10 Narratives of the Pregnant Body: The Stories of Women in the Latter Stages of Pregnancy
SALLY JOHNSON

Becoming a mother is conceptualised as an important life transition in the social sciences. In this chapter I present narratives of six women in the latter stages of pregnancy. The study from which these narratives are drawn aimed to investigate the meaning of changes in weight, body image and eating behaviour in the context of the transition to motherhood and the women’s lives more generally. Previous research suggests that pregnancy and the postpartum period is a time of significant changes in weight, body satisfaction and eating behaviours for many women, and that these might have implications for their health and well being. However, most of this research does not explore how experience is constructed. The qualitative study from which these accounts are drawn took a narrative psychological approach within a material-discursive framework. It aimed to address the following questions: How do women construct reality to make sense of their lived and embodied experience of pregnancy? What possibilities or limitations do their stories create for them? Negative narratives of pregnancy as transgressing idealised femininity ie. the slender ideal, were evident in the women’s stories. However, these dominant cultural narratives of what women should look like were also resisted and pregnancy narratives allowed for being larger and a relaxation of dietary restraint for most, but not all, of the women. Anticipation of the postpartum period further highlighted dominant narratives of femininity, as the importance of regaining control over the transgressive body was emphasised. It is concluded that until more positive and empowering alternative narratives of the pregnant body are available, the transition to motherhood with regard to the meaning of changes in weight, body image and eating behaviour is likely to cause problems for both individual women and society.

Introduction

Becoming a mother is depicted as an important life transition in the social sciences. In this chapter I will present narratives of six women in the latter stages of pregnancy. The study from which these narratives are drawn aimed to investigate the meaning of changes in weight, body image and eating
behaviour, in the context of the transition to motherhood and women’s lives more generally. The literature on body image suggests that most women are dissatisfied with their bodies and would like to be thinner. This has been termed ‘normative discontent’ (eg. Rodin et al., 1984). But what impact does pregnancy have?

Previous research suggests that pregnancy and the postpartum period is a time of significant changes in weight, body satisfaction and eating behaviours for many women, and that these might have implications for their health and well being (eg. Clark and Ogden, 1999; Fox and Yamaguchi, 1997). However, most of this research is quantitative and/or realist and does not explore the meaning, context and complexity of experience or how experience is constructed. For example, the body image literature and measures used to assess body satisfaction are dominated by the assessment of outward aesthetic qualities, specifically weight and shape. Some researchers have suggested there may be more to it than this, for example, fitness, sexuality, health (Bekker, 2000).

The research from which this chapter is derived took a material-discursive approach (Ussher, 1997; Yardley, 1997). This recognises the importance of physical features of human lives, including bodily and corporeal activities (and other material experiences eg. the environment) but emphasises that these are socially and linguistically mediated. The specific approach taken is a narrative psychological one. This shares the postmodernist concerns of other discursive approaches eg. discourse analysis. Traditional psychological approaches assume the self exists as an entity that is there to be discovered and described in much the same way as any object. Social constructivists (eg. Potter and Wetherell, 1987), on the other hand, argue that this view is problematic, and that language and discursive practices construct reality and therefore the self. The aim is to study language, narratives and the stories that people tell about the self and to examine the implications of these stories for individuals and society (Crossley, 2000). However, narrative psychology has also developed as a way to understanding trauma and unusual experience. It has been argued that narratives are commonly used to understand, organise and integrate unusual life experiences (Bruner, 1990; Murray, 1997). It is grounded in attempts to understand specific experiences of individuals, rather than the more abstract and theoretical analysis characteristic of most other discursive approaches (Crossley, 2000).

Pregnancy is a physical, lived, and relatively unusual (at least in a particular woman’s life today in Western society) lifespan experience, which occurs in a particular cultural and social context. The key questions that I will be attempting to answer in this chapter are: How do women construct reality to make sense of their lived and embodied experience of pregnancy? What possibilities or limitations do their stories create for them?
The Study

Participants

Six women, aged between 26 and 34 were interviewed at between 33 and 39 weeks pregnant. Only primigravidas were interviewed as there is some indication in the literature in this area that the experiences of first time mothers may be different to those who have had more than one child (see Devine et al., 2000; Fox and Yamaguchi, 1997). Participants were recruited via an e-mail sent round to all members of staff at an institution of higher education in the south Midlands, therefore all worked for, or had some connection with this institution. Not surprisingly most were in professional occupations, however, one woman was a clerk typist. Four out of the six were educated to at least degree level (though one of the others was in process of gaining a degree as she was a student). One woman was British Asian and the rest were white, although one had not been brought up in UK. All were married and living with their husbands. I have changed names to protect the women’s identities.

