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PREGNANCY: A SOCIAL CONSTRUCTION

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ABSTRACT

Departing from conventional social science approaches to pregnancy and the pregnant woman's body this study examines pregnancy as 'experience', a socially constructed state of being where attitudes about sexuality and maternity conflict. The study is based on a review of feminist and social science literature on pregnancy, the body and body image, as well as indepth interviews with a group of pregnant women and their male partners. Using a qualitative research design, a set of two interviews was conducted with twenty-eight female participants and their male partners, during the second and third trimesters of pregnancy. The interviews explored the themes the body as a social construction, pregnancy as a socially constructed experience; pregnancy as a liminal stage, and sexuality versus motherhood, as well as responses to a series of images of pregnancy and pregnant women drawn from recent popular women's magazines.

Drawing on Smith's concept of 'experience' from the standpoint of the everyday world, it is argued that the media image of the pregnant woman as the realization of motherhood and a symbol of femininity is not an adequate reflection of women's own experiences of pregnancy. In contrast, pregnancy is often experienced as a liminal phase -- a state in which the pregnant woman may find herself stigmatized as she becomes identified with obesity and the 'sick role'. As the embodiment of what it is to be a woman, the essence of pregnancy as socially perceived lies neither in its sexuality nor in its maternity but in its femininity. This study explores in what ways this is reflected in and amplified by societal and cultural sanctions to which pregnant women find themselves exposed during pregnancy.

TABLE OF CONTENTS

<u>ABSTRACT</u>	I
<u>TABLE OF CONTENTS</u>	II
<u>LIST OF APPENDICES</u>	IV
<u>ACKNOWLEDGMENTS</u>	V
<u>CHAPTER ONE - INTRODUCTION</u>	1
The Body as a Social Construction	4
Pregnancy: a Socially Constructed Experience	7
Contrasting Images: Sexuality versus Motherhood	18
Plan of the Thesis	21
<u>CHAPTER TWO - METHODOLOGY</u>	23
Sample	27
Characteristics of the Study Group	28
Procedure	29
<u>CHAPTER THREE - THE BODY AS A SOCIAL CONSTRUCTION</u>	32
Femininity	32
Body Image	34
Pregnant Body Image	38
Endnotes - Chapter Three	43
<u>CHAPTER FOUR - PREGNANCY AS A SOCIALLY CONSTRUCTED EXPERIENCE</u>	44
Nature Versus Culture	45
Pregnancy: a Liminal Stage	46
Pregnancy and the Sick Role	54
Pregnancy: a Social Stigma	55
Endnotes - Chapter Four	58
<u>CHAPTER FIVE - SEXUALITY VERSUS MOTHERHOOD</u>	59
Body Image and the Pregnancy Experience	59
Media: The Image of Pregnancy	62
Traditional Views of Women: Christianity and the Virgin Mother	63

Contemporary Images of Women; Nudity as a State of Dress	65
Semiotics: Images of Pregnancy	66
Endnotes - Chapter Five	71
<u>CHAPTER SIX - THE INTERVIEWS: PREGNANCY ; A SOCIAL CONSTRUCTION</u>	72
Overview of Initial Interviews: Phase One	74
Overview of Second Interviews: Phase Two	76
Analysis: Phase One	
Pregnancy: A Socially Constructed Experience	78
Body Image	79
Pregnant Body Image	79
Contrasting Images: Sexuality Versus Motherhood	82
Analysis: Phase Two	
The Body As A Social Construction	
Pregnancy As A Socially Constructed Experience	83
Contrasting Images: Sexuality Versus Motherhood	85
Media Representation of Pregnancy	85
Pregnancy: A Liminal Stage	87
Pregnant Body Image	90
Contrasting Images: Sexuality Versus Motherhood	93
Images of Pregnancy	97
Endnotes - Chapter Six	
<u>CHAPTER SEVEN - CONCLUSION</u>	109
Directions For Further Research	117
<u>APPENDICES</u>	119
Appendix One - 1a. Initial Interview: Female Participants	119
1b. Initial Interview: Male Participants	123
1c. Second Interview: Female Participants	127
1d. Second Interview: Male Participants	132
Appendix Two - Images Presented to Participants During Schedule Two	136
Appendix Three - Female and Male Participants as Quoted	149
Appendix Four - Historic Representations of Pregnant Women: Fertility Goddesses and Idols	153
Appendix Five - Sample Media Representations of Pregnant Body Image as Discussed in the Text	158
<u>BIBLIOGRAPHY</u>	164

LIST OF APPENDICES

APPENDIX 1 Interview Schedules One and Two for Female and Male Participants.

APPENDIX 2 Images Presented to Participants During Interview Schedule Two.

APPENDIX 3 List of Female and Male Participant Interviewees as Quoted.

APPENDIX 4 Historic Representations Of Pregnant Women: Fertility Goddesses and Idols.

APPENDIX 5 Sample Media Representations of Pregnant Body Image as Discussed in the Text.

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CHAPTER ONE - INTRODUCTION

"In becoming a mother I also became a woman" (Rossiter 1988:267)

Throughout history people have been fascinated with the mysterious processes of birth and death in human life and nature (Levesque 1980) . Historically, women in Western civilization assumed one of their primary obligations as wives was to bear children. Women were not legally free to consent in sexual experience apart from implicitly giving consent to pregnancy as well. Women in the twentieth century are in a unique historical situation, in that they are faced with a unique decision – whether or not to bear children. Contraceptives provide for the possibility of distinguishing female sexuality from the assumed role of women as child bearers (Levesque 1980).

Despite recent attention focusing on the creation of new roles for women, little more than stereotypes characterize representations of woman's role as mother to be. Approximately ninety percent of women give birth to at least one child in their lifetime (Taylor and Langer 1977:27). Yet, while many social scientists have studied the relationship between mother and child, few have directly dealt with the social experience of pregnancy. Traditionally little attention has been paid to social interaction, and social ecological aspects of pregnancy and birth, which for most members of a social group are of fundamental importance in orchestrating these biological events (Jordan 1983 Queniart 1992:162). Women have been searching for a universal meaning that would make sense of their pregnancies, yet it is the act itself which bears universal significance, for it is the beginning of a new way of life in a new world of meaning – the becoming of a new self (Levesque 1980:15).

I argue that the construction of pregnancy as a liminal state is organized through the discourses of femininity in Western society, and in particular within the madonna/whore dichotomy. As a result, pregnancy is constructed through a narrative of the sacred and the profane which is manifested in the tensions between motherhood and female sexuality. (In contrast, pregnancy appears to be confirmation of male hetero-sexuality). Pregnancy as experience in Western society is marked by ritual practices and social beliefs. Pregnant women manifest this state of liminality in a variety of ways including ambivalent feelings toward their pregnancy; concerns about changes in patterns of

sexuality, and concerns about body image. Their male partners share some of these same concerns about pregnancy and also raises issues related to the traditional male role as husband and father.

All human life is born of woman. We carry the imprint of this experience for life, even into death. Yet, there is a strange lack of material to help us understand and use it (Rich 1986:11). We know little about how women live and feel pregnancy. Little has been written about women's experience of pregnancy. Qualitative studies are needed that examine this moment of women's history in order to describe and explore it through the eyes of those who experience it. Both Queniat (1992) and Oakley (1979), call for research that attempts to understand the phenomenon of maternity from within -- from the viewpoint of the pregnant woman. Oakley argues the advent of motherhood is not only an event of importance to the individual woman, but a moment in the history of all women (Oakley 1979:1). Most women in the world either have been or will be pregnant, and pregnancy as well as being a very personal event is a very powerful social event (Morrison 1987).

"Women's maternal role has profound effects on women's lives, on ideology about women, on the reproduction of masculinity and sexual inequality, and on the reproduction of particular forms of labor power . . . Most sociological theorists have either ignored or taken as unproblematic this sphere of social reproduction . . ." (Oakley 1980:95)

Oakley asserts that the character of first pregnancy and childbirth as life events are a composite of two dimensions in Western society; motherhood is culturally equated with the achievement of femininity by which Oakley refers to as socially constructed gender role and identity, rather than the more specific and psychoanalytic meaning of feminine sexuality development; and secondly, pregnancy is viewed as a medical condition to be closely monitored by a woman and her physician (Oakley 1980:181-182). Pregnancy is a transitional point to motherhood. Oakley argues that the starting point for research must be women's human character and further, the restoration of this to the center of our thinking about women must occur for progress both social and sociological to be made hand-in-hand naturally, with an enlarged understanding of the particularity of women's social situation; for it is by seeing how women are born different from and the same as other human beings that the prospect of a less gender-divided sociology will be realized (Oakley 1980:2).

According to Oakley, sociology separates women from the personal meaning of reproduction. By their confusion of the unique female capacity to give birth with the cultural preference for maternal childbearing, sociological paradigms, in contrast to those of medicine and psychology, demarcate reproduction as a social activity (Oakley 1980:50). Until recent expansion of interest, the main theoretical attraction of reproduction to sociologists has been the relationship between pregnancy and illness as distinct social roles (Oakley 1980:82).

The role of the pregnant woman in Western society seems to be more ambiguously defined than most other social roles as it involves an overlap of biological, psychological, social and cultural influences (Long Laws and Schwartz 1977:87). The way in which a woman attempts to give meaning to, and manage her physical metamorphosis is intimately connected to the ways in which her pregnancy is socially perceived. Experiences are constructed and interpreted around her. Interpretation of experience is dependent on the kind of knowledge made available to the actor. Knowledge relevant to pregnancy appears to lack finiteness; its boundaries are unclear (Hubert 1974; Jordan 1983).

Pregnancy and childbirth share key characteristics with other less gender-differentiated classes of life events. Personal meaning of pregnancy and childbirth to mothers is revealed by describing these similarities, rather than appealing to its character as feminine process. Oakley asserts that this is essentially an argument about human reaction to change, and that reproduction is an archetypal example of such life change, carrying tremendous physical, emotional, psychological, and social implications for those who engage in it.

"Whether childbirth is seen as a situation in which one risks death, or one out of which one acquires a baby, or social status, or a right to heaven, is not a matter of the actual statistics of modern maternal morality, but of the view that a society takes of child bearing. Any argument about women's instinctive maternal behavior which insists that in this one respect a biological substratum is stronger than every other learning experience a female child faces, from birth on, must reckon with this great variety in the handling of childbirth" (Mead in Oakley 1980 as cited by Balin 1988:275)

Pregnancy represents, both literally and symbolically, a bridge between two crucial elements in the social definition of woman – sexuality and motherhood. It is a public statement concerning a past action and a future status: It simultaneously symbolizes success in the sexual and maternal

domains. Being pregnant represents more than a transient role or status passage: It is a demonstration of an indisputable claim to motherhood. As the embodiment of what it is to be a woman, the essence of pregnancy as socially perceived lies neither in its sexuality nor its maternity but in its femininity. "The idea that only women with children are 'proper' women is remarkably pervasive even during a period of history publicly committed to gender equality" (Oakley 1980:183).

The Body as a Social Construction

The female body is always socially formed and located – by this I mean, what it is to be 'feminine' in Western society is socially constructed (Turner 1984:31). Meanings of our classification system are taken for granted; as a group we cease to question them, and thus believe we are perceiving reality, even though to a large extent we are seeing only our culture's interpretation of reality (Turner 1984). In much the same way, our perceptions of women are shaped by our symbolic constructs of femininity (Brownmiller 1984). As a society, we select very particular features of the female personality and physique to focus on and emphasize while ignoring others. We then reinterpret what we see according to these perceptions about what is important (Bordo 1990:96; Szekely 1988). Monique Wittig (1979) contends that "One is not born a woman" (Wittig 1981:71). For Wittig 'Woman' is a concept created through social relations.

" They [race or sex] appear as though they existed prior to reasoning, belonging to a natural order. But what we believe to be a physical and direct perception is only a sophisticated and mythic construction, an 'imaginary formation' which reinterprets physical features through the network of relationships in which they are perceived. (They are seen black, therefore they are black; they are seen women, therefore they are women). But before being seen that way, they first had to be made that way (Wittig 1981:71). "

Social constructions also influence more profound matters of conduct, personality and intellect (Smith 1990). Furthermore, such constructs govern the behavior of others toward the individual in such a way as to reinforce the actuality of the image (Schutz 1973). It is important to keep in mind however, that not only do we interpret and construct our reality through the application of names and symbols, but these names and symbols gradually construct us (Miller and Swift 1972:36). Thus, we live in a world doubly shaped by mental constructions. We perceive reality in terms of categories

we have learned to impose on it, and we actively shape ourselves and others to conform to the images we have created.

Social reality is composed of both ideas and actual material conditions (Smith 1990). Each has a tremendous influence on our lives. Ideas, as such, are reproduced in powerful institutions of our society such as the media. Although it is easy to oversimplify the influence of these systems, there is no doubt that they have a tremendous impact on the way in which we define our society, and ourselves within it. In fact, it can be argued that in a highly complex technological - industrial society, these systems of communication play an increasingly important part in the generation and transmission of ideas (Anderson 1983:209;Smith 1990). Moreover, as the feminist movement has shown, images of women conveyed through the media have been based on distortions and stereotypes that legitimate the status quo at the same time as they falsely represent the actual experience of women in Western society (Anderson 1983:209;Butler et.al.1980).

Advertisements are one of the most important cultural factors molding and reflecting our life today (Courtney and Whipple 1983). They are ubiquitous, an inevitable part of everyone's lives. The very existence of advertisements in more than one medium gives them an independent reality that links them to our lives; since media share a continuity they constitute a world constantly experienced as real. The ad world becomes seemingly separate from the material medium - whether it is the screen or the page that carries it (McLuhan 1964). It is this ubiquitous quality and its tenacity as a recognizable form that indicates the significance of advertising in contemporary Western society (McLuhan 1964). Obviously, advertising has a function, which is to sell things to us; but it has another function which I believe in many ways replaces that traditionally fulfilled by art or religion (Jhally 1987). Advertising creates structures of meaning. In the history of the world's best documented civilizations men have predominated as the creators of symbolic expression (Easthope 1986;Oakley 1980). It is important to note that to the extent that symbolic expression through any medium is dominated by one segment of society, the imagery conveyed is that group's imagery (Davis 1990;Muir 1989). The result is an imbalance, a lack of reciprocity: men have been the providers of images and women the recipients (Jaggar 1989; Millium 1975; Oakley 1980).

A number of important studies have approached the study of representation in the mass media . These studies examine visual imagery portrayed on the screen and in print through the use of convenience samples of advertisements. Researchers such as Betty Friedan (1963), Ann Oakley (1979), Jean Kilbourne (1979), Erving Goffman (1979), Benjamin Singer (1986), and Judith Posner (1990), have done extensive studies of visual imagery in these mediums. These studies overwhelmingly affirm that gender stereotyping exists in print media. No matter what the research approach, the conclusions are essentially the same. These studies if taken cumulatively indicate that stereotyped portrayals of women are common place in advertising in general-interest magazines, and that over a thirty year period, there have been only minor changes (Singer 1986;Spitzack 1990).

Mediated through advertising is a social model for the expectant mother to emulate. In this model, becoming pregnant is characterized as the realization of womanhood, the symbol of femininity (Graham 1976:291) . Socially acceptable representations of women in North American society are narrowly defined (Finklestein 1991;Goldstein 1992;Szekely 1988;Sulemian 1986). The absolute value of slimness in the stereotypical image of a sexually attractive woman is thematic to the social construction of femininity in our culture (Oakley 1980:210-211). Contemporary images of female attractiveness oscillate between a sparse 'minimalist' look and a solid muscular, athletic look. However, the two ideals are united in the battle of the soft, the loose, un-solid, excess flesh. The ideal is a body that is absolutely tight, contained and firm, areas that are soft, loose or 'wiggly ' are unacceptable - even on extremely thin bodies. Western attitudes to body shape are such that obesity is often seen as a physical disability for which the victim is herself/himself responsible (Oakley 1980:211). The most literal symbolic form of maternal femininity is represented by the nineteenth century 'hourglass figure' which emphasizes large breasts and hips, (two obvious physical markers of reproductive femaleness) against a wasp waist (Bordo 1990:104) The 'ideal' reproductive figure which emphasizes the swollen belly and full nurturant breasts of pregnancy, would not appear to be compatible with either the nineteenth century ' hourglass figure ' or the thin, long-legged, androgynous, sexualized ideal of the Twentieth century.

Rosser (1978) drawing on the definition of sexual identity as based on attractiveness to men has shown that women's responses to pregnancy size and shape often conflict with the standards of sexual attractiveness they perceive as applied to women in general. There are two reasons for this. First, cultural images of sexuality and maternity contradict one another,

" a woman who is sexy is not a mother and mothers are not sexy people. " (Rosser, J.E. 1978;n.p.). A second reason for the antithetical relationship of pregnancy and sexual attractiveness is that the apposite parallel to pregnancy is obesity, which is not a desired feminine characteristic (Oakley 1980:210;Lips 1982:524) .

Historically, forms of body management were used as instruments in the development of the 'inner self'. In the Middle Ages the practice of asceticism aimed at spiritual purification and damnation of the flesh was an important part of the repertoire of Christian practice (Bordo 1990:83; Turner 1984:39) . In the Twentieth century, concern with body management has become service of the 'exterior self' -- the body rather than the soul. Bordo (1990) argues that preoccupation with the body serves as one of the most powerful 'normalizing' strategies of this century (Bordo 1990:85;Oakley 1980). Drawing on Foucault's distinction between the arenas of social construction of the modern body, she argues that representational and direct locuses of social control, through which culture is converted into automatic habitual activity, legislate practical rules and regulations through which the living body is trained and shaped to meet the cultural ideal (Bordo 1990:85). Bordo asserts that media images of self containment and self mastery in conjunction with the reality of constant everyday stress and anxiety about one's physical appearance produce bodies habituated to self monitoring and self normalization (Bordo 1990:100).

Pregnancy: A Socially Constructed Experience

Cultural attitudes both to women and to reproduction are marked by paradigmatic representations. These abound in common-sense understandings of women and motherhood, but medicine, psychology and social science are their main repository (Oakley 1980:4). It is from the 'scientific' representation of women as maternity cases that the character of mother is deduced.

Science has a hidden curriculum of moral evaluations that masquerades as fact: it is these facts that must be examined to expose the typical paradigms of women as reproducers that characterize the culture of the contemporary post-industrial world (Oakley 1980:7) .

The mutual and complementary independence of common-sense assumptions about women, and the materialistic aims of media advertising and elements of scientific theory in constructing, elaborating and sustaining the image of pregnancy in Western society are exemplified in the limited portrayals of pregnant women currently available (Keller 1992;Kuhn 1982). The image and identity of the pregnant woman, and the presentation of pregnancy as a social state of being emerging from the intricate meshing of these societal forces, is more distinct, more embracing, more autonomous than can possibly be conveyed by statistical enumeration.

Graham (1976) argues that to delineate these features of the public image is to illustrate the intimate dependence of social perceptions of pregnancy on definitions concerning women: definitions concerning both their social purpose and psychic programming. This is to suggest that the commercial approach to contemporary reproduction and the manipulative role of advertising in creating and channeling material demands, imitates the social function of medical and psychological theory in legitimating everyday attitudes and practice (Graham 1976:295). Femininity as it has been defined by contemporary media is a state of being that must parallel in predetermined ways the contours of the female biological role in reproduction.

Pregnancy is a socially constructed experience in all societies. If the sparse ethnographic record is considered, one will find that there is no known society where pregnancy and birth are heeded by the people involved in its doing as merely physiological function. On the contrary it is everywhere socially marked and shaped (Jordan 1983:1;Levesque 1980:15;Rich 1986:11) . As a life-crisis event, pregnancy and birth are everywhere a candidate for consensual shaping and social regulation, the particular pattern depending on local history, ecology, social structure, technological development, and the like (Jordan 1983:2). At least by the time a woman is visibly pregnant she has moved into a new social category. Being pregnant not only licenses indulgent behavior and enhances a woman's social standing, it also equips the individual with a complete, full-time and

exclusive social role. To be pregnant in Western society is to be endowed with an identity which, above all, symbolizes fulfillment (Graham 1976:295;Rossiter 1988). Pregnancy is a job in itself. It is a social role that operates within a culturally standardized medium of communication -- the total symbolism of pregnancy is not private or idiosyncratic but, on the contrary, public and socially sanctioned (Graham 1976:304). As stated by Rossiter (1988)

"No step in the dance of being created/creating ourselves is done independently" (Rossiter 1988:282). A feeling of appropriateness, even a moral requiredness vis-à-vis one's own cultural birth practices, is normally shared by all participants - the pregnant woman as well as her family and her professional or lay attendants. It is therefore difficult to separate, within any given cultural setting, what is physiological necessity and what is social production (Jordan1983).

Although being pregnant provides a license for nonconformity, the limits of permissible behavior are socially prescribed. Despite the changes in women's roles in general, pregnancy remains a limited phase, where a woman is symbolically separated from previous social roles and obligations but not yet fully integrated into a new set of social expectations (Balin 1988:280). She remains separate as she has not yet achieved the standard that is set for all biologically female persons in that she has not given birth, and she has not entered the feminine domestic triad of wife - husband - child (Oakley 1980:183).

At no other time in a woman's life is her identity more obviously supervised and regulated socially than during pregnancy (Martin 1987;Morrison 1984). Most pregnant women report being treated differently by their family and friends (Morrison 1987;Balin 1988:281). Ambiguities surround the internal dynamics and the external manifestations of pregnancy, as well as the pregnant woman's relationship with her environment. There are ambiguities about the status of pregnancy as a time of sickness or health, ugliness or beauty, or a time of pain or of pleasure (Myers 1990). It is on this premise that Rosengren's investigations of pregnancy as a sick role were based (Rosengren 1962:372). He argued that the social expectations regarding the behavior of pregnant women in Western society are sufficiently vague that some women may choose to enact the more clearly

defined sick role as a way of resolving the ambiguity about their social status during pregnancy (Rosengren 1962:372;Oakley 1980;Greg 1992).

Rossiter (1988) argues that it is important for women to share their stories with one another. She asserts that giving birth to a child is a bodily performance to which other women are a fundamental resource, due to their own female bodies and their own experiences as childbearers. (Jordan 1983;Oakley 1979:1;Queniart 1992:161;Morrison 1987). It is crucial, according to Rossiter, to break the rule that these things are not to be talked about openly (Rossiter 1988) .

To do this we must look outside the world taken for granted. Women's realities are not represented in Western culture. Women's voices are excluded from the dominant representations of life. In the areas of the dominant culture where women have been represented, pieces of women's experience have been taken out of the context of women's lives and a version explaining these pieces has been constructed in the interest of the ruling apparatus – these are then reabsorbed by women as both natural and ideal. The pieces of women's actual experience that do not fit into the 'official' versions of reality become sources of shame and discomfort, and are buried (Rossiter 1988:19). Female culture is fragmented by male culture, and boundaries (Rich 1986:17).

It becomes clear also that images of women as mothers produced by experts come to define mothering - that is, they lay claim to all that can be said about mothering, and thus become final statements of how mothers 'naturally' are. This process leaves women as mothers attempting to relate their experiences to such images, rather than creating images for themselves, which conform to their own concrete experiences (Rossiter 1988:17). This conviction necessarily informed my decisions about method. In order to change the way women are represented in our culture we must begin with the concrete; the practices which make a woman's daily life. Images of mothering created by men have helped to structure women's concepts of mothering (Rossiter 1988:17). We need to expand language in order to invent discourses which simply acknowledge and celebrate the capacities of women's bodies, other than the ability to be sexually attractive in regular ways, in order to cease the operation of 'double consciousness' - ideological meanings which prevail despite a contradictory experienced reality (Graham 1976:282).

Pregnancy is a bodily experience that challenges a woman's given assumptions of bodily integration, boundedness and singularity (Fawcett 1977:200). This period of body doubling throws into question many of a woman's basic beliefs about personal identity and reinforces the need for a revised conception of the self (Johnson 1991). The woman is made anonymous. She becomes significant mainly as the context for the development of the new subject who is immediately figural; and her own identity is reconstituted socially in the role of mother. As described by one pregnant woman " I ' m losing my individuality. I'm not the same anymore. I'm in this new category ... a vessel, a carrier " (B.W.H.C. 1992:344). During pregnancy the woman becomes a kind of social object, and her body is an unavoidable sign of it. As a bearer of new life, she becomes public property. In part, this is a reaction to the anxiety provoked by the pregnant woman's proximity to nature and her undeniable connection to human sexuality.

Pregnancy, as described by Taylor and Langer (1977), is a social stigma. The pregnant woman is ' abnormal '. She is abnormal not because of her future status but because of the present biological ambiguity of her anomalous position as two in one (Graham 1976:297). Thus, the pregnant woman becomes a statistically novel site when she is in public view . She is no longer responded to on the basis of her own individuality, but rather the most salient part of her anatomy will now determine the nature of many of her interpersonal interactions (Taylor and Langer 1977:29).

Studies indicate that the experience of pregnancy is not limited to the woman. Caplan (1960) asserts that it is more appropriate to speak of the pregnant family rather than the pregnant woman, since all family members are affected both socially and psychologically by a pregnancy. Graham's research looks at the ways in which problems surrounding the ambiguity of the pregnancy role are assuaged or exacerbated by the manner in which the pregnant woman is treated by others in general and medical personnel in particular (Graham 1976:292). Graham focuses on the image of pregnancy as the symbol of womanhood - a symbol of femininity, as was articulated by the women in her study. Graham notes that this same image was reiterated by both friends and family of the pregnant women in her study and further, that this image is reflected and amplified in the media; in

particular in publications commissioned by medical and health institutions, women's magazines, and popular guides to pregnancy (Graham 1976:291).

Drawing on the work of Lewis (1966,1971), Graham argues that the nature of the pregnant role can be seen as expressive of the social and particularly sexual relations in twentieth century Britain (Graham 1976:292). Graham develops an analogy of pregnancy and spirit possession from literature which documents the way individuals make sense of, and manage problems arising from, a particular sequence of biological events, beginning with impregnation and culminating in childbirth. Her focus is directed to the relation between pregnancy as subjectively defined and experienced, and pregnancy as a socially constructed event (Graham 1976:292).

Graham, in looking at the socially standardized form in which pregnancy is perceived, treats the reconnaissance of the social vocabulary of pregnancy in two sections. In the first, an image of pregnancy, dominant both in individual accounts and in the popular mass media, is delineated. In the second, affinities between this image and the kinds of prenatal treatment it sustains, and the social definitions of spirit possession are suggested (Graham 1976:292). Graham asserts that the way in which a woman attempts to give meaning to and manage her physical metamorphoses is intimately connected to the form in which pregnancy is socially perceived: the way its main and side effects, both psychological and emotional, are constructed and interpreted around her (Graham 1976:293). Interpretation of experience is thus dependent on the knowledge made available to the actor. Graham concludes that knowledge about pregnancy is unclear (Graham 1976:293).

Similarly, Balin (1988) completed an exploratory study of the ways pregnant women in Western society are elevated to a sacred status and symbolically marked as moving through a rite of passage. Her analysis underscored changes in how women were treated by others—changes in diet and hygiene, acted to place them in a special social category (Balin 1988:275). The study focuses on how the pregnant woman's own as well as other's attitudes, behaviors and beliefs about their pregnancies served to separate them symbolically from their previous everyday lives and gave expressions to their status. Balin emphasizes how these and other attitudes and behaviors underscore the liminal nature of the pregnant woman's experience. In addition, Balin describes

ritual activities and events that serve to mark the pregnant woman's gradual return to the everyday workload of their lives, and their communities.

