Contesting “Silhouettes of a Pregnant Belly”: Young Pregnant Women’s Discursive Constructions of the Body

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Introduction

In our Western society of the last few decades, women have been expected to uphold a certain feminine ideal; that of the slim, tight, youthful body.[1,2] Conversely, pregnancy has been considered a time when this surveillance is more relaxed. This is partly related to historical constructions of the pregnant body as requiring increased rest and less vigorous activity, for fear of harming the mother and foetus.[3] Furthermore, the pregnant woman has been expected to focus inwardly on the foetus, rather than outwardly on her appearance.[4] Thus, as women transition to the pregnant body, there has been lowered expectation to uphold the slender feminine ideal.

Very recently, however, there has been an increased expectation to uphold an ideal feminine body during pregnancy, by retaining a certain (relatively slim) shape and size, and by ‘bouncing back’ more quickly after giving birth.[5,6] Representations of the pregnant body in popular culture are now commonplace as celebrities are featured in magazines during pregnancy and again shortly after giving birth.[4,7] Some argue these representations may increase pressure on pregnant women, serving a panoptic function, as the women in the magazines are toned and lean, showing “weight” only in the stomach area during pregnancy and leaving no sign of pregnancy postpartum.[6,4,8] Additionally, there is increased expectation that pregnant women uphold a ‘yummy mummy’ body by managing to be attractively dressed, well groomed, and fit throughout pregnancy and the postpartum period.[7] Dworkin and Wachs[5] as well as Jette[6] have argued that exercise is being positioned as a means to keep the body in shape during pregnancy and ‘regain’ the pre-pregnancy body more quickly afterwards.

Abstract

In this article, we draw on a feminist poststructuralist perspective to explore how young pregnant women discursively construct the pregnant body in the context of the dominant obesity discourse and other prevailing bodily discourses. Open-ended interviews were conducted with 15 pregnant women between the ages of 18 and 28 coming from various socioeconomic and educational backgrounds in the Ottawa region. The poststructuralist discourse analysis reveals that, overall, the participants are interpelled by the dominant obesity discourse and other bodily discourses surrounding beauty, femininity, and heterosexuality. Paradoxically, they also recite alternative discourses that resist dominant bodily discourses. The young pregnant women seem to constitute themselves as conflicted subjects simultaneously reproducing dominant and subversive discourses. This leads us to conclude with a discussion surrounding the need for more realistic and inclusive subject positions within pregnancy discourses.

Key Words body, feminism, obesity, poststructuralist, pregnancy, women
Concurrently, increasing medical literature is emphasising ‘risks’ associated with obesity during pregnancy for the mother and foetus.[9,10] This has led to weight, diet and exercise intervention strategies.[11,12] Such strategies are related to an increasing accent on weight and obesity in Western society, where the ‘risks’ associated with ‘excess’ weight gain are stressed. Many scholars have identified a dominant obesity discourse that equates slenderness with health, and within which weight control is emphasised as an individual matter of choice and will power.[13-16] Other scholars have suggested that such discourse leads to the stigmatisation of those who do not uphold the bodily norm.[13,17,18]

Feminist scholars have discussed at length the negative impact that rigid bodily expectations have on women as they can lead to disordered relationships with the body and a lower quality of life.[1,2,19] Accordingly, some researchers have raised concerns about possible and similar (negative) effects of an obesity discourse that qualifies the slim body as the ‘normal’ body.[13,17] Others have discussed the possible impact of a media emphasis that constructs the slim body as the “healthy and beautiful” body.[20,21] Furthermore, Rice[22] has stressed the pressure this bodily ideal may put on women during pregnancy, leading to further anxiety about weight gain during pregnancy and dangerous weight control strategies.

In such a context, the purpose of our study was to investigate young pregnant women’s constructions of their body at a time where obesity and other bodily discourses (i.e., beauty, femininity, heterosexuality) prevail in North America. In the present article, we report on that study and aim to provide a deeper understanding of whether young pregnant women are appropriating or resisting dominant discourses on the body and obesity as well as how they constitute their subjectivities within available discourses. Furthermore, we wish to identify alternative subject positions and points of resistance, subsequently opening up new ways of reading weight, shape, and the body during pregnancy.

