerdir. Bu ritüellerin ayırt edici özelliği, kadınların anneliğe geçiş döneminde algıladıkları tehlikeler ve belirsizlikler karşısında ayinsel tepkiler ve uyarlamalar olmalarıdır. Bu çalışmanın özgün yaklaşımı öncelikle risk ritüellerini tanımlar. Ardından bu ritüellerin bir bölümünün geleneksel kaçınma ritüellerinden modern zamanlara uyarlandığını göstermektedir. Son olarak, kadınları kendilerini sınırlayan rutinleri benimsemeye veya tabuları izlemeye zorlayabilen geçiş dönemi ritüel ve uygulamaları tespit edilmiştir.

Anahtar sözcükler: *risk ritüelleri, geçiş dönemi ritüelleri, risk, kaçınma, belirsizlik, gebelik, annelik*

Introduction

Preparation for motherhood is culturally marked as a responsibility that forces pregnant women to do what is best for their health and their babies. Typically, this requires expectant mothers to demonstrate various behaviors through ritualized activities that signal compliance with social norms. In doing so, they hope to reinforce collective bonds and better cope with risk and uncertainty. As Van Gennep pointed out, pregnancy rites come from the idea that pregnant women are physiologically and socially in an abnormal condition and should be treated as if they should be ill or strangers. Magical elements of these rites target to facilitate the delivery and protect the mother and her infant against evil forces (1969, p. 41). Gennep's interpretation reveals the collective structure and function of pregnancy rituals- as part of rites of passage- which society supports and designs in the first place.

The term *risk ritual* is developed from the anthropological understanding of avoidance rituals proposed by Malinowski's formulation regarding Trobriand fisherman (1948). Avoidance rituals are performed to ease collective anxiety, fear, and pain posed mostly by situational

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threats. Schechner suggests that ritual keeps people from overthinking, increasing anxiety and making them vulnerable. Individual and collective concerns are relieved by performances whose qualities of repetition, rhythmicity, exaggeration, condensation, and simplification stimulate the brain into releasing opium-like endorphins directly into the bloodstream (1987, p. 12). Avoidance rituals particularly mark what must not be done; risk rituals, on the other hand, specify what should be done to avoid the possible hazards posed by visible or/and sensible risks. Another difference between the two is the level of participation. Risk rituals encourage individuals to take responsibility to do their best to protect their well-being.

Risk rituals were introduced in the millennium, referring to routinized risk-avoidance behavioral strategies to manage uncertainty at the individual's level (Crawford, 2004, Moore and Burgess, 2010). Risk and danger are related to work, situations, circumstances, and our environment. We tend to perform risk rituals since we know nature has absolute power over us. Although we can predict nature's surprises to a certain extent, we cannot control them completely. That is why we cannot rely on rational means of technology and scientific knowledge and ignore the possibilities owned by luck and nature, most visible in female doctors' ritual activities during their pregnancies. This paper shows that risk rituals increased and gendered at specific points in the life course to serve socio-cultural functions, including the social appearance of taking responsibility, precaution, and demanding supernatural help to protect both self and fetus.

Research methodology

Reading Moore's research, I reflected on my experiences following my gynecologist's advice and those of the experienced mothers around me. Despite their help and expertise, I remember being very anxious about being able to give birth to a healthy baby, which made me wonder how female physicians with extensive knowledge cope with their pregnancies. To answer this question, I interviewed female doctors (n=30), each of whom had undertaken five to six more years following graduation to specialize in particular medical fields (Table 1) between May 16, 2022, and July 18, 2022. I chose my informants from different areas of medical practice to understand whether their specialty influenced their risk perceptions regarding the possibility of specific health problems experienced during or after pregnancy.

Before I conducted my interviews, I reviewed master's and doctoral theses -written mainly in the field of folklore, anthropology, and sociology-archived in the thesis center of the Council of Higher Education (CHETC, 2022) to compile the traditional avoidance rituals and pregnancy-related taboos which are operative in the millennium. Since the archive is digitally open access to all users, the terms "rites of passage," "pregnancy," and "pregnancy rites" were used to capture the theses that contain local and ethnic avoidance rituals regarding the transition into motherhood. The search returned 210 theses. As these generally focused on transitional periods, some skipped the traditions practiced during pregnancy and focused directly on the birth transition rituals. Hence, the process of data cleansing was required to eliminate irrelevant items. The abstract and table of contents sections were read individually to ensure they contained information about traditional rites to avoid pregnancy-related risks.

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After the elimination, I was left with 54 theses. The final total of the samples was classified according to the regions and subcultures they represented. Reviewing these, I identified the most common avoidance rituals and taboos prevalent within Turkey's borders. Those recognized were rites of pregnancy and childbirth, which are performed to secure the baby's health, beauty, and prospective personality (Table 3). I facilitated these data to develop a set of questions for semi-structured, in-depth interviews. Therefore, I could pursue in-depth information about risk rituals by asking follow-up questions to gain insight and understanding of whether female doctors are aware of or perform avoidance rituals. I wanted to know if they obeyed taboos to protect themselves and their babies' health against pregnancy-related risks.

This research is anchored on qualitative material collected from interviews with female medical specialists in Ankara, located in Central Anatolia (n=30). At the beginning of the data collection process, I interviewed a gynecologist friend who had given birth to two children in the last five years. With her help, I used a respondent-driven (network) sampling strategy to recruit the other informants. Each participant was asked to help find other female doctors who specialized in specific fields of medical practice (Table 1). I interviewed informants with more than one child to understand the impact of experience on risk perception and ritual activity (Table 3). Since my research did not contain elements that might threaten the social well-being of my informants, such as sexuality, crime, or politics, I did not anonymize their real names obtaining their verbal and written consents. I decoded the audio recordings, the length of which varied between twenty-eight and thirty-seven minutes. I interviewed my informants in their native language, Turkish, and then meticulously translated them into English.

Before conducting interviews, ethics Committee Approval for the research was obtained from Bartın University Social and Humanities Research Ethics Board.