Balin asserts that the women in this study reported being treated differently by family and friends, and in particular emphasized their partner's changed behavior towards them – most expressed greater intimacy, closeness, protectiveness, and kindness (Balin 1988:284). All expressed changes in their relations at work – in particular, expectations of fellow employees and employers. Further, Balin found that strangers also treated pregnant women in a special manner. Changing social boundaries served as a clear example of this. Balin found that male strangers maintain a peculiar social distance, and as well demonstrate cross-over patterns in social boundaries in certain settings. Her results further indicate that female strangers eschew social boundaries, and that the pregnant women in this study both expected and wanted to be treated with special consideration.

Balin further asserts that pregnant women in Western society are both separated from and elevated within society, and as such society plays a large role in defining, enforcing and maintaining regulations. Balin found that the people in a woman's immediate social environment played an important role in enforcing and reinforcing dietary and hygienic regimes –particularly their restrictive dimensions (Balin 1988:92). The women in this study experienced themselves as existing betwixt and between particular social roles and positions (Balin 1988:293). In addition, Balin found liminal themes of passivity, obedience, and deauthorization emerged when women talked about birthing classes – the women expressed a genuine desire to be taught by socially authorized others (Balin 1988:294).

Similarly, Oakley (1978) argues that on common-sense grounds it would seem that the beginning of motherhood could be immensely important, and that the way the pregnancy and birth is managed could influence a woman's entire experience of becoming a mother (Oakley 1979:2). In her book Becoming A Mother (1979), Oakley asserts that the contradiction between image and reality may be associated with considerable strain in the adjustment of self-image to a woman's current work situation. As far as the transition to motherhood is concerned, she argues the gap between expectations and reality is substantial (Oakley 1980:202).

" Pregnancy is regressive; it provokes ambivalence about retentive and expulsive impulses, so much of what a woman feels about her body is interpretable only in the light of this conflict " (Oakley 1980:208).

A woman who dislikes her increased contours might be expected to report more illness symptoms and certainly a negative attitude toward pregnancy.

This aspect of pregnancy has been investigated in regard to sexuality; however, as Oakley (1980) asserts, the research focus is influenced by masculine bias, which combined with the feminine paradigm decrees that the most relevant way a mother-to-be reacts to her growing size is to become less sexually desirable and available to men (Oakley 1980:209). The fact that many first time mothers are anxious to begin wearing maternity clothes illustrates their anxiety to move out of the ambiguous early stage of pregnancy, when they seem to be 'just a little fat', into a public declaration of pregnant status (Oakley 1980:210).

Like Oakley, Quenart (1992) considers pregnancy as a social fact -- the intersection of a particular relationship of a woman to her body, with science, medical technology and other people (Quenart 1992:162). Through a series of independent interviews Quenart questions the normality of the product and process of pregnancy.

Quenart found that most of the women interviewed displayed acute insecurity in the first month of pregnancy (Quenart 1992:165). In particular, the women expressed anxiety about sexual activity (fear of endangering the fetus), appearing ugly or gross, or doing something that wasn't consonant with their understanding of the status of pregnancy. This may be connected to the fact that Canadians are oriented towards the meaning of life and its connection to Judeo Christian heritage. There is little consensus during pregnancy as to when new life begins. Quenart argues that the interiorization of social constraints ends up being supported and reinforced by the process of psychological assimilation (Quenart 1992:167). She further asserts that being pregnant is increasingly becoming a private matter, that takes place between a woman and her physician in a relationship mediated by technology (Quenart 1992:171).

Levesque (1980) aims to differentiate pregnancy as a potentially meaningful personal experience of a woman from pregnancy as a socially defined function, in which women execute the concepts of

'meaningful lived experience' as constituted through the act of attention. Levesque considers pregnancy analogous to self realization within limited cultural options. Pregnancy for her is a condition to be realized by establishing some distance from the existing cultural world. From this distance interpretation may be worked out and a personal project formed – a project where meaning and contributions make sense to a woman and which may be taken over by her in a responsible and appropriate manner. Levesque argues that through the faculty of reason a woman can map out general patterns of her action, and can calculate the special means required to reach these chosen ends (Levesque 1980:1). By describing action of this kind from the woman as free to choose perspective, Levesque shows that pregnancy is potentially a meaningful experience when it has been thought through by a woman and authorized for herself.

Similarly, Rich (1986) distinguishes two meanings of motherhood, one superimposed on the other; the potential relationship of any woman to her powers of reproduction and to children, and the institution which aims at ensuring that this potential and all women shall remain under male control (Rich 1986:13). She states, "By writing I was returning to ground that for me was the most painful, incomprehensible, and ambiguous I had ever experienced". She asserts that it was a ground "hedged by taboos and mined with false meanings" (Rich 1986:15). Rossiter (1988), as part of an ongoing effort to understand the contradictions between motherhood and feminism, suggests that the way our society organizes mothering helps to create the concept 'woman' as it exists in Western capitalist patriarchy.

Drawing on social construction approaches Rossiter demonstrates how motherhood is socially produced and therefore open to transformation. Drawing on the insights of Chodorow (1978) and Dinnerstein (1976), Rossiter asserts that after the birth of her first child a woman is no longer able to ignore how she had been formed and was being formed within a social context. Rossiter focused on how mothering reproduces women in order to understand how the relationship between mothering and patriarchy is reproduced (Rossiter 1988:15). She argues that the social arrangements of mothering are made to seem a 'natural' and 'normal' outcome of attachment (Rossiter 1988:15).

Rossiter, like Oakley (1981), grounded her data in the individual's own experience in order to allow the reader to hear, make sense of and understand the language of woman's experience. She argues that attention needs to be refocused away from women's reproduction and toward the practice of mothering as it creates the gender category woman. According to Rossiter such a focus would render the polarization of biology and culture irrelevant (Rossiter 1988). Framing women's experience in these terms demands answers which do not attribute women's oppression to single causes, but rather, provides complex concrete descriptions of how the daily experience of being human is always an experience of being organized in and through the concepts of man and woman. Thus, the research allows for the experienced reality of the female body, with its physical tie to infants, and it shows that the attachment born from that physical tie does not necessarily reinforce patriarchy because gender categories are refused—an infant's separation is not effected from a woman (Rossiter 1988:273). Rossiter further argues that we must reject discourses of women's bodies as objects and search out positions which produce a subjectivity that unifies self and body (Rossiter 1988:275).

In a similar line of thought Jordan (1983) asserts that knowledge about the management of pregnancy, labor, delivery and the postpartum period is, by and large, the knowledge of one particular birthing system: Western American obstetrics. Jordan, through her investigation of the bio-social production of childbirth in different cultural settings, calls for research which addresses the mutual feedback between biological, social and cultural dimensions in the process of pregnancy and childbirth. Jordan's study examines the cultural construction of the experience of pregnancy. She argues that childbirth is an intimate and complex transaction, whose topic is physiological and whose language is cultural. She further asserts that pregnancy and childbirth is one of four phenomena which allow the study of culture-specific management of a universal biological process (Jordan 1983:93).

According to Jordan, cultural femininity and biological reproduction are curiously synonymous in the proclamation of medical science about women. Yet, it is not only in medical science that the character of women as reproducers is mythologized: social science is no less culpable. Sociology

and psychology mimic the customs of medicine, and built into the universe of discourse are images that masquerade as facts, guises in which female persons are clothed in the habits of femininity for the performance of that most biologically female of all activities, the bearing of children (Oakley 1980:50).

Having a baby is both a biological and cultural act. Human childbirth is accomplished in and shaped by culture, both in a general sense and in the particular sense of the varying definitions of reproduction offered by different cultures. Childbirth stands at the junction of the two worlds of nature and culture. Like death and disease it is a biological event, but the defining feature of biological events in human life are their social character. The components of nature and culture are more potently and ambiguously mixed in the case of reproduction than in other physiological states. Having babies must be deeply natural, since the architecture of the female body fits women to the role. The production of children follows naturally from heterosexual congress, and the replacement of the population is dependent on human survival. Therefore, psychological characterizations of women as reproducers replicate the weaknesses of the medical model: they persistently confuse the individual and the social, blurring the distinction between what Rich (1977) has called motherhood as 'experience' and motherhood as 'institution'; they assume a crude causal paradigm of physiological states as epiphenomena of psychological ones; they treat women in an apriori fashion as representatives of femininity rather than of humanity (Jordan 1983; Oakley 1980:50).

At the same time, reproduction as a cultural activity has far reaching consequences for the life of society (Oakley 1980:7). Women are the true '*dramatis personae*' of childbirth; thus women personify the union of nature and culture directly. How a society defines reproduction is linked with its articulation of women's position; the connections between female citizenship and the procreative role are social not biological. It can be argued that the cultural subjection of women derives from the fact that because they have wombs they are caught in the trap of a collective need to control the natural forces of reproduction (Oakley 1980:8).

The power of the mother has two aspects - - the biological potential or capacity to bear and nourish human life, and the magical power invested in women by men, whether in the form of Goddess worship or the fear of being controlled and overwhelmed by women (Rich 1986:13). Graham (1976) explains such beliefs are an attempt to manage the danger and power attributed to those occupying marginal statuses.

"The power of the pregnant woman, to interfere with and upset social authority arises from the presence of the child in utero. Like those possessed by spirits the pregnant woman occupies a marginal and threatening status by virtue of the seed within" (Graham 1976:297).

Contrasting Images: Sexuality Versus Motherhood

"A woman who is sexy is not a mother, and mothers are not sexy people" (Rosser: 1978).

According to the theory of developmental contextualism, body image not only derives from person-social context relations and individual cognitive and emotional development, but also contributes to both of these processes. In other words, how one thinks and feels about one's body will influence one's social relations as well as one's psychological characteristics (Lerner and Jovanovick 1990:111).

A woman's attitude toward her body plays an important role in her experience of pregnancy (Harris 1979:347; Selby et.al. 1980). As a woman undergoes the drastic physical changes of pregnancy her body image must be continuously readjusted and reintegrated (Walton et.al. 1988:325) " Her body has undergone irreversible changes, her mind will never be the same, her future as a woman has been shaped by the event " (Rich 1986:12). A review of the literature indicates that the influence of body image on the self concept is greater for females in Western society than for males and as such, to the degree that a woman derives a sense of self worth from looking ' sexy ', in the manner promoted by dominant cultural messages, she may experience her pregnant body as ugly and alien (Karmel 1975;Graham 1976;Bordo 1990). Western culture harshly separates pregnancy from sexuality in that the dominant culture defines feminine beauty as slim

and shapely. The pregnant woman is often not looked upon as attractive or sexually desirable (Crooks and Baur:1990).

The concept of body image refers to the mental picture a person has of her / his own body (Brownmiller 1984). It involves not only how an individual sees her / his self but how one thinks other people perceive them (Fallon 1985:104). Culturally bound and consensually validated definitions of what is desirable and attractive play an important part in the development of body image (Furkham 1983). Body image constantly changes and is continuously modified by life circumstances (Fawcett 1977:200). Consequently, it seems reasonable to expect body image changes during pregnancy.

Studies suggest that the attitude of the pregnant woman's male partner is especially important in influencing the woman's perception of her body during pregnancy. Dream analysis studies done with pregnant women have revealed themes of physical and sexual undesirability, along with fears that their male partners will find other non-pregnant women more appealing (Genevie and Margolis 1987:432;Harding 1987:167;Harris et. al. 1980:232).

"I feel like a pregnant elephant. Uncomfortable... I feel as though I've been taken over, I can't imagine what it is like to be back to normal size..." (Oakley 1980:211)

" I think he looks at me in a different way from what he used to... I don't think he finds me so sexy. Well, I don't suppose I look sexy. No, I think he thinks of me more as the mother of his child " (Oakley 1980:210).

Diane Horgan's (1983) study suggests that attitudes toward pregnancy and pregnant women can be differentiated on the basis of social class. In her examination of pregnant women's views of themselves she found clear differences in the self report data of upper-class and working-class women. Harris (1979) further analyzes cultural as well as psychological factors that may influence the way in which a woman perceives her body during pregnancy. She concludes that cultural as well as psychological factors influence not only perception of the body during pregnancy but the meanings attached to these body perceptions (Harris 1979:348).

Similarly, in a longitudinal study of body image change during pregnancy, Harris (1979) investigated body image change in women during the three trimesters of their pregnancies as

well as postpartum. Harris argues that the way the body is experienced is intimately a function of culture and thus body image variables are related to background (Harris 1979:348). Harris concluded that white women tended to be more aware of their stomach at all three points in time - and were most aware at nine months and least aware during postpartum. She further found that black women did not change in stomach awareness after delivery (Harris et.al. 1979:350). In this study white women related stomach awareness to their physical state, whereas black women tended to relate stomach awareness more to emotional and financial factors. Morrison (1987) views pregnancy as being like "two sides of the same coin" – pregnancy is natural, and at the same time entirely commonplace. Morrison, like Horgan (1979), argues that the choices we have affect the way women feel about being pregnant and the decisions they make. Money, race, relationships, other children, jobs, health, social class, where one lives, being single, with a male partner, or being a lesbian with, or without a partner are crucial factors. She further asserts that individual personality makes a difference too, but personal lives are shaped by and connected to the society in which one lives.

The specific experiences of women as social beings have been absent from most of Western culture's discourse about human experience. In particular, experiences such as pregnancy and childbirth have not been analyzed by social scientists, as these experiences were not considered socially worthy of reflection (Levesque 1980:10). The existing discourse describes pregnancy as a state of the developing fetus, for which the woman is a vessel. Pregnancy is defined as an objective, observable process to be held under scientific scrutiny, and it often becomes objectified by the pregnant woman herself. Little significant work on the subject, the woman as the site of her proceedings, currently exists. We know little about the way women experience pregnancy (Kristeva 1980:237; Young 1990:160). This study examines the ambiguous role of pregnancy as a socially constructed state of being, where attitudes about motherhood and sexuality conflict. Following Smith (1990) I emphasize the local, and the particular, beginning my enquiry from the stand point of the pregnant woman's experience – her reality. In order to examine pregnancy as a social role with consideration of the interaction of biological, psychological, and social factors that contribute to the

pregnant woman's constructed and interpreted reality, I attempt to preserve the presence of the research participants as knowers and actors in order to gain an understanding of how their worlds are organized and determined by social relations immanent in and extending beyond them.

Plan of the Thesis

Chapter two provides an overview of the design of the thesis and a brief review of comparative literature on feminist research methods is presented. I argue that while previous approaches to the study of women's experiences of pregnancy make a contribution by incorporating theoretical aspects of pregnancy as experience into their analysis they fail to locate the social relations of women's experience of pregnancy as a state of being. These relations are of central importance to a woman's experience of pregnancy. I suggest that one of the reasons for this omission is the reliance on the medical/psychological model which has resulted in the exclusion of woman's experience from a stand point in her everyday world (Smith 1990). Drawing on the work of Oakley (1981) the parameters of the thesis are set in order to examine pregnancy as a socially constructed experience through a set of semi-structured qualitative interviews with pregnant women and their partners.

Chapter Three introduces the theoretical orientations of the thesis. A review of the comparative literature on femininity as a symbolic construct reproduced by the modern media is presented. I argue that advertisements play an instrumental role in the practical organization of achieving femininity as a presentation of self in everyday life. The radical alteration of body experience during pregnancy results in the construction of female existence within a complex rational nexus. I argue that due to the radical change in body image and social role women look for other more stable social roles in which to pattern their behavior, as the modern ideal of the feminine woman and mother contradict one another. The relationships between pregnancy and obesity, and pregnancy as illness are explored.

In Chapter Four, I examine the roles of nature and culture in the definition of a woman's experience of pregnancy. I argue that as a bearer of new life the pregnant woman becomes 'public property' as she is marked by her proximity to nature. Pregnancy as a liminal stage in which the

pregnant woman finds herself at once no longer classified and not yet classified is examined. Pregnancy as a social stigma and the adaptation of the sick role during pregnancy are further explored.

Chapter Five provides an overview of body image as related to the experience of pregnancy. The limited portrayal in the modern media of pregnancy as a social experience is examined. The traditional view of women based on Judeo-Christian doctrine is explored in comparison to contemporary views of women. The topic of semiotics is introduced in order to provide an overview of the apposite parallels of the modern ideal of femininity and pregnancy.

Chapter Six is an examination of the interview data as it relates to the main themes of the literature review. The body as a social construction (body image - pregnant body image), pregnancy as a socially constructed experience (pregnancy as a liminal phase), and the contrasting images of sexuality and motherhood are explored.

Chapter Seven provides a summation of the arguments presented in the thesis. I discuss the implications of an analysis of pregnancy as a socially constructed experience for feminist sociology and suggest directions for further research.

CHAPTER TWO - METHODOLOGY

In this chapter I describe the design of the thesis. Drawing on Oakley (1980) I describe how the parameters of the thesis were set in order to examine pregnancy as a socially constructed experience. A brief overview of comparative literature on feminist research methods is presented, in conjunction with a brief discussion of previous approaches to the study of pregnancy. I argue that the previous research makes a contribution to the theoretical understanding of pregnancy as experience by incorporating aspects of pregnancy as experience into analysis; however, there is a failure to locate the social relations of women's experience as a state of being. I argue that these relations are of central importance to a women's experience of pregnancy and suggest that traditional reliance on medical/psychological models has resulted in the exclusion of woman's experience from a standpoint in the everyday world.

Feminist sociologists such as Smith (1990), Tomm (1989), and Stanley (1990), argue that the epistemological assumptions of patriarchal sociology must be re-examined from the standpoint of women's experience. As sociologists we need to explore the ideological practices that subdue the lived actualities of women's experience to the discourses of ruling (Smith 1990; Stanley and Wise 1990; Tomm 1989). Dorothy Smith (1987) argues that a standpoint in the everyday world is the fundamental grounding of modes of knowing, developed in a ruling apparatus (Smith 1987:108). She further asserts that a standpoint in the everyday world would preserve the presence of subjects (women) as knowers and actors, thus offering the researcher an understanding of how these worlds are organized and determined by social relations immanent in and extending beyond them (Smith 1987:105-106; 1990:16-28).

"Dorothy Smith's project is to participate in the construction of a 'Sociology for Women', in which feminist research practice should never lose sight of women as actively constructing, as well as interpreting the social processes and social relations which constitute their everyday realities" (Stanely and Wise 1990:34).

The relations among multiple everyday worlds and the accomplishment of these relations within them create a dynamic organization that in the context of contemporary capitalism continually feeds

change through to our local experience (Smith 1987:110). Stanley and Wise (1990) argue that feminist research must be located in and proceed from, a grounded analysis of women's material reality (Stanley and Wise 1990:25). Stanley argues that the researcher's understandings are necessarily, temporally, intellectually, politically, and emotionally grounded, and are thus as contextually specific as are those of the researched (Stanley and Wise 1990:23). Tomm (1989) draws out the historical connection between the values that shape the nature of research and the dominant values of the society in which the research is conducted (Tomm 1989:3). This can be remedied according to Nielsen (1990) by seeking out the submerged consciousness of the practical knowledge of everyday life and linking it to the dominant reality (Nielsen 1990:97).

The underevaluation of women's models has led to an unreal theoretical categorization of the interview as a means of collecting sociological data which cannot, and as Oakley (1981) argues does not, work in practice, especially when a feminist interviews a group of women (who may or may not be feminists). Oakley, like Smith (1979), argues that sociology as a discipline mirrors society, in not looking at social interaction from the viewpoint of women (Oakley 1981:40).

According to Oakley, interviewing is essentially a conversation, but it is also significantly an instrument of data collection. The interview is a specialized pattern of interaction -- a pseudo-conversation, initiated for a particular purpose, focused on certain content areas, with the consequent elimination of extraneous material (Oakley 1981:32). For Oakley, the interview allows for interactive research which does not adhere to the principle of a hierarchical relationship between the interviewer and the interviewee. Rather, an attempt is made to generate a collaborative approach to the research which engages the researcher and the respondent in a joint enterprise - the formation of a relationship between the interviewer and the interviewee thus becomes an important element of acquiring information (Oakley 1981:44; Tomm 1989:3). Central to this enterprise is the way in which meaning is constructed and understood in an interview setting.

Roland Barthes addresses the topic of semiotics - the study of signification, or meaning production in society in his book Mythologies (1970). He argues that meanings are produced through codes embedded in representations within a given society, and that while these meanings

may appear natural, obvious and immanent, they are in fact produced (Barthes 1970). Similarly, femininity as addressed by Smith (1990) is seen as a complexity of actual realities vested in texts. The social forms, organizations and realities tapped into by the concept femininity are actively constructed (Smith 1990:165). Women are not passive products of socialization, but also create their own reality; thus, the social character of femininity is achieved in and through what actual individuals are doing in the actual settings of their everyday lives (Smith 1990:161,165; Gilligan 1982:2).

Schutz (1970) takes Barthe's argument about the production of meaning a step further in his assertion that we as individuals work not only within but upon the world (Schutz 1970:72). He argues that our experience of the everyday world includes not only the 'natural' experienced by the individual but the social (and the cultural) world within which an individual finds her/himself (Schutz 1970:5). Combining insights from Mead and European philosophers, Goffman (1963) and Garfinkel (1967) have investigated the hidden work of making sense that every member of society must learn to do. Goffman's two best known works Stigma (1963) and The Presentations of Self In Everyday Life (1959) describe the careful, but unnoticed (taken for granted), strategies that all members engage in, in order to keep ordinary interaction flowing smoothly. Goffman asserts that all members are attuned to the way they are 'coming across' to others and further he examined the way appearances or 'selves' were created so as to 'control' or manage the impressions made (Goffman 1963:13). He asserts that such skills are the building blocks of the social order (Goffman 1963:5).

Garfinkel (1967), like Goffman, addresses the way the social order and 'normalcy' are created in everyday life (Miller 1993:56). He contends that every actor is a 'reality constructor' and further, that because our knowledge of the world is incomplete, we see and hear it in a fragmented way only, and must construct from these fragments of sense data recognizable sense phenomena. Central to this idea is Garfinkel's 'natural attitude'. The natural attitude allows individuals to assume that the world exists externally to themselves. Objects as well as individuals are independent of one another, and have fixed unchanging characteristics (Garfinkel 1967:37). Therefore, the socially

standardized and standardizing, seen but not noticed, expected features of everyday life go unexamined (Garfinkel 1967:53). Members of society, therefore, use these background expectations as a scheme of interpretation.

Berger and Luckman (1966) argue that the reality of everyday life is taken for granted, and therefore does not require constant verification by the individual. (Berger and Luckman 1966:23). They further assert that society exists as both objective and subjective reality, and as such, theoretical understanding must comprehend both aspects. The individual not only takes on the roles and attitudes of others, but in the same process takes on their world. Thus, to be given an identity involves being given a specific place in the world (Berger and Luckman 1966:132).

Feminist scholars such as Smith (1990) contend that the boundaries of inquiry are set within the framework of what is already established - the world taken for granted. They further argue that two models of knowing, experiencing and doing, (one located in the body and the space it occupies and moves in, the other passing beyond it) create a bifurcation of consciousness in that the local and particular side of knowing has not been the site of systematic knowledge.

The focus of this study is to examine the ambiguous role of pregnancy as a socially constructed state of being where attitudes about motherhood and sexuality conflict. In addition the prevalent stereotypes of the mother-to-be, with a particular focus on the influence of contemporary media representation of pregnancy on pregnancy or pregnant women's body image, are examined. Pregnancy is examined as a social role with consideration of the interaction of biological, psychological, and social factors that contribute to the pregnant woman's constructed and interpreted reality.

Pregnancy as a phenomenon is not static. Through pregnancy women of all generations past and present are connected. We may suppose that language, perceptions and the use of visual information may be different for women or men than for physicians, researchers, or observers (Gilligan:1985;16). It is necessary to restore women to a central place in the pregnancy scene. One way to do this is to study the pregnant woman within her own framework of relationships, economic and health needs and desires. It is the intention of this study to contribute to a

presentation of pregnancy as experienced by women, and to give women the opportunity to express in their own voices their thoughts, ideas and opinions about the media's portrayal of pregnancy and its effect on their perception of their own body during pregnancy. The patterns evident in women's experience of pregnancy as outlined in this study suggest that similar results would be found in a more comprehensive study.

Sample

Qualitative research interviews were conducted with female primiparous participants and their male partners during the second and third trimesters of pregnancy. Interviews were tape recorded to allow free interaction between the researcher and the interviewees. A semi-structured interview based on the work of Ann Oakley (1980) was used in order to allow the researcher to explore each participant's individual views and further, to allow the researcher to generate theory (Rienharz 1992:18). It is my intention in this study to look at the key themes of how pregnancy is experienced as a social construction and to link these to interview data from a small purposive sample. I shall be reviewing literature from interdisciplinary work regarding the social construction of pregnancy, focussing on the way in which the general aspects of pregnancy are described. This literature review data will be supplemented with some data from the purposive sample interviews.

Given the nature of the research question and lack of available material on pregnant women, a purposive sample was used. The women and men represented in this study were self-selected rather than randomly sampled. Women and their partners who were willing to participate were found by explaining the project to childbirth education classes, and Lamaz classes, as well as by advertising for volunteers within local medical clinics and obstetricians' offices. In this way, and by contacting other couples suggested by the volunteers, a final sample of twenty five women and their male partners was attained. The result was 96 interviews, 50% conducted during the second trimester of pregnancy and the remaining 50% were completed during the third and final trimester. One male partner refused to participate, and one couple declined the second interview due to miscarriage.

Almost all of the interviews were conducted at the participant's homes, although occasionally for convenience they were done at a participant's workplace or at the university. One interview was completed by telephone. All interviews were tape recorded with the exception of two, which were manually recorded. All were transcribed by the interviewer. All participants were advised that any publications to be made from the research would protect the names and personal details of all participants, and each participant would be notified of any such publication (Oakley 1981:44-45).

Characteristics of the Study Group

The sample includes 28 women and 25 men. Twenty-five couples and three individual women participated in the first phase of the study. The second phase of the study was completed with twenty-four couples and three individual female participants. One couple declined participation in the second phase of the study due to termination of the pregnancy as a result of miscarriage. All participants were residents of Thunder Bay, Ontario at the time of the study. Female participants ranged in age from 22 to 40 years. Male participants ranged in age from 26 to 52 years, with a mean age of 29 years for the female, and 34 years for the male participants. On average female participants were four years younger than their male partners. All except three were experiencing first time pregnancies.

The respondents represent all of the major nationalities of the multicultural population of the Thunder Bay region. Eleven percent of female participants presented themselves as homemakers. Forty-three percent were employed in the blue collar professions at the time of the study. Sixty percent of the participants reported being members of the Roman Catholic Church. Twenty percent claimed no religious affiliation, and twenty percent reported affiliation with religious institutions as listed here in order of frequency; Christian Reform, Protestant, Lutheran, Orthodox, United and Pentecostal.