**Writings on the pregnant body**

Exploring pregnant women’s images and representations of their body, some scholars have found that they are reoriented away from the feminine slender norm.[23-25] Chang, Chao and Kenney[25] have proposed that body changes and weight gain are understood as an indication of foetal growth and signs of a new role as mother. Bailey[23] has also found that women emphasise the functionality of their body (as producing a new life) over the aesthetic requirements of feminine embodiment. These authors have suggested that the changing idea of the body—from ornamental to functional—may lead some women to feel comfortable with their body during pregnancy.

Simultaneously, other scholars have argued that women are very aware of their bodily changes during pregnancy and that such changes invoke conflicting feelings regarding weight.[23,25-32] More specifically, many researchers have discovered that a good fraction of women feel “horrible” about their appearance and size during pregnancy. Devine, Bove and Olson[27] as well as Wiles[31] have found that depending on women’s weights before pregnancy, they felt more or less comfortable with weight gain — those being heavier feeling more at ease with their changing bodies during pregnancy. Johnson, Burrows and Williamson have noted, for example, that “pregnancy was therefore used as a legitimate reason for gaining weight. However, this still had to be within acceptable boundaries”. [29 p367] Gaining weight is perceived as acceptable; however, only to a certain point and in certain places. Earle[28] has discussed the various concerns that pregnant women have regarding weight, including when they will begin to look pregnant, where changes on their bodies will happen, and the ease with which they will return to pre-pregnancy weight. The transitory nature of pregnancy also influences the comfort that some women feel with gaining weight. Bailey[23], for instance, has commented that some of the pregnant women she interviewed understood pregnancy as a temporary state and were therefore anxious about their changing bodies and fearful of trying to lose weight post-partum. Finally, a number of scholars have observed a heightened anxiety towards the body and weight gain during pregnancy [e.g.,28,29].

In brief, there seems to be two very different sets of findings so far on women’s experiences and representations of their body during pregnancy: some pointing to women being comfortable with their pregnant body and others suggesting anxiety and disgust in relation to this body. All authors have found a concern with weight among pregnant women but most have conducted their study prior to North American societies waging their “war on obesity”. [14] In addition, although much research has looked at how women understand their experiences of pregnancy, little research has been done in a Canadian context,[3,33,34] and virtually none, in Canada, looking specifically at discursive constructions of the body within the context of the dominant obesity discourse. The objective of our study was to help fill such gaps.
Using a feminist poststructuralist lense

In our study, we favoured a feminist poststructuralist approach.\[15,35,36\] We find Foucault’s conceptualisation of power useful in terms of its applicability to the body. Indeed, the work of Foucault can be used to analyse the influence of power on the body because it examines “knowledge formations, and systems of power that regulate corporeal practices”.\[37 p165\] Power is here understood as a localised, pervasive power that exerts influence at all levels. Foucault has emphasised the regulatory form of disciplinary power as “the penetration of regulation into the smallest details of everyday life through the mediation of the complete hierarchy that assured the capillary functioning of power”. \[38 p198\] In this article, we draw on other Foucauldian concepts important in the exercise of disciplinary power such as “surveillance”, the “gaze,” and the “docile body”. Bartky [1] has argued that disciplinary power acts to create docile feminine bodies that regulate themselves according to the feminine ideal. More specifically, notions of surveillance and the gaze lead women to self-regulate bodily practices, upholding their inferiority.\[1,2,20,21\] Although, pregnant bodies may have been traditionally exempt from these practices, the increased targeting of pregnant women’s bodily shape and size necessitates the use of such concepts to theorize the ways in which pregnant women may be affected.

Our feminist poststructuralist perspective also posits that bodies are created through language. Language creates discourses that come to be seen as “truth” given their repetition and reaffirmation.\[39\] However, discourses are always tenuous and fleeting since power relations are constantly changing, thus influencing and altering discourses and their place within society (e.g., central, marginal). Consequently, discourses can uphold power relations, but also act as a “starting point for an opposing strategy”.\[40 p101\] Furthermore, Foucault\[38\] has argued that power produces the subject through ‘interpellation’ by certain discourses. More specifically, individuals are interpellated or hailed by discourses, that is, they recognize themselves within specific discourses.\[41\] Thus, an individual’s subjectivity is created in and through discourses interpellating him or her.\[35\] However, subjectivity is not stable or fixed, but rather “performatif”\[42\], that is, occurring through a series of constitutive acts which are renewed, revised, and consolidated through time. By deconstructing discourses and available subject positions, power structures are exposed, and spaces are created for new ways of understanding — the pregnant body, in the present case.