Procedure

My research assistant, Anne Burrows, conducted semi-structured interviews with the participants. An interview schedule was used as a guide but questions were asked in a non-directive way, and not necessarily in the order in which they appeared on the schedule. This enabled participants to tell their story in their own words. The participants were initially asked about the circumstances and meaning of their pregnancy. They were also asked how they felt about becoming a mother. The aim of these more general questions was to tap into their life story. These were followed by more specific questions about how they felt about their body, weight and eating behaviour, at the present time, in past and their anticipation of how they would feel after their baby was born. In addition, they were asked questions about how they thought others saw them, including their husbands, friends and family. Interviews were recorded and transcribed. In line with the ideographic nature of the study, the initial focus of the analysis was on the narrative tone and imagery, and themes of the imagery in each transcript. However, links were also made between common aspects of stories. I discussed the analysis with my research assistant at various stages of the process and she looked over my final interpretations and confirmed that an account that flowed from the data had been achieved.

Analysis
**Imagery of the Pregnant Body: ‘I Look Like a Big Frump’**

**Bea’s story**  Bea was 39 weeks pregnant when she was interviewed and she mentioned several times during her interview that she has been ‘terrified about becoming this huge fat pregnant person’. She spoke of her weight and eating being a ‘struggle’ and a ‘battle’ in the past and being concerned about getting ‘huge’ and ‘frumpy’ during her pregnancy, and therefore not being able to lose weight after. Her satisfaction with her body had changed over the course of her pregnancy, however, having a well-toned body (like Madonna) had become increasingly important to her. She said she was excited at first when her body began to change and she looked at her belly a lot. But this changed to questioning her size and the way she looked in clothes:

… after the bump started to develop things really started to change about how I felt about me and it was quite distressing … losing my waistline, and I never contemplated that … I was paranoid about becoming a really big fat pregnant person.

Bea became happier later in the pregnancy when it became more obvious that she was pregnant, when she found clothes she was happy wearing and when she felt fitter and more toned because of the strict exercise regime she was adhering to.

**Other stories**  Late pregnancy was frequently referred to as being ‘fat’ or getting large and this was mainly seen as negative. Anne asked Sum to explain some of the differences between her pregnant and usual body.

I’m bigger, that I’m bigger, er, probably don’t look as good as what I probably used to or probably feel because as a woman you have your own self-dignity of how you want to look and you wanna look good basically, I mean, once, me and my husband went out … I just remember sitting there looking at all these women wearing what they wanted and I thought I can’t wear what I want and I look like a big frump basically.

Imagery used included describing the pregnant body as being ‘huge’ and ‘bloated’. Rebecca said:

It’s like someone’s inserted a football and sewn it back up again.

The women spoke of others positioning them as fat, for example, husbands, parents, sisters and colleagues at work. Denise and Rebecca spoke of their husband’s preferring slimmer women, rather than pregnant women. However, Rebecca gave a more extreme example of her father being uncomfortable about her pregnant body. Anne asks her if the attitudes of others towards her body have changed during pregnancy and she said:
Mmm … I dunno … Dad keeps telling me I don’t wear the right clothes
(laughs)
A: does he?
R: he says you’re not hiding it enough
A: Why, why, why should you hide it?
R: I dunno
A: that’s your Dad is it?
R: yeah. He says you’re wearing the wrong type of clothes … you don’t cover
yourself up enough
A: because you’re pregnant?
R: yeah … that’s right … Mmm
A: how does that make you feel … about your body?
R: Mmm … just makes me feel like I’m really big

This account also reflected a narrative tone that the pregnant body should be
hidden away. This was also evident in other stories.

Because women were able to talk in their own terms, body image was more
broadly conceptualised than just external aesthetics. For example, nearly all the
women spoke of feeling physically impaired in the latter stages of pregnancy.
Three of the women spoke of not feeling as sexy or as interested in sex as
usual. Internal sensations were also commonly mentioned (but this was mostly
after direct prompting). Despite these broader narratives, most stories and the
imagery used still reflected the ‘body-as-an-external-aesthetic-object’ narrative
(Bekker, 2000, p.23). Even the two women who spoke of being pleased that
they had bigger breasts because of their pregnancy, reflected idealised feminine
beauty. This suggests that it is a key contemporary cultural narrative, and that
when faced with the unusual life experience of pregnancy, it is used, to
integrate the changes that occur in this embodied experience.

**Resisting Dominant Cultural Narratives: Pregnancy Narratives**

‘I’m Not Fat, I’m Pregnant’

The women tried to resist the implications of these negative constructions for
the self by emphasising that they were not fat, they were pregnant. Continuing
with Rebecca’s story, she commented on her father’s remarks that she should
hide her pregnant body:

but I’m pregnant … I’m going to be big aren’t I, but, you know, all I say to
him is, yeah, I’m pregnant
A: what does he say to that?
R: he says, you aren’t half gaining quick … sort of … getting big.
And he says to my mum, er, you weren’t that big were you and she says yeah
I was. They sort of forget I think … people forget … what sort of size you
tend to be
A: Mmm. So does this all … make you feel … I mean do you cope with that sort of
R: oh yeah … I just sort of shrug it off
A: do you?
R: yeah, I’m pregnant, it’s because I’m pregnant

Sum also resisted her husband’s suggestions that she was fat. She said:

he just says look you’re going to end up wearing it on your hips, I say yes, OK …
but, um, I don’t think he means it in any way where I, I’ve, I’m not really fat, …
I did feel offended by him a few times when he did mention something …
I goes how can I be pregnant and not be fat.