Table 1. The medical specialty of informants

Internal Diseases and Endocrine	3
Neurology	2
General surgery	2
Physical medicine and Rehabilitation	2
Forensic Medicine	2
Obstetrics and Gynecology	3
Radiology	2
Anaesthesiology	2
Pulmonology	1
Dermatology	2
Embryology	2
Emergency medicine	3
Cardiology	2
Psychiatry	2

Table 2. Ages of informants

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Age brackets	Number of individuals
25-30	2
31-35	13
36-40	12
41-45	3

Table 3. Traditional avoidance rites and pregnancy and birth-related risks

Risk	Ritual[s]
Dying in childbirth	Unpadlocking[1]
	Breaking bread[2]
	Having women drink holy water[3]
	Citing, reading, or listening to Surah Maryam[4]
Miscarriage	Padlocking[5]
Premature birth	Padlocking
	Avoiding sour food[6]
Nevus Flammeus	Avoiding red or black fruits[7]
	Not eating liver [8]
Cleft lip and cleft palate	Not eating rabbit meat [9]
Facial ugliness	Not looking directly at certain animals[10]
	To consume any food craved[11]
	Not letting menstruant see newly born babies[12]
Dying in childbirth	Having certain things in the delivery room[13]
	Making disturbing noises[14]
	Unlocking doors and braiding hair[15]
Infant death and Postpartum depression	Ritual Purification on the 40th day after birth (tr. kırklama)[16]
	Keeping the lights on 24/7 and placing ironware under the pillow[17]

From ritual avoidance to risk rituals: "New wine in old bottles"

Ritual avoidance has been part of our life for a long time, posed by persistent uncertainty. Sub-cultures such as bands, sports teams, occupational groups, and communities in dangerous environments tend to practice avoidance rituals to ward off danger. Numerous scholars have documented the extent of these rituals to secure the performers' complete protection and expected yield regarding their activity. Risk is prior knowledge about possible failures or hazards that might adversely influence our social, economic, physical, and mental well-

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being. In the anthropological sense, avoidance rituals are practiced to reverse the negative possibilities that originated from uncontrollable agents such as luck, destiny, and nature. Avoidance rituals are nurtured by man's desire to control nature, which has absolute power over him. Malinowski's observations about Trobriand fishermen show how practices alleviate anxiety and give performers self-confidence in perceived risks regarding their safety and yield (1948, p. 14). Frazer's account of magical control over rain, sun, and wind, on the other hand, shows the need to earn their livelihood in the arms of nature and encourages people to research means to deal with the secret ways of nature. He noted that avoidance rituals are performed to mitigate man's struggle with nature and prolong their life (1951, p. 71).

Radcliff-Brown (1965), on the other hand, recorded that the idea of ill luck, misfortune, and uncertainties nurtures ritual avoidance. While describing food avoidance practiced by parents after childbirth for a few weeks, he noted anxiety would also stem from the physiological effect of the rite. It might be a feeling of insecurity and uncertainty stemming from the feeling that something will happen to us, someone, or something untoward if the ritual is not performed as it should be. In his terms, *primary anxiety* occurs when a person desires specific outcomes and lacks the analytical techniques that can only be eased by primary ritual. However, as a member of society, this man has already been accustomed to socially approved forms of ritual transferred and suggested throughout the generations. And again, secondary anxiety is triggered by the ritual performance itself if the individual performs it in the advised way properly. Even though he focused on the ritual avoidance followed in primitive societies, he was also aware that we tend to form our traditions by adapting, inventing, or re-inventing.

Extending Durkheim's approach, Goffman infers that our many diminutive social actions bear traces of religions. He described avoidance rituals as deference coded with prescriptions, interdictions, and taboos that imply acts the actors must refrain from doing (1956). As Schechner (1987) put forward, rituals provide ready-made answers to what thinking works through. Hence, we can say that avoidance rituals are socially approved prescriptions used for socially foreseen risks. It may be better for us to recall Benedict's account of the ritual. She defined rituals as prescribed and elaborated behaviors that both occur as a spontaneous invention of the individual (1935, p. 397).

On the other hand, risk rituals are individualistic remedies that have prophylactic effects on individuals' circumstantial anxieties posed by perceived danger. They may be adjusted from traditional forms of familiar avoidance rituals, borrowed in the acculturation process, or self-invented for doing our best. This forces us to facilitate Hobsbawm's theorization of the process of invention of tradition. Humans, especially modern ones, tend to invent their ways during socialization. To do so, we mostly formalize and ritualize specific unique, and different activities to be a part of our daily lives. In his words, inventing traditions is essentially characterized by reference to the past, if only by imposing repetition (2009, p. 4).

While looking for ways to protect ourselves from the visible and invisible, we primarily utilize the familiar paths, which might also require updating. Therefore, in the juncture of

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perceived danger embarked by risk, we can do our bit to secure our well-being. As Turner interpreted it, a rite reconciles the visible and invisible parties concerned. Risk rituals are individuals' attempts to make peace between the rational and irrational world around us. Hence, we can say: I did what I should do. As Dr. Nilüfer stated, she prayed while she was taking her vitamin supplements to support her and her baby during the first two months of her pregnancy:

> I knew omega pills were essential for my baby, so I took them as prescribed. But before I swallowed my omegas, I took a deep breath and asked God to nurture my baby. No matter how organic you eat, stay away from radiation, rest, and take your meds, many factors I cannot control would affect my baby during my pregnancy. That is why I could not rely on formal knowledge during my pregnancy. (Dr. Nilüfer, personal communication, May 16, 2022)

Risk rituals, as a concept, are defined as behavioral adaptations to anticipated risks or uncertainties embedded in our daily life (Moore and Burgess, 2011; Crawford, 2004, p. 515). They might be envisioned in different forms, such as self-checking mammography, mask-wearing, wearing red underwear on particular days, wearing an evil eye beating neckless, breaking a mirror, doing totem, etc. Individuals may invent risk rituals after coincidental or experimental trials, positively influencing them. On the other hand, these rituals might be imitated by testifying to others' experiences that ritual intervention had a positive impact.