In our qualitative study, we used a feminist poststructuralist methodology. Feminist scholars argue that the goal of research is to advance the interests of their participants by challenging women’s oppression, questioning patriarchal power relations, and practically improving the conditions of women’s lives through research.\[43\] In addition, a feminist poststructuralist stance stresses the act of research as a joint process with the participant wherein meaning and knowledge are created (rather than found) through interaction.\[44\] In that spirit, we elected to conduct interViews with young pregnant women. According to Kvale and Brinkmann,\[44\] an interViews is a journey between two people influencing each other and creating meaning together. We opted to focus on pregnant women between 18 and 28 years of age as our study was part of a larger project funded by SSHRC and focusing on young women’s constructions of health and the body, the rationale being that young adult women are increasingly being identified as an “at-risk” population in relation to obesity.

After obtaining ethical approval, we recruited 15 pregnant women between the ages of 18 and 28 years from the Ottawa area. These women were recruited with the use of a snowball sampling method as well as communication with local pre-natal programs. InterViews were set up at a time and location of the women’s choice. Women freely consented to participating in the study and were able to drop out at anytime. The interViews were tape-recorded and lasted between one and two hours. An InterViews Guide helped to steer the interViews, but participants were encouraged to open up the conversation within the main themes of health, obesity, pregnancy, and the body. The interViews were then transcribed verbatim, organised with the use of the NVIVO software, and then analysed using two consecutive methods of analysis.

First, we conducted a thematic analysis that allowed us to discover WHAT the participants had to say about the pregnant body. To do this, we regrouped fragments of interViews into themes constructed based on their semantic affinity. Following this vertical analysis (one interViews after the other), transcripts were examined comparatively between participants. Vertical and transversal analyses allowed for a better understanding of how the participants’ situational contexts impacted their experiences and discursive constructions of the pregnant body.

Second, we used a feminist poststructuralist discourse analysis\[15,35,36\] to discover HOW the participants said things about the pregnant body. This analysis allowed us to identify the various discourses that were being appropriated,
accommodated and/or resisted by the young women. Particular attention was given to the ways in which the participants constructed their subjectivities through available discourses on the body, obesity and pregnancy, how they positioned themselves as subjects within such discourses, and how language used by the young pregnant women reflected and perpetuated (if at all) power structures and dominant ideologies.

**From discursive constructions to body stories**

Given our poststructuralist perspective, we favoured an alternative way of presenting the results of our analyses of the young pregnant women’s discursive constructions of the body. We noted how the telling of lived experiences does not follow a linear path; instead it is messy and contradicts itself at every turn. Holstein and Gubrium write that “in practice, diverse articulations of discourse intersect, collide, and work against the construction of common or uniform subjects, agents, and social realities”. [45 p498] We concur and wanted to portray such diverse articulations and the consequent contradictory subject positions of our participants in a creative, evocative and accessible way.

We drew inspiration from past scholars who have helped form a movement of creative qualitative research — those who continue to push boundaries and question the methodologies and possible outcomes of research. [e.g. 46,47] These authors have experimented with the use of creative writing to portray the contradictory lived experiences of individuals. Creative writings such as poems, short stories and performance pieces provide new ways of envisioning the dissemination of research results. Through such ways, we are not only able to show the paradox within collected narratives, but also women’s emotional experiences.[45,46] In doing so, we may provide participants and their community of reference with elements that are emotional, provoking and providing “deeper” understandings of the phenomenon at hand.

To produce such creative writing, we followed in the steps of Fortin, Cyr and Tremblay[48] who used a diary to showcase their results. Likewise, we created diary entries so they could be evocative, informative and readable[49], hoping to infuse our text with subjectivity throughout, by connecting it with the innermost feelings of the participants. Like Madill and Hopper, we created the diary entries using “the participants’ repeated points, underlying themes, and the sentences that summed up their meaning”. [50 p47] Thus, the diary includes the words and emotions of the participants as well as interpretation on our part. The diary entries make explicit the five themes that emerged in our analysis of the young pregnant women’s constructions of the body during pregnancy: (a) uncontrollable; (b) a condition that sometimes permits a break from the feminine ideal; (c) not fat; (d) beautiful yet sometimes alien; and (e) (possibly) leaving permanent signs.