Procedure

A set of two semi-structured interviews was done in order to hear women's views at different moments during their pregnancies and their lives (Oakley 1979; Greg 1991). In addition participants were shown a series of images of pregnant women and asked to comment, thus giving the researcher access to participant's thoughts, ideas and memories in their own words (Oakley 1979:48). Semiotic analysis of the images themselves was not completed within the paradigm of the current study, as the images were included in order to allow the researcher insight into participant's ideas about representation of pregnancy in the modern media.

The initial interviews took place in the second trimester of pregnancy at approximately 13-26 weeks into the pregnancy. Interview schedules were arranged to ensure female and male partners were unable to discuss the interview with their partner before they were interviewed to avoid influencing each other's responses. The interviews were semi-structured, allowing for interviewer participant interaction as well as allowing an open ended discussion of pregnancy, body image and any related issues (Oakley 1982:32). Some structured questions were asked during the initial interviews in order to complete the basic methodological format. However, no time limit was put on interview sessions.

Both the pregnant woman and her male partner were interviewed. The partners were interviewed privately and individually as studies indicate women tend to discuss their feelings about their lives, roles and marriages more freely when men are not present (Rienharz 1992:44). Each couple was interviewed twice. During the initial interview (in the second trimester of pregnancy - approximately 13-26 weeks) the women were asked if they subscribe to any women's periodicals. These data were used to draw out the relationship of women's perceptions of their body image and the images they were exposed to in women's periodicals during their pregnancy (Rienharz 1992:150). Each interview was followed up with a telephone call within 24 hours of the interview to give participants the opportunity to add any relevant information and/or clarify any topics discussed during the interview process. The categories covered in the interviews focused on two main

themes: pregnancy as an ambiguous state of being and the link between sexuality and pregnancy -- motherhood. The initial interview focused on primary changes in the pregnant woman's physical body, its effects on her interpersonal and social relations, and the effect of the pregnancy on her perceptions of herself as a woman. The woman's perception of her pregnant body image was examined with particular attention to its effect on her sexuality.

The second set of interviews was done in the third trimester, 27-38 weeks into the pregnancy. A review of the topics covered in the initial interview initiated the format of the second interview for both female and male participants. By the third trimester awareness of size increase is intensified and is often accompanied by ambivalent feelings (Fawcett 1977:201). In the third trimester the uterus becomes very large, contractions may occur, the woman's abdomen becomes very hard, there is pressure on the bladder, the stomach is pushed up and flattened, the navel is pushed out, and the pregnant woman may have to work hard to maintain her balance. In the seventh month the fetus may drop, and swollen ankles are common (B.W.H.C. 1992:349-350). The focus of the second set of interviews was on the drastic physical change evident in the third trimester of pregnancy, and its effect on the woman's interpersonal relations as well as her social relations and social roles in the context of her everyday world. All participants were interviewed twice during the period of May 08 and August 30 1993, with the exception of one interview which was done via the telephone on September 03, 1993. This preliminary data collection and the accompanying discussion set the stage for more detailed analyses of pregnancy as a socially constructed experience.

The intent of the second interview was to measure the pregnant woman's perception of her body image at the peak of her physical change (Greg 1992). The focus of the second set of interviews was set by the topics discussed and issues raised in the initial interviews. During the second interview the pregnant woman and her partner were asked to talk about their thoughts, opinions, and ideas in regard to a series of images of pregnant women (Oakley 1981:40). These images were selected from a variety of women's periodicals, self-help books, and medical texts dealing with pregnancy and childbirth. The purpose of showing the respondents these images was

to enable a comparison of the pregnant women's expressed thoughts, ideas and opinions about their body image during pregnancy and their perception of specific media representations of pregnant women. The male partner was included in the study as the available literature indicates a relationship between men's feelings about pregnancy, pregnant women in general and their partner in particular, and women's perceptions of their body image during pregnancy (Fawcett 1977; Harding 1987; Harris 1979; Karmel 1975). The interview schedule was both developed and piloted with a pregnant couple prior to the commencement of the interview process.

In the following chapter I will expand on the themes of meaning production and reality construction in relation to the works of Barthes (1970), Schutz (1970), Goffman (1963), Garfinkel (1967) and Berger and Luckman (1966). A brief review of the comparative literature on femininity as a symbolic construct reproduced by the modern media, in conjunction with a discussion of the social construction of the feminine paradigm based on the work of Smith (1990) is presented. I argue that the radical alteration of a woman's body experience during pregnancy results in the construction of female existence within a complex rational nexus. As a result women look for new stable social roles in which to pattern their behaviour as the modern feminine ideal and motherhood contradict one another.

CHAPTER THREE
THE BODY AS A SOCIAL CONSTRUCTION

Femininity

" An essential part of being a woman is that of living the ever present possibility that one will be gazed upon as a mere body, as shape and flesh that presents itself as the potential object of another's intentions and manipulations rather than as a living manifestation of action and intention " (Young 1990:66).

Everything that we know about the body exists within a form of discourse; and discourse whether verbal, visual, historical or speculative is never unedited, never free of interpretation. Discourse is defined as an assemblage of 'statements' arising in an ongoing 'conversation' mediated by texts, among speakers and hearers separated from one another in time and space (Smith 1993:53).¹ Textual discourse is not merely the product of texts, but is situated in social relations which in turn mediate and organize. Texts, among other functions, standardize the correspondence between visual codes and their interpretation. The appearance of meaning in the permanent material form of a text detaches meaning from the lived process of its making. The text's ability to transcend the essentially transitory character of social processes and to remain uniform across separate and diverse local settings is key to the distinctive organization and relations they make possible. To examine the discourse of femininity in this way allows one to engage with relations organized by a mass media of women's magazines, advertising, television and movie images imaging and enunciating femininity. The productive and commercial organization of fashion, cosmetic and garment industries can be examined at the point of women's and men's local practices of their everyday worlds.

Femininity as defined by Smith (1993:161) is the actual social relations of a discourse mediated by texts where women are active both as subjects and agents. Smith argues that women are not passive products of socialization but rather, active participants – they create themselves. At the same time their self creation, their work, the uses of their skills, are co-ordinated with the market for fashion and cosmetics through print, film, and so on. The relations organizing this dialectic between

the active and creative subject and the productive organization of capital are those of a textually mediated discourse of femininity.

The notion of femininity deployed as a descriptive category does not locate a bounded class of events or state of affairs. The social forms, organizations and relations tapped into by the concept of femininity are actively centered. The concepts, categories and images in which we talk and find femininity are part of these practices. They are embedded in and intelligible only in the context of the complex of which they are part, as well as being integrated into its organization and accomplishment.

With the advent of movies and television, the rules for femininity have come to be culturally transmitted most often through the development of standardized visual images. As a result femininity has come to be largely a matter of constructing, in the manner described by Erving Goffman (1979), the appropriate surface presentation of the self. We are no longer told what 'a lady' is or of what femininity consists. Rather, we learn the rules directly through bodily discourse; through images which tell us what body shape, facial expressions, movements and behaviours are required or idealized.

It has been argued that the discourse of femininity originated with the emergence of a new order of social relations resulting from the discovery of moveable type and from the organizational and commercial developments which brought about a mass market for books and magazines (Kuhn 1982; Postman 1985). The standardization of images, the idealization of the image that is constituted by the text, enters and organizes local sites of action and experience. Images distributed through the media are constant for every local site in which they occur in printed form. The normative image is the same for women and men anywhere the distribution systems reach.

As mass media has evolved, image and doctrine have become pervasive and invasive. The printed image is interpreted by doctrines of femininity; doctrines of femininity are inscribed in printed images. Doctrines and images of femininity are inextricable. The rise of the mass media in the twentieth century has imposed increasingly uniform standards of beauty and fashion in the West. Motion pictures and widely distributed women's magazines provide information on beauty

standards to an increasing number of women and men from both the upper and middle classes as suggested by the work of Kuhn (1982), Perdue and Peterson (1986), and Muir (1989).

Body Image

"Body images are in principle social. Our own body is never isolated but is always accomplished by the image of others" (Schiler as cited in Turner 1992:55).

The concept of feminine beauty has never been static. Attractiveness and active efforts to attain the cultural ideal have consistently been more a female than a male tradition. Styles of the female figure vary over time and cross culturally, reflecting cultural obsessions and preoccupations in ways that are poorly understood. Today, massiveness, power, or abundance in a woman's body is met with distaste. The current body fashion is taut, small breasted, narrow hipped, and of a slimness bordering on emaciation (Bordo 1990:90). The emaciated ideal of beauty for women gained prominence only in the 1960's with the explosion of the super model Twiggy onto the fashion scene. Today the ideals of beauty maintain this emaciated ideal, embodied in waif-like models reported in the popular media to be from 5' 7" - 5' 8" in height and weighing between 98-105 pounds (Bordo 1990).

Regardless of age, ethnicity, race or class, most women who are raised in North America learn that they are unworthy, unhealthy, and even immoral if they cannot maintain a low body weight. Virtually all women in our society are raised to associate self worth with appearance. From infancy women are encouraged to invest in appearance and are rewarded for successfully achieving the ideal of feminine beauty. Women are taught that beauty is both their primary commodity and spiritual mission in life – that their power is located in their body's ability to attract men. In his book, Ways of Seeing, John Berger states "men look at women. Women watch themselves being looked at" (Berger 1973:46). This dynamic determines not only most relations between men and women but also the relation of women to themselves. Berger suggests that women are taught to see their bodies as reflective of their being and at the same time, to relate to their bodies as objects. For

many women, the body is a mirror of the self. Young (1990) in her article 'Throwing Like A Girl' writes,

"the woman... actively takes up her body as a mere thing. She gazes at it in the mirror, worries about how it looks to others, prunes it, shapes it, molds it and decorates it" (Young: 1990:66).

Body image not only derives from personal/social context relations and individual cognitive and emotional developments, but also contributes to both of these processes (Lerner and Jovanovic 1990:111). Body image is the way individuals perceive themselves and equally important, the way they think others see them. Body image is constantly changing, continuously modified by biological growth, trauma or decline; it is significantly influenced and molded by life circumstances accentuated by pleasure and or pain (Fallon 1990:80). Culturally bound and consensually validated definitions of what is desirable and attractive play an important part in the development of body image. A woman's body image includes her perception of the extent to which she matches the standard, and the perception of the relative importance that members of the cultural group and the individual place on that match.

In our image bedazzled culture, interrogation of the popular representations through which meaning is crystallized, symbolized, metaphorically encoded and transmitted reveals that advertisements educate and train, as well as inform. Advertisements have become instrumental in the practical organization of achieving femininity as a presentation of self in everyday life. Messages about the importance of achieving thinness are rife in popular advertising. Recent research suggests that almost seventy percent of female characters on thirty-three top rated television programs were slender (Rice 1994).

A study of three popular women's magazines reported the percentage of thin female models rose from three percent in the 1950's to forty-six percent in the 1980's (Gagnard 1986). Similarly, a study of five women's magazines found the degree of female models' body fat decreased fifty-five percent over a thirty year span, while the space devoted to diet and weight loss articles increased five fold (Snow and Harris 1986). Further, research has shown that the ideal of beauty became twenty-three percent lighter over a period of twenty years (Rice 1994). A generation ago,

the average model weighed eight percent less than the average woman, whereas today she weighs twenty-three percent less (Woolf 1992).

Recent studies indicate that approximately ninety percent of women dislike the size and shape of their bodies; seventy percent are continually dieting, and up to twenty percent of women develop serious problems with regard to food and weight. Fifty percent of girls in Canada diet before the age of nine years, and girls as young as three years of age express dissatisfaction with their bodies (Hutchinson 1985;Holmes and Silverman 1992). Further, in the last decade the number of women electing for cosmetic surgery has doubled. It has been estimated that approximately 1.5 million women had plastic surgery in 1991 (Rice 1994).

Discontentment with the body arises in the relation between the text and the reader who finds in text, images reflecting upon the imperfections of her body. The interpretation of text as discourse and the organization of desire is reflective of two opposing views about what determines the body ideal in a particular culture.

The first view is based on biological determinism. This view posits that during the course of evolution biological sex differences were amplified by cultural means, making females super-feminine and the males super-masculine. Consistent with this model, but with slightly different emphases, psychoanalytic writers suggest that the experience of beauty has its origins in the unconscious mind. This perspective argues that a woman is beautiful not because of the symmetry or proportioned body parts of her form, but because of the potential sexual functions suggested by this form. Yet, many of the characteristics most closely associated with reproduction such as menstruation, pregnancy, and lactation are not highly valued in terms of aesthetic beauty. The swollen belly of pregnancy and the scent of menstruation are not considered very attractive within this framework.

The second view is that culture is responsible for ideals of beauty. It is not dimorphism 'per se', but whether and how the cultural group values it. It is culture that first covers parts of the female body and then worships it. This view proposes that the aesthetic value of beautification practices depends upon the meaning given to them in a particular culture (Fallon 1990:83).

"Whenever women look at themselves through the lens of our culture, they are seeing themselves through the dominant eye" (Fallon 1990:49).

The body is more than a simple text in which the primacy of practice over belief is exerted -- through the organization and regulation of time, space and movements of our daily lives our bodies are trained, shaped and impressed with the stamp of prevailing historical forms of selfhood, femininity and masculinity (Bordo 1989;Turner 1992).

Viewed historically, the disciplining and normalizing of the female body, perhaps the only gender oppression that exercises itself (although to different degrees and in different forms) across age, class and sexual orientation, has to be acknowledged as an amazingly durable and flexible strategy of social control. In the late Victorian age, arguably for the first time in the West, those who could afford to eat well began to systematically deny themselves food in pursuit of an aesthetic ideal. In the late nineteenth century, the practices of body management began to become middle class preoccupations, and concern with diet becomes attached to the pursuit of an idealized physical weight or shape; it has become a project in service of body rather than soul (Bordo 1990:83). The growth of consumer culture and the fashion industry in the twentieth century have given special emphasis to the surface of the body. In consumer society, with its emphasis on the athletic/beautiful body, we can see a major historical transformation of Western values from an emphasis on the internal control of the body for ascetic reasons to the manipulation of the external body for aesthetic purposes. This transformation of the body represents a secularization of Western values in which diet for the management of the spirit and the life of the soul has been transformed into diet for the purposes of sexuality and longevity (Turner 1992; Boudrieu 1984).

The cultural imagery of ideal slenderness, which now reigns increasingly across racial and ethnic boundaries, as the dominant body-standard of our culture, is of a body that is absolutely tight, contained, 'bolted down', firm. Areas that are soft, loose or wiggly are unacceptable, even on extremely thin bodies (Turner 1992:47). Such preoccupation may function as one of the most powerful normalizing strategies of our century, ensuring the production of self-monitoring and self

disciplining 'docile bodies' sensitive to any departure from social norms and habituated to self improvement and transformation in the service of those norms.

Images of the 'microcosm' (the physical body) may symbolically reproduce central vulnerabilities and anxieties of the 'macrocosm' (the social body). Mary Douglas (1966), looking on the body as a system of 'natural symbols' that reproduce social categories and concerns, has argued that anxiety about the maintenance of rigid bodily boundaries is most evident and intense in societies whose external boundaries are under attack. She further asserts that between the media images of self containment and self mastery, and the reality of constant, everyday stress and anxiety about one's appearance, lies the chasm which produces bodies habituated to self monitoring and self normalization.

It has been amply documented that women in our culture are more tyrannized by the contemporary slenderness ideal than men, as they typically have been by beauty ideals in general (Lerner and Jovanovic 1990). Through the pursuit of an ever changing, homogenizing, elusive ideal of femininity (a pursuit without a terminus, a resting point) female bodies become what Foucault calls 'docile bodies', bodies whose forces and energies are habituated to external regulating, subjection, transformation, and 'improvement' (Foucault 1979:135, 169; Bartky 1988; Brownmiller 1984).

Pregnant Body Image

" To airbrush age off a woman's face (stretch marks off a woman's belly) is to erase women's identity, power and history " (Wolf 1992:83).

Pregnancy as an experience results in the construction of female existence as centered within a complex rational nexus. "Pregnancy is associated with change in the whole of what one feels oneself to be" (Fawcett 1977:201). It is a period of observable change in the pattern and organization of a woman's total life situation. Each woman has a different emotional and physical reaction to pregnancy, and the same woman may react differently to different pregnancies. Factors influencing a woman's emotional reaction can include how the decision to become pregnant was

made, current and impending life style changes, her relationship with significant others, financial resources, and her self image. A woman's acquired attitudes about childbearing may also contribute to her experience (Crooks and Baur 1990; Harris 1979).

The most obvious change in pattern and organization both during and after pregnancy is the outward form and appearance of a woman's body. Body image is a dynamic concept; consequently, it seems reasonable to expect body image change during pregnancy (Selby et.al. 1980:8). Pregnancy is a bodily experience that challenges a woman's given assumptions of bodily integration, boundedness, and singularity. The pregnant subject is decentered, split or doubled in several ways. She experiences her body as herself and not herself (Young 1990:162). This prolonged period of bodily doubling throws into question many of our basic beliefs about personal identity and reinforces the need for a revised conceptualization of the self (Johnson 1991:303). Pregnancy challenges the integration of bodily experience by rendering fluid the boundary between what is within oneself, and what is outside, and separate. The pregnant woman experiences her insides as the space of another, yet her own body (Rich 1976:47-48). In pregnancy the body becomes colonized by what is perceived of as another subject. The perception of an invalid multiplicity alters a woman's relation with the world, first in a private way and later in a more public fashion.

" Pregnancy seems to be experienced as the radical ordeal of splitting of the subject: Redoubling up of the body, separation and coexistence of the self and another, of nature and consciousness ... " (Kristeva 1980:237).

Pregnancy introduces a break in the continuity of the self by creating a radical alteration of boundaries and self world orientation. Subsequently there is a shift for many women in their relation to the physical environment. In pregnancy one literally does not have a firm sense of where the body ends and the world begins. A woman's automatic body habits become dislodged, and the continuity between one's customary body and one's body at the moment is broken. In pregnancy a woman's pre-pregnant body image does not entirely leave her movements and expectations, yet it is within the pregnant body that she must move (Karmel 1975).

As a woman undergoes the drastic physical changes of pregnancy, her body image must be continuously readjusted and reintegrated. During the first trimester, her focus of attention frequently encompasses the subtle changes occurring with her body, and the majority of women become more aware of their physiological processes. As the second trimester begins a woman may experience the quickening of the fetus within her and may begin to think of the fetus as an individual separate from herself. As the pregnancy progresses through the third trimester, the pregnant woman must confront the psychological challenge of accepting her greatly enlarged figure. Although abdominal enlargement is especially noticeable in the second trimester, a generalized increase in body size occurs in the third trimester. Changes in the body are recognized early in pregnancy, but it is not until the second trimester that a woman develops a feeling of widened space and an awareness of generalized increase in body size. By the third trimester awareness of size increase is intensified and is often accompanied by ambivalent feelings (Fawcett 1977:201).

Dominant Western cultural ideals define feminine beauty as slim and shapely. The pregnant woman is rarely looked upon as sexually active or desirable. To the degree that a woman derives a sense of self worth from looking 'sexy' in the manner promoted by dominant cultural images, she may experience her pregnant body as being ugly and alien. The fact that many first time mothers are anxious to begin wearing maternity clothes illustrates women's anxiety to move out of the ambiguous early stage of pregnancy where one 'looks just a little bit fat' into a public declaration of pregnant status (Oakley 1980).

In many cultures fatness has been viewed with admiration as a sign of fertility, strength, and prosperity. Between 1400 and 1700 fat was considered both erotic and fashionable. In the late Middle Ages the reproductive figure was ideal. Corpulent, with emphasis on the stomach's fullness as a symbol of fertility, the maternal role was elevated in importance; womanhood and motherhood were synonymous, the beautiful woman was portrayed as a plump matron with full nurturant breasts (Woolf 1991). Even in Western culture, fat has historically been associated with youth and beauty,

as demonstrated in nineteenth century paintings of young women depicted by artists such as Renoir.

Soft protrubent body parts symbolize maternal femininity as it has been constructed in Western culture over the past one hundred years, with the most literal symbolic form of maternal femininity being represented by the nineteenth century 'hour glass figure'. This figure emphasizes breasts and hips, markers of reproductive femaleness, against a wasp waist. However, this body symbolism seems perverse when one considers what a pregnant and nursing body is actually like. Femininity and motherhood have not always enjoyed a friendly alliance. The swollen belly of pregnancy, edema in the legs and feet, the breast as a lactating organ, and the heavy flood-tide of birth are not glamorous, sexy, delicate, romantic, refined, or passive as these words are typically defined within the discourse of femininity (Brownmiller 1984). The hourglass figure is really more correctly a symbolic advertisement of women's reproductive domestic sphere than a representation of her reproductive body.

Victorians defined all reproductive activity as illness. Today beauty surgeons define illness as evidence on the female body of its reproductive activity—stretch marks, sagging breasts that have nursed, and postpartum weight gain that accumulates at approximately ten pounds per pregnancy across all cultures (Woolf 1992:226). The fat woman is not 'read' as feminine. Being fat breaks with the paradigmatic image of the reed thin woman of the texts of femininity (Smith 1993).

"A large woman who is not apologizing for her size is certainly not a figure to invite the dominant meanings which our culture attaches to femininity. She is impressive in ways that our culture's notion of the feminine cannot tolerate." (Scott and Morgan 1993).

A woman's attitude toward her body plays an important role in her experience of pregnancy, and in particular pregnant woman can be quite sensitive to her partner's response to her rapidly changing body. But the influence and the importance of the father-to-be on the expectant mother's attitude is frequently overlooked. The partner's attitude is especially important in terms of a woman's perception of her body during pregnancy (Harris et.al. 1980:232). Dream analysis of pregnant women has revealed themes of being both physically and sexually unattractive along with fears that their partner may find other women more appealing, (Harris et.al. 1980). Hollander

(1974) found that of thirty-one pregnant women interviewed, twenty-nine believed that their spouse regarded their pregnant bodies as more attractive than they themselves did. Shane and Linn (1977) found that male partners did in fact feel more positively about their partner's pregnant bodies than the women themselves did.

Significant changes have occurred in the last several decades in the role of a woman's partner during pregnancy. Pregnancy, once seen as predominantly a woman's domain, is now commonly viewed as a shared experience. Fawcett (1977) argues that the experience of pregnancy is not limited to the woman and further, that it is more correct to speak of the 'pregnant family' than the pregnant woman, since all family members are affected by a pregnancy. Empirical evidence suggests that men experience both physical and perceptual sympathetic symptoms of pregnancy during their partner's pregnancy. Such couvade phenomena are postulated to be an expression of a man's involvement in the pregnancy and of his identification with his partner (Fawcett 1977).

Like his partner a man will often react with a great deal of ambivalence toward pregnancy. He may feel ecstatic, but frightened about the impending birth. He may become more solicitous. At the same time he may feel a sense of separateness from his partner because of the physical changes she is experiencing. He may feel proud at the prospect of becoming a father, but he may question his ability to parent. He may fear losing his wife's attention and affection to the pregnancy and the baby. Most men feel concern about the impending increased financial responsibility (B.W.H.C. 1992:348). Many men, although encouraged to actively participate in the pregnancy experience, feel that their feelings of anxiety, fear, sadness, may be upsetting to their female partners and find it difficult to voice them.

In the following chapter the role of nature and culture in the definition of woman's experience of pregnancy are examined. The idea of pregnancy as a liminal stage in which a woman finds herself both classified and not yet classified into standard social/cultural roles is explored. The theme of body image and pregnancy as a social stigma is explored. Further, the sick role as an alternative to the ambiguous role of the pregnant woman is examined.

ENDNOTES - CHAPTER THREE

The fact that the female body has occupied a central place in the Western cultural imagination has been well documented. In the visual arts, from the prehistoric Venus of Willendorf to the countless representations of nymphs, goddesses, odalisques and the Virgin Mother to the images that grace modern bill boards and magazine covers, and in mythology, religious doctrine, medical and psychoanalytic treatises, one can find ample testimony to the fascination that the female body has for our individual and collective consciousness (see Appendix 4). Simultaneously, with attraction, one finds testimony to the fear and loathing the female body has inspired, beautiful but unclean, alluring but dangerous. Woman's body has appeared mysteriously duplicitous, a source of pleasure and nurturance, but also of destruction and evil (Suleiman 1986). The cultural significance of the female body is not only that of a flesh and blood entity but that of a symbolic construct.

CHAPTER FOUR

PREGNANCY AS A SOCIALLY CONSTRUCTED EXPERIENCE

"Most women in the world historically either have been or will be pregnant, and pregnancy as well as being a personal event is a very powerful social event: (Morrison 1987;n.p.)

Motherhood is arguably the most profound life transition a woman undertakes, the deepest knowledge she can experience. Mothering is a journey that forever alters a woman's private and cultural condition. The experience of pregnancy and motherhood is intensely personal, overwhelmingly private and yet, no woman comes to motherhood in a vacuum. From her earliest years, she has been the recipient of a continuous stream of dictates, determinations, representations, and symbols emanating from her culture and instructing her in norms of femininity - a condition symbolized by heterosexual marriage and motherhood.

The mutual and complementary interdependence of common-sense assumptions about women, the materialistic aims of media advertising and elements of scientific theory in constructing , elaborating and sustaining the feminine image of pregnancy in Western society are evident in the limited portrayals of pregnant women currently available (Keller 1992; Kuhn 1982). The image and identity of the pregnant woman, and the presentation of pregnancy as a social state of being emerging from the intricate meshing of these societal forces is more distinct, more embracing, more autonomous than can possibly be conveyed by statistical enumeration.

Pregnancy is a socially constructed experience in all societies. At least by the time a woman is visibly pregnant she has moved into a new social category. Being pregnant not only licenses indulgent behavior, and enhances a woman's social standing, it also equips the individual with a complete, full-time and exclusive social role. However, although being pregnant provides a license for nonconformity, the limits of permissible behavior are socially prescribed. While pregnancy legitimates a craving for sweets, cake and ice-cream, it rarely is successfully invoked as a justification for the consumption of alcohol, cigarettes or marijuana. To be pregnant in Western society is to be endowed with an identity which, above all, symbolizes fulfillment (Graham

1976:295), Pregnancy is a job in itself. It is a social role that operates within a culturally standardized medium of communication – the total symbolism of pregnancy is not private or idiosyncratic but, on the contrary, public and socially sanctioned.

Nature versus Culture

"Having a baby is a biological and cultural act. In bearing a child, a woman reproduces the species and performs an 'animal function'. Yet human childbirth is accomplished in and shaped by culture ... " (Oakley 1980:1).

Pregnancy as a phenomenon stands at the junction of the two worlds of nature and culture. It is a biological event, but the defining feature of biological events in human life is their social character. Pregnancy cannot be explained and predicted purely on the basis of knowledge about the biological functioning of the human organism. Bodies function in a social world, and the parameters of this world supply an influence of their own.

At no other time in a woman's life is her identity more obviously socially supervised and regulated than during pregnancy. First, she is made anonymous (significant mainly as context for the developing fetus), as a bearer of new life she becomes public property. In part this is a reaction to the anxiety provoked by a pregnant woman's proximity to nature. In Strauss's terms the pregnant woman's involvement in this physiological process makes her dangerously 'raw' and in need of socialization 'cooking' (Strauss 1969:335-336).