Prior researchers show that the time, place, occupation and fears, and expectation of a certain amount of outcome affect the perception of risk (Abt, Smith, and McGurrin, 1995; Bhandari, Okada, and Knottnerus, 2011; Hecht, 1997; Burgess, Donovan, and Moore, 2001; Moore, 2020; Coleman, 2009; Katz, 1991; Poggie, 1980; Tomlinson, 2004). We perform risk rituals to restore a plausible coherence consistent with the claimed efficacy of prevailing practices (Crawford, 2004, p. 515). The central feature of risk rituals is that the function of the practice as a preventive measure is secondary to the form of ritual (Moore and Burgess, 2011, p. 114). The common characteristic of risk rituals with avoidance rituals is that both are performed in situations that are seen as beyond control and are not neurotic. These performances show our uncertainties about our world and often surface when facing complex problems that can exceed our power and abilities. As Douglas (1992) suggests, particular dangers are promoted to the position of risk by society since they embody social norms. These may produce risk rituals to ease one's perception of risk. Focusing on the moral obligation framed with blame and shame, individuals are forced to do their best to avoid being blamed by society.

Risk rituals, most distinctly, are self-oriented and self-protective and force individuals to commit to taking care of themselves and to take all measures to secure /her well-being. As Beck and Beck-Gernsheim put forward, risk rituals -as self-protective rituals- are born of individualization and, in turn, create and re-create that same social process (2001, p. 121). As a result of this process, individuals are forced to be responsible for their well-being as wholesome. Even though risk control does not fully promise that threats will be exterminated, greater receptivity toward anxiety reinforce us to do our things while we can.

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This is important because the concept of "while we can" comes from the awareness of the future risks that may arise if present threats are not being appropriately handled.

As Douglas (1990) and Douglas and Wildavsky (1983) observed, the concept of danger has changed in the sense of its' collectiveness. "Because the risk plays the role equivalent to taboo or sin, but the slope is tilted in the reverse direction, away from protecting the community and in favor of protecting the individual" (Douglas, 1990, p. 7). In an anthropological sense, classical rituals are a category of standardized behavior in which the relationship between the means and the ends is not intrinsic (Goody, 2010, p. 36). Risk rituals, on the other hand, are more infinite and open-ended. They seem more like individualistic routines than rituals in structure—the tendency to perform risk rituals increases when protecting life or limb. Since man's cognitive image of his capacity to preserve his mortal self through rational technology can never reach the degree of confidence that he can control his environment (Poggie, Pollnac, and Gersury, 1976, p. 67).

Risk rituals during pregnancy aim to protect both mother's and baby's health as wholesome. Looking closely at the practices, one can see that these rituals are performed to secure a happy ending that both mother and baby come through before, during, and after birth. The requirement of these rites is emphasized in Turkish-Anatolian folklore as well. The Turkish word "gebe*"* (eng. Pregnant) comes from the verb "to die," and this same verb describes the swelling of the body of the deceased. The belief that pregnant women live very close to death is common in Turkish-Anatolian folklore, which is traceable through proverbs, idioms, and traditional avoidance rituals. "The grave of the puerperal remains open for forty days" is the most common proverbial warning that a pregnant lady will hear from her elders, friends, and strangers. This socio-cultural attitude places the pregnant woman as the only person responsible for the health of her baby and herself. Another word for pregnant women is "iki canlı," which means a woman with two lives. These words are culturally loaded with the social responsibility of the community around the pregnant such as giving them a seat, helping to carry their grocery bags, or not making them wait in line. While society takes charge of responsibilities in the public sphere, the pregnant woman is held responsible for the baby's health, who will eventually be a community member.

Risk rituals in pregnancy: "When knowing too much causes anxiety"

Modern medicine puts its' subjects responsible for their health. Health consciousness and constant exposure to information direct us to be cautious about health risks. As Crawford (2004, p. 507) emphasizes, knowledge of medicine and awareness of improvements in early diagnosis of diseases increased our sensitivity to symptoms accompanying intolerance of uncertainty and danger. In this context, screening the symptoms became a rite of passage in which the individual either celebrates his health or meets a new life with the disease. This very awareness of health poses uncertainty more than ever. In the case of doctor mothers, the awareness they gained via their occupations makes them vulnerable to the smallest details regarding risks that threaten them and their babies. Furthermore, their occupational

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experiences and knowledge put them in a place where society does not tolerate any shortcomings because they do not have the privilege to say I did not know what was right for my and my baby's health.

Birth is the first transition representing a human being's emergence from the mother's womb to the world. During this transition period, while the baby is born with a human body, it also transfers its mother to motherhood status, and society gains a new member. The social expectation of this new member to be healthy turns the birth transitional period into society's focus. Another theory about why birth is culturally marked is related to social solidarity. "Child increases the number of family, relatives, and s/he represents the continuity of the lineage. In small communities and ethnic groups, particularly, families acquire a strong and durable place in proportion to their population." (Örnek, 2000, p. 131). The newborn affects so many lives. Prospect parents start adjusting for the coming child; family members prepare for their new roles in the newborn's life, hoping it will come healthy into the world.

Like other transitional passages, birth represents the pre-status; during the pregnancy, social order goes temporally into a state of liminality (Turner, 1969). This state is not lifted until shortly after birth since the baby is expected to survive in its new earthly environment. Van Gennep suggests that it is because of the incompatibility between the profane and the sacred worlds that man cannot pass from one to another without going through an intermediate stage (1969, p. 1).

The obsession developed by society toward "what is normal" places the birth of an individual as the focus of the community as much as the mother herself. This very expectation- at least within the limits of this research- shows that the community keeps an eye on the expectant mother during the pregnancy and for the specific period following birth. All my informants reported being criticized, advised, or scolded about their behaviors, alimentation, and lifestyles until they proved self-sufficient and good mothers. Our results show that the most common complaint about the mothers was to continue working during and after pregnancy. Most respondents (n=23) claimed that their husbands, relatives, friends, and neighbors urged them to take unpaid time off after their period of paid maternity leave had finished[18]. A respondent who has a child with ASD reported that her family held her responsible for her child's condition since she had undertaken to study for her dissertation while she was postpartum.

