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Controlling the unruly maternal body: Losing and gaining control over the body during pregnancy and the postpartum period

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ABSTRACT

This paper examines the feeling of lost control of the body that so many women experience through pregnancy and the postpartum period – why they feel it and how they interpret that feeling – and women's responses to the sense of lost control. For the 63 Canadian women we interviewed, the sense of lost control was related to the degree they felt their bodies changed and the number of physical problems they experienced while pregnant. Many women's references to "luck" as the cause of body changes and problems experienced underscored how little control they felt they had when they were pregnant. At the same time, women felt responsible for the well-being of their babies, and thus experienced guilt about their unruly bodies. Careful attention to diet helped some women, but not others, regain some sense of control; women with past experience of pregnancy who "gave in" to body change were more sanguine. In the postpartum period, body work (especially exercise) functioned to increase women's sense of control, but a variety of motives led them to do this work.

1. Introduction

Pregnant and postpartum bodies pose challenges in a culture that equates heavy bodies with a morally deplorable loss of self-control (Sobal and Maurer, 1999). Images of pregnant women held captive to their emotions and cravings are common in the U.S. and Canada (Longhurst, 2001; Warren and Brewis, 2004). Medical discourse on pregnancy validates these images by offering scientific explanations of the impact of changing levels of hormones on women's bodies. The implication is that pregnant bodies are out of control, under the sway of physiological processes and even emotions.

Many women feel they have lost control over their bodies with pregnancy and during the postpartum period (Upton and Han, 2003; Warren and Brewis, 2004). Yet, medical professionals and other pregnancy "experts" assume women's responsibility for the well-being of their fetus, as they expect pregnant women to follow prenatal regulations on diet and exercise – essentially, to regulate their bodies – to ensure the birth of a healthy infant (Copelton, 2007). During the postpartum period women have to give themselves over to breastfeeding and round-the-clock infant care, even though images and messages in commercial media in the U.S. and Canada put pressure on them to "get their bodies back," to erase the signs of maternal work from their bodies (Dworkin and Wachs, 2004; Upton and Han, 2003).

More research has been done on women's feelings about the degree of control they have over the birth process than during pregnancy and the postpartum period (Davis-Floyd, 1994; Entwisle and Doering, 1981; Martin, 1984, 1987; Martin, 2003). Evidence suggests, however, that women often feel that they lose control over their bodies during pregnancy as well as during medically-managed childbirth, that this feeling continues in the postpartum period and may unsettle women's sense of self (Bailey, 1999; Han, 2013; Upton and Han, 2003; Warren and Brewis, 2004). Past research does not explain how or why women experience feelings of lost control of their bodies or what strategies women employ to address these feelings.

Our paper addresses this gap. Analyzing qualitative interviews with 63 Canadian women, we examine (a) how women feel about their changing pregnant and postpartum bodies, (b) whether and why women experience a sense of lost control over their pregnant

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and postpartum bodies, (c) what meaning women attach to the sense of lost control and (d) what strategies they use to regain a sense of control over their bodies during their transition to motherhood.

2. Literature review

The idea that women's bodies need to be controlled has a long history in western culture. In classical Greek philosophy, Aristotle associated women with "matter" (or the body) and men with "form" (or the soul), and argued that the soul should rule the body and reason should govern desire – with obvious implications for gender relations (Merchant, 1980: 13). Aristotle believed that women were less capable of reason than men, and thus properly subject to men's authority (Allen, 1985; Mayhew, 2004). Adopting Aristotle's ideas, medieval Christian (Roman Catholic) theologians wrote of women's bodies as disorderly, subject to passion, and insufficiently controlled by their wills (Lloyd, 1993).

The image of women's bodies as unruly pervaded nineteenth-century discourse on women also. Gender roles seen as fixed and unchangeable in older patriarchal societies were increasingly thought to be social and argued to derive from sex differences rooted in reproduction (Laqueur, 1990). In turn, the belief that women were governed by their uteruses shaped how women were treated. Hysteria was a common diagnosis for a variety of women's ailments (Bankey, 2001; Szasz, 2007; Wood, 1974). Pregnant women's bodies, as well as their behaviour and moods, were seen as potentially dangerous to the fetus (Kukla, 2005).

The nineteenth-century rise of biomedicine in the West involved medical men replacing midwives as childbirth attendants for wealthy women. In North America, physicians asserted almost complete control over childbirth by the first half of the twentieth century, although women's access to medical men varied by class and race/ethnicity (Riessman, 2003; Litt, 2000). Despite the initial appeal of medically managed birth, the experience often left women feeling alienated from their bodies (Davis-Floyd, 1990; Entwisle and Doering, 1981; Martin, 1984, 1987).