In both Western and non-Western cultures nature has traditionally been considered feminine. Central to organic theory is the identification of nature, especially the earth, with a nurturing mother as a kindly beneficent female who provides for the needs of human kind in an ordered, planned universe. However, an opposing image of nature as female is also prevalent. In this image nature is wild and uncontrollable. This is nature that can render violence, storms, drought, and general chaos. Both images have been identified with the female sex and both stand as projections of human perceptions onto the external world (Merchant 1976:2).

The female body and the natural procreative functions specific to women alone traditionally have been identified as being involved more of the time with 'species life'. This places women closer to nature, in contrast to male physiology which frees men more completely to take up projects of culture (Ortner 1974:73). De Beauvoir, in her review of physiological structure, development and function of the human female, argues that the female is more visibly involved in the species than the male and hence her animality is more manifest (De Beauvoir as cited in Ortner 1974:74). Thus women appear to be between culture and nature, lower on the scale of transcendence than their male partners. In addition, women are physiologically more involved more of the time with the 'species of life' than men, as well as being associated with the structurally subordinate domestic context (Chodorow 1978). Women are charged with the crucial function of transforming animal like infants into cultural beings. Chodorow asserts that woman's psyche is appropriately molded to the mothering function by her socialization, tending toward a greater personalism and less mediated modes of relating. These factors make women appear to be rooted more directly and deeply in nature, and further, woman's intermediate position between nature and culture may result in a greater symbolic ambiguity (Ortner 1974:85).

Pregnancy: A Liminal Stage

" She [the pregnant woman] remains separate in that she has not yet achieved the standard set for all biologically female persons, and she has not entered the domestic triad of wife husband child" (Oakley 1980:210).

As Margaret Mead (1960) affirms, as well as being biological events pregnancy and childbirth are also social events, and as such are imbued with vastly different social and symbolic meanings from one society to another. These differing social perspectives determine the variety of ways in which these events are regulated across cultures. In some societies, pregnant women and their childbirth experiences are accorded little significance. Their experiences are accompanied by few if any ritual activities. For example, in many aboriginal societies a pregnant woman undergoes no ritualized period before or after the birth of her child. During pregnancy she is expected to maintain her normal, routine activities and after childbirth to resume these activities as soon as she is

physically able (Montague 1937 as cited in Balin 1988:276). The ancient Greeks also placed little emphasis on pregnancy and the act of childbirth, but rather, held 'increase ceremonies' which took place at regular seasonal intervals rather than during a particular woman's pregnancy. In other societies, the biological events of pregnancy and childbirth are accompanied by a multitude of ritual practices and social beliefs which serve to elevate women and their experiences of childbirth to a 'sacred' status (Balin 1988:276). Within these societies, the parturient woman, through taboos and positive rites, is separated from her day-to-day life and thereby marked for a period of time as a special member of society.

Pregnant women in Western society are also marked through ritual practices and social belief as having 'sacred' status or character and as experiencing a 'sacred' event (Graham 1976). Graham (1976) investigated the social construction and portrayal of pregnancy in Western society. Her analysis with four pregnant women and two women who had given birth, underscores changes in the way these women were treated by others, as well as changes in dietary and hygienic habits, resulting in their being placed in a special social category.

The Elementary Forms of Religious Life (Durkheim 1915:271), defines 'sacred' as those things which society highly prizes. The sacred being or object is marked by total separation from the world of the profane. Along with characterizing properties which mark the sacred, Durkheim explored the relationship of ritual to the realm of the sacred, providing great insight into the process by which an object takes on sacred character.

The works of Hubert (1899) and Mauss (1964) concentrate on the role sacrifice plays in mediating the relationship between the sacred and the profane. Sacrifice as defined by Mauss is a mode of exchange in which an individual trades personal desires in order to ascend into the sacred, and reap the benefits of participating in that world (Mauss 1964:101 as cited in Turner 1986). Mary Douglas (1966) extends Durkheim's ideas about the role of ritual by maintaining the realms of the sacred and the profane. In her book Purity and Danger (1966) she examines the roles and meanings of pollution avoidance rituals held within a society. Douglas argues that a society maintains boundaries and distinctions between the sacred and the profane largely through dirt

avoidance and pollution rituals. She further maintains that pollution rituals play as large a part in modern societies as in 'primitive' societies (Douglas 1982). Many avoidance behaviors we attribute to the maintenance of health and hygiene are ultimately our symbolic means of maintaining symbolic order and form within society.

Douglas also explored the qualities attributed to persons, objects, and ideas considered to lie outside socially regulated structures and forms. People and objects of this class are socially credited with possessing or being exposed to supernatural powers and are considered to be both dangerous and in danger. Focusing on the dangers and powers attributed to individuals in marginal or transitional states, Douglas notes Van Gennep's insights into rites of passage. Danger surrounds individuals in transition because they occupy neither one state nor the next; their status is indefinable. Thus, this danger is controlled through pollution rituals which separate the transitional individual from her old status, segregate her for a time, and then publicly declare her entry into a new status (Douglas 1982:96).

Victor Turner (1979) further supports Van Gennep's conceptual scheme about rites of passage. According to Turner, all rites of passage or socially constructed periods of transition are marked by three phases, separation, marginality or liminality, and aggregation. Of particular interest to Turner is the liminal phase, where an individual is symbolically separated from previous social roles and obligations but not yet reintegrated into a new set of social expectations. The attributes of liminal individuals are ambiguous because they "elude... the network of classification that normally locates states and positions in cultural space" (Turner 1984:95).

According to Turner, initiation rites have been particularly well marked liminal periods, where neophytes are typically removed and secluded without rank or insignia. In terms of social structures neophytes are invisible. In effect the neophyte is "betwixt and between", neither here nor there (Turner 1979). Symbolic themes of this process characteristically concern gestation and parturition, referring to what the culturally-defined person has and will become. The opposed states may be represented by a single object, an act or a phase.

Turner identifies the basic model of Western society as that of 'structural positions', and therefore argues periods of margin or liminality must be regarded as interstructural situations. He asserts that certain symbolic theories express indigenous concepts about the nature of 'interstructural human beings'. Such rites indicate and constitute transitions between states. 'State', as defined by Turner, is a relatively fixed or stable condition which includes social constancies, and also designates the condition of an individual as determined by her culturally recognized degree of maturation. It is a more inclusive concept than status or office and refers to any stable or recurrent condition that is culturally recognized (Turner 1979:234). Turner further argues that 'state' is a time of transition - a process, a becoming, and in the case of 'rites de passage' even a transformation. Van Gennep defines 'rites de passage' as rites which accompany every change of place, state, social position and age (Van Gennep; as cited in Turner 1979:234).

All rites of transition are marked by three phases; separation, margin and aggregation. The first, the phase of separation, comprises symbolic behavior which signifies the detachment of the individual from an earlier fixed point within a social structure or a set of cultural conditions. During the marginal or liminal period the state of the ritual subject is ambiguous. The subject passes through a realm that has few or none of the attributes of the past or coming state. In the third phase, aggregation, the passage is consummated. The individual is in a stable state once more, and by virtue of this, has rites and obligations of a clearly defined and structural type, and is expected to behave in accordance with customary norms and ethical standards.

The symbolism attached to and surrounding the liminal persona is complex and anomalous. Modelled on human biological processes it gives an outward and visible form to an inward conceptual process. **The structural invisibility of liminal personae has a twofold character, they are at once no longer classified and not yet classified.** The symbols that represent them are drawn from biology or physical processes that have a negative value such as menstruation. The metaphor of dissolution is often applied to neophytes as they are identified with the earth.

Douglas (1966) holds that in effect what is unclear and contradictory (from the perspective of social definition) tends to be regarded as ritually unclean. **The unclear is the unclean - polluting.**

From this standpoint, one can conclude that transitional beings are particularly polluting; as they are neither one, nor the other or may be both in terms of any recognized cultural topography, and are at the very least 'betwixt and between' all recognized fixed points in the space-time of structural classification.

Since neophytes are not only structurally invisible though physically visible and virtually polluting, they are commonly secluded, partially or completely, from the realm of culturally defined and ordered states and statuses. Neophytes have physical but not social reality, hence they have to be hidden as it is a paradox to see what might not be there. Where neophytes are not removed to a sacred place or concealed they are often disguised in masks or grotesque costume.

The liminal period, if viewed as an interstructural phase in social dynamics, makes the symbolism of both androgyny and sexlessness immediately intelligible in sociological terms without the need to input psychological explanations. Since sex distinctions are important components of structural status, in a structureless realm they do not apply.

Graham (1976) examines the way pregnant women are elevated to sacred status and symbolically marked as moving through a rite of passage. Graham asserts that pregnancy and spirit possession, if viewed analogously as homologous rather than identical phenomenon, display striking similarities. In both, the individual's body is seen to be invaded by and involved with an alien being, by virtue of which both actor and being occupy indeterminate social positions. In both, the presence of this alien being provides sufficient explanation of the actor's behavior. In both pregnancy and spirit possession, the actor is exempted from responsibility for activities imputed to the spirit presence. In both, society typically manages instances of possession not by expelling the spirit (aborting the fetus) but by domesticating it, channeling its demands into socially expected forms. In both pregnancy and spirit possession diagnosis of the condition, and prognosis of its passage and cure, is seen to require specialists. Both phenomena predominate among women, where they can be seen to represent a means of expressing and coping with stress, and finally both phenomena can be seen as an oblique method of gaining status and expressing protest. These are

methods tolerated by society; but in both phenomena, the actor manipulates her superiors without radically questioning the basis of their authority.

The notion that possession centers around a dichotomous and equivocal relation between the social actor and the spirit implies that in the case of pregnancy, the unborn child can have definite, if unpredictable effects on social activity; and conversely, social activity can have unintended consequences for the fetus. This power of the pregnant woman to interfere with and upset social activity arises from the presence of the child in utero - - a power to be distinguished from that residing in the defilement associated with childbirth. Like those possessed by spirits, pregnant women occupy a marginal and thus threatening status by virtue of the 'seed within' (Graham 1976). Being pregnant is seen necessarily and inevitably to affect the mental and behavioral activity of the actor. The individual concerned is seen as 'abnormal', not because of her future status but because of her present biological ambiguity - her anomalous position as two in one.

Unborn children, like spirits, are considered to be both dangerous and vulnerable. Anthropologists accord traditional beliefs concerning the vulnerability of the unborn to social influences as realistic attempts to combat ambiguity. In Western society similar beliefs are commonly denigrated as old wives' tales. Nonetheless, the notion of prenatal influences re-emerges in medical terminology as the basis of antenatal care in general.

Although it is frequently insinuated that the possessed individual exaggerates or even feigns possession, the occurrence of possession and its direct effect on mental and social functioning is not doubted. Similarly, for the duration of her pregnancy, the individual is denied the capacity to control and understand her actions: She is under the jurisdiction of the fetus, either directly through physical and hormonal changes it is seen to induce, or indirectly through its psychological concomitants. The social role of particular scientific explanations of the pregnancy experience appears not to offer discrete and competing theories, but to provide alternative formulations for the same theory. Pregnancy impairs the theoreticality of action. The actor is exempted from imputations of deviance because pregnancy is seen to incapacitate her as an agent of her own behavior.

The notion of responsibility found in Graham's analysis has interesting parallels to pregnancy. Today, clearly, a woman is held very much responsible for her pregnancy, but it is a responsibility as much as for the act of conception as for the form that the pregnancy takes. The spirit, manifested in possession or pregnancy, is appeased and socialized by channeling its demands into socially expected and approved forms. This type of accommodation provides the pregnant woman with an occasion to indulge and refrain. While indulgences are primarily material and feminine, exemptions refer to activities and tasks seen as key in the traditional role of woman as housewife and sexual partner. Medical opinion provides scientific rationale for these privileges and abstentions of fetal influences and preventative measures essential to its successful containment.

Medical authorities offer explanations of such diverse phenomena as the 'nesting instinct' and perversities of appetite, fluctuations in mood and sexual desire in terms of the demands of the child-in-uterus, as mediated through its chemical messengers - the hormones. Alternatively, attention to diet or avoidance of sex or heavy housework are legitimated as expedients necessary for the development of a healthy pregnancy and a healthy child.

The involvement of specialists is characteristic of both pregnancy and spirit possession. Diagnosis of pregnancy and the prognosis of its passage and outcome alleviates to some extent the threatening marginality inherent in such an ambiguous state. By identifying symptoms and by formalizing a pattern of behavior peculiar to pregnancy, society ensures that the influences of those genuinely afflicted is channeled and controlled.

Pregnancy, like other conditions in which the imputation of feminine frailty is built into a popular stereotype, offers the individual an opportunity to capitalize on her distress. It provides the individual with a method of manipulating her social network. Pregnancy like spirit possession appears to be an oblique method of gaining status, if only temporarily.

Pregnancy as experience operates within a culturally standardized medium of communication, the total symbolism is both private and idiosyncratic, and public and socially sanctioned. The symbolism of pregnancy like that of spirit possession clearly prescribes behavior both in time and context, and when the 'spirit' leaves the actor must quickly return to 'normal'.

Balin (1988) analyzed the ways that pregnant women in North American society are marked as moving through a rite of passage and moved to 'sacred' status during pregnancy. Similar to Graham (1976), women in this study experienced themselves as existing 'betwixt and between' particular social roles and positions. Deeply held beliefs regarding their vulnerabilities to danger, and the activities of protection that both the women in Balin's study and the people who shared their social worlds engaged in, serve to highlight the liminal or transitional dimension of these women's social status. Their marginal status was further made apparent in the willingness of these women to surrender to others much of the authority they previously held over their own lives. Many of the women in Balin's study directly addressed the liminal property of ambiguity during pregnancy by describing themselves as being between past and future roles.

Liminal themes of passivity, obedience, and deauthorization emerged in the women's discussions of birthing classes. During these discussions Balin recorded many of the women as having a genuine desire to be taught by socially authorized others. Another set of beliefs and attitudes characteristic of the liminal character of these women's pregnancies is evident in the records of discussions regarding sexual activity during pregnancy. All of the women in this study reported feelings of anxiety due to concerns of endangering the fetus, appearing ugly or gross to their partner, or doing something that wasn't consonant with their understanding of the status of pregnant women as future mothers.

Balin asserts that many of the behaviors and attitudes revolving around pregnancy lie within the meaning which human life holds in Western society. Despite the largely secular nature of its moral culture, Western society's orientation toward the meaning of life is deeply connected to mythical and symbolic traditions within Judeo Christian heritage. Pregnant women are considered to be the nurturers, carriers, and bearers of new life. Given the latent strength with which this mythology and symbolism continues to inform and energize secular belief about the meaning of life, it makes sense that Western society views pregnancy as a sacred event.

Pregnancy and the Sick Role

" It's like all of a sudden some people would say 'you've got this condition'. What condition ? I don't have a condition I am pregnant" (B.W.H.C. 1992:343)

Medical opinion may alleviate the threatening marginality inherent in the ambiguous state of pregnancy, by providing scientific rational for the privileges and abstentions of fetal influences and by outlining preventative measures deemed essential to successful containment. Many non-industrialized societies, invest pregnancy with religious significance; report it as an altered physical and psychic state; and celebrate it as significant not only for the pregnant couple but the entire community.

Western society in contrast, tends to treat pregnancy as a solitary clinical experience. Women in Western society experience pregnancy in the context of more procreative interventions than ever before (Greg 1992). Pregnancy as a pathological experience found its roots in the prognosis of eighteenth-and nineteenth-century physicians' attempts to assert their legitimacy, and it continues to legitimate the role of the physician today. While all cultures have pregnancy taboos related to the idea there are dangers pregnant women must avoid, Western medicine uniquely made the shift from discussing the taboos as myth to instilling its own taboos (Rothman 1989:93). Lazure (1980) claims that over a thirty year period pregnancy as experience has come to be defined as increasingly 'abnormal' (Lazure 1980:5;Eakins as cited in Schwartz 1980:5).

Morgan (1990), and Queniat (1992) examined public perception of the role of pregnancy and variations of social context within which these behavioral role expectations exist. Focusing on the change in the definition of risk in pregnancy, Queniat argues that the definition of risk in pregnancy has shifted from an emphasis on risk in pregnancy to a preoccupation by both medical professionals and pregnant women with the potential risks to the fetus. Through a series of interviews with 48 married women aged 19-40 years undergoing their first pregnancy, Queniat explored pregnancy as a social fact - the intersection of a particular relationship of a woman to her body, with science, medical technology and other people. The women in this study displayed acute insecurity with regard to their pregnancies, particularly during the initial months. Queniat found

that the need for certainty, arising from a lack of a normative definition of pregnancy in both lay and the medical literature, drove these women to participate in a variety of obstetrical techniques.

Queniart further asserts that the presentation of individual facts alone, and out of context, increases women's concern for their fetus and enhances the 'good mother mystique' - the mother's interests and personal needs should be second to those of the developing fetus. Petchesky (1987) similarly argues that this insecurity is reinforced through tests like Ultra-Sound (fetal imaging techniques) that render the fetus more visible and hence, the woman invisible. (Petchesky 1987:287). The woman becomes the maternal environment, the site of the fetus. The woman becomes a **passive spectator in her own pregnancy.**

Morgan (1990) drawing on a sample of 329 survey respondents, characterized possible behaviors expected of pregnant women consistent with the rights and responsibilities of the sick role. Univariate analysis of responses indicated overwhelming agreement with sick role expectations as appropriate behavior for pregnant women. Similarly, Rosengren's investigations of pregnancy as 'sick role' were based upon the explicit assumption that social expectations regarding the behavior of pregnant women were sufficiently vague that some women may choose to enact the more clearly defined 'sick role' as a way of resolving the ambiguity about their status. Rosengren's data suggest that women who were socially mobile (both upward and downward mobility) seemed to associate pregnancy with sick role expectations. He suggests that the psychologically significant aspect of mobility, resulting in separation from an established social network, may be resolved (resulting in less ambiguity in regard to social role) if a woman has a supportive social network. Rosengren argues that this process would reduce the need for women to adapt their behavior and experiences to the unambiguous but less appropriate sick role during pregnancy (Rosengren 1977).

Pregnancy: A Social Stigma

" For too long women have felt that pregnancy is something they have to conceal and disguise ... (Brown, as cited in Scrivner, Aug. 4, A4;19,1991).

During the Victorian period pregnancy was treated in both middle and upper classes with shame and concealment. Because the Victorian period severely restricted women's sexuality and because pregnancy directly acknowledged their sexual activity, pregnancy became an event to be hidden and concealed. Vast changes have occurred in women's roles, including changes in our views of women as mothers, and in our views of sexuality and pregnancy; but despite these changes, pregnancy remains socially stigmatizing (Taylor and Langer 1977). Numerous studies have been completed that examine various aspects of pregnancy's stigmatizing effect on women. Through a series of two experiments, Taylor and Langer (1977) argue that pregnancy in society functions as a physical stigma. The pregnant woman has a physical characteristic that sets her apart from other people. She is stared at, excluded from regular social activity, is encouraged to be at least relatively confined, and is generally avoided.

Horgan's (1988) analysis of the location of maternity clothing in different status stores, as well as self report data from 92 pregnant women indicates that the arrangement of maternity clothing is not random but reflects conventional attitudes about women's social status. High status stores project an image of pregnancy as feminine, delicate, luxurious, personal and private by placing maternity clothing adjacent to lingerie. Low status stores by placing maternity clothes in or near uniforms and half-size clothing portray an image of pregnancy that is identified with being fat, and as being associated with work. Similarly, self report data from upper and lower class women, as defined by this study, reflected these same themes. Upper-class women were more likely to view themselves as being sexy; they viewed pregnancy as a special time when they would be pampered. Lower class women in contrast wore maternity clothing sooner, reported feeling unattractive more often, and expressed more anxiety about their pregnancies.

Walton et.al.(1988) examined gender differences in response to and treatment of pregnant women. They found that pregnant women were more often offered assistance than other nonpregnant women when both were unaccompanied by a male. They further found that pregnant women were more likely to receive special courtesies, and strangers were more likely to touch pregnant women and address them with terms of endearment. Whereas many cultures look on

pregnancy as proof of adult status, the pregnant woman in Western society is often seen as more childlike than is a nonpregnant woman of the same age (Mead 1967; Tescher 1988:324).

There seems to be a culturally shared belief in Western society that a pregnant woman should receive assistance in numerous tasks that she would normally undertake on her own, and that another adult, usually her male partner, should take responsibility for her well being (Walton et.al.:1988;324). This belief is perpetuated in the limited media imagery of pregnancy in which the infantile is predominantly emphasized (See Appendix 2, Appendix 5). Infantile status is further reinforced by the roles imposed upon the pregnant woman, by her immediate family, associates, and the personnel of maternity services she may find herself exposed to during pregnancy (Graham 1976:294).

The discussion of pregnancy in this chapter outlines how pregnancy as experience in Western society is socially constructed as a liminal state in which the pregnant woman finds herself betwixt and between previous and future social roles. The adaptation of the sick role and the perception of pregnancy as a social stigma are discussed in relation to the ambiguity of the pregnancy experience. The following chapter provides an overview of body image as related to the pregnancy experience. The limited portrayal of pregnancy in the modern media is examined. The construction of pregnancy as a liminal state, as it is organized through the discourses of femininity in Western society and in particular the madonna/whore dichotomy, is explored. A brief overview of the opposite parallels of the modern feminine ideal in contrast to the experience of pregnancy is presented in relation to a brief discussion of semiotics.

ENDNOTES - CHAPTER FOUR

The insights of Emile Durkheim, Henne Hubert, Marcel Mauss, Mary Douglous, Victor Turner, Herbert Marcuse, and Arnold VanGennep are fundamental to understanding the concepts of the sacred and the profane, rites of passage and liminality as related to Graham's analysis of the social construction and portrayal of pregnancy in Western society.

CHAPTER FIVE

CONTRASTING IMAGES; SEXUALITY VERSUS MOTHERHOOD

Body Image and the Pregnancy Experience

" Cultural practices, far from exerting their power against spontaneous needs, basic pleasures or instincts or fundamental structures of body-experience, are already and always inscribed ... our bodies no less than anything else that is human are constituted by culture " (Bordo:1989;76).

It has been argued that biology influences, and to some extent constrains, who or what gets defined as the ideal. However, it is against the back drop of cultural ideals that each individual must make assessments about her or his own attributes. The extent to which perceptions of the self and the cultural ideal are discordant strongly influence body image and self concept. Further, one's motivation to reject and alter one's features is a function of social pressure one experiences to place body attributes within one's perception of the ideal.

Brownmiller (1984) asserts that of all the ways in which people think of themselves, none is more essentially experienced and central than the image of our own bodies; the body is experienced as a reflection of the self. According to Fallon (1991) with respect to body image and attractiveness at least three factors must be addressed - gender, culture, and social class. According to the theory of developmental contextualism, body image derives not only from personal – social context relations and individual and cognitive development, but also contributes to both of these processes. How an individual thinks and feels about her or his body influences social relations as well as psychological characteristics (Lerner and Jovanovick 1990:111). Consequently, it seems reasonable to expect body image to change during pregnancy – a time of dramatic physical body change.

A woman's attitude toward her body plays an important role in her experience of pregnancy (Harris 1979:347; Selby et.al. 1980). As a woman undergoes the significant physical changes of pregnancy her body image must be constantly readjusted and reintegrated (Walton et.al. 1988:325). A review of the literature indicates that the influence of body image on the self concept is greater

for females in Western society than for males, and as such, to the degree that a woman derives a sense of self worth from looking ' sexy ' in the manner promoted by the dominant cultural images of Western culture, she may experience her pregnant body as ugly and alien (Karmel 1975;Graham 1976;Bordo 1990). Western culture harshly separates pregnancy from sexuality, in that the dominant culture defines feminine beauty as slim and shapely (Cash and Brown 1989;Fallon and Rozin:1985). The pregnant woman is not often looked upon as attractive or sexually desirable (Crooks and Baur;1990). It would seem that the greatly enlarged physique of the pregnant woman is in complete opposition to the contemporary image of the feminine woman (Brownmiller 1984;Silverstein et.al. 1986;Bordo 1990;Fallon 1990).

Rosser (1978) argues that women's responses to pregnancy size and shape conflict with the standards of sexual attractiveness they perceive as applied to women in general. This is so for two reasons. First, cultural images of sexuality and maternity contradict one another: a woman who is sexy is not a mother and mothers are not sexy people.

" Mother bodies are just ... different " (Stacey 1993:205).

"I had this kind of reverence for her. There were times when I found her desirable but I couldn't follow through, particularly as the baby began to show. She was like a Madonna, off bounds. You don't go to bed with mother ! " (Jim, age 32 years - Appendix 3;1).

A second reason for the antithetical relationship of pregnancy and sexual attractiveness is that pregnancy is associated with obesity, which is not a desirable feminine characteristic in Western culture. It has been argued that the slender ideal of feminine body image suggests to women freedom from the constraint of reproduction of earlier generations (since female fat is categorically understood by the subconscious as fertile sexuality), while reassuring men with the suggestion of female weakness, sexuality and hunger (Woolf 1990). Slenderness in contemporary Western culture does not simply represent beauty. It proclaims femininity, self discipline, and desirability - sexiness. Fat in contrast suggests sloppiness, self indulgence, lack of control and asexuality.

" People write you off when you get pregnant ... when I was pregnant I weighed alot more than I wanted to weigh ... I didn't feel confident in my job, I felt stupid and sloppy and unlovable and unworthy and certainly not sexy. " (Stacey 1993:205).

The pregnant woman's relation to her body is not always negative however, but rather can be an innocent narcissism.¹ Western culture's separation of pregnancy and sexuality may liberate a woman from the sexually objectifying gaze that alienates and instrumentalizes her when in her non-pregnant state. The look focusing on her belly during pregnancy is not one of desire but of recognition. Some people may be repelled by the pregnant woman, some may find her ridiculous, but the look that follows her in pregnancy does not instrumentalize her with respect to another's desire (Kristeva 1980).

Studies suggest that the attitude of the pregnant woman's male partner is especially important in terms of her perception of her body (Fawcett 1977, Harris et.al.1980, Crooks and Baur 1990). The pregnant woman can be quite sensitive to her partner's response to her rapidly changing body and she may want and need increased assurances regarding her physical attractiveness (Fawcett 1977:210; Lips 1982). Dream analysis studies done with pregnant women have revealed themes of physical and sexual unattractiveness, along with fears that their male partners will find other women more appealing (Genevie and Margolis 1982; Harding 1987:167; Harris et.al.1980:232). Fawcett (1977) provides empirical evidence that male partners also experience differences in response to their partners' pregnancies based on social class. Fawcett suggests that lower middle class males demonstrate more pervasive joint conjugal role relationships with their female partner. As a result, these men are more likely to experience couvade symptoms in relation to their partner's pregnancy; therefore, they are more likely to be sharing more closely their female partner's psycho-social / cultural perspectives on the pregnancy experience. Further, Nelson (1986) suggests that working-class women are more likely to have negative feelings about pregnancy, are less likely to say they feel good about how they look and feel, and are less likely to report social consideration from others.

A similar study by Crooks and Baur (1990) found a wide range of feelings about pregnancy. The results of this study suggest that 35% of the women interviewed loved being pregnant, 8% hated being pregnant, and 40% had mixed feelings about the experience. Comments made by women in Genevie et.al(1987) further exemplify the wide range of feelings experienced by pregnant women.