As feminist researchers, reciprocity and trustworthiness are important aspects of our research process.[51] In order to give the participants an opportunity to more fully participate in the research and to verify the trustworthiness of our results, we sent them an electronic version of the diary. The women responded with positive feedback, commenting that the diary represented their own views of the pregnant body or those of other women they know.

To provide a deeper understanding of the women’s discursive constructions, it is important to clarify their situational contexts. The participants come from diverse backgrounds, as they vary in their socioeconomic, educational, marital, and employment status. They differ in trimester, and most are on their first pregnancy, while one is on her second and one on her third pregnancy. They describe their body types in diverse ways, such as “athletic,” “curvy,” “small,” “fat,” and “obese.” Lastly, they vary in their description of body satisfaction; about one third of the women have dieted before and one woman identifies herself as bulimic.

**June 23, 2010 (14 wks pregnant)**

I still can’t believe I’m pregnant! But when will I start to look pregnant? I mean, I’m worried my clothes are getting tighter because I’m eating too much. I need to watch what I eat... I’ve seen other women who ate a lot during their pregnancy, and even afterwards they’re still huge! But, it is normal to gain weight during pregnancy, and each woman is different. Your body knows what it’s doing, you need to listen to it. It’s pointless worrying. Regardless, my body is going to do what it wants. It’s frustrating though, and I’ve heard it just gets worse as your body is changing and stretching, and your clothes aren’t fitting. I just want some feeling of normalcy throughout. I don’t want to lose the body I feel comfortable with.

**August 19, 2010 (22 wks pregnant)**

I’ve decided to dress for comfort now. Who cares how I look? I’m not trying to impress anyone: I’m pregnant! But yesterday, I felt horrible. We got pictures back from the California trip. I want to be comfortable, but I looked like a COW in my dress compared to everyone else! But I can’t be concerned about my body during pregnancy, and right now I’m really enjoying my big belly. I mean, it definitely feels like a nice vacation from having to worry about that little beer gut that
normally bothers me so much. I just don’t want to gain too much weight! It already hurts to look down at that scale and see the numbers I’m seeing now. I’ve never been this big before. I’ll be pushing 170, and in my head, the way I’ve been conditioned, it’s scary! But, pregnancy means weight gain and I should be happy… At least I haven’t gained a bunch in my face and arms.

**Sept. 25, 2010 (27 wks pregnant)**

I AM SO ANGRY! I couldn’t believe what my boss said to me today. Kelly, one of my other co-workers gained a lot of weight all over when she was pregnant, and he said he hopes I don’t turn out like her. Who does he think he is? Pregnant women are gaining for a reason! We’re not fat! There’s a living growing being inside, pushing out our bellies, affecting our entire body. How are we supposed to feel? I’m doing the best I can. I’m eating properly and exercising. People expect us to be these silhouettes of pregnant women, just a belly. It makes me so mad!

**October 15, 2010 (31 wks pregnant)**

I’ve been really admiring the shape that my pregnant body is taking. It puts me in complete awe of what women are capable of. Now, it’s just afterwards that worries me sometimes. I promised myself that once this baby is out, I’m going to be in a bikini by the summer. But I’m scared. I mean, money and time are going to be tight afterwards. How am I going to have the time to cook healthy meals and go to the gym? I’m nervous about my stretch marks too. How can you look sexy with stretch marks all over your stomach? Hopefully the creams I’ve been using will do something. But I am also really proud of myself and, in the end, everything I’m going through is for my baby. I know she’ll make it all worthwhile. Going through this incredible ordeal, there are bound to be battle scars!

**Bodily contradictions explored**

Bringing about social change requires not only that we provide evocative stories or creative writings, but also that we identify the underlying power structures and discourses pervading these stories.[52] While the accessible presentational strategy of the diary displays the contradictions and paradox inherent in the women’s constructions of their pregnant body, our feminist poststructuralist discourse analysis aims to illuminate how our participants navigate dominant or resistant discourses surrounding the pregnant body. In the following paragraphs, we summarise the results of our discourse analysis and further explore the young women’s discursive constructions of the pregnant body identified in the previous section.