Since pregnancy and birth, as concepts and processes, have been influenced by sociological, technological, and medical changes, traditional religious rites of passage have declined among intellectuals. Since female doctors are -mainly and highly- aware of the prenatal risk factors, their anxiety during pregnancy is based on statistical data. During thirty interviews, all informants explained their concerns by referencing quantitative facts. Most of them (n=21) used the word *fetus* while talking about their unborn babies and medical terminology to express the source of their justified concerns. Most of the time, I had to ask them to explain their feelings in plain language. Some of the doctors (n=15) gave birth to their first babies between the ages of 25-35, and some of the remaining (n=12) became

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mothers between the ages of 35-40. Others (n=3) experienced motherhood for the first time when they were 40-45. Informants (n=21) declared that the most frightening risks avoided were dying in childbirth and losing their baby during or shortly after birth. During my interviews, physicians (n=21) explained the reasons for not giving birth naturally by referring to the births they attended while they were medical students. Three of these participants were obstetricians who could not go through normal delivery even though they strongly advised their patients to do so. One of them, Dr. Ayşe, described her feelings about normal delivery with the following words: "Although I advise my patients to deliver naturally, I could not dare to do it myself. Witnessing many deliveries, labor pains, and screams, I was not able to find the strength to climb onto the table". A few participants declared that they wrote letters or recorded their will regarding the child's care in case of their death during or after delivery. In Dr. Yasemin's words, the recording was risk management for her daughter's future emotional health. Hence, she would know her mother loved her and had plans for her.

Most of the participants in this study began to use risk rituals in preparation for pregnancy. Many (n= 21) said they nurtured their bodies with multivitamins with a combination of omegas and folic acid designed for pregnancy preparation at least three months before conception to have a baby with a healthy brain and strong bones. Female doctors (n=11) also cut smoking and drinking alcohol during this period. Other informants declared that they were not consumers of alcohol or tobacco. Furthermore, some (n=17) followed a strict diet that was either high in magnesium and calcium or potassium to ensure the sex of the baby. Several informants (n=8) stated that they did not diet to secure the first baby's sex but did so for the following babies. Dr. Aylin explained her diet experience: "My first baby was a boy. You want a daughter for a second baby if you have a son. So, I consumed fiber, food, protein, and organic fats to conceive my daughter" (Personal communication, June 24, 2022).

In Turkish-Anatolian folklore, mothers are expected not to prepare a nursery room before the delivery. This expectation is expressed in the saying: "Do not sew a dress for the unborn baby." That is why I intentionally asked female doctors if they had a nursery before delivery. Most of my informants (n=28) stated they intended to do so after the 32nd week of their pregnancy due to being sure that even if their baby was born earlier than expected, they could live. The most remarkable risk ritual performed by female physicians was taking NIFTY/ NIPT to manage prenatal risks. All informants (n=30) stated that they took it at least once to estimate the risk to which their baby was exposed. Some took the same test twice or more to ensure their baby did not have prenatal defection. As results were returned in 10 to 15 days, some informants (n=11) said that the waiting period was the most extended period of their lives and that they had never prayed so much. Those who are Christians (n=2) also mentioned they went to church to either pray or to offer a candle to Saints while waiting for results. Although Dr. Leyla was not practicing religion, her mother forced her to offer a candle to Saint Gabriel, so her unborn baby would be protected until and after birth. Even though she decided that offering a candle factually could not help her baby, there was no harm to the baby by doing so, either.

Most informants (n=24) stated they were friendly and avoided possible verbal conflict

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during their pregnancies. Since common knowledge of folklore threatens its subjects about being maledicted, pregnant women are socially expected to be cautious in their social contacts[19]. Additionally, female doctors, including obstetricians, experienced their pregnancy under the advice of multiple obstetricians. An obstetrician informant married to an obstetrician stated she could not solely trust her and her husband's judgment since their child's health was at stake, so she consulted her superior colleagues to manage risks. Dr. Emine, another obstetrician informant, put her experiences into words:

> During my pregnancies, I was not able to trust my judgment because I got upset with minutial irrational details. I conducted weekly ultrasonographic examinations of myself. I was not able to convince myself that everything would be fine. Since my family has diabetes, I focused on her spinal development and heart. Even though my colleagues assured me she would be ok, I could not stop worrying. (Dr. Emine, personal communication, June 22, 2022)

I shall mention that each female doctor was highly aware of prenatal risks related to their specialty. Even though Dr. Aysel, a physiatrist, was mindful of general prenatal risks during her pregnancy, she was primarily concerned about myoneural and osteopathic risks that she is specialized in.

> I have witnessed many children suffer from congenital diseases such as disescoliosis, congenital hip dislocation, and muscular dystrophy. Patients who seek our help range from babies to the elderly. I have to console parents who suffer with their children accompanying them. I was a human being with a baby inside her. Of course, I was considering not being in the same situation as these mothers. Therefore, I can surely say that there is no other time in my life I paid attention to my health and diet as much as during my pregnancy. (Dr. Aysel, personal communication, June 27, 2022)

Neurologist Dr. Özlem, on the other hand, suffered most from the anxiety caused by awareness of the risk of neural tube defects. She was highly concerned due to exposure to patients with spina bifida, Chiari malformation, ASD, and Down syndrome. She said she would not dare to go through her pregnancy while working. She had to take paid sick leave for nine months since she experienced a risk of miscarriage during her first trimester. She took NIFTY/NIPT three times to manage risks related to insemination.

Apart from NIFTY/NIPT, female doctors shared a common risk ritual: Walking. All informants said they walked thrice weekly to regulate blood circulation and weight control. Several informants(n=14) stated that walking was not their routine before pregnancy, but they facilitated walking as soon as they learned they were pregnant. Some of the others (n=14) were already walking daily, but they did continue to do so for the sake of their babies. Dr. Fatma, a doctor of internal medicine and endocrine, was mainly concerned about the results of gestational diabetes and miscarriage. She continued walking during her pregnancy to do her best for her baby:

> I was already walking every day. But after knowing I had conceived, my walking routine turned into a ritual by which I connected to my baby. I did walk to control my weight before pregnancy after learning that everything I did was for my son. Walking

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> helped ease my anxiety and avoid the stress I was exposed to in the clinic all day alone. Giving birth, I kept walking to increase my breast milk for him, too. (Dr. Fatma, personal communication, June 25, 2022)