Nearly all the women mentioned a concern that others might think they were getting ‘fat’ before their pregnancy showed and expressed relief when it became obvious that they were pregnant, as Bea’s story demonstrates:

A: what happened at three months?
B: um, when I started to show
A: right, yeah … and it got easier?
B: yes, because I was so paranoid with being this HUGE, big fat pregnant person
A: and people didn’t know you were pregnant?
B: yeah
A: yes, yes, so just fat for no reason?
B: yeah, yeah …

Therefore when there was the potential to be positioned as fat, pregnancy narratives came into play. The pregnancy was used to legitimise weight gain and avoid the negative connotations usually associated with this.

‘I Can Eat What I Like’

Most reported eating more than usual and that pregnancy legitimised disinhibition around food. For example Felice said:

I eat more rubbish now
A: do you?
F: yeah, because I feel as if I can (laughs)
A: because the weight won’t show?
F: that’s right, or it’s, it’s not as bad, or people expect you to put the weight on
so you don’t mind as much, um, I eat more chocolate than I did before.
Again pregnancy narratives allowed a certain relaxation of the dominant cultural narrative of women being in control of what they eat. However, Bea’s story of battling with, and conquering, her eating continued into her pregnancy. She resorted to a strict exercise regime and found she was able to regain control over her earlier ‘haywire’ eating through this.

**Getting Back to ‘Normal’**

Getting back to ‘normal’ was the terminology commonly used about the postpartum body. Getting back into ‘shape’ was seen as something that would have to be ‘worked at’ mainly through exercise and/or dieting in order to regaining control over the body. The women talk of a range of different influences on this, for example, the media, their husband, family, as well as wanting to do this for themselves. For instance, Cathy recognised the pressure to ‘get back to normal’ from media images of woman such as Posh Spice who had returned to a ‘virtually anorexic’ shape after the birth of her child but she also tried to resist these influences through alternative feminist narratives which say ‘it’s actually OK to be yourself’. However, she still went on to say ‘I just want to get back to a normal figure’. Cathy’s story reflects a sense of having to grapple with competing narratives, with differing implications for the self.

Anticipation of the postpartum period again highlights the importance of dominant cultural narratives for the women, of being in control over the body, and in this case the importance of regaining control over the transgressive body.

**Conclusions and Implications**

The stories told by the women could be argued to be progressive in that they emphasised gaining control over potential threats to the self. The negative imagery of pregnancy as being ‘fat’ was resisted by most of the women and pregnancy narratives brought into play; they were allowed to be ‘fat’ and relax dietary restraint but they would have to regain control over the transgressive body after pregnancy. However, Bea’s story was one of maintaining control over her body throughout. These kinds of stories reflect the popularity of a progressive structure to narratives in our culture; one of being in control in the face of a potential crisis to the self (Murray, 1997). However, these kinds of narratives may ultimately be limiting. They reflected dominant cultural narratives about women and their bodies. Though body image was more broadly conceptualised than in most of the literature in this area it was still mainly understood, by the women, in terms of external aesthetics. The women
drew upon dominant narratives of the idealised slender female body in order to make sense of their changing body in the transition to motherhood.

It has been suggested that these dominant cultural narratives have implications for the health and well being of individual women and as well as society. ‘Body management projects’ ie. diet and exercise have been identified as key way in which women of our time and culture exert control and as ways in which individuals shape and express their identity (Hardey, 1998). Though benefits of healthy diet and exercise are well recognised, potential problems with these kinds of body projects have also been identified. Bordo (1993) states that rhetoric of empowerment implied by these projects, has replaced earlier feminine ideals, but these are no less dangerous. She argues that pursuing these ideals may ultimately, and similarly, lead to distraction, depression and physical illness. For instance, evidence suggests that dieting does not work well for long-term weight loss (see Ogden, 2000; Stroebe, 2000) and ‘control’ by these means may have a negative impact on psychological well being (see Friedman and Brownell, 1995).

Therefore until more positive and empowering alternative narratives of the pregnant body are available, the transition to motherhood with regard to changes in weight, body image and eating behaviour, is likely to cause problems not only for individual women but also society.

Acknowledgements

I would like to thank Anne Burrows, my research assistant on the study reported here, for all her hard work and support.

References

Devine, C.M., Bove, C.F. and Olson, C.M. (2000) Continuity and change in women’s weight orientations and lifestyles practices through pregnancy
and the postpartum period: the influence of life course trajectories and transitional events, *Social Science and Medicine*, **50**, 567-582.