" Wonderful! Sexy, Super fulfilling emotionally. Improved closeness with husband ... Lots of attention from friends and strangers. I think being pregnant was the best thing that ever happened to me. I felt beautiful. For the entire nine months I was on an emotional high." (Genevie et.al.1987;101).

" I hated being pregnant, I guess I felt embarrassed that people would know I had sex with my husband, I didn't like the uncomfortable fat feeling " (Genevie et.al.1987:103).

" It's an emotional roller coaster ride. Time goes so slowly. All the doctor bills and visits, and getting fatter and fatter. Each pregnancy got worse physically. On the other hand, it's a great experience, feeling life grow, preparing for the baby and wondering what he or she will be like." (Genevie et.al. 1987;105).

Results of Crooks and Baur's (1990) study further suggest that women who have positive feelings about sexuality during pregnancy display more sexual interest, activity and satisfaction during pregnancy than do women with negative attitudes about sexuality during pregnancy. The research further suggests that planned pregnancy results in fewer sexual problems than unplanned pregnancy.

Media: The Image of Pregnancy

As recently as the early 1900s confinement was considered a moral necessity for pregnant women, particularly those of upper class standing. It was not until 1904 that the maternity dress came into being - a tea dress designed for seeing women friends at home. (ABC News, July 18, 1991). After World War I, the beginnings of women's liberation during war times enabled what was then considered the ' shocking ' first images of a pregnant model in Vogue Magazine (May 01:1936), (See Appendix 5). However, it was not until the 1950s that the first celebrity mother-to-be would appear on television. In 1952, the popular television sitcom ' I Love Lucy ' starring actress Lucile Ball presented the dramatic announcement of her character's pregnancy with the words " Ricky, this is it ! " Almost thirty years later Alfin Fragrances of New York began its promotion of its 'Birthright' skin care line for use during pregnancy. A two million dollar print campaign featuring model Claudia Zelman, posed partially nude and pregnant, was launched but was rejected by major American department stores as the images were cropped in such a way as to reveal the belly

button. The pregnant body came to the forefront of media attention once again in March, 1982 when Lady Diana Spencer, The Princess of Wales, was photographed seven months pregnant in a bikini bathing suit while on vacation. Both the princess and the photographer were critically ridiculed in regard to the photographs. The Nineties it seems has also had their share of high profile pregnancies, (including actresses such as Dini Petty, Kathy-Lee Gifford, Candice Bergen as ' Murphy Brown' and Katy Sagal as ' Peg Bundy ') but none was as high profile as Demi Moore's now infamous Vanity Fair cover (See Appendix 2). Media representations featuring pregnant women since this historic media event include Sandra Berkhardt for Levis in Glamour magazine (July 1992), and models Paulina Porizkova, Beverly Peele, and Stephanie Seymour visibly pregnant in Vogue, Shape and Victoria's Secret magazines during the summer of 1994 (See Appendix 2:F).

Traditional Views Of Women: Christianity and the Virgin Mother

" The sentence of God on this sex of yours lives in this age: the guilt must of necessity live too. You are the Devil's gateway ... For we are told here, not that Eve alone suffered from deception but that woman was deceived ... all feminine nature has thus fallen into error ... (Tertullian, 200 A.D. cited in Duckett 1972:40).

Although human beings are equipped with sexual desires, these biologically rooted needs may find their outlet in a variety of institutions and practices such as monogamy and heterosexuality. The potential anarchy of biological satisfaction must be subordinated by society and constrained by routine practices in order to maintain stability, especially if the family and the norms of interpersonal interaction are to be preserved. Following Durkheim's sociology of religion, such interaction may be construed as the analysis of the sacred and the profane. Historically the most potent symbol of the profane world is the human body. The human body is perceived as dangerous; its secretions (particularly semen and menstrual blood) have to be enclosed by ritual and taboo to protect social order.

Cleanliness is representative of order -- social, semiotic and moral. Dirt, in the form of bodily excretions, is symbolic of disorder -- threatening and undisciplined. The aesthetic body is a body

without dirt, that offers no challenge to social control. In contrast, the 'grotesque body' in its earthy realism is intransigently, obstinately dirty, a constant reminder of the fragility of disciplinary power.

The body (flesh) is deeply rooted in Christian symbolism of sinfulness. The frailty and inevitable physical finitude of human beings provided an obvious metaphor for original sin and natural depravity. Both the Old Testament and the New Testament are essentially hostile to sexuality and the body. There are passages in the Old Testament which celebrate erotic passion, but in general the body is portrayed as shameful. In Leviticus, the Lord instructs Moses to convey to his people a series of sexual taboos - the formal adumbrates which resulted in the sexual morality which enshrined custom and law, and has dominated Western civilization since the establishment of Christianity (Ableman 1982:38).

From the second century on Eve was seen by the Christian Church as the source of sin, the temptress of man, and the embodiment of all women.

"And do you know that you are an Eve?... the sentence of God on this sex of yours lives in this age; the guilt must of necessity live too. You are the devils gateway ..." (Prusak and Reuther cited in Rutherford 1974:105-107).

Eve's act of disobedience in the Garden of Eden became evidence of all women's inherent weakness and evil, and the principal justification for her external subordination to her 'natural superior', the more spiritual and rational male.

Seeing women as flesh, as potentially dangerous to men, made easy the incorporation into Christianity of all the older beliefs and practices surrounding women's bodies and reproduction. Drawing especially on the Hebrew traditions of the Old Testament, Christian writers gradually asserted that woman's body had the power to pollute. Childbirth was viewed as a contaminating experience.

"Adam saw Eve naked, and in just retribution ... the man - the personification of both mind and spirit - lost control of his body. In the uncontrolled erection that the sight of her inspired ... the flesh began to lust against the spirit" (Saint Augustine, cited in Zinsser and Anderson 1962:278).

Fear of the male sexual response thus became fear of sexuality in general and led to denunciations of the female. Church fathers portrayed Eve as an object, as the cause of lust and the personification of all that was uncontrolled.

The Jews and Christians saw women as temptation. The only pregnancy that was celebrated was the one that was immaculate. For the learned Catholic and Protestant churchmen of the sixteenth and seventeenth century, marriage became a means to protect themselves and their beliefs from the horrible powers of lust and female sexuality (Zinsser and Anderson 1989:256). The significant role of the female became that of the wife and mother. Luther explained that weak and vice-ridden though women might be, "one good covers and conceals all of them: the womb and birth" (Douglas quoted in Reuther 1974:297). According to Calvin it was not by faith that woman erased her sin, but by childbirth (Schnucker 1974:651). Thus the Virgin Mary, The Immaculate, became a contradictory model for all women. With the formalization of religious dogma about her purity which stretched back to the point of her own conception, Mary was untainted by the fall of Eve; she was without sin, without curse, a perpetual virgin, who in turn conceived her own child without sin. The human female, honoured above all other mortals that women could aspire to, was conversely an unreal being whose unique experiences inspired condemnation of women's sexuality.

Contemporary Images of Women: Nudity a State of Dress

" Moore's big belly reminds us that most women's bodies are neither adolescent nor strictly sexual. They are meant to be active, to give and take pleasure, to produce babies and not to be starved into anorexia. Those who view the photo as pomographic have not only missed the point, but the last thirty years of American pomography as well " (L.A.Times, July 19, sec. B; col. 6:6:1991).

For historical and emotional reasons in our society the naked body is believed to be incomplete - a body minus clothes. The English language distinguishes between naked and nude. To be naked is to be deprived of clothing and the word exemplifies embarrassment. The word nude in educated usage carries no uncomfortable undertone. The vague image it projects into the mind is not of a huddled and defenceless body, but of a balanced, prosperous and confident body.

For the past several hundred years of Western human history nakedness has often been considered to have a direct link to sex. Removing one's clothing is assumed to be a basic preliminary step to sexual arousal and to any expression of physical intimacy. This taboo of nudity

is less powerful for males than females, particularly in same sex company. If a woman exhibits the right amount of modesty then she is assumed to be mentally and spiritually pure.

Images of the female nude are not about female sexuality in any simplistic way; they also testify to a particular cultural definition of male sexuality and are part of a wider debate around representation and cultural values. At any particular moment there is no one unified category of the *pomographic* but rather a struggle between several competing definitions of decency and indecency. These definitions work within a context defined by several forces. The current form of the pomography industry and its attempt at legitimation involves laws pertaining to obscenity and censorship as well as mobilization of particular moral and philosophical positions and themes that characterize this particular social movement.

Historically, emphasis was placed on the nude as an ideal form that embodied perfection, universality and unity. These contentions are in opposition to the codes and functions of pomography -- fragmentation, particularity and titillation. The female nude in contemporary Western culture is both a cultural and a sexual category; it is part of a cultural industry whose language and institutions propose specific definitions of gender and sexuality, and particular forms of knowledge and pleasure. The word pomography suggests lewdity and obscenity and is also commonly associated with erotica (from the Greek *eros* - sexual love) (Goodson 1991). Contrary to the traditional definition of naked, Berger (1973) argues that in order to become a nude, the naked body must be seen as an object. Berger has established a fundamental distinction between female nakedness and nudity; whereas the nude is always subject to pictorial conventions, to be naked he asserts is to be oneself.

Semiotics: Images of Pregnancy

" If the new language of images were used differently, it would, through its use, confer a new kind of power. Within it we could begin to define our experiences more precisely in areas where words are inadequate (Seeing comes before words)" (Berger 1973:33).

From its beginnings, feminism has regarded ideas, language and images as crucial in shaping women's lives. Feminist interest in images has taken a variety of forms and directions influenced largely by different ways in which representations of women have been thought about and analyzed. In Ways of Seeing (1973) Berger considered how images make meaning. Berger's work on images suggests that meanings are produced through codes, within representations, and that while meanings may appear natural, obvious and immanent they are in fact produced and constructed through an identifiable process of signification.

Since the 1970's the study of images as signifying systems has taken up and developed feminist concerns, bringing forward the issue of the spectator as subject addressed, positioned, even formed by representations. Semiotic and structuralist approaches to representation have been added to psychoanalysis whose object is precisely the process by which human subjectivity is formed.

An image is a sight which has been recreated or reproduced. It is an appearance, or a set of appearances, which has been detached from the place and time in which it first made its appearance and perceived and preserved for a few moments or a few centuries (Barthes 1977:10). Every image holds a way of seeing, even a photograph. Photographs are not simply, as is often assumed, mechanical records. No other type of text can offer such direct testimony about the world. In this respect images are more precise and richer than literature. The origins of photography can be traced to the late 19th century cult of science, itself a by product of industrial capitalism. Its use is inextricably linked with positivism, following an epistemology that sees 'reality' as discrete bits of empirical data divorced from historical process or social relationships. However, photographs sustain an essential paradox, as noted by post modern critics, in that the appearance of objectivity, of capturing 'literal reality', results in 'constitutive deception' (Barthes 1984:269). Images simultaneously hold the power as purveyors of fantasy and illusion but also objective truth.

In the cities in which we live we are exposed to hundreds of images everyday of our lives, particularly publicity images. No other kind of image confronts us so frequently. In no other society in history has there been such a concentration of images, such a density of visual messages. One may remember or forget the messages but briefly they are taken in and for a moment the

imagination is stimulated by way of memory or expectation (Berger 1973:130). We as a society, have become so accustomed to being addressed by these images that we scarcely notice their total impact. A visual image may be assumed to have a popular attraction for people of its original culture. This attraction may relate to its ability to address strong anxieties, interests and desires common to all or most people of that society. In addition to its general attractiveness, a visual image presents a range of messages specific to individuals in particular life situations. An individual may notice a particular image or piece of information because it corresponds to a particular interest she/he has. "All images are polysemous " (Barthes 1977:39). An interest determined by life situation and the need for meaning directs the viewer's conscious or unconscious choice of messages. In uncritical or non-reflective viewing this unconsciousness means that those aspects of the image congruent with viewer interests will be seen and those aspects unrelated to understanding and coping with the viewer's experiences will be ignored or, more precisely, not seen.

Representations are productive; images constitute a highly coded discourse which constructs whatever is in the image. Therefore, it is no coincidence that in a patriarchal society, women dominate the image in many highly visible forms. Where photography takes women as its subject matter, it also constructs ' woman ' as a set of meanings which then enter cultural circulation on their own account. Cultural meanings centered on the signifier ' woman ' may become relatively fixed in use; but a certain range of meaning is still available. In patriarchal culture most representations of women are readable as connoting ' otherness ' or difference - difference from the norm of patriarchy. The fact is that women do not constitute otherness in distinct and contradictory ways in various media genres or contexts; this fact, then, becomes important in justifying the practice of deconstructing culturally dominant images.

We may suppose that the language, perceptions and uses of visual information may be different for women, particularly women as pregnant subjects, than they are for men (or women) as physicians, researchers, or reporters. It has been argued that the domination of women by the male

gaze is part of a patriarchal strategy to contain the threat of infantile dependence and male impotence that woman as mother embodies (Petchesky 1987:277).

Anything out of control is a potential threat and calls upon moral, legal and aesthetic powers to discipline it. The signs of the subordinate out of control terrify the forces of order, as they constitute a constant reminder of how fragile social control is and how it is resented; they demonstrate how escaping social control even momentarily produces a sense of freedom; that this freedom is often expressed in excessive 'irresponsible' behaviour is evidence both of the vitality of these disruptive popular forces and the extent of their repression in everyday life (Fiske 1989). The pleasures of evasion tend to center on the body, those of production, or contrary meanings, center on the mind.

The body's momentary release from its social definition and control, and from tyranny of the subject who normally inhabits it, is a moment of carnivalesque freedom closely referred to by Barthes as 'jouissance'. Jouissance is theorized as a moment of pleasure when the body breaks free from social and cultural control; It occurs at the moment of fracture, when culture breaks down into nature and exists in that unstable border between the two. The grotesque according to Barthes seeks to grasp in its imagery the very act of becoming and growth, the eternal incomplete, unfinished nature of being (Barthes 1977). The grotesque figure reflects a phenomenon in transformation, in an unfinished metamorphosis. In this image we find both poles of transformation -- the old, the new, the beginning and the end of metamorphosis.

Resistance to domination can take shape in many forms, only some of which lie in the production of oppositional meanings. In the twentieth century, the image of the female body has become a commodity, with men primarily in control. During pregnancy women become a kind of social object and their bodies an unavoidable sign of it. Extended bellies, swollen breasts, and so on are grotesque (or at least can be read this way), and as such represent the forces of life and carnival pleasure which bourgeois, patriarchal culture must suppress or at least control.

" If beauty has been harnessed as a metaphor for the socially dominant, then ugliness metaphysically expresses the experience and resistance of the subordinate. The grotesque body is both what must be repressed and the impossibility of repressing it and carnival is the licensed moment of its eruption " (Fiske 1989:100).

Perhaps this is yet another reason for Western society's difficulty in accepting the beauty of the pregnant body, particularly the nude pregnant body. Petchesky (1987) calls for new images of pregnancy -- images that recontextualize the fetus, that place the fetus back into the uterus, the uterus back into woman's body, her body back into social space which will in turn restore women to a central place within the total framework of the experience of pregnancy.

A recent media occurrence which exemplifies the contrast between the ideals of motherhood and sexuality and thus places the pregnant woman back into the total framework of her experience can be found on the May 1991 cover of Vanity Fair magazine which featured a photograph of actress Demi Moore, pregnant and nude. The lens captured a visual taboo, and the photograph instantly became the feature of many infotainment broadcasts which debated the propriety of the image. By walking the line that still ordinarily divides a woman's body as a source of pleasure and a source of reproduction, the photograph shocked people in the same way images of naked women used to shock. Moore's pregnant, nude image made public what people think of as deeply private and sexualized acts, situations, and individuals that we want to regard as standing fundamentally apart from sex -- at least from its realities of passion, hunger, visibility, and ugliness (Garment 1991:7).

Until the present there have been very limited examples of media imagery of pregnancy, and those which are available emphasize the infantile, reinforcing the belief that a pregnant woman is in need of protection and guidance both emotionally and physiologically.

" Moore's decision to show off her body in a very pregnant state broke two taboos. It ran counter to the thin-is-beautiful myth that Madison Avenue hypes, and it collided with ultra-conservatives who would prefer to pretend that babies magically appear without their parents partaking in any unseemly ritual to create them " (Purdy 1991:10).

" Pregnant women get treated like a Madonna, but on the other hand if you expose your skin while you're pregnant there is a dirty connotation to it, as if you've done something wrong ... Pregnancy is sexual and that makes people uncomfortable " (Emerson 1991:1).

In brief, mother isn't supposed to be a sex object and a sex object isn't supposed to be a mother.

ENDNOTES - CHAPTER FIVE

1. The term 'innocent narcissim' is a term introduced by several female participants during the course of the interview process. It is not intended to refer to the traditional meaning which includes referall to 'erotic self love' but rather refers to a womans inordinate absorption in herself as mother to be. Participants reffered to the psychological/emotional gratification derived from admiration of ones own body - an excessive absorption in one's own personal comfort -- importance as a bearer of a new life.

Chapter Six

The Interviews: Pregnancy: A Social Construction

" Sometimes, he just looks at me, and he says' I can't believe you're turning into a mother right before my eyes' " (Joanne, Appendix 3; 2).

The focus of this chapter will be the interview data as gathered through phase one and two of the interview process with female and male participants as outlined in Chapter Two. Several themes emerged throughout the course of interviewing female and male participants during the initial and second phases of the interview process. The main themes of the initial interviews with female participants centered on changing body image, and subtle changes in social roles. The themes emerging from the initial male interviews centered around ambivalent feeling in regard to their partner's pregnancy, public ramifications of discussing their feelings about the pregnancy, and changes in patterns of sexuality with their female partners. In the second set of interviews with female participants, body image and changes in patterns of sexuality emerged as central themes, as well as increased change in social roles. Male participants reported increased ambivalence in regard to their partner's pregnancy, as well as changes in their feelings about their partner's body image. Changes in patterns of sexuality also became more evident.

Three specific themes emerged in regard to the images presented in the second phase of the interviews: pregnancy as a liminal stage, pregnant body image as related to weight gain, and the contrasting images of woman as sexual being and woman as mother. Beginning with the characteristics of the study group, the main themes of the interviews will be reviewed as they relate to the literature outlined in Chapters, Three, Four, and Five. The themes, the body as a social construction, pregnancy as a socially constructed experience, body image, pregnant body image, and the contrasting images of sexuality and maternity will be explored.

The body in Western society is socially formed and located. Our perception of the ideal feminine body is influenced by values, social class, and culture. The modern media have a pervasive influence on our image of ourselves, particularly our bodies. Drawing on the work of

Rice (1994), I argue that it is reasonable to expect ambivalent feelings in regard to body image during pregnancy, as the pregnant physique is in direct contradiction to the modern Western ideal of the feminine body. Many women come to the experience of pregnancy with a romantic ideal of what the experience will be like. Drawing on the work of Graham (1976), Turner (1984), and Balin (1988), I argue that pregnancy is a liminal stage in Western society marked by ritual practices and social beliefs. Body image, how we view ourselves and how we think others view us, is important in our perception of life experiences -- thus it is logical to assume that a woman's perception of her body image during pregnancy would affect her feelings in regard to her experience of pregnancy. In this section I explore weight gain as it is related to pregnancy - in particular as it relates to the pregnant woman's image of her body. Finally, the contrasting images of woman as a sexual being and woman as mother are explored. Pregnancy and sexuality are harshly separated in Western culture. The modern media's exclusion of images of pregnant women mirrors society's confinement of pregnant women and reinforces the separation of woman as a sexual being and woman as mother.

Several other issues presented themselves within the context of the interviews which will be addressed later in this chapter. Of particular interest is the contrast between the perception of female and male social status in relation to the pregnancy experience. Female participants reported being treated as more dependent and childlike, while male participants reported being treated as more responsible adults. Another point of contrast between female and male participants is evident in regard to the emotional and financial investment of having a child. Unlike their male partners, female participants expressed little concern in regard to emotional or financial investment but rather focused on their changing role from mother-to-be to mother. An unexpected but interesting result of the interviews was male participants' experiences of couvade symptoms of pregnancy. This issue will only be briefly discussed here as it is not within the parameters of this thesis.

Overview of the Initial Interviews: Phase One

The initial interviews of both female and male participants were completed during the second trimester of pregnancy (approximately 13-26 weeks). Ninety-three percent of female participants reported they had planned their pregnancy. The majority of the women were very optimistic about their pregnancies. Seventy-nine percent reported feeling happy about their pregnancy, 7% reported feeling sad about their pregnancy, 4% were apprehensive and 10% reported ongoing problems with weight related issues. Twenty-eight percent reported dieting prior to becoming pregnant. Twenty-one percent reported concerns with body shape and weight prior to the pregnancy. Twenty-two percent reported being comfortable with their physical appearance prior to becoming pregnant.

The majority of female participants reported no longer feeling attractive in a public sense, as they felt they no longer met the cultural ideal of feminine beauty in our society. Many female participants reported a general dislike of maternity fashion. Maternity clothing was described as 'childish', 'hyper-feminine', ugly, and 'not professional'. However, despite their perceived divergence from the cultural ideal, 89% of female participants reported feeling that their male partner found them attractive. Eighty-eight percent of female participants reported feeling very connected to their bodies during the initial interviews; however these feelings did not extend to sexuality. Eighty-six percent reported no significant changes in sexual patterns with their male partner. Many female participants reported changes in patterns of intimacy, including dressing and undressing in private, and no longer wearing lingerie since their pregnancy became physically apparent. Seven percent of female participants reported a heightened sexual interest. Over 70% of female participants reported they had engaged in narcissistic like activities. All of the women interviewed during phase one reported feeling that pregnancy was a normal experience.

Many female participants reported an increased emotional bond with their male partner during the initial phase of the study. Several reported increased tenderness on behalf of their

male partner, and increased caressing and touching were viewed positively. Many female participants expressed an increased need for emotional support. The majority of female participants reported subtle changes in their social interaction with others, particularly with family members and professionally. Several women reported experiencing a loss of individuality.

Like the women in this sample, the majority of male participants were facing their first experience with pregnancy. Male participants expressed a wide range of emotion in regard to their partner's pregnancy. Thirty-nine percent reported ambivalent feelings, 54% reported being happy about the pregnancy and 7% reported apprehension, in regard to the pregnancy.

Unlike their female partners, male participants reported being generally comfortable with their female partner's physical appearance prior to pregnancy. Ninety-three percent of male participants reported being comfortable with their female partner's body weight and shape prior to her becoming pregnant. Seventy-two percent of male participants reported being comfortable with the physical changes in their female partner's physical appearance during the initial interview (13-26 weeks into the pregnancy). Eighteen percent reported being uncomfortable with their female partner's physical change during the initial interview.

Another outcome of the initial interviews was male participants expression of concerns about changing patterns of sexuality during pregnancy. Over half the male participants expressed concerns about injuring their partner, the fetus or jeopardizing the pregnancy during intercourse. Twenty-one percent of male participants expressed increased sexual interest, 46% reported decreased sexual interest since their partner's pregnancy became physically apparent. Thirty-three percent reported no significant changes in their sexual pattern with their female partner. During the initial phase of interviewing 35% of male participants reported experiencing couvade, psychosympathetic symptoms such as nausea, tiredness, and weight gain. Male participants further expressed concern about the increased emotional and financial burden of having a child. Over 40% of male participants reported concerns about the increased financial responsibility which comes with starting a family. In general male participants, in the initial

phase of interviewing were reluctant to discuss their feelings about their partner's pregnancy. Many raised the question of the appropriateness of discussing their feelings about their partner's physical changes and patterns of sexuality in regard to her pregnancy. Fifty-seven percent reported fear of negative public ramifications if their true feelings were to become known by their partners, families, and friends.

Overview of the Second Interviews: Phase Two

The second set of interviews of both female and male participants was conducted during the third trimester of pregnancy (approximately 27-38 weeks). A review of the topics covered in the initial interviews initiated the format of the second interview. The second set of interviews focused on the pregnant woman's perception of her body image at the peak of her physical change, and changes in interpersonal relations and social roles in the context of her everyday world were also examined. During the second phase of interviewing both female and male participants were shown a series of images of pregnant women, (See Appendix 2) to enable a comparison of the pregnant woman's expressed thoughts, ideas and opinions of her own body image during pregnancy and her perception of specific media representations of pregnant women.

The second phase of interviewing with female participants revealed an increased discomfort with the physical changes associated with pregnancy, as well as changing social roles for the majority of female participants. During the second interviews 78% of female participants expressed an increased anxiety about their body weight and shape. Eighty-nine percent reported feeling connected with their bodies at this stage in their pregnancy. Forty percent of female participants reported feeling their male partner found them attractive at this point in their pregnancy. Eighty-nine percent of female participants reported changes in their sexual patterns with their male partners during the second phase of interviewing; many expressed a desire for increased tenderness and intimacy with their male partner rather than sexual contact.

The majority of female participants were unaware of concrete media examples of pregnancy. However, two images stood out - Candice Bergen as "Murphy Brown" in the television sitcom *Murphy Brown* (See Appendix 5); and Demi Moore's, 1991 *Vanity Fair* magazine cover (See Appendix 2:F).¹ Twenty-one percent of female participants reported they had been photographed during their pregnancy.

The female participants in general were very clear as to which media images they liked and disliked and why (See Appendix 2). Seven percent reported the media images presented during the second interview were realistic. Ninety-three percent of female participants reported feeling the images presented were unrealistic because the women in the images, appeared to be posed. Few of the images represented women in the natural settings of their everyday lives -- at work, making dinner, gardening, and so on. Several female participants commented that the images presented an idealized, artificial view of pregnancy because they did not demonstrate the reality of moodswings, swollen feet, stretch marks, backaches and varicose veins.

As in the initial interviews, male participants in the second phase of interviewing were candid in their responses in regard to their opinion of their female partner's changing physique. Sixty-four percent of male participants reported being comfortable with their female partner's physical appearance during the third trimester of pregnancy. Twenty-six percent reported being uncomfortable with their female partner's pregnant body shape and size. Overall, male participants expressed a decreased interest in sexual intimacy with their female partner. Forty-seven percent reported changes in their sexual relationship with their partner. Sixty percent of male participants reported decreased sexual interest. Over 50% of male participants reported finding their female partners less attractive than prior to pregnancy.

Similar to their female partners, male participants were relatively unaware of media representations of pregnancy. Several reported an awareness of the 1991 *Vanity Fair* magazine cover (See Appendix 2:F). Thirty-six percent of male participants reported feeling the media images of pregnancy presented during the second interview were realistic (See Appendix 2) and

fifty-seven percent reported that they were unrealistic. Male participants, unlike their female partners, reported an increased awareness of other pregnant women and infants; and as in the initial interviews, male participants reported concerns about lifestyle changes, increased financial responsibility and the emotional burden of having a child.

Analysis; Phase One:

Pregnancy: A Socially Constructed Experience

Values further affect the way women feel about being pregnant. As outlined in Chapter Four, pregnancy serves as a bridge between nature and culture. Being pregnant in Western culture is a full-time social role but its nature is ambiguous. The pregnant woman takes on a liminal persona thus giving an outward and visible form to an inward and conceptual process.