**The pregnant body is… un/controllable**

The body is traditionally constructed as a modernist body under the control of a rational, autonomous mind.[53] Dworkin and Wachs[5] as well as Jette[6] have also argued that the pregnant body is increasingly portrayed, within the media and medical spheres, as controllable through exercise and nutrition. Parallel elements are also evident in the obesity discourse wherein lifestyle is presented as something an individual may control, thus providing this individual with ways to control his or her weight.[18] The women in our study appropriate the obesity discourse as well as modernist understandings of the body. This is most evident when they mention a woman’s food intake or lack of exercise as causes of her excess weight gain during pregnancy, and when they suggest that they do not worry about their weight gain during pregnancy as long as they keep exercising and controlling cravings.

Contradictorily, some scholars have argued that pregnancy defies modernist understandings of the body and is characterised as a “series of biological transitions over which the mother-to-be has little control”. [54 p222] Indeed, our participants do simultaneously recite this alternative discourse of the uncontrollable pregnant body. On many occasions they mention that their body “is going to do what it wants”, and that listening to their body is important during pregnancy, including when to rest and eat. Some also mention that their body is going to gain how much it wants, where it wants, regardless of what they do. Thus, at times, the participants do appropriate the dominant obesity discourse, but at other times resist constructions of a controllable body during pregnancy.

**The pregnant body is… a condition that sometimes permits a break from the feminine ideal**

As mentioned earlier, expectations to uphold the feminine ideal may be relaxed during pregnancy. However, the women’s narratives point to conflicted feelings about this ‘break’ from conventional femininity. On the one hand, the women resist the overall view that they need to uphold a certain appearance and many mention that this is a time when they do not care as much about how they look; they discuss dressing for themselves instead of others and wearing clothes in which they feel comfortable. The women recite resistant discourses whereby they feel free to enjoy their bodies and forget about the ideal feminine form.
On the other hand, many of the participants also mention feeling nervous about losing the body with which they are comfortable. Moreover, although some of the women display awareness of the social construction of their ‘normal’ body, this does not prevent them from feeling anxious about losing that body. The women worry about how much weight they are going to gain and where they will gain it. Similar to Earle’s[28] findings, our participants stress that it is fine to gain weight in the “belly” and around the “hips and butt”, but express more concern about the arms or face. The women seem interpellated by dominant discourse in the media that emphasise the ‘ideal’ pregnant body as one that only gains a small amount in the abdominal area,[6] and the obesity discourse that emphasises the control individuals (including pregnant women) have over their bodies.[13,18] Therefore, they reproduce dominant discourses while also turning to alternative discourse to construct their self and their body during pregnancy.

The pregnant body is… not fat!

Although, some scholars[32,54] have argued that societal expectations to uphold the feminine norm during pregnancy may be relaxed, this may not always be the case. Our participants discuss the increased physical presence of their body and the external gaze that renders them more aware of their body. They also recall injunctions heard from outsiders that reproduce discourses of beauty and femininity during pregnancy (e.g., how much and where pregnant women should gain weight) as well as derogatory comments towards pregnant women who gain “too much” or who are “fat.” The women are aware of the public scrutiny over their pregnant body and they resist the idea that this gives outsiders excuses to judge them.

Given the negative views of excess weight gain and its deviation from the feminine ideal, it is not unexpected that the women we spoke with are quite negative towards external comments about pregnant women being fat. Dworkin and Wachs write that “flesh or fat on the body has been framed as a signifier of excessiveness, being out of control, a devaluation of the feminine, and failed individual morality needing earthly discipline”.[5 p611] The women are quick to point out that pregnant women are “pregnant and not fat”. There is a difference between their bodies and those of women who are not pregnant since they are “doing it for a reason.” The fear of looking fat and not pregnant is also discussed when the women talk about their own bodies. Early in pregnancy, some women are anxious to begin to look pregnant instead of fat. This is similar to Earle’s[28] findings where women are quick to make the distinction between their body and fat bodies. Thus, the women continue to reproduce discourses of traditional beauty and stigmatisation of the fat body. However, it is interesting to note that they simultaneously resist the construction of the pregnant body as solely a “belly”, and defend pregnant women whose size and shape deviate from the norm. Therefore, while at other times they recite elements of dominant discourses, expressing the control they have over weight gain and the need to maintain a certain feminine body during pregnancy, they become much more resistant to these discourses when confronted by outsiders accusing pregnant women of being “fat” and needing to be a certain size or shape. In this way, the participants simultaneously appropriate/resist dominant discourses of control, femininity, and beauty during pregnancy.