Relaxation is another challenge that expecting women face. Sources of stress can be work, children, errands, or family matters. As all informants were chosen from doctors working at state hospitals, they see an average of 50-120 patients, depending on the size of the hospital. State hospitals have been notoriously associated with workplace violence, and doctors in Turkey have been resisting it for a long time (Bıçkıcı, 2013; Yıldız, 2019; Er, Ayoğlu, and Açıkgöz, 2021). A survey conducted among health workers in state hospitals revealed that 76.6 % of participants (n=8001) were subjected to physical violence by patients' relatives (Yıldırm, 2021). Under these working conditions, pregnant female physicians are faced with the threat of verbal, mental, or physical violence during their working days. The possibility of being exposed to violence at any time at work when they are pregnant is among the most mentioned risks threatening themselves and their babies. I asked my informants if they had developed any strategies to deal with this uncertainty. Some of my informants (n=8) stated they performed prayer before leaving their homes, so they could return home without being harmed. Several respondents (n=11) said they started leaving the front of their white coats open to show they were pregnant. So, they might indicate that they are women with two lives. Dr. Nilüfer passed her thoughts with these words: "During my second pregnancy, violence at the hospital against doctors escalated to life-threatening levels. I could not take risks, leaving my coat open to show my belly. I know they are human beings, so I wanted to remind attackers that they have mothers, sisters, and daughters who could be me. Many of my friends did the same with shared intention" (Dr. Nilüfer, personal communication, May 16, 2022). A few informants (n=5) left their clinic doors open so that any possible attacker could be stopped by other patients waiting in the hall. All sorts of methods designed to avoid violence are individualistic attempts to remind society of social norms that declare the community should protect pregnant members of society. Those violated when pregnant are those for whom society has failed to protect them. Since hospitals are publicly open areas, if something happens to the pregnant or baby because of violence, society is the perpetrator of the crime as much as the aggressor.

Another common risk ritual among female doctors is forty baths (tr. kırklama). Most respondents (n=28) performed forty baths for themselves and their babies. Even though forty baths, in the traditional anthropological sense, is an avoidance ritual, female doctors facilitate ritual as a risk ritual. Since avoidance ritual comes from the mind of must do, my interviews show that doctors perform this ritual in the sense of should do. They did not perform it because it was necessary but harmless. So, they could say we did what we were told to do. Forty bath is an elaborate ritual purification that transfers the spiritual impureness of mother and baby to total cleanness for merging them with the world. After the ritual, the mother and baby are welcomed into the community, as they come out from their sacred state into the profane. We may say that ritual purification incorporates the womb into the world. As I mentioned earlier, the mother and baby stay in a liminal state before they can endure ritual purification. Then

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the fetus, connected to the womb, becomes a part of the world and a community member. We are familiar with pregnancy and birth-related ritual avoidance performed in other parts of the world. Whether sacred or secular, avoidance or risk rituals, all are committed to facilitating delivery and protecting mother and child. Van Gennep noted that mothers' transitional period continues beyond the moment of delivery, and its duration varies among people (1969, p. 43). In the case of female doctors' risk rituals, all practices are done for the same reasons but for doing their best, even if they do not make sense in the modern world. Having studied medicine for twelve years, on average, the women who participated in this study were aware of factual and statistical prenatal risks. Even though the risks may seem reasonable, female doctors also know that other irrational factors, such as luck, affect pregnancy outcomes.

Conclusion

This study sought to reveal how female doctors deal with stress, anxiety, and uncertainty caused by high awareness of prenatal risks. To do so, first, I identified the ritual avoidance practices that continue to be practiced in modern times that are recorded in BA, MA, and Ph.D. theses archived in CHETC. Avoidance rituals performed today were classified in terms of risks and expected outcomes of rituals (Table 3). Secondly, I interviewed female doctors with at least two children. I want to know how women with such in-depth knowledge of medicine handle stress, uncertainty, and anxiety stemming from prenatal risks. How did studying medicine for twelve years, practicing it in the area, and being exposed to real-life experiences of patients affect their pregnancy and awareness of prenatal risks? I concluded that their pregnancy-related stories differed from mine, which was more peaceful. As they were aware of many positive and negative possibilities, they could experience during their pregnancy rooted in modern experimental medicine; their knowledge became a source of anxiety. Most informants (n=16) repeatedly told me they were unlucky women and would prefer to know less during pregnancy.

Furthermore, some (n=5) complained that their husbands, mothers, and mothers-in-law accused them of being wiseacre since they refused to follow traditional health methods. My findings have revealed that female doctors perform rituals to get along with families, particularly with their mothers and other female relatives. On the other hand, risk rituals are performed as they are common among peers and colleagues and have proven not harmful to the baby or mother. I assume this may help me to call the ritual purification of baby and mother performed on the fortieth day of birth a risk ritual since female doctors only perform it to get along with their families and ensure it will not harm either themselves or their babies. I believe there is another explanation for why physicians perform risk rituals. Since society holds mothers responsible for their baby's health, they are forced to do their best during and after pregnancy. This is because society glorifies what is normal. In the case of female physicians, women do not have the right to say I did not know what was best for my baby's health. Because of their medical knowledge and field experience, society has taken the right to say "I do not know" from the hands of female physicians. It is reasonable to suggest

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that pregnant doctors are most likely to engage in risk rituals that mark their transition into motherhood. Being responsible for two lives, one is dependent on mothers; female doctors take responsibility to ease and mitigate threats to their and their baby's well-being. Even though risk rituals differ from avoidance rituals in structure and function, I believe risk rituals are modern and peer-oriented, individualistic forms of avoidance rituals.

Endnotes

1 Midwife and relatives of the mother unlock padlocks and locks, so the birth canal can easily open, and women can give birth in a shorter time (See: Ayyıldız, 2003, p. 7; Acıpayamlı, 1961, p. 208).

2 This ritual is performed during labor. The midwife breaks a loaf above the pregnant. Then she feeds female dogs. This ritual has magical elements. We may call this a contingency rite as it connects the expectant mother to other female species. I believe that ritual aims to transfer the dog's ability to give birth easily and multiple times to the woman in labor. Another study mentioned that women feed birds to make labor easier (See: Deveci, 2021, p. 224; Örnek, 2000, p. 140; 1966, p. 61).

3 The herb bennet is soaked a week before the expected time for delivery. The midwife cites Maryam Surah over the mixture. Then, three sips of it are given to the pregnant woman every day until birth (See: Acıpayamlı, 1961, p. 208; Örnek, 2000, p. 140; 1966, p. 62)

4 Mothers cite, read, or listen to Surah Maryam to praise Mother Mary. So, they can easily give birth. Surah Fatiha is written on a pot, then soaked into rainwater, zam-zam water, or pure water. The pregnant in labor drinks it in order to give birth easily (See: Acıpayamlı, 1961, p. 208; Örnek, 1966, p. 62).