Many of the female participants in this study reported having an almost 'romantic' ideal of what pregnancy would be like. Many reported ambivalent feelings during the initial interviews as the reality of the pregnancy experience began to take hold on their lives.

"I guess there is a lot of ambivalence, I mean, there is a part of me that felt really good because I was expecting, and I felt excited, and of course another part of me thought - what are we going to do now?!" (Joanne, Appendix 3:5).

"I used to think a lot about how I would glow when I was pregnant, about how important I would feel to produce a baby that came from my own body. I imagined I would feel like a Madonna" (Robin, Appendix 3:4).

"I love being pregnant . . . I love every thing about it !" (Kathy, Appendix 3:5)

". . . very upset, because I didn't want to be pregnant . . . I was very seriously thinking about aborting the baby." (Wendy, Appendix 3:6)

Similar to the women in Horgan's (1979) study, the everyday realities of female participants' lives are shaped by their feelings about being pregnant. Factors such as economic security, family supports, employment issues, physical appearance, health, and the status of their relationship with their male partners, all had an impact on women's feelings about being pregnant. However, contrary to Horgan's study in which women from upper, middle and lower economic statuses expressed both feelings of contentment and apprehension about being

pregnant, female participants from both higher and lower economic classes in the current study described aspects of pregnancy as feminine, delicate, luxurious, and as a time when they were fat/ugly and undesirable, as well as uncomfortable to some degree with their new social role.

Body Image

"We knew we were going to try in the fall, so this summer ... I lost 50 pounds ... I didn't want to be heavy and then pregnant on top of that. I'm more comfortable with myself now" (Karen, Appendix 3:7).

Many of the female participants expressed a desire to move into a 'public state' of pregnancy quickly, as opposed to appearing 'just a little bit fat' in the initial interviews. This supports Oakley's (1980) theory about the ambiguity of the early stages of pregnancy. Obesity in Western society is not seen as feminine, and further, the pregnant body conflicts with standards of sexual attractiveness applied to women in general (Rosser: 1978).

"I'm very insecure, and I have never felt terribly secure. Not uncomfortable, but not overly confident either ... I think it [pregnancy] makes it a little bit better because if you don't have that perfect 36-26-36 you have something to blame it on." (Robin, Appendix 3:4)

"The Canadian fashion industry does not cater to fat women ... I guess they figure fat women are not allowed to be pregnant ... (Micheline, Appendix 3:9).

Pregnant Body Image

As outlined in Chapter Three the attitude of the male partner is equally as important as a woman's attitude toward her body and affects her attitude toward her experience of pregnancy. Similar to Harris's (1980) study involving dream analysis of pregnant women, female participants in the current study reported feeling that their partners may find them less attractive during their pregnancy, and may find other nonpregnant women more appealing.

"I don't feel attractive, so that affects the way I perceive his reaction to me. I am much more conscious of how I look to him ... " (Linda, Appendix 3:10).

However, male participants reported finding their pregnant partners more attractive than the women themselves did, which further supports earlier studies by Hollender (1974) and Shane and Linn (1977).

"I like the way she looks pregnant. I think it's sexy ... there is more of her to love." (Peter, Appendix 3:11).

"Pregnant women in general, my wife in particular, turn me on. I have never seen a woman's complexion more radiant, eyes more bright. There is even a quality about the skin - a glow. It's like they are beaming all over. I take pleasure in that." (Gary, Appendix 3:12).

Ninety-three percent of male participants reported they had been comfortable with their female partner's physical appearance prior to the pregnancy compared to 22% of the female participants who reported being comfortable with their bodies before becoming pregnant; 72% of male participants reported being comfortable with their female partner's physical appearance during the second trimester of pregnancy, whereas the majority of female participants in the initial interviews were struggling with acceptance of their changing physical appearance.

"Beautiful, radiant ! She's beginning to fill out - her breasts especially, and her belly soft and round. She just looks healthy, happy, and beautiful." (John, Appendix 3:13).

Many female participants expressed a sense of perceived change in regard to their social roles. Both female and male participants reported changes in the treatment of a woman once she has become visibly pregnant. Several female participants expressed ambivalent feelings about perceived changes in social role and treatment by others.

"Pregnant women are still intelligent individuals. 'you sweet thing' 'poor dear !' - people tend to be very patronizing." (Michelle, Appendix 3:14).

"People touch you all the time ... everything is how are you feeling? Not just how are you ?" (Robin, Appendix 3:4).

"Everybody loves a pregnant woman ... the men always comment that you have a shine about you" (Kathy, Appendix 3:5).

Several themes emerged during the initial phase of the interviewing with the male participants. Unlike their female partners, male participants expressed concerns in regard to their changing relationship with their female partners, lifestyle changes, increased financial burden, and a need for normalization of their feelings about the pregnancy. Male participants expressed concern about the transfer of their female partner's affection from themselves to the infant. They further expressed apprehension about anticipated lifestyle and economic changes

as related to the increased responsibility of having a child. In addition, male participants reported ambivalent feelings about the ambiguous role of the father-to-be in modern Western society – several pointed out the apparent lack of role models.

Several male participants reported *couvade* symptoms of pregnancy during the initial interview. Dailey (1978) describes the unique emotional experience of the 'male pregnancy'. Like their female partners male participants in the current study related to the reality of their partner's pregnancy with a great deal of apprehension. Unlike their female partners however, the men tended to focus their excitement on the fact that they had participated in the creation of a new life.

"I feel ecstatic ! I thought my wife was great, I thought I was great ! I was so proud ! Immortality is mine ! I've created a life ... (Ed, Appendix 3:17).

"I was overjoyed and relieved at the same time I guess I had always questioned my fertility ... the pregnancy for me was a confirmation of my manhood" (Dean, Appendix 3:18).

Several male participants expressed concerns during the initial interviews about lifestyle changes, changes in their relationship with their partner and a need for an acceptable role model for their behavior. For the most part, male participants expressed a desire to be involved in the pregnancy process but struggled with what exactly is socially acceptable behavior for the expectant father. Several male participants expressed increased feelings of tenderness, closeness to their partners since the pregnancy.

" Our relationship is stronger, more grounded than before ... you can't live on moon light and roses forever. I guess being parents is welcome to us. We welcome the idea - the unity of purpose. For us it has deepened our love - our friendship." (Gary, Appendix 3:12).

On the other end of the spectrum several male participants expressed anger and sadness about changes in their relationship with their partner and perceived lifestyle changes.

" ... Some of the attention she gets could come my way once in a while. Not one soul, not even my mother asks about me ! She is like a queen bee, and I just hang out in the background" (Hank, Appendix 3:20).

Several male participants expressed feelings of being isolated from the pregnancy process, by friends, family and the medical profession.

"I wanted to meet other people that were expecting - especially guys. I guess I needed to know that what I was going through was normal. Classes provided me with an intellectual understanding and some techniques for coping, but it's all presented from a women's point of view. I get the impression I'm expected to function without any questions - sort of like being on auto pilot" (Shawn, Appendix 3:21).

" ... it's not fair, that the medical system isolates you as a man, from the process" (Stan, Appendix 3:22).

"Some of the guys at work kidded me like I was a champion stud. On the outside I laughed it off, but inside I'm scared shitless. I really feel alone" (Glen, Appendix 3:23).

During the initial phase of interviewing 35% of male participants reported experiencing couvade as well as psychosympathetic symptoms such as nausea, tiredness, and weight gain.

" I'm suffering from sympathetic enlargement " (Stan, Appendix 3:22).

" I've gained weight too, and I've felt nauseated " (Shawn, Appendix 3:21).

Contrasting Images; Sexuality Verses Motherhood

As outlined in Chapter Five Western culture harshly separates pregnancy and sexuality. Pregnant women are not often looked upon as sexually desirable. During the initial phase of interviewing many female participants reported changes in their patterns of sexuality. Many reported feeling more connected with their bodies, 70% reported engaging in narcissistic like activities when alone before a bath or shower.

" I feel more connected. I am more in tune with my body, more conscious of every little change" (Debbie, Appendix 3:26).

Many reported dressing and undressing in private, and no longer wearing lingerie.

Approximately 14% of female participants reported changes in patterns of intimacy with their partner since becoming pregnant.

" I am spending more time looking for lingerie that makes me feel attractive. I don't want to be naked with Ed in a physical sense anymore" (Kathy, Appendix 3:5).

Female participants in general expressed an innocent narcissism in relation to their changing bodies; many reported standing in front of the mirror naked, prior to bathing and when

dressing/undressing, and exploring the physical changes in their pregnant bodies. Several women expressed a sense that, although their male partner found them attractive, this has somehow changed. Many felt that their partner did not find them physically attractive in the same way they had prior to the pregnancy, due to their expanded bellies, the presence of stretch marks, and edema in their legs, ankles and related weight gain; these feelings led them to dress/undress in private.

Analysis: Phase Two

The Body As a Social Construction / Pregnancy As A Socially Constructed Experience

As discussed in Chapter Five the pregnant body conflicts with standards of sexual attractiveness as applied in general in Western culture. As in the initial phase of interviewing female participants expressed concern about body weight and shape during the second phase of interviews (the third trimester of pregnancy). Each of the female participants had at this point moved out of the ambiguous early stages of pregnancy where they may have been perceived as 'just gaining a little weight' into obvious, full physical pregnancy. During phase two of the interview process with female participants 78% reported concerns about increased weight gain and changes in their body shape and size.

"I weigh more than my husband ! ... I would have never thought that would be possible. I know that after I have the baby I am going to work out and get back to my normal weight" (Joanne, Appendix 3:2).

Many reported plans to begin dieting and exercise regimes as soon as the baby was born.

Several spoke of the social pressure to return to their prepregnant body weight and shape as quickly as possible postpartum.

"I gained thirteen pounds before my first prenatal checkup. I remember thinking Oh my God ! How much weight am I going to gain ? I plan to start dieting when I'm in labor. I am very weight conscious. Weight is a very important part of my life" (Linda, Appendix 3:10).

As demonstrated in phase one of the interviews, the women in this study believed their male partners found them more attractive than they themselves did. However, the number of male

participants who reported finding their female partner attractive fell from 89% in phase one to 40% in phase two of the interview process. Male participants reported a decrease in their comfort with their female partner's pregnant body size and shape during the second phase of interviewing.

"I definitely see her as getting fat F.A.T. !" (Tom, Appendix 3:30).

"She gets more and more tremendous by the day, yet it isn't real to me. Her appearance is so different she seems like a stranger. She even feels different - it is quite a put off ..."
(Ronald, Appendix 3:31).

Fifty percent of the male participants reported finding their female partners less attractive than prior to their pregnancy. Sixty-four percent of men reported being comfortable with their female partner's body size and shape during the third trimester compared to 72% during the second trimester. Male participants who reported being uncomfortable with their female partner's pregnant body increased 8% during the second phase of interviewing, and 60% of male participants reported decreased sexual interest - an increase of 14% from phase one.

"I think pregnant women, pregnancy, gives off some kind of hormone or a chemical that reduces a man's sexual urge. I find my sexual feelings have diminished, not my love, just my sex drive, especially now that her pregnancy is in full bloom" (Robert, Appendix 3:32).

The second phase of interviewing further revealed an increased awareness by the majority of women of increased isolation, and more restricted social roles. Fifty-seven percent of female participants reported increased strain on their relationship with their male partner.

"Some people think old fashioned. You should stay home and not be too visual ... they view it okay (pregnancy) if you are married and a certain age - but don't show it too much."
(Michelle, Appendix 3:9).

Many female participants revealed an increased awareness of social isolation during the third trimester of their pregnancy. These comments can be linked directly to the idea that pregnancy in Western society is in fact a liminal stage in which a woman finds herself betwixt and between previous and future social roles. As discussed in Chapter One, the pregnant woman remains socially separate as she has not yet achieved the cultural standard set out for all biologically female persons in that she has not entered the domestic triad of wife-husband, child (Oakley, 1980).

Despite the fact that many women have been or will be pregnant, pregnancy remains a statistically novel site when in public view. The pregnant woman is no longer responded to on the basis of her own individuality but rather, the physical state of her anatomy defines the nature of her interpersonal interactions. The pregnant woman is no longer looked upon as an object of desire, but rather is viewed with recognition – she simultaneously symbolizes success in the sexual and maternal realms. In Western society sexuality and maternity are harshly separated, perhaps due to cultural values and morals related to Judeo Christian heritage, and as such, anything unclear is viewed as dangerous and in need of social control.

Contrasting Images; Sexuality Versus Motherhood

As in phase one of this study many of the female and male participants reported feeling that discussing pregnancy or their experience of pregnancy was socially taboo except in very particular circumstances.

"I think people see pregnancy as something to be looked at from a distance - but not to be invaded upon. It's a private time. special, pure" (Kathy, Appendix 3:5).

A related theme that became more evident during the second phase of interviewing, particularly with female participants, was the idea that pregnant women in Western society are often treated as more childlike than non-pregnant women of the same age. Although in some societies pregnancy serves as evidence of a woman's passage into adulthood, women in Western culture tend to be treated as less independent. The male partner however, may find that he is treated with a greater respect, pregnancy for the male partner - becoming a father—is evident of his passage to adult status.

" I'll have credibility with my clients now that I'm a parent. A lot of my clients say 'what do you know about raising children, you're not a parent !' ... one client told me I had joined the rank of the big leagues like him, when I told him I was a father " (Shawn, Appendix 3:21).

Media Representations of Pregnancy

Both female and male participants were relatively unaware of specific media representations of pregnant women. However female participants focused on two particular images, the first

actress Candice Bergen as 'Murphy Brown' and the second actress Demi Moore. Ninety-three percent of female participants felt that the media portrayal of pregnancy as represented by the sample of images in Appendix Two were unrealistic.

"Most pictures I've seen don't represent the average woman's pregnant body"(Virginia, Appendix 3:36).

Male participants were for the most part unaware of media representations of pregnant women; however male participants reported an increased awareness of other pregnant women and infants.

" You see them all over the place. You never see them before Eh, but it's like when you buy a 'punch bug' (Volkswagen beetle) you know, you figure you have the only one, and then you go out driving and it's like whoa ! there's a lot of 'punch bugs' out there ! It's the same thing" (Peter, Appendix 3:11).

" I started seeing them everywhere (babies) ... they seem like helpless little space creatures. If someone left me alone with one I'd panic ..." (Glen, Appendix 3:23).

The volume of data that emerged from the interview process far exceeded the parameters of the initial research question, ranging from the pregnant woman's perception of her body image during pregnancy, the social construction of pregnancy as a life event for both females and males, the contradictory relationship of pregnancy and sexuality, the opposite parallel of pregnancy and obesity, and the physical/emotional experience of the male pregnancy. However, several key issues predominated in the discussion of female and male participants throughout the interview process. The premise that pregnancy is a liminal stage in Western society became evident through both female and male participant testimony during the initial interviews and prevailed in the second phase of the interview process.

Secondly, the contrast between sexuality and maternity was personified through the discussion of pregnancy and body image as well as discussion about the media portrayal of pregnancy. Thirdly, an unexpected result of the interview process was the revelation of data regarding the male experience of pregnancy in Western society. This topic, however, will not be centrally dealt with in the context of this paper.

Pregnancy; A Liminal Stage

" I see women lose themselves in the pregnancy, but I'm not comfortable with that. I need to keep my individuality, my independence and my self control. I think a lot of women give that away " (Debbie, Appendix 3:26).

The experience of pregnancy as related by participants in this study parallels Van Gennep's 'rites de passage'. Female participants described themselves as being marked by phases or 'rites of transition' - separation, margin and aggregation as outlined in Chapter Four. Female participants reported incidents of separation beginning in the first trimester of their pregnancy, and further reported the frequency and intensity of these incidents increased as their pregnancy progressed. The feelings and statements made by female participants are best summarized in the following quote.

"Shock. I'm losing my individuality. I'm not the same any more. I'm a pregnant woman; I'm in this new category and I don't want to be. I don't want to be a vessel, a carrier. I want to matter to people, now only the baby will ..." (B.W.H.C., 1992:344).

The second phase 'margin' or the 'liminal phase' was experienced by the majority of female participants during the second trimester of their pregnancy and seemed to become more acute during the third trimester. Several women described themselves as becoming invisible or secondary to the fetus.

The third phase 'aggregation' is achieved through the birth process. The role of mother unlike pregnancy has clearly defined social rites and obligations. This last rite of transition was not explored in this study; however several female participants commented on their anxiety in regard to their new social roles as mother. These women seemed anxious to regain a stable social status and leave the ambiguity of the pregnancy experience but also expressed a somber awareness that they were not only moving away from the ambiguity of the pregnancy role, but that their social existence as a woman would never be quite the same again.

The 'liminal phase' is of particular interest in the context of this study due to its significant parallels with regard to the experience of pregnancy as a socially constructed state of being in Western society, as corroborated by female participants. The women in this study, like the 'neophyte', described themselves as having physical but not social reality. Like the 'neophyte' they found themselves at once classified and not yet classified. These women found they had become hidden, and when not hidden disguised. Female participants described how they had become socially confined, separated from previous social roles, and how the fashion industry (maternity fashion in particular) emphasized the feminine and the infantile, maternal nature of their physical state with ribbons, bows and pastel colors as if to disguise or hide the fact of their sexuality and focus on the maternal.

Both female and male participants in the current study associated the light colors, patterns, and lace typical of maternity fashion with hyper-femininity and considered them to be childish.

"Little Madonna collars, and lace, it's a stereotype. It's quite silly. It put you in a slot, a category. It is really quite funny" (Linda, Appendix 3:10).

"So little girlish - pastels. It's like the companies that make them want to keep pregnancy soft and feminine" (Robin, Appendix 3:4).

"It's hard to take somebody wearing teddybears on their clothes seriously!" (Shawn, Appendix 3:21).

Further, like the 'neophyte' the metaphor of dissolution is applicable to the pregnant woman as she culturally is identified with nature. As outlined in Chapter Four, what is unclear or contradictory from the perception of social definition is viewed to be ritually unclean. Related to this interstructural phase in social dynamics is the symbolism of androgyny and sexlessness, thus making the cultural image of the pregnant woman as sexless intelligible in sociological terms.

The idea of liminality can be linked to pregnancy as a central experience in the context of the current study in two specific ways. First, pregnancy as an ambiguous social role was examined. The adaptation of the sick role as a means to counter the ambiguity of pregnancy as

experienced was explored. Secondly, pregnancy as a socially stigmatizing experience was analyzed.

Drawing on the work of Lazure (1980) and Petchesky (1987), female participants were asked if they viewed pregnancy as a normal experience, as opposed to a time of illness. Further, women were asked about their experience with medical interventions and medical personnel during their pregnancy. Like the women in Lazure's study female participants in the current study reported feelings of social marginalization as well as changes in social relationships and social experiences during their pregnancy. However, few chose to enact the sick role despite the ambiguity of their role as 'mother-to-be'. The majority of female participants in the current study viewed pregnancy as a time of increased physical health and well-being versus a time of sickness. Many reported taking better care of their bodies while pregnant eating healthier, exercising more and getting more rest than prior to the pregnancy.

In keeping with this wellness model of pregnancy twenty-five percent of female participants reported that they were using nontraditional resources such as midwives and birthing centers as opposed to medical intervention during their pregnancy. Several female participants reported feeling that female physicians showed more empathy and understanding in regard to the emotional aspects of the pregnancy experience than their male colleagues. Both female and male participants expressed a sense of powerlessness within the professional medical system's intervention of pregnancy. Petchesky's argument that women have become invisible in light of invasive medical interventions as well as the expressed feelings of participants in regard to modern Western medical interventions in relation to the pregnancy experience are illustrated in the following quote;

"The first time we heard the heartbeat I wasn't as excited as my husband, and I couldn't figure out why ... I finally realized that the reason I wasn't is because the doctor gave me the heartbeat... I felt funny that we had to rely on him. I wanted to do it myself" (Terry as cited in Martin, E. 1987:72).

The work of Taylor and Langer (1977) suggests that pregnancy acts as a physical stigma in Western society. This was reiterated by several female participants in the current study particularly in regard to social isolation and an acute loss of individuality, and a restricted social role.

"I think people have a tendency to be concerned. There is an overtone that pregnancy is like a handicap..."(Kathy: Appendix 3;5).

Several pregnant women reported being treated poorly by young, particularly teenage, females and also, by older women. Female participants reported being stared at, in addition to physical gestures and verbal declarations of disapproval by strangers. Several reported that older women in particular checked their hand for a wedding ring. Male participants reported being relatively unaware of how others treated their partner, but did report changes in their behavior towards their partner - most reported being more protective and helping more with household chores.

Pregnant Body Image

" I feel more attractive, because when you are pregnant your belly is supposed to be big, where as before you're thinking suck my stomach in, chin up ... now that I am pregnant my stomach is supposed to be big and I can't do anything about it! " (Karen, Appendix 3:7).

As outlined in Chapter Three, the cultural significance of the female body is not only that of a flesh and blood entity but that of a symbolic construct. Everything we know about the body exists within a form of discourse. Discourse regardless of its medium is never free of interpretation. Textual discourse is situated in social realities which in turn mediate and organize, and as such, images of the microcosm symbolically reproduce central vulnerabilities and anxieties of the macrocosm.

Drawing on the insight of Mary Douglas (1966), the body can be viewed as a system of natural symbols. It is through the discourse of these bodily symbols that we learn the rules of acceptable bodily discourse within our society. Images of the body tell us what body shape,

facial expressions, movements and behaviors are required. As discussed in Chapter Five, the image of our bodies is central to the foundation of self concept. Body image is not static, on the contrary it is continuously readjusted and reintegrated. Karmel (1975) asserts that body image is particularly invasive for females in Western culture. Hence, it is logical to assume body image change during pregnancy.

The existing literature on pregnancy as a biological, physical experience suggests that a woman's awareness of size increase is often intensified during the third trimester, and is often accompanied by ambivalent feelings. It is further suggested that a woman may experience the perception of an invalid multiplicity which alters her relation with the world, first in a private sense then in a more public fashion. This creates a radical alteration of boundaries and world orientation.

Similar to the findings of Taylor and Langer (1977), women in the current study reported perceived changes in social boundaries. The pregnant woman becomes public property, women and men fail to recognize normal patterns of social space by either touching the pregnant woman or by putting increased social space between themselves and the pregnant woman. Like the women in Taylor and Langer's study, female participants reported that strangers stared and often gave the pregnant woman wide berth. Female participants further reported that strangers tended to ignore 'normal' social boundaries – touching their belly without invitation and addressing the pregnant woman with terms of endearment.

" It's funny - you notice people staring at you ... or when you get in an elevator everyone moves back like you are just enormous ! ... " (Stephanie, Appendix 3:48).

" I think people treat me differently when I am in a room with them or in a hallway, they put more distance between them and me " (Virginia, Appendix 3:36).

As addressed in Chapter Three, cultural images of sexuality and maternity are contradictory. The pregnant woman in Western society is not often looked upon as sexually desirable. Oakley

(1980) suggests that pregnancy is viewed as an apposite parallel to obesity and as such, may be one reason for this contradiction.

As discussed previously in Chapter Three, fat in Western society historically was associated with youth and beauty. In the nineteenth century fat was idealized in the hour glass figure as a symbol of maternal femininity. However fat as associated with femininity and maternity is no longer looked upon as feminine. The fat woman in Western society is not read as feminine but rather, she is viewed as sloppy, indulgent, asexual and out of control.

Similar to the women in Gagnard's (1986) study the initial interview with female participants in the current study revealed 39% of female participants has ongoing problems with food and weight-related issues. Only 22% of female participants in this sample reported being comfortable with their body shape and size prior to becoming pregnant. The second set of interviews revealed 78% of female participants were experiencing increased anxiety about weight and body shape.

" I've gained 45 pounds. I was weighed at the hospital ... I was afraid to get on the scale. I closed my eyes " (Tina, Appendix 3:50).

" I don't like the way I look pregnant. Somedays I do. I get on a high, that I'm bringing a life into the world, and somedays I just feel fat ! " (Robin, Appendix 3:4).

" I don't like getting fat ... I'm all ass. I don't like it at all. I don't even look in the mirror!"
(Leah, Appendix 3:52).

The link between pregnancy and obesity became clearly apparent in the third trimester of pregnancy. Twelve participants openly expressed that they felt 'fat'. Over eighty percent of female participants reported they felt pressure to return to their normal body weight and shape as quickly as possible after the birth of their child. Several female participants made reference to the image of a 'dumpy overweight housewife' with disdain - these women clearly did not want to be associated with this image.

Contrasting Images; Sexuality Versus Motherhood

As outlined in Chapter One, although our perception of acceptable roles for women has changed dramatically over the past century, our perception of motherhood remains very much unchanged. As argued by Rich (1986) motherhood remains hedged with taboos and false meanings. Cultural images of sexuality and maternity contradict one another. The stereotype of mother as an asexual being persists. As outlined in Chapter Four, the female body and the natural procreative functions specific to women alone traditionally have been identified as being closer to nature. This is in contrast to male physiology. Women's body is seen as connected to the earth, thus women are viewed as being closer to nature. The pregnant woman is at best 'betwixt and between' all recognized fixed points in space - time structured classification and what is unclear or contradictory tends to be viewed as unclear, out of control.

Canadians in general, have been oriented historically toward the meaning of life and its connections to Judeo Christian heritage. The body, particularly woman's body, is rooted in Judeo Christian symbolism as personified in Eve. As there is no clear definition as to when life begins in this context, knowledge about pregnancy remains unclear. Within this context a relevant way for a woman to react to her changing body is to become less sexually desirable and less available to men, thus the contradiction between sexuality and maternity becomes very clear within this framework.

Femininity in Western culture is equated with the sleek, thin androgynous model of modern fashion magazines. The swollen belly of pregnancy is not viewed as sexy, delicate, romantic, refined or passive as beauty is typically defined within the discourse of femininity. Women in the role of mother-to-be symbolize fulfillment, the realization of femininity; the result is a contradiction. A woman in Western society is viewed as 'sexy' in the manner socially prescribed by our culture or as a mother, but there is no social category -- no socially acceptable role -- for a 'sexy mother'. This contradiction is perhaps best summarized by the statements of two male participants involved in the current study:

" I have this kind of reverence for her. There are times when I find her desirable - but I can't follow through. She's like a Madonna - off bounds ! You don't go to bed with mother ! " (Jim, Appendix 3:1).

" I'm awed ... awed at my wife's capacity - her body's capacity to create another life. She seems like mother earth and a playboy goddess rolled into one. I adore looking at her, and at times I feel horrendously tender and protective towards her ..." (Craig, Appendix 3:54).

This contradiction was further evident in the responses of female participants, as they struggled with changing body image and the idea that they were becoming physically responsible for a new life.

" I don't know if I'd say attractive to other men ... I think there is something virginal about seeing a pregnant woman. The sexual attraction is gone ... at least for other people " (Kathy, Appendix 3:5).

" As a woman I don't see it as sensual because I see it [the pregnant body] as maternal. Pregnancy is a private and personal thing ... it's a conflict in my mind, it is deep in my past feelings of body image. I think it's an intellectual issue for me rather than an emotional issue. I don't think it is attractive. Feminine, maybe, but not sexy " (Michelle, Appendix 3:14).

" It's funny, how you take a look at your body and how there is body parts that are 'sexual' parts but now they are going to be 'functional' parts. I don't know how I'm going to handle that transition ... " (Joanne, Appendix 3:2).