The pregnant body is… beautiful yet sometimes alien

Feminist scholars have discussed tensions between dominant discourses surrounding femininity. On the one hand, maternity is understood as a valued route to femininity, something that every woman should want to accomplish.[5,30] On the other hand, pregnancy is far removed from the ideal (slim) feminine body.[5] Tension between these two dominant discourses surrounding femininity are apparent in the women’s narratives.

Many of the women construct their pregnant body as beautiful and wonderful in its own right. They stress that carrying another life is an amazing experience, one that gives them a sense of empowerment. Similarly to Bailey’s[23] and Seibold’s[24] findings, many of the women discuss how they admire their bodies during pregnancy more than before, enjoying the changing shape. Therefore, the women do uphold discourses surrounding the celebration of motherhood. However, the women resist discourses of traditional beauty. Instead of the skinny, toned, petite, female form, they construct their larger, fleshier bodies as beautiful and amazing.

That being said, the participants’ reproduction of dominant discourses of beauty and femininity are also apparent when they construct their body as something foreign, uncomfortable, and with which they are forced to put up. Other researchers such as Young[32] and Longhurst[30] have also found that some women’s narratives support discursive constructions of an ‘ugly’ and ‘disgusting’ body during pregnancy because of its divergence from the feminine ideal. In short, that same body from which women may garner empowerment may at times also cause frustration and anxiety.
The pregnant body is… (possibly) leaving permanent signs

Discourses of femininity and bodily control are increasingly emphasised to control the body post-pregnancy. [5,6] Some of our participants worry about regaining their pre-pregnancy body after giving birth. More specifically, many of the participants are concerned about body changes that are counter to the feminine ideal such as stretch marks, varicose veins, and excess skin. Dominant discourses of obesity and bodily control are reproduced as these changes are constructed as possibly controllable during pregnancy by exercising, controlling calories, and not gaining ‘too much’ weight. Therefore, tension is again apparent between alternative discourses (i.e., the uncontrollable and natural body), and dominant discourses that emphasise reducing and controlling the effects of pregnancy.

Related to discourses of bodily control, the women also reproduce discourses of consumption. Featherstone[55] argues that consumer culture presents body maintenance as necessary to uphold an acceptable appearance. Thus, through continued consumerism, individuals can ‘perform’ appropriately in society. Our participants mention product consumption when discussing actions they are taking or planning to take to “get their body back” and maintain an acceptable appearance. For example, certain foods, gym passes, fitness equipment, and creams are discussed as ways to increase chances of “bouncing back.” Self-surveillance over the pregnant body is expected if one is to be (re)accepted in society after pregnancy. Therefore, many of the women express anxiety about maintaining their body during pregnancy in order to regain their ‘normal’ body afterwards.

Discourses of heterosexuality underscore various discussions of wanting to maintain an ‘attractive’ body afterwards in order to attract or keep a male partner. Most women are aware that “getting their body back” is a societal (i.e., male) expectation; however, feeling the pressure to conform, they accommodate to such ideals. Additionally, some of the women worry about being able to find a partner if they do not regain their body. This leads many women to feel anxious about bodily changes and possible permanent effects, and to establish goals of erasing signs of pregnancy and returning to pre-pregnancy form.

For a few other participants, the possible permanence of changes during pregnancy are not always approached with anxiety and frustration. At times, these women even show signs of resisting discourses of beauty and femininity. They discuss not caring about trying to get their bodies back and that the permanent changes associated with pregnancy are worth it. Additionally, some women recite alternative discourse when they discuss the effects of pregnancy with pride. This is most strongly displayed in the construction of stretch marks as “battle scars.” The re-signification of the effects of pregnancy from symbols of ugliness to symbols of accomplishment and strength illustrate some women’s strong alternative reading of physical changes during pregnancy.