5 The padlocking ritual is performed mainly for pregnant women with a history of abortion. A traditional healer (tr. ocaklı) places a padlock on the expected a woman's belly to secure a fetus's life as soon as her periods end. The foetus is believed to be protected and to grow sufficiently to go through birth. Prior studies also recorded that midwife unbraids of the pregnant in order to ease the labor (See: Ayyıldız, 2003, p. 6; Örnek, 2000, p. 140; 1966, p. 61).

6 According to ritual, expectant mothers should stay away from sour food such as olive, pickle, pomegranate as they are believed to trigger an early labor (See: Işıldar 1991, p. 39; Elmacı, 2002, p. 336).

7 Folk medicine suggests that expectant mothers should avoid red, pink, and black vegetables and fruits. It is believed that if she touches her face after eating these food, the baby will have nevus flammeus (Şişman, 2002, p. 39).

8 Pregnant women are supposed to cut liver from their diets. A woman who ignores this may have a baby with a liver-shaped birthmark (See: Şişman, 2002, p. 39)

9 Expectant mothers are encouraged to avoid eating rabbit during their pregnancy (Altun, 2004, p. 88; Yılmaz, 2020, p. 30; Ergöz, 2019, p. 111)

10 Pregnant women are supposed to look at beautiful faces since the baby will look like whoever the pregnant woman looks at a lot. Avoidance ritual keeps pregnant away from looking at snakes, dogs, cats etc. (Acıpayamlı, 1961, p. 208; Işıldar, 1991, p. 19;

11 Pregnant women must consume any food that they craved. If she does not or cannot her baby might be cockeyed, wrynecked, or flap-eared (Örnek, 2000, p. 134).

12 Baby is kept in a close relative circulation in which only first-degree blood relatives can see the baby's face making sure that all people around the baby are in a state of ritual purification (See: Topaçlı, 2003, p. 20; Örnek, 2000, p. 145).

13 Anatolian folklore marks that women in labor are very close to death during the stages of labor and shortly after delivery. The midwife must provide certain things, such as a broom, onion, garlic, or kirtle, in the delivery room to deter a spirit named red woman (tr. Alkarısı) who is believed to seek the mothers' and baby's souls. Since she cannot enter the room, the mother and baby are believed to be safe during the delivery (See: Akfırat, 1998, p. 20; Topaçlı, 2003, p. 27; Örnek, 2000, p. 145)

14 This ritual is performed if dystocia happens. The midwife asks her helpers or relatives of the mother to make noise around the delivery room. People around the delivery room start to beat drums, pots, pans, or canisters. Doing so, they battle to drive the red woman off (See: Koşay, 1935, p. 100)

15 After labor starts the midwife asks her helpers to unlock doors, unbutton buttons, unbraid hair, and untangle

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knots. The midwife ensures that the birth canal will not be disturbed by bad energies coming from locked and tangled surroundings (See: Ayyıldız, 2003, p. 7; Artun, 1998; Deveci, 2021, p. 224).

16 As I mentioned in the text, mother and baby are under the threat of death after birth. This is expressed by saying, "The grave of the puerperal remains open for forty days." The perception of danger is eased with ritual purification named forty bath (tr. Kırklama) on the baby's fortieth day. Grandmothers perform forty baths. They put salt and gold in the baby's bath to make sure that baby will smell nice and be good-looking in the future. Grandmothers spill water with a pitcher over the baby forty times. Then the puerperal comes inside the bath, her mother or her mother-in-law gives her forty baths too. After the ritual is completed, the mother and baby are ready to merge with the World. Mother and baby go for a preordained visit to someone whose family is wealthy, healthy, and peaceful. This second ritual is complemental to the first since the baby will share the good fortune of the visited family. The host sprinkles the baby's face with flour to ensure that it will have a bright destiny. Some records show that the host gives the baby an egg to ensure that s/he will be rich in the future and live a long life (See: Koşay, 1935, p. 101; Gennep, 1969, p. 46; Topaçlı, 2003, p. 27; Örnek, 1966, p. 60; 2000, p. 146).

17 In Anatolian folklore, there are several causes of postpartum depression. The first of these is the red woman (alkarısı). The lights are kept on 24/7 to protect the puerperal from her. Several studies mentioned that items made of iron, such as knives, and forks, are placed under the pillow of the puerperal. Since the red woman is scared of blacksmiths, she cannot stay close to ironware. The second is the evil eye. Puerperants and babies are kept away from strangers for forty days. A few studies cited that the mother's close relatives must pour lead to repel the evil eye once in two days until ritual purification is stabled. Others mentioned that lead should be poured near puerperants on the fortieth day of birth. The third reason for postpartum depression is peer encounter (tr. Kırk basması), which happens when two puerperants see each other before ritual purification. One's energy preponderates over the other's and upset puerperants physical and mental health starts to deteriorate daily (Abdülaziz Bey, 1995, p. 15; Deveci, 2021, p. 239; Işıldar, 1991, p. 19; Çiçekoğlu, 2009, p. 33; Ayyıldız, 2003, p. 8; Akfırat, 1998, p. 20; Topaçlı, 2003, p. 20).

18 Legal regulation allows mothers to take a total of 16 weeks of paid maternity leave before and after birth in Turkey. Women may take paid leave after the 32nd week of their pregnancy and must not work after 37 weeks of pregnancy. In multiple pregnancies, two more weeks are added to this paid leave to be used before or after delivery, depending on the woman's choice. If a female worker gives birth prematurely between the 32nd and 37th week, paid leave is added to the postpartum periods. After the paid maternity leave period is completed, the mother may take an additional six months of unpaid maternity leave as well (see: Mevzuat, 2022).

19 Folklore advices the pregnant women to stay away from deviant behaviors as well. For example S. V. Örnek records show that visible birthmarks are associated with food the expectant ate without permission from their owner (2000, p. 139).