The contradiction between motherhood and sexuality was further perceived by female participants in their social interaction with others. The pregnant woman symbolizes success in both the sexual and maternal realms, and her body is an unavoidable sign of this.

" I get alot of strange looks. People look at you and they're not smiling. They look at you out of the corner of their eye. It make you feel like you've done something wrong. Look what I did ! " (Mary, Appendix 3:58).

" I hate being pregnant. I guess I feel embarrassed that people know I had sex with my husband." (Virginia, Appendix 3:36).

The idea that the pregnant woman symbolizes success in both the maternal and sexual domains is further exemplified in the following quote:

" I remember a man telling me when I was a teenager that there was one thing he knew when he saw a pregnant woman, and that was that she had been fucked. That thought came to me quite often during my pregnancy. I'd notice men looking at me and imagined that's what they were thinking ..." (Maggie, as cited in Morrison, 1987:72).

As outlined in Chapter Two, relations among multiple everyday worlds and the accomplishment of the relations within them create a dynamic organization that continually feeds change through to our local experience. Every individual is a 'reality constructor'. The focus of this study has been to examine the ambiguous role of pregnancy as a socially constructed state of being. In addition, prevalent stereotypes of the mother-to-be with a particular focus on the influence of contemporary media representation of pregnancy as experience, and the pregnant woman's body image were examined.

The main themes of the initial female interviews centered on individual physical and emotional changes resulting from the pregnancy. The majority of women interviewed were experiencing their first pregnancy. Female participants expressed a wide range of emotion, from optimistic enthusiasm to ambivalence. The majority of women reported increase in body awareness, and further reported they had become more health conscious since becoming pregnant. The majority of female participants reported feeling they were attractive to their male partner, but were no longer attractive in the manner viewed as ideal by others.

The initial interviews exposed the beginning of changes in the women's social identities, many expressed subtle losses in independence; most reported change in their interaction with others, particularly family and friends. Many of the women felt that maternity fashions were childish and hyper - feminine. Male participants' attention during the initial interviews was focused on the public and social aspects of their partner's pregnancies. Many reported ambivalent feelings about the effect having a child would ultimately have on their lives. Male participants, like their female partners, expressed feelings ranging from joy to fear about the pregnancy; unlike their female partners they clearly reported concern about the public ramifications of their true feelings about their partner's pregnancy.

Male participants in general reported being comfortable with their partner's body shape and weight prior to the pregnancy, and the majority reported they were comfortable with the physical changes in their partner thus far. In the initial interviews male participants reported a higher

incidence of fear in regard to sexuality during pregnancy than did their female partners. Many male participants reported concerns about the increased emotional and financial responsibility of having a child. Several reported experiencing couvade symptoms of pregnancy.

The second set of interviews of female and male participants revealed a change in focus toward the drastic physical changes resulting from the pregnancy in the third trimester. Female participants reported dramatic changes in body image. The majority reported feeling that they were no longer attractive to their male partners in a physical sense, but they felt very connected to their bodies, and many described partaking in innocent narcissism. Female participants in general reported increased change in their social networks and social interactions. Many described a heightened loss of individuality, and female participants in general reported a loss of normal social boundaries. Many women reported feelings of increased stress, and a need for increased emotional support. All female participants reported changes in their patterns of sexuality and intimacy with their male partners.

Male participants, in the second set of interviews as with the first, reported apprehension about impending lifestyle changes. Many expressed feelings of insecurity about their ability to parent. The majority of male participants reported ambivalent feelings about their female partner's increased need for emotional support, several reported feeling an enhanced tenderness for their partner. Several reported they felt more protective of their partner.

In regard to the media, female participants were more aware than their male partners of high profile media examples of pregnancy. Men reported being more aware of other pregnant women and babies. Overall, female participants viewed the media images as presented in Appendix Two as unrealistic; their male partners, however, generally viewed these images as realistic.

Pregnancy as a social experience was described as an elevated state, in which a woman is removed from her previous social roles. Both female and male participants perceived pregnancy as a time when women are treated as more childlike. Many female participants

equated the weight gain of pregnancy to fat. The idea of the fat woman as unattractive, unfeminine was clearly demonstrated. Further, the lack of images of pregnant women in the media was related to the idea that women are closer to nature. The pregnant body as carnivalesque intensified the need to control it, whether through religion, or social and cultural norms.

Images of Pregnancy

"Traditionally, pregnancy's been a time when women can abandon themselves to the way of the flesh, lose themselves in vast numus and be as comfortable as can be expected with a huge tummy, heartbum, and swollen ankles ... some say the image of a sexy pregnant, nude woman is a welcome and progressive step away from the prevailing image of feminine beauty ..." (Scrivner 1991: A4,19).

During the second interview, both female and male participants were asked to talk about their thoughts, ideas, and opinions in regard to a series of images of pregnant women, selected from a variety of women's periodicals, self help books, and medical texts dealing with pregnancy and childbirth. This was done in order to enable a comparison of the pregnant woman's expressed thoughts, ideas and opinions about her own body image during pregnancy and her perception of specific media representations of pregnant women. The focus of this section will be the contents of the interview material as gathered through this process during phase two of the current study. The main themes of the interviews will be discussed as they relate to the following: pregnant body image, pregnancy as a social construction and the contrasting images of sexuality and motherhood, with a particular focus on pregnancy as an ambiguous state of being. The link between sexuality, pregnancy and motherhood will be explored.

Smith (1990), as outlined in Chapter One, asserts social reality is composed of both ideas and actual material conditions. In modern Western society advertisements as presented through the media are one of the most important cultural/social factors molding and reflecting human life. In our highly complex technological-industrial society these systems of communication play an increasingly important role in the generation and transmission of ideas.

As outlined in Chapter Three, femininity or what it means to be feminine in Western society is socially constructed. Femininity as defined by the contemporary media is a state of being parallel in predetermined ways to the female role in biological reproduction. These images historically have been based on distortions and stereotypes that have seemed to legitimate the status quo and falsely represent the actual experience of women in Western society. Women's voices have been excluded from the dominant representations of life. Images of women as mothers as produced by the 'experts' have come to define mothering and thus, have become statements about how mothers naturally are. This leaves women to relate their experiences to such images, rather than creating images for themselves which conform to their own concrete experiences (Rossiter 1988).

Barthes (1973) asserts, meanings although they may appear natural and obvious are in fact produced. They are constructed through an identifiable process of signification. Images according to Barthes are richer than literature, as they provide direct testimony about the world. Visual images present a range of messages specific to individuals in particular life situations. An individual may like a particular image because it corresponds to a specific interest she/he has, or interest may be determined by an individual's life situation, as well as a need for meaning. Gender, social class, and culture all affect the way an individual perceives, understands, and responds to a particular image.

Overall, the participants in this study conveyed a limited awareness of media presentations of pregnant women. Female participants reported a greater awareness of media representations than their male partners. However, male participants reported a greater awareness of other pregnant women and babies.

" The only one I've ever seen is Demi Moore ... it's almost like society views them [pregnant women] as ugly " (Robin, Appendix 3:4).

" You don't see a lot of pregnant women on t.v. and if you do they are usually trying to cover it up. I think media representations need to be reexamined ... " (Stan, Appendix 3:22).

Several basic themes evolved from discussion of the images presented to female and male participants during phase two of this study (See Chapter 2, Appendix 2). Body image, particularly the contradiction between the ideal feminine figure and the pregnant physique, dominated the discussion; however the topics of obesity as related to pregnancy, and the maternal stereotype also emerged. A second theme focused on nudity and sexuality, particularly around the controversy of public or private (Is it appropriate to discuss or portray nudity, sexuality, and pregnancy publicly?). Finally, the discussion turned to the apparent lack of images and the need for an adequate realistic portrayal of pregnancy and pregnant women.

During the discussion of body image and obesity several images were referred to by female/male participants. (See Appendix 2; B, F, H, and I). Many participants, both female and male, related the greatly enhanced figure of the pregnant woman with obesity. Several felt sympathy, empathy for the women in the images, but overall those who associated the pregnant belly with fat viewed this association negatively.

" Big gut sticking out there dancing around! Gross! " (Ronald-Appendix 5B, Appendix 3:31).

" I don't like this one, it makes her look huge ... it's grotesque! " (Karen-Appendix 2H, Appendix 3:7).

The second theme that emerged in discussion with female/male participants in regard to the images was sexuality, particularly in regard to nudity (see Appendix Two). Many female participants commented about the degree of nudity they felt was appropriate. There seemed to be a general consensus that nudity could be tolerated if the breasts and pubic area were adequately covered. Breasts, particularly the areola, and pubic hair were read as suggestive of sex and were viewed negatively. Several female participants reported being photographed during their pregnancy - but all reported they were clothed in the photographs. Discussion of nudity and sexuality with female and male participants focused primarily on images D, F, and G as presented in Appendix Two.

" This image hints at the breast and pelvic region, but does not fully expose

either. To me this is about motherhood not sex!" (Michelle-Appendix 2F, Appendix 3:14).

" The focus is the belly not the breasts or pubic hair. It's not a sexual picture ... they are not mystifying it or making it illusive." (Stan-Appendix 2F, Appendix 3:22).

" There is no breast or pubic hair showing. I don't think it needed to be covered in brown paper " (Karen-Appendix 2F).

" What bothers me is her areola is so dark, and the pubic hair ... it's too sexual. Pregnancy is private, and sacred and pure." (Kathy-Appendix 2G, Appendix 3:5).

In relation to the discussion of nudity and sexuality, participants in general agreed that the media does not portray pregnant women as actively sexual beings. Opinions about the appropriateness of such a portrayal varied. Several participants further reported that their opinion of a particular image may vary according to the context it was presented in, such as a women's magazine or a medical journal.

"Like no one has ever seen a pregnant woman before! It's like it's dirty. Women shouldn't be made to feel bad about their bodies - that's life" (Michelle, Appendix 3:14).

" ... the media don't portray sexuality at all. It wouldn't hurt ... anything foreign or different is unacceptable. If you desensitize people to it, it becomes part of everyday living " (Peter, Appendix 3:11).

"On a magazine cover it is an attractive sexual statement versus a medical/biological message. Pregnancy is a natural process, and pregnant women are attractive" (Stan, Appendix 3:22).

The final theme emerging from participants' discussion in regard to image centered around the idea of what is appropriate versus inappropriate, what is realistic and natural versus artificial. For the most part female participants felt the images presented were unrealistic. However male participants reported finding the images more realistic than their female partners did. Female participants, as outlined earlier in this chapter, reported that the images presented during phase two of the interview process were unrealistic in that they did not represent their actual experience of pregnancy, but rather presented an artificial, romanticized ideal of the pregnancy experience. Many felt that the images were posed, as opposed to presenting pregnant women in the contexts of their everyday lives.

Discussion of the images as appropriate versus inappropriate centred around the themes of nudity and sexuality, as related to the discussion of these themes earlier in this chapter. Nudity was viewed as a postulate to sex. As many of the female participants no longer viewed themselves as being sexually attractive, it makes sense that they would be uncomfortable with images that they perceived to be implicit of sexual behavior. The contradiction between maternity and sexuality was particularly evident in the female participants' comments associated with the breast and pelvic region - particularly pubic hair with sexuality.

Male participants in general viewed the images as more natural than their female partners. Unlike their female partners they commented little about the issue of nudity - other than to express that it is rare for a man to see a naked pregnant woman other than his own partner. This reinforces the fact that in Western society pregnancy is a liminal phase in which the pregnant woman is publicly a novel site. These comments further testify to the contradiction between maternity and sexuality - pregnant women are not viewed as sexual beings.

Female participants reported feeling that the model represented in Appendix 2M was unrealistic in that most women are unable to attain this standard of feminine beauty when not pregnant, thus making this image of pregnancy at best obscure to the average woman. They felt Demi Moore (Figure F) was perhaps more realistic, but many felt the image presented in figure K was too sexual. Female participants described figure D as serene natural, goddess like; similarly, figure 'I' was also described as natural, but somewhat stereotypical. Female participants in particular expressed a general dislike for figure B.

" I think it's really stupid " (Wendy, Appendix 3:6).

" Ridiculous ... she looks silly " (Karen, Appendix 3:7).

Figure D in contrast was viewed very positively.

" I think there is something sacred about being pregnant. This picture captures that " (Kathy, Appendix 3:5).

" This picture is more natural for today's society, but the Demi picture is more real - more earthy " (Wendy, Appendix 3:6).

Another theme evident throughout the discussion of the images was the general lack of public images of pregnancy. This theme was particularly clear in comments in regard to figure C. Participants repeatedly asked if the picture had been staged or taken in a commune, suggesting that it is very unusual to see a group of pregnant women together.

The final image in the series presented in Appendix Two - figure M - met with the most negative reaction. Both female and male participants agreed that this image although representative of the cultural ideal of the feminine woman, was unrealistic in that most women are unable to meet this standard. Participants further viewed this image as an unrealistic image representing pregnancy as most women, particularly pregnant women, do not look like this. Many participants reported feeling that this image coupled with the image of actress Demi Moore established yet another unattainable, unhealthy, stereotypical image for women to aspire to.

" I wonder if she realizes she will never look like that again " (Micheline, Appendix 3:9).

" She should do Cosmo at eight months ! " (Kathy, Appendix 3:5).

" I think they were better off with Demi. This one is very unrealistic " (Shawn, Appendix 3:21).

The presumptive pinnacle of appropriate gender behavior for women historically, and presently is motherhood. The almost fetishized evaluation of pregnancy and motherhood as a sentimental ideal, and the norms of femininity to which it is inextricably tied, has historically coexisted with the disempowerment of women as mothers. Media representation of the pregnant woman, or the lack of, further enhances the liminal role of the mother-to-be in Western society. The pregnant woman is literally invisible. As the opposite of the cultural ideal of feminine beauty in Western society she is excluded from the range of images available for the modern Western woman to exemplify. The media provides a range of visual messages specific to individuals in particular life situations; the message to the pregnant woman in Western society is implicitly clear - pregnancy remains a period of time when a woman is to remain hidden from public view.

The majority of female participants in the current study were generally unaware of concrete media examples of pregnancy and pregnant women. Male participants were even more unaware of media examples of pregnancy and pregnant women, but did report an increased awareness of other pregnant women and infants during phase two of the interview process.

Female participants in general felt the images presented in phase two (See Appendix 2) were unrealistic, as they did not adequately portray the reality of women's experience of pregnancy. Most agreed the images do not adequately portray the pregnant woman's experience of sexuality. However, several images stood out in the women's discussion of the ideal. Overall, female participants reported that the image presented in Appendix Two:M, was representative of the prominent cultural ideal of feminine beauty as portrayed in the modern media. However, female participants further reported feeling that although the image was the representative ideal, the image was unrealistic as most women are unable to attain this body standard. The image presented in Appendix Two:J was viewed as the ideal image of pregnancy, as it was serene and maternal. However, although it was viewed as ideal, it was also viewed as unrealistic, as it portrays pregnancy as a time of leisure and luxury which most women in this study, regardless of their social class, could not afford. The image presented in Appendix Two:I was viewed as the most realistic of the images presented but was also met with the greatest dissolution. Many of the women felt that although realistic, it portrayed pregnancy as being a transition to 'frumpy housewife' - a time when women abandon themselves to their pregnancy and the new role mother-to-be.

The images of Demi Moore, Appendix Two:F and K met with mixed reactions by both female and male participants. Many felt the image was *not* sexual, but rather displayed a beautiful, proud, young pregnant woman. Many felt that such a portrayal serves as an important reminder that the average woman's body is not strictly sexual, but rather women's bodies are meant to both give and take pleasure. Many participants both female and male felt a more adequate portrayal of pregnant women, and the experience of pregnancy from women's perspective,

would be a welcome and positive addition, enhancing the limited portrayal of women currently available in mainstream Western society. Many participants expressed the view that they felt pregnancy as a state of being should be celebrated as a healthy and positive time in a woman's life. Several participants expressed the need for positive, healthy role models that do not attempt to disguise the reality of stretchmarks, edema and weight gain associated with pregnancy but instead, recognize these symptoms as part of the process of pregnancy and not faults of a woman's body.

It is evident from the analysis of the interview material that an understanding of the experience of pregnancy can only come from an analysis of both the cultural and social relations of the pregnant woman with her body in the everyday world. The main themes of the initial interviews with female participants centred around the pregnant woman's changing physical appearance, and body image. The subtle effects of her changing social role also began to emerge. The initial interviews with male participants centred around ambivalent feelings about fatherhood. Of particular interest was the men's perception of negative ramifications of publicly discussing their feelings about their partner's pregnancy.

The central themes of the second set of interviews with female participants were changing body image, changing sexuality, and perceived changes in social role. Ambivalent feelings remained an important theme in the male participant interviews, as many male participants began to feel displaced within their social network of family and close friends.

Three themes emerged in regard to the discussion of media representation of pregnant women: Pregnancy as a liminal phase, pregnancy in relation to obesity and the contradiction between woman as a sexual being and woman as mother.

Several important contrasts emerged from female/male interview data over the course of interviewing. Both female and male participants expressed ambivalent feelings about their perceived changes in lifestyle and new social role as expectant parents. Female participants in general felt they were treated as if they were less independent once pregnant, and were often

treated more childlike. Male participants, however, reported that their partner's pregnancy was for them a 'sign' - a rite of passage into adulthood. With the announcement of their partner's pregnancy came the perception of maturity and respectability from family, friends and peers.

Another contrast between female and male participants centred around the perception that the pregnancy had affected changes in interpersonal interactions - particularly with their opposite sex partners. Female participants focused on individual physical and emotional aspects of their pregnancy, and how these factors influenced change in their interaction with others. Male participants in contrast emphasized the public and social factors they perceived as influenced by the pregnancy.

Analysis of the data specific to the media representation of pregnancy (Appendix 2) again gave evidence of a contrast in the perception of female and male participants. Female participants in general were more aware of media images (particularly media images representative of pregnancy) than their male partners. However, both female and male participants agreed that media images of pregnant women are minimal - and when present, are based on stereotypical perceptions of the experience of pregnancy. Both men and women agreed that the pregnant physique is in direct contradiction to the modern ideal of the feminine woman in Western society.

This chapter highlights the major findings of the interview material as it relates to the main themes the body as a social construction, pregnancy as a socially constructed experience, body image, pregnant body image and the contrasting images of sexuality and maternity as presented in previous chapters.

The initial interviews with female participants revealed themes of changing body image, and changes in social roles. Male participant responses were focused around themes of ambivalent feelings about the pregnancy, public ramifications of discussing their feelings about their partner's pregnancy and concerns about changing patterns of sexuality.

The second set of interviews with female participants revealed patterns the recurring themes of body image, changes in social roles and patterns of sexuality. Male participant responses focused around themes of increased ambivalence about their partner's pregnancy. Changes in perception in regard to their partner's body image and definite changes in patterns of sexuality became evident. Discussion of media images of pregnancy focused around the themes of pregnancy as a liminal phase, pregnancy as parallel to obesity and the contradiction of ideals of feminine sexuality and maternity.

The initial interviews with the female participants suggest that the majority of women were, at least initially, optimistic about the pregnancy experience. The majority of women reported no longer feeling attractive in a public sense, as they no longer met the cultural ideal of feminine beauty. However, the majority reported feeling that their male partners still found them attractive. A discussion of maternity fashion revealed that most women felt that maternity fashion was 'hyper feminine', childish, and unprofessional. The majority of women reported feeling more connected with their bodies, but this did not extend to feelings about sexuality. Most women reported subtle changes in patterns of intimacy and the idea of 'narcissism' was introduced. The majority of women reported an increased emotional bond with their male partner and further, described changes in social patterns.

The initial interviews with male participants revealed that the majority of males were happy about their partner's pregnancy. The majority reported being comfortable with their female partner's physical appearance prior to the pregnancy, and remained comfortable with their partner's pregnant physique at this stage. Male participants in general, expressed concerns about changing patterns of sexuality and fear of public ramifications of discussing ambivalent feelings about the pregnancy. Male participants further expressed concerns about increased responsibility - in particular in regard to finances, in relation to the pregnancy.

The second set of interviews with female participants suggest that the majority of female participants were increasingly uncomfortable with both the physical changes, and increased

social changes associated with their pregnancy. The majority expressed increased anxiety about changes in their body weight and shape. Further the majority of female participants, reported feeling their male partners no longer viewed them as attractive. Changes in sexual patterns also became evident. Male participants expressed decreased comfort with their partner's physical appearance, decreased interest in sexual intimacy and the majority of male participants reported finding their female partner less attractive at this stage than prior to the pregnancy. Discussion of media images of pregnancy suggest that female participants were more aware of media representation, or the lack of, than their male partners. Female participants reported finding media images unrealistic in contrast to their male partners who tended to view the media portrayal as generally realistic.

The following chapter provides an overview of the main arguments presented in the thesis as related to the interview material. The implications of pregnancy as a socially constructed experience for feminine sociology are discussed, and suggestions for the direction of future research are made.

ENDNOTES – CHAPTER SIX

1. The Images of Candice Bergen as 'Murphy Brown' in the television sitcom "Murphy Brown" and Demi Moore's 1991 Vanity Fair magazine cover (see Appendix 5 and Appendix 2F), were introduced by participants during the initial interview. During the second phase of interviewing (as outlined in Chapter two), a series of images was presented to all participants as a component of the research process – two images of Demi Moore as presented in Vanity Fair (1991) were included in the sample of media images of pregnancy presented to participants during phase two of the interview process.

CHAPTER SEVEN

CONCLUSION

Despite recent attention focusing on the creation of new roles for women, stereotypes continue to characterize representations of women's role as mother to be. Few social scientists have dealt directly with the social/cultural experience of pregnancy as experience. Few have examined the role of pregnancy as a socially constructed state of being. This study examines pregnancy as experience grounded in women's material reality. I argue, that pregnancy is a socially constructed experience, in which attitudes about sexuality and maternity conflict. The role of the pregnant woman in Western society is ambiguously defined. It involves an interaction among biological, psychological, social and cultural factors.

Pregnancy in Western society represents both literally and symbolically, a bridge between two crucial elements in the social definition of woman - sexuality and motherhood. Being pregnant in Western society is an indisputable claim to motherhood. The essence of pregnancy lies neither in its sexuality nor in its maternity but in its femininity. What it is to be feminine is socially constructed in Western society – our perceptions of women are shaped by our society's symbolic constructs of femininity.

The notion of femininity as used within the context of this study does not refer to a bounded class of events or state of affairs, but rather suggests that the social forms, organizations, and relations tapped into by the concept of femininity are actively centered. In modern Western society the rules of femininity have come to be culturally transmitted through the development of standardized visual images. As a result femininity has come to be largely a matter of constructing the appropriate surface presentation of the self. Such ideas are reproduced in powerful institutions of our society such as the modern media. Although it is easy to oversimplify the influence of these systems on our lives, there is no doubt that they have a tremendous impact on the way we as individuals define our society and ourselves within it. Advertising is instrumental in the practical organization of achieving femininity as a presentation

of self in everyday life, as validated by the work of Kilbourne (1979), Szekely (1988), and Posner (1989). Historically, men have predominated as the creators of symbolic expression in Western society. The result is a lack of reciprocity; women have become the recipients of standards for body presentation and behavior as personified in images created by men.

As a review of the literature indicates, gender stereotyping persists in print media. Mediated through such literature is a social model for women to emulate. Studies, such as those by Fallon and Rozin (1985), Gagnard (1986), and Bordo (1990), suggest that gender-stereotyped print media have a significant effect on women's perceptions of themselves within their social/cultural network. Further, gender-stereotyped print media affect a woman's idea of how others perceive her. These studies also affirm that the affect of print media on self image is greater for females than males in Western society.

To the extent that a woman derives a sense of selfworth from looking 'sexy' in the manner promoted by dominant cultural messages, she may experience her pregnant body as ugly and alien. Western culture harshly separates pregnancy from sexuality. The dominant culture defines feminine beauty as slim and shapely. The greatly enhanced figure of the pregnant woman - swollen breasts and extended belly - is in direct contrast to the modern Western ideal of feminine beauty. The pregnant woman is not looked upon as attractive or sexually desirable. Mutual and complementary independence of stereotypical assumptions about women, materialistic aims of media advertising and elements of scientific theory have served to construct, elaborate and sustain an image of pregnancy in Western society as the realization of true womanhood - - the ultimate symbol of femininity.

Mediated through this limited image is a social model for the pregnant woman to emulate. Pregnancy is presented as the imputation of feminine frailty, passivity, obedience and deauthorization. To be pregnant in Western society is to be involved with a social role that operates within a culturally standardized medium of communication - the total symbolism of pregnancy is neither private or idiosyncratic but public and socially sanctioned.

Despite changes in women's roles in general, pregnancy in Western society remains a liminal phase, where a woman is symbolically separated from previous social roles and obligations, but is not fully integrated into a new set of social expectations. Ambiguities surround both the internal dynamics and external manifestations of pregnancy. Pregnancy as experience stands at the junction of nature and culture. Although pregnancy is in fact a biological event, its defining nature in human life is its social character. Pregnancy is a socially constructed experience in all societies, and in each pregnancy as experience it is imbued with diverse social and symbolic meaning.

Pregnancy as experience in Western society is a liminal stage marked by ritual practice and social belief. Pregnancy as a life event is clearly homologous with Turner's (1984) definition of a 'liminal phase'. In terms of social structure the pregnant woman in Western society like Turner's 'neophyte' is socially invisible. The pregnant woman like the neophyte has a physical but not a social reality. The liminal persona is complex and anomalous in that it gives outward and visible form to an inward conceptual process. Biological and social events determine the way this process is regulated across cultures. The pregnant woman finds herself in an interstructural situation - a time of transition, transformation. The pregnant woman in Western society is symbolically separated from previous social roles and obligations, but is not fully integrated into a new set of social expectations ('aggregation') until after the birth of her child. Female participants in the current study described the 'symbolic' separation of the pregnant woman from previous social roles as occurring in relation to the physical form their pregnancies take. For most, the process of separation was initiated after the initial prenatal checkup, at which time the pregnancy was confirmed by a medical professional. The process of separation continued throughout the pregnancy with the symbolic separation from previous social roles increasing as physical changes become more apparent. Many female participants noted the process of 'aggregation' would be marked by the birth of their child, the formal birth announcement, and the traditional 'baby shower'.

Balin (1988) and Graham (1976), describe how parturient women through taboos and positive rites are separated from their daily reality and are marked for a period of time as special members of society. Similar to the women in Balin and Graham's studies, women in the current study reported being elevated from previous responsibilities, and occupying marginal statuses within their individual social and cultural network. These themes were not explored within the context of this study, however pose an interesting direction for further research. Participants in the current study further testified to the fact that women in Western society are marked by ritual practices and social beliefs as having unique if not 'sacred' status, and are experiencing what some consider to be a sacred event.

Pregnancy as experience was also examined within the framework of the current study from the standpoint of social stigma. The pregnant woman may be perceived as 'abnormal' in Western society due to her biological ambiguity – her anomalous position as two in one. The pregnant woman may find herself under pressure to disguise or hide the biological fact of her pregnancy (the fetus in vitro) as culturally, symbolically it is a paradox to see what may not be there. Participants in the current study reported that the fetus in vitro – the most salient part of their pregnant anatomy – determined the nature of many of their interpersonal interactions.