The conflicted and anxious subject

Our participants clearly draw on contradictory (dominant and subversive) discourses in constructing their pregnant body, apparently leading them to conflicted emotional experiences. Rather than acknowledging the different experiences that women have of their bodies, media and medical discourses are strengthening the existing binary by constructing and valuing the purported ‘normal’ pregnant body (i.e., controllable, of the ‘right’ weight and shape, beautiful, sexual) and devaluing the so-called ‘abnormal’ pregnant body (i.e., uncontrollable, transgressing weight and shape norms, asexual, ugly). Creating evocative stories is one way to break down binaries and display the vast range of experiences of, and responses to, the pregnant body.[56] The diary entries presented above depict the struggles that pregnant women face with respect to their changing bodies, and the emotions inherent within such changes. Feeling proud, accomplished, happy and amazed, they are also frustrated, anxious and worried. Throughout pregnancy, their bodies provide them with joy and wonder, but also concern and disappointment.

The feminist poststructuralist approach used here has allowed us to conceptualize the subjects in our study as being de-centered: instead of being the point of origin of their own constructions of selfhood, they are interpellated or hailed[41,42] by the subject positions offered by available discourses. No doubt that accessing alternative and transgressive discourses allows some of pregnant women, some times, to construct themselves as beautiful, proud and empowered subjects precisely when their bodily reality combined with dominant discourses would dictate feelings of ugliness, shame and powerlessness. What remains, however, is the fact that the dominant obesity discourse, as it intersects with dominant discourses on gender, (white heterosexual) beauty, and consumption has both discursive and material effects on all participants who, at least partly, construct themselves as subjects of such discourse and thus as subjects to (i.e., disciplined by) this discourse. This does not take away the human agency of the participants but it does point to the
power of discourses to structure their (however temporary and fluid) subjectivity and experiences. Dominant discursive formations — and, consequently, our participants’ discursive constructions — also reflect and perpetuate current power structures and dominant gender ideologies. Despite the increased presence of the pregnant body in the public sphere and despite the idea that holding the pregnant body to ideal feminine standards may resist the asexualisation of the pregnant woman, we would argue that re-inscribing her body to the very narrow limits of the ideal feminine form serve only to constrain her. We suggest, then, that there is a need for more alternative and transgressive subject positions to better represent the complex and varied experiences of pregnant women. Without subversive discourses that challenge current and dominant understandings of the pregnant body, realistic and empowering constructions of the pregnant subject will remain elusive for most women. In parallel, we need to raise consciousness about the deleterious effects of obesity discourse and other dominant bodily discourses (of gender, beauty, race, ability, sexuality) as well as how they operate, often insidiously, to construct particular subjects.

A need for more conversations

Our article hopefully contributes to a better understanding of young pregnant women's discursive constructions of the pregnant body and provides a first exploration of pregnancy within a discursive field where the obesity discourse dominates. Our study included a small group of diverse pregnant women but did not focus on those women going into pregnancy already categorised as ‘overweight’ or ‘obese’ or on those women coming from marginalised ethnic or racial communities. Although past scholars discuss an increased acceptance of the body during pregnancy by so-called ‘overweight’ and ‘obese’ women,[27,31] the ever-increasing targeting and stigmatisation of pregnant women identified as ‘overweight’ and ‘obese’ by popular and medical discourses may be changing this. Additionally, women of colour may be ‘doubly’ affected as they are increasingly stigmatised by the dominant obesity discourse.[18,57] More specifically, Saguy and Almeling[18] found that newspaper articles often racialise discussions on obesity by pointing out higher obesity rates among minority groups and blaming those on simplistic understandings of “unhealthy cultures”. Therefore, pregnant women who are racialised and read as being ‘obese’ may be under increased scrutiny by both medical specialists and Western culture generally. Furthermore, discourses of obesity, beauty, and femininity discussed in this article are imbricated with ideas of whiteness[5,18] that are appropriated by the participants in our study. Understanding ethnically and racially marginalized women’s constructions of their body and the (whiteness, racial) discourses that inform such constructions would thus be an important next step. Bringing to the forefront the experiences of women directly targeted by current ‘obesity’ interventions would provide a greater understanding of their subject positions within dominant and alternative bodily discourses. In turn, this could provide additional arguments against the normalised and constrained constructions of the pregnant body, leading to more realistic, inclusive and thus healthier representations of the pregnant body.

References


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