Ethics committee approval

Bu araştırma Bartın Üniversitesi Sosyal ve Beşeri Bilimler Araştırmaları Etik Kurulu tarafından 2022-SBB-0181 kayıt numarası ile U77EP4F doğrulama kodu ile onaylanmıştır.

This research was approved by Bartın University Social and Humanities Research Ethics Board under the register number *2022-SBB-0181* with the verification code *U77EP4F*.

Declaration of Conflicting interests

The author declared no potential conflicts of interest.

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References

Abdülaziz Bey (1995). *Osmanlı âdet, merasim ve tabirleri* (K. Arısan ve D. Arısan Günay, Eds.) Tarih Vakfı Yurt.

Abt, V., J. Smith, and M.C. McGurrin (1995). Ritual, risk, and reward: A role analysis of race track and casino encounters. *Journal of Gambling Behaviour*, 1(1), 64–81.

Acıpayamlı, O. (1961). *Türkiye'de doğumla ilgili âdet ve inanmaların etnolojik etüdü*. Türk Tarih Kurumu.

Akfırat, H. İ. (1998). *Nizip'te yapılan törenler* [Unpublished BA thesis] Hacettepe University.

Altun, I. (2004). *Kandıra Türkmenlerinde doğum, evlenme ve ölüm.*Yayıncı.

Ayyıldız, D. (2003). *Sivas'ta geçiş dönemlerinde adet, gelenek, görenek ve inanmalar* [Unpublished BA thesis] Hacettepe University.

Beck, U. and E. Beck-Gernsheim (2001). *Individualization: Institutionalized individualism and its social and personal consequences*. Sage.

Benedict, R. (1935). Ritual. In E.R.A. Seligman and A. Johnson (Eds.), *Encyclopedia of the social sciences* (V.13, pp. 396–397). Macmillan.

Bhandari, R.B., N. Okada, and J.K. Knottnerus (2011). Urban ritual events and coping with disaster risk: A case study of Lalitpur, Nepal. *Journal of Applied Science*, 5(2), 13-32.

Bıçkıcı, F. (2013). Violence against health care workers and factors that cause violence an example of a public hospital. *Sağlıkta Performans ve Kalite*, 5, 43-56.

Burgess, A., P. Donovan, and S. Moore (2001). Embodying uncertainty? Understanding heightened risk perception of drink spiking. *British Journal of Criminology*, 49(6), 848–862.

Coleman, S. (2009). On mirrors, masks and traps: Ambiguity, risk, and lateral participation in ritual. *Journal of Ritual Studies*, 23(2), 43-52.

Crawford, R. (2004). Risk ritual and the management of control and anxiety in medical culture. *Health, 8*(4), 505-528.

Çiçekoğlu, N. (2009). *Fındıklı'da düğün, doğum ve ölüm törenleri* [Unpublished BA thesis] Hacettepe University.

Deveci, R. (2021). *Amasya yöresi geçiş dönemi, takvim ve bereket ritüelleri* [Unpublished doctoral thesis] Yıldırım Beyazıt University.

Douglas, M. (1984). *Purity and danger: An analysis of the concepts of pollution and taboo*. Routledge.

Douglas, M. (1990). Risk as a forensic resource. *Daedalus, 119(4), 1-16.*

Douglas, M. and A. Wildavsky (1983). *Risk and culture: An essay on the selection of technological and environmental dangers*. University of California.

Durkheim, É. (1895/1915). *The elementary forms of the religious life: A study in religious sociology* (J. W. Swain, Trans.). MacMillan.

Elmacı, N. (2002). *Doğum gelenekleri: Bakacak köyünün dünü ve bugünü. folklor/edebiyat*, 8(29), 336- 339.

Er, T., F. Ayoğlu and B. Açıkgöz (2021). Sağlık çalışanlarına yönelik şiddet: Risk faktörleri, etkileri, değerlendirilmesi ve önlenmesi. *Türkiye Halk Sağlığı Dergisi*, 19(1), 69-78. doi.10.20518/tjph.680771

Ergöz, R. (2019). *Bitlis'te geçiş dönemleri (doğum-evlenme-ölüm)* [Unpublished doctoral thesis.

Ardahan University.

Frazer, S. J. (1951). *The golden bough: A study in magic and religion* (Abridged Edition, Vol 1) The Macmillan.

Goffman E. (1956). The nature of deference and demeanor. *American Anthropologist*, 58(3), 473-502.

Goody, J. (2010). *Myth, ritual and the oral*. Cambridge University.

Hecht, G. (1997). Enacting cultural identity: Risk and ritual in french nuclear workplace. *Journal of Contemporary History,* 32(4), 483-507.

Hobsbawn, E. (1993). Introduction: Inventing tradition. In (E. Hobsbawm and T. Ranger. Eds.) *The invention of tradition* (pp. 1-15). Cambridge University.

Işıldar, S. (1991). *Erzincan'ın Kemah kazasının Dedek köyünde törenleri, uygulamaları ve inançlar* [Unpublished BA thesis] Hacettepe University.

Katz, P. (1981). Ritual in operating room. *Ethnology*, 20(4), 335-350.

Koşay, H. (1935). *Ankara budun bilgisi*. Ulus.

Malinowski, B. (1948). *Magic, science and religion*. Garden City.

Mevzuat (2022). Analık izni veya ücretsiz izin sonrası yapılacak kısmi süreli çalışmalar hakkında yönetmelik [The regulation on maternity leave, and part-time work after unpaid maternity leave]. https://www.mevzuat.gov.tr/File/GeneratePdf?mevzuatNo=23024&mevzuatTur=KurumVeKurulusYonetmeligi&mevzuatTertip=5.

Moore, S. (2020). Risk rituals and the female life-course: Negotiating uncertainty in the transitions to womanhood and motherhood. *Health, Risk and Society*, 22(1), 15-30. https://doi.org/10.1080/13698575.2019.1676403

Moore, S. E. and A. Burgess (2010). Risk rituals? *Journal of Risk Research*, 14(1), 111-124.

Örnek, S. V. (1966). *Sivas ve çevresinde hayatın çeşitli safhalarıyla ilgili bâtıl inançların ve büyüsel işlemlerin etnolojik tetkiki*. Ankara Üniversitesi.

Örnek, S. V. (2000). *Türk halkbilimi*. Kültür Bakanlığı.