Of all the ways in which people think of themselves, none is so essentially experienced and central as the image of our own bodies. The body is experienced as a reflection of the self. Pregnancy as experience results in the construction of female existence within a complex rational nexus. The pregnant woman in Western society finds herself in direct contradiction to the cultural ideal of the feminine woman. As a bearer of new life she is simultaneously not yet classified and no longer classified, as she is no longer sexually available and not yet a mother.

The pregnant body, as perceived by participants in the current study is homologous to Barthe's (1990) notion of 'jouissance'. Jouissance is a moment when the body breaks free from social and cultural control; however, the pregnant body may be read as 'grotesque' (a phenomenon in transformation or in an unfinished metamorphosis) as it represents the forces of

life and carnival pleasure which patriarchal Western culture strives to suppress, or at least control.

Western society views anything which is unclear or contradictory as ritually unclean. Drawing on the doctrine of Judeo Christian heritage, the body – particularly woman's body as personified in Eve – is viewed as being more closely related to the earth. Evidence of the direct influence of Judeo Christian theology, which defines the human body as profane, is found within the comments of both female and male participants in the current study. Both female, and male participants made reference to terms such as 'purity', 'sacred', 'reverence' and 'the Madonna' – Mother Mary which can be directly linked to Judeo Christian doctrine. Further, participants systematically made a concise distinction between images they felt were representative of the 'profane' or sexual in nature (visible breasts, darkened areola, pubic hair) and images that were 'revered' 'pure, sacred, or Madonna like', reinforcing once more the Madonna / whore dichotomy. Further, the need for the human body to be enclosed by ritual and taboo in order to protect the social order is evident in the comments of participant women in regard to their individual life experiences. Pregnancy as experience, particularly the pregnant woman's intermediate position between nature and culture, results in her symbolic ambiguity.

A woman's attitude toward her body plays an important role in her experience of pregnancy. The extent to which perceptions of the self and the cultural ideal are discordant strongly influences one's body image and self concept. Further, one's motivation to reject and alter one's features is a function of the societal pressure one experiences to place body attributes within one's perception of the ideal. The greatly enhanced figure of the pregnant woman is in complete opposition to the ideal image of the contemporary feminine woman, as woman as sex object is not supposed to be a mother and mothers in Western society are not perceived as sexy people. Participant responses to the images provided in this study testify to a specific cultural definition of male sexuality, and may be part of a wider debate around representation and cultural values.

Nudity or nakedness is considered in Western culture to have a direct link to sex. Removing one's clothing is seen as a preliminary step to sexual arousal or expression of physical intimacy

for most individuals in Western society. Images of women in the contemporary media pervasively present women posed nude, semi nude or naked. This has become a 'norm' of contemporary media presentations of women. However, as exemplified in the reaction to the 1991 Vanity Fair cover, this acceptance of nudity which implies sexual availability does not extend to the pregnant woman. Media images of pregnant women remain limited, and thus send a clear message -- the pregnant women in Western society as a direct contradiction to the modern ideal is socially made invisible. She is to remain hidden - confined.

The initial interviews with female participants as outlined in Chapter Six reveal themes of ambiguous feelings as related to changing body image and evidence of subtle changes in perceived social role. Subtle changes in patterns of sexuality also become evident. As there are no clear social roles for the pregnant woman, and the experience of pregnancy seems to be unique for every woman, many pregnant women begin to experience ambivalent feelings in regard to their changing body image and social status. The pregnant woman may associate her pregnant body with obesity -- a physical state which on the surface may parallel pregnancy in terms of the physiological manifestation of its characteristics. Many of the women in the current study described themselves as 'fat' and 'undesirable'.

Female participants' dissatisfaction with their changing body image became increasingly apparent in the second set of interviews (the third trimester of pregnancy) at the height of physical change. With no healthy model to associate their greatly enhanced physique with -- many women in the current study associated their physical state with obesity. Obesity is viewed very negatively in Western culture, and hence many of the female participants in this study expressed negative emotions in regard to their pregnant body. Dissatisfaction with changes in sexuality and intimacy also become more evident. As the women in this study perceived themselves moving further and further away from the prescribed social ideal, they viewed themselves as increasingly unattractive, and less sexually desirable to their male partner in particular and all males in general.

The main themes during the initial interviews with male participants revealed ambivalent feelings about the pregnancy. Many expressed concern about the public ramifications of expressing their true feelings publicly about their partner's pregnancy. Unlike their female partners, male participants expressed concerns about patterns of sexuality during the first trimester of pregnancy - many were concerned about causing miscarriage or injuring the fetus.

Of particular interest in the research material resulting from interviews with female and male participants is the contrast between perceived changes in social status as a result of pregnancy. Female participants, as outlined in Chapter Six, reported being socially isolated, less independent and being treated as less credible. Male participants, however, reported being treated as more credible, more independent and were given increased respect by peers and co-workers. Male participants unlike their female partners perceived pregnancy as a rite of passage to adulthood, as a confirmation of masculinity. Female participants in contrast were treated by peers, co-workers and friends as more childlike. Although pregnancy was viewed as being the ultimate symbol of femininity, pregnancy was not associated with a transition to adulthood for women.

Another interesting contrast between female and male participants relates to the psychological and social perception regarding what effect pregnancy, and ultimately parenthood, would have on their lives. Female participants, as a group, focused in particular on interpersonal relationships, and how the pregnancy and having a child would change these relationships. Male participants in contrast focused on external factors such as economic and financial responsibility, and looked at changes in lifestyle and leisure activities.

Two interesting themes introduced through the discussion of interview data in the first and second set of interviews with female and male participants were not explored within the context of this study. The first was 'aggregation' or the 'rite of transition' achieved through the birth process, as discussed in Turner (1979). Female participants in this study expressed subtle feelings of apprehension about their new role as mother, but for most the birth of their child meant a return to 'normalcy' in terms of a specific social role.

A second theme emerging from the interview data was the experience of couvade symptoms during pregnancy by male participants. Dailey (1978) suggests that men may experience such symptoms in relation to their emotional involvement with the pregnancy and their connection with their partner. Male participants in the current study who reported such couvade symptoms were involved with their female partners in alternative birthing practices – practices which not only allow but encourage men to become more involved with the pregnancy experience and may have resulted in an increased experience of couvade symptoms.

The final contrast between male and female participants in this study emerged in the discussion of the images of pregnant women presented to participants in the second set of interviews. Female participants generally viewed the images as unrealistic, whereas their male partners found them realistic. Female participants expressed the need for images of women that celebrate the reality of the physical change a woman's body undergoes during pregnancy. Many reported feeling that things such as edema in the hands and feet, swollen breasts and stretch marks should be accepted as reality rather than air brushed away, thus providing more realistic images for women to emulate. Male participants in contrast were less aware of media images of pregnant women, and found the images presented to them as more realistic.

In summary, the culmination of interview material compiled in this study suggests that pregnancy is in fact a socially constructed experience shaped by biological, social and cultural factors. Pregnancy as experience is a liminal phase organized through the discourses of femininity in Western society, and in particular within the Madonna / whore dichotomy. As a result, pregnancy is constructed through a narrative of the sacred and the profane which is manifested in tensions between motherhood and female sexuality. In contrast, for males pregnancy appears to be a confirmation of their heterosexuality.

The essence of pregnancy as experience lies in its femininity, however pregnancy as experience lies in direct contradiction to the modern ideal of feminine beauty as mediated through modern discourses of femininity. Pregnancy as the ultimate example of femininity

encompasses a contradiction between female sexuality and maternity. Women, as a result, are left to seek out stable role models in which to counter the ambiguous experience of pregnancy.

The most pervasive indicator of social and cultural norms in modern Western society is the media. The united portrayal of the pregnant woman in the modern media has a two fold effect. First, it serves to reinforce the ambiguity of the pregnancy experience as it personifies the madonna / whore dichotomy through its contradictory presentation of the sacred and the profane, manifested in images which reinforce the tension between motherhood and sexuality. Secondly, the modern media's portrayal of pregnancy as the ultimate statement of femininity serves to confirm male heterosexuality.

A woman looking to associate herself with the modern slender ideal of feminine beauty as portrayed in the modern media finds that her pregnant physique can be paralleled more closely with obesity -- a physical form which is not idealized in modern Western society.

Many women look to the medical profession for a more stable model in which to shape their pregnancy experience. However, this model too is inappropriate as exemplified by the women in this study. Many participants reported finding that the medical model served only to heighten the ambiguousness of the pregnancy experience by making the pregnant woman secondary to the fetus, and by making the pregnant woman invisible -- a vessel, a carrier rather than an active participant in the experience of pregnancy.

Finally, the contradiction between sexuality and maternity is exemplified within the paradigm of the madonna / whore dichotomy as the portrayal of the pregnant woman in the modern media does not consider the duplicitous nature of the feminine experience of pregnancy -- a woman is portrayed either as sexy or as a mother - there is no clear representation of women as mothers as sexy people.

Directions For Further Research

Traditionally, the specific experiences of women as social beings have been absent from most of Western culture's discourses about human experience. In particular, experiences such

as pregnancy and childbirth have been discussed in theoretical terms, as these experiences were not considered worthy of reflection. The existing discourse describes pregnancy as a state of the developing fetus, for which the woman is a vessel - a container.

Pregnancy traditionally has been defined as an objective, observable process to be held under scientific scrutiny, and as a result it has become objectified by women themselves. Little significant work on woman as the site of her proceedings exists. We know very little about the way women experience pregnancy. This thesis points to a number of directions in which future research would be beneficial. Further analysis of pregnancy as a social construction would allow women the opportunity to further express in their own voices their thoughts, ideas and opinions about pregnancy as the imputation of femininity and to elaborate in what ways this is reflected and/or amplified by social and cultural sanctions to which they find themselves exposed during pregnancy. Some differences along class lines seemed to be suggested in the current study during the interview process. A more systematic study, to explore this theme may be useful for future research. Following Balin's (1988) theory of pregnancy as spirit possession, a comparison of the experience of Western women in contrast to women of other cultures would be useful in order to demonstrate perceived differences in the perception of pregnancy as experience. The relationship between obesity and pregnancy as related to body image could be further explored. Comparisons between pregnant women with diagnosed eating disorders such as Anorexia and Bulimia could be contrasted to body image perceptions of 'normal' women, in order to further explore the effect of pregnancy on perceived body image. Following Daileys (1978) theory of the 'male pregnancy' the experience of men in regard to pregnancy could be further explored; and finally drawing on the work of Oakley (1980), Rich (1986), and Morrison (1987), pregnancy as experience could be followed through the stage of 'aggregation' in order to explore the social construction of the role of mother, and the effect of this new role on body image.

APPENDIX ONE

Appendix 1a: Initial Interview: Female Participants

I. Demographics

- How old are you presently ?
- How old were you when you became pregnant ?
- How many weeks pregnant are you presently ? What is your due date ?
- What is your ethnic background ?
- What is your religious orientation ? Do you actively practice this religion ?
- Are you employed ? If so what do you do for a living ? How long do you intend to work ?
Do you intend to work after the baby is born ? If yes, when do you plan to return to work ? (If stopped working prior to the pregnancy do you plan to return to work ? If yes, when ?)

- What is your collective annual family income ?

- 20 - 29,000

- 30 - 39,000

- 40 - 49,000

- 50 - 59,000

- 60,000 or over

- What is your approximate - collective annual income ?
- is this your first pregnancy ? If no, how many other pregnancies have you had with this partner ? Are there any other children living with you ? If yes, what age are they ?
- How long have you been with your partner ? How long have you resided together in the same dwelling ?
- How do you feel about being pregnant ? Was the pregnancy planned ?

When you found out definitely you were pregnant, how did you feel about it ?

How do you think your partner felt about it ?

II. The Body As A Social Construction

- Do you like the way you look pregnant ? Do you feel attractive ? Does your partner tease you about your changing body shape ? How does this make you feel ?
- How comfortable were you with your body before you became pregnant ? Explain. Has being pregnant changed this at all ? Explain.
- Are you concerned with weight gain during pregnancy ? Weight loss after the birth ?
- Before you became pregnant, how important was your physical appearance to you ? Were you fashion conscious or did you dress for comfort rather than style ?
- Now that you are pregnant have there been any changes in how you choose your clothing?
- How do you feel about maternity clothing ? When did you start to wear maternity clothing or do you intend to wear it at all ?
- Where do you shop for clothes now that you are pregnant ? Have you had difficulty finding maternity clothes you like ?
- Describe yourself physically.
- Do you feel connected or disconnected with your body ?
- Do you think your husband finds you attractive now that you are pregnant ?
If yes, explain.

III. Pregnancy A Socially Constructed Experience

- Has the pregnancy affected your interaction with other people ? If so how ?
- Has being pregnant changed your social relationships ? In what ways ?
Give a specific example of something that someone has said and or done to make you feel this way.
- How are people interacting with you ? Have you noticed any changes ? Do you think other people treat you differently now that you are pregnant ? Give me a specific example.
- Do people treat you as an individual or has your identity become tied in with your pregnancy ?

- **Has the pregnancy affected your job performance or your interactions at work?**
If so, how? What have been your co-worker's reactions to your pregnancy?
- **Has being pregnant changed your relationship with your partner in any way?**
- **Do you think your partner treats you differently now that you are pregnant? Give me a specific example.**
- **Do you know anyone else who is pregnant right now? Are any of your family members or friends planning to have or expecting children at this time? Is it important to you to be able to talk about your experiences with other pregnant women? If yes, have you talked about your changing bodies?**
- **What preparations have you made for your pregnancy? ie. reading, exercise classes, support groups, parenting classes?**
- **Do you expect your partner to be present at the birth? Have you and your partner discussed this or have you made any plans about his/her attending the birth?**
- **Do you think of yourself as a mother?**
- **Do you consider the baby as separate from yourself - a separate being or as part of you? And others, how do you think they consider the baby - - as part of you or a separate being?**
- **Does the idea of being pregnant seem natural to you?**
- **Do you feel that your experience of pregnancy is typical of other women, or is it different in any respect? Explain.**
- **How do you feel when you are pregnant?**
- **Describe what it feels like to be ___ months pregnant?**
- **How do you think most women think of pregnancy? Is it an illness or is it a normal condition?**
- **Does being pregnant make you concerned about your health?**
- **Have you experienced any health complications during your pregnancy?**

III. Contrasting Images: Sexuality vs Motherhood

- **Has being pregnant changed your sense of your own sexuality ?**
 - Interest in sexual expression?
 - Attractiveness?
 - Others' perception of you as sexually attractive?
- **Have there been any changes in your pattern of sexuality now that you are pregnant ?**

How does this make you feel ?

Were you happy with you pattern of sexuality prior to the pregnancy ?
- **Do you feel sexually attractive now that you are pregnant ? Is this different from how you felt prior to the pregnancy ?**
- **When speaking to close friends or family members about your pregnancy what do you discuss ? Do you talk about pregnancy and sexuality ?**
- **How do you feel about sexuality during pregnancy ? Do you think sexuality is a normal part of pregnancy ?**
- **Have you discussed pregnancy and sexuality with your family physician ? If yes, what information were you given ?**
- **Have you become more aware of other pregnant women now that you are pregnant ?**
- **Have you become more aware of images, pictures, photographs etc. of pregnant women now that you are pregnant ?**
- **Are there any specific media image(s) of pregnant women that stand out in your mind ?**

If yes, where did you see these image(s) ? How did they make you feel ?
- **How do you think society views pregnant women's bodies ?**
- **Is your pregnancy a predominant topic of conversation ?**
- **Do you think society views pregnant women as attractive ? What experiences have you had that make your feel this way ?**
- **Do you think the images of pregnant women that you have seen adequately represent pregnant women's sexuality ?**

Appendix 1b: Initial Interview: Male Partner**I. Demographics**

- How old are you presently ?
- How old were you when you and your partner became pregnant ?
- What is your ethnic background ?
- What is your religious orientation ? Do you actively practice this religion ?
- Are you employed ? If so what do you do for a living ? Do you intend to work after the baby is born ?
- What is your collective annual family income ?
 - 20 -29,000
 - 30 - 39,000
 - 40 - 49,000
 - 50 - 59,000
 - 60,000 or over
- What is your approximate individual annual income ?
- Is this your first experience with pregnancy ? If no, how many other pregnancies have you experienced with this partner ? Are there other children living with you ? If yes, what age are they ?
- How long have you been with your partner ? How long have you resided together in the same dwelling ?
- How do you feel about the pregnancy ? Was the pregnancy planned ?
- When you found out definitely your partner was pregnant, how did you feel about it ? How do you think your partner felt about it ?
- Is your partner's pregnancy a predominant topic of conversation ?
- How are people interacting with her ? Have you noticed any changes ? Do you think other people treat her differently now that she is pregnant ? Give me a specific example.

- Do people treat her as an individual or has her identity become tied in with her pregnancy ?
- Has the pregnancy affected her job performance or her interactions at work ? If so, how ?
What have been her co-workers' reactions to her pregnancy ?
- Has her pregnancy changed your relationship with your partner in any way ?
- Do you think you treat your partner differently now that she is pregnant ? Give me a specific example.
- Do you know anyone else who is pregnant right now ? Are any of your family members or friends planning to have or expecting children at this time ? Is it important to you to have someone to talk to about your experience ?
- What preparations have you made for the pregnancy ? ie. reading, exercise classes, support groups, parenting classes ?
- Do you expect to be present at the birth ? Have you and your partner discussed this or have you made any plans about your attending the birth ?
- Do you think of yourself as a father ?

II. The Body As A Social Construction

- Do you like the way your partner looks pregnant ? Do you find her attractive ?
- How comfortable were you with her body before she became pregnant ? Explain. Has her pregnancy changed this at all ? Explain .
- Are you concerned with her weight gain during pregnancy ? Weight loss after the birth ?
- Before she became pregnant, how important was her physical appearance to her ? Was she fashion conscious or did she dress for comfort rather than style ?
- Now that she is pregnant have you noticed any changes in how she chooses her clothing ?
- How do you feel about maternity clothing ? When did your partner start to wear maternity clothing or does she intend to wear it at all ?
- Where does she shop for clothes now that she is pregnant ? Has she had difficulty finding maternity clothes that she likes ? How do you feel about her maternity clothing ?

- Describe your partner physically.

III. Pregnancy A Socially Constructed Experience

- Has the pregnancy affected your social interaction as a couple ? Personally ? If so how ?
- Has being pregnant changed your social relationships ? In what ways ?
- Do you consider the baby as separate from your partner - a separate being or as part of your partner ? And others, how do you think they consider the baby - - as part of her or a separate being ?
- Does the idea of you partner being pregnant seem natural to you ?
- Do you feel that your experience of pregnancy is typical of other men, or is it different in any respect ? Explain .
- How do you feel when your partner is pregnant ?
How do you think most men think of pregnancy ? Is it an illness or is it a normal condition ?
- Does being pregnant make you concerned about your partner's health ?
- Has your partner experienced any health complications during her pregnancy ?

IV. Contrasting Images: Sexuality vs Motherhood

- In your opinion has being pregnant changed your partner's sense of her own sexuality ?
 - Interest in sexual expression
 - Attractiveness
 - Other's perception of her as sexually attractive
- In your opinion has there been any changes in your pattern of sexuality now that your partner is pregnant ? How does this make you feel ?
Were you happy with your pattern of sexuality prior to the pregnancy ?
- Do you think your partner is attractive now that she is pregnant ? Is this different from before she became pregnant ? Explain.
- When speaking to close friends or family members about the pregnancy what do you discuss? Do you talk about pregnancy and sexuality ?

- **How do you feel about sexuality during pregnancy, do you think this is normal part of pregnancy ?**
- **Have you discussed pregnancy and sexuality with your family physician ? If yes, what information were you given ?**
- **Are you more aware of other pregnant women now that your partner is pregnant ?**
- **Have you become more aware of images -- pictures, photographs etc. of pregnant women now that your partner is pregnant ?**
- **A number of studies report that during their pregnancy, women feel their partners found other non-pregnant women more attractive. Do you feel this is true for your partner ?**
- **Are you more aware of other non-pregnant women now that your partner is pregnant ?**
- **If yes, where did you see these image(s) ? How did they make you feel ?**
- **Do you think society views pregnant women as attractive ? What experiences have you had that make you feel this way ?**
- **Do you think the images of pregnant women that you have seen adequately represent pregnant women's sexuality ?**

Appendix 1c: Second Interview: Female Participants

I. Demographics

- How old are you presently ? Have you had a birthday during your pregnancy ?
- How many weeks pregnant are you presently ? What is your due date ?
- Are you still employed ? How long do you intend to keep working ?
- What is your approximate personal annual income?

- 20 - 29,000

- 30 - 39,000

- 40 - 49,000

- 50 - 59,000

- 60,000 or over

What is the last level of formal education you have completed ?

--Grade school, up to which grade ?

--High school, Grade 12 or 13 ?

--Community college, number of years attended ? Diploma,
Certificate or Degree(s) obtained.

--University, number of years completed ? Degree(s)

- How do you feel about being pregnant ?
- Are you seeing a physician in connection with your pregnancy ?

What type of physician are you seeing ?

--family practitioner

--gynecologist

--other specialist (explain)

- Is your physician male or female ?
- Are you attending a birthing center. Do you have a midwife ?

II. The Body As A Social Construction

- Do you like the way you look pregnant ? Do you feel attractive ? Does your partner tease you about your changing body shape ? How does this make you feel ?
 - How comfortable are you with your body at this time ? Has being pregnant changed your level of comfort with your body ? Explain.
 - Are you concerned with weight gain during pregnancy ? Weight loss after the birth?
 - Have you made conscious changes in your lifestyle during your pregnancy such as changes in your diet and exercise ? If yes, are you making these changes for yourself or for the baby ?
 - How important is your physical appearance to you when you are pregnant ? Are you fashion conscious or do you dress for comfort rather than style ?
 - Do you feel connected with your body ? Do you feel disconnected with your body ?
- Do you think your partner finds you attractive at this stage in your pregnancy ? If yes, explain. If no, explain.

III. Pregnancy A Socially Constructed Experience

- Is your pregnancy affecting your interaction with other people ? If so how ?
- Is the pregnancy affecting your social relationships ? In what ways ? Give me a specific example of something that someone has said and / or done to make you feel this way.
- How are people interacting with you ? Have you noticed any changes ? Do you think other people treat you differently now that you are visibly pregnant ? Give me a specific example ?

- Do people treat you as an individual or has your identity become tied in with your pregnancy ?
- Is the pregnancy affecting your job performance or your interactions at work ? If so, how ? What have been your co-workers' reactions to your pregnancy ?
- Is your pregnancy a predominant topic of conversation ?
- Has the pregnancy changed your relationship with your partner in any way ?
- Do you think your partner treats you differently now that you are ___ months pregnant ? Give me a specific example ?
- Do you think of yourself as a mother ?
- Do you consider the baby as separate from yourself- a separate being or as part of you ? And others, how do you think they consider the baby - - as part of you or a separate being ?
- Describe what it feels like to be ___ months pregnant ?
- Have you experienced any health complications since our last interview ? If yes, please explain.

IV. Contrasting Images: Sexuality vs Motherhood

- Has being pregnant changed your sense of your own sexuality ?
 - Interest in sexual expression
 - attractiveness
- Have there been any changes in your pattern of sexuality now that you are further along in the pregnancy? How does this make you feel ?
- Do you feel sexually attractive now that you are ___ months pregnant ? Is this different from how you felt prior to the pregnancy or from when you were in your first trimester ?

Have you become more aware of images ie. pictures, posters, photographs etc., of pregnant women since our last interview ?

- Have you or your partner taken any photographs of you pregnant ? If yes, what kind of pictures ? Were you clothed or nude in these pictures ?
 - Professional studio portraits
 - posed photographs
 - spontaneous photographs
 - intimate or private photographs
- Are there any specific media image(s) of pregnant women that stand out in your mind ? If yes where did you see these image(s) ? How did they make you feel ?
- Do you think the images of pregnant women that you have seen adequately represent pregnant women's sexuality ?

V. Media Images Of Pregnancy

- How does this picture make you feel ? Please explain. Do you like/dislike this picture ? Why ? Please explain.
- Can you relate to the feelings portrayed by the pregnant woman in this picture ? Explain.
- Where do you think one might see a picture like this ?
 - a book or a pregnancy guide
 - A medical textbook
 - a parenting magazine
 - a popular woman's magazine
 - a poster
- Have you ever seen a picture of a pregnant woman like this before ?
If yes, where did you see it ?

- Do you think this is an adequate portrayal of a pregnant woman ? Explain.
- Do you think this picture portrays the pregnant woman naturally or is it artificial ? Explain.
- If I told you that this picture came from
 - a) the cover of a popular women's magazine
 - b) an advertisement
 - c) a medical textbook
 - d) a poster
 - e) a popular man's magazine
 - f) a parenting guide/book/magazine, what would your reaction to this picture be ? Would your impression of this picture change ? Explain.

Appendix 1d: Second Interview: Male Partner

I. Demographics

- How old are you presently ? Have you had a birthday since our last interview ?
- Are you employed ? Has your employment changed since our last interview ?
- What is your approximate annual individual income ?
 - 20 - 29,000
 - 30 - 39,000
 - 40 - 49,000
 - 50 - 59,000
 - 60,000 or over
- What is the last level of formal education that you completed
 - Grade school, up to what grade ?
 - High School, Grade 12 or Grade 13 ?
 - Community College, number of years attended ? Diploma, Certificate or Degree(s) obtained ? Program ?
 - University, number of years completed ? Degree(s)
- How do you feel about the pregnancy ?
- Is your partner seeing a physician in connection to the pregnancy ? Do you attend the prenatal visits with her ?
- Does your partner have a midwife ? If yes, what is your relationship with the midwife ?

II. The Body As A Social Construction

- Do you like the way your partner looks ___ months pregnant ? Do you find her attractive ?
- Has her pregnancy changed your level of comfort with her body ? Explain.
- Are you concerned with her weight gain during pregnancy ? Weight loss after the birth ?
- Now that she is ___ pregnant have you noticed any changes in how she chooses her clothing?

- Describe your partner physically.

III. Pregnancy: A Socially Constructed Experience

- Is the pregnancy affecting your social interaction as a couple ? Personally ? If so, how ?
- Is the pregnancy changing your social relationships ? In what ways ? Give me a specific example of something that someone has said and/or done to make you feel this way.
- Is your partner's pregnancy a predominant topic of conversation ?
- How are people interacting with her, now that she is visibly pregnant ? Have you noticed any changes? Do you think other people treat her differently now that she is more visibly pregnant ? Give me a specific example ?
- Do you think people treat her as an individual or has her identity become tied in with her pregnancy ?
- Is the pregnancy affecting her job performance or her interactions at work ? If so, how ?
- What have been her co-workers' reactions to her pregnancy ?
- Has the pregnancy changed your relationship with your partner in any way ?
- Do you think you treat your partner differently now that she is ___ months pregnant ? Give me a specific example ?
- Do you think of yourself as a father ?
- Do you consider the baby as separate from your partner - a separate being or as part of your partner? And others, how do you think they consider the baby - - as part of her or a separate being ?
- How do you feel when your partner is pregnant ?
- Does being