Popular criticism of medicalized birth at a time when feminists were demanding women's right to control their bodies (Gordon, 1976) focused on the goal that women have some control over the process of giving birth. In Canada, this objective mobilized a campaign for change in hospital practices governing childbirth, as well as renewed interest in midwives' attendance at birth (Bourgeault, 2006). Changes have occurred in hospital practices. But in a neoliberal climate empowerment has often morphed into regulation. Today, women are pressured to educate themselves about pregnancy, childbirth and infant care, to regulate their diet and avoid behaviour that risks harm to the fetus (Copelton, 2007). Failure to do so results in public reprimand and casts doubts on women's ability to be "good" mothers (Neiterman, 2012). In short, pregnant women hold moral responsibility to regulate themselves, essentially to control their pregnant bodies, to ensure the birth of a healthy baby (Rothman, 1993).

Controlling a pregnant body can be daunting, however, since it is often experienced as "out of control," and changing on its own (Marshall and Woollett, 2000; Warren and Brewis, 2004). The postpartum period also involves conflicting and challenging demands. "Good" mothering means breastfeeding and generally prioritizing the needs of a child 24/7 (Blum, 1999; Hays, 1996; Fox, 2009; Wall, 2010). And although the body is central to meeting the huge demands of infant care, women are expected to "get their bodies back," to regain their pre-pregnant shape (Dworkin and Wachs, 2004; Upton and Han, 2003).

Self-regulation is, of course, not restricted to the time women are pregnant or caring for an infant. In this culture, women are expected to regulate their eating, to exercise, and generally to control themselves in order to meet standards of proper (thin and fit) feminine appearance (Bartky, 2003; Bordo, 1993). The fit body is equated with the healthy body, even though extreme dieting, cosmetic surgery and excessive exercise might be the means to this objective. Discourses on healthy feminine bodies generally emphasize self-regulation – that women can assume control of their bodies (Warin et al., 2008). The issue of appearance may, then, also plague mothers.

Research suggests that some women feel they lose control over their bodies with pregnancy while others do not (Bailey, 1999; Earle, 2003; Han, 2013), and some women regain a sense of control over their bodies during the postpartum while others do not (Neiterman, 2013; Upton and Han, 2003). In examining women's experiences of their pregnant and postpartum bodies, this paper sheds some light on when and why some women experience a sense of lost control, the meaning they attach to this experience, and what strategies they use to regain a sense of having some embodied sense of control while pregnant and during the early months of motherhood.

3. Methods

This paper is based on qualitative analysis of semi-structured interviews with 63 women who were either pregnant or had given birth within the past two years. After receiving ethics approval from McMaster University and the University of Toronto, we recruited a diverse sample of women aged 15 to 42, for a study of women's experiences during the transition to motherhood. We advertised the study in public venues (e.g., libraries, health-care professionals' offices, community centers) and on social media sites (Facebook), and also recruited through snowball sampling. All participants were provided with a letter of information about the study prior to signing their consent form.

All but three of the women we interviewed were from Ontario, Canada (the rest were from other provinces). Participants varied in age, family income, and number of children. Thirteen mothers were in their teens (15–19 years), eight in their twenties, two in their forties, and the remaining 40 in their thirties. None of the teen mothers were married, but all had steady boyfriends; the rest of the women were either married or in common-law partnerships. Eighteen women – the majority of them teen mothers – lived on low incomes, five women reported high incomes, and the others had middle-income earnings. Thirty-seven women self-identified as Canadian-born and Caucasian and the rest of the women saw themselves as either immigrants (n = 19) or born in Canada but belonging to visible minorities (n = 7). Racial minorities and immigrants were equally represented among all income groups. Seventeen mothers were pregnant when interviewed, 22 had one child, and the rest had two to four children.

Data collection and analysis were done in two phases. The first author interviewed 42 women in 2008–2009 for a study of women's embodied experiences of pregnancy. Analysis was done using Charmaz, 2006 guidelines. Although the interview primarily explored women's experiences of pregnancy and mothering, women's upset about their changed postpartum bodies was a central theme in the findings.

The first author interviewed a second sample of 21 women in 2012–2013, focusing on women's body images and experiences of pregnancy and mothering over a 24-month postpartum period. She used the method of constant comparative analysis (Green and Thorogood, 2009), until theoretical saturation was reached (Strauss and Corbin, 1998). The authors did independent analyses of the data. Their coding of the data and analyses were not significantly different.