Poggie, J. J. and C. Gersuny (1989). Risk and ritual: An interpretation of fisherman's folklore in a New England community. In (E. Oring. Ed.) *Folk groups and folklore genres: A reader* (pp. 137-145). Utah State University.

Poggie, J.J. (1980). Ritual adaptation to risk and technological development in ocean fisheries: Extrapolations from New England. *Anthropological Quarterly*, 53(2), 122-129.

Poggy J.J., R.B. Pollnac, and C. Gensury (1976). Risk as a base for taboos among fishermen in Southern New England. *Journal of the Scientific Study of Religion*, 15(3), 257-262.

Radcliffe-Brown, A. R. (1965). *Structure and function in primitive society: Essays and addresses.* The Free Press.

Schechner, R. (1987). The future of ritual. *Journal of Ritual Studies*, 1(1), 5-33.

Şişman, B. (2002). Samsun yöresinde geçiş dönemleriyle (doğum, sünnet, evlilik ve ölüm) ilgili yaşayan halk inançları ve bunlara ait uygulamalar. *Erdem,* 13(111), 39.

Tomlinson, M. (2004). Ritual, risk, and danger: Chain prayers in Fiji. *American Anthropologist,* 106(1), 6-16.

Topaçlı, Y. (2003). *Nevşehir geçiş ritüelleri* [Unpublished BA thesis] Hacettepe University.

Turner, V. (1969). *The ritual process: Structure and anti-structure*. Cornell University

Van Gennep, A. (1969). *The rites of passage* (M. B. Vizedom ve G. L. Caffee, Trans.) University of Chicago.

Yıldırım, Ö. (2021, February 14). Sağlık çalışanlarının yüzde 67'si en az bir kere şiddete maruz kaldı [67 percent of healthcare workers have been exposed to violence at least once]. *Anadolu Ajans.* https://www.aa.com.tr/tr/saglik/saglik-calisanlarinin-yuzde-67si-en-az-bir-kere-siddete-maruz-kaldi/2144266.

Yıldız, M. (2019). Violence against healthcare professionals in Turkey: A research in Ankara. *Hacettepe Journal of Health Administration*, 22(1), 135-156.

Yılmaz, Ç. (2020). *Nevşehir'de geçiş dönemlerinin halkbilimsel yönden incelenmesi* [Unpublished MA thesis]. Cumhuriyet University.

CHETC (2022). Council of higher education thesis center. https://tez.yok.gov.tr/UlusalTezMerkezi/tezSorguSonucYeni.jsp

Interviews conducted

Dr. Aybala, an interview with the female general surgeon, born in 1986, took place on July 18, 2022, in Ankara, Türkiye.

Dr. Aylin, an interview with the female anesthesiologist, born in 1987, took place on June 24, 2022, in Ankara, Türkiye.

Dr. Aylin, interview with the female radiologist, born in 1990, took place on May 18, 2022, in Ankara, Türkiye.

Dr. Ayşe, an interview with the female obstetrician, born in 1993, occurred on May 16, 2022, in Ankara, Türkiye.

Dr. Aysel, an online interview with a female physiatrist born in 1986, took place on June 27, 2022.

Dr. Başak, an online interview with a female embryologist, born in 1985, took place on July 1, 2022.

Dr. Birgül, an interview with the female physical medicine and rehabilitation doctor born in 1984, took place on July 2, 2022, in Ankara, Türkiye.

Dr. Emine, an online interview with a female obstetrician, born in 1983, took place on June 22, 2022.

Dr. Esra, an online interview with a female doctor in emergency medicine, born in 1991, took place on June 2, 2022.

Dr. Fadime, an interview with the female general surgeon, born in 1983, took place on July 18, 2022, in Ankara, Türkiye.

Dr. Fatma, an interview with the female cardiologist, born in 1990, took place on June 25, 2022, in Ankara, Türkiye.

Dr. Fatma, an interview with the female doctor of internal medicine and endocrine, born in 1983, took place on July 2, 2022, in Ankara, Türkiye.

Dr. Fatma, an online interview with a female Doctor of Forensic Medicine, born in 1985, took place on June 27, 2022.

Dr. Gözde interview with the female physiatrist, born in 1990, took place on May 21, 2022, in Ankara, Türkiye.

Dr. Leyla, an interview with the female radiologist, born in 1980, took place on May 19, 2022, in Ankara, Türkiye.

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Dr. Nevin, an interview with the female doctor of Forensic Medicine, born in 1986, took place on June 25, 2022 in Ankara, Türkiye.

Dr. Nilüfer interview with the female neurologist, born in 1994, took place on May 16, 2022, in Ankara, Türkiye.

Dr. Özden, an interview with the female doctor of internal medicine, born in 1983, took place on June 30, 2022, in Ankara, Türkiye.

Dr. Özge, an interview with the female doctor in physical medicine and rehabilitation, born in 1987, took place on May 21, 2022, in Ankara, Türkiye.

Dr. Özgür, an interview with the female Doctor of Emergency Medicine, born in 1989, took place on June 17, 2022, in Ankara, Türkiye.

Dr. Özlem, an online interview with a female neurologist born in 1979, took place on July 1, 2022.

Dr. Sanem, an interview with the female embryologist, born in 1988, took place on June 17, 2022 in Ankara, Türkiye.

Dr. Seda interview with the female anesthesiologist, born in 1991, took place on June 11, 2022, in Ankara, Türkiye.

Dr. Sevim, an interview with a female doctor of Emergency Medicine, born in 1984, took place on June 30, 2022 in Ankara, Türkiye.

Dr. Şule, an interview with the female doctor of internal medicine, born in 1985, took place on July 18, 2022 in Ankara, Türkiye.

Dr. Ülkü, an online interview with a female dermatologist, born in 1990, took place on June 2, 2022.

Dr. Yasemin, an interview with the female obstetrician born in 1981, took place on July 15, 2022 in Ankara, Türkiye.

Dr. Yeşim, interview with the female dermatologist, born in 1989, took place on May 27, 2022 in Ankara, Türkiye.

Dr. Yıldız, interview with the female doctor in pulmonology, born in 1989, took place on May 27, 2022 in Ankara, Türkiye.

Dr. Zahide, interview with the female cardiologist, born in 1990, took place on May 27, 2022, in Ankara, Türkiye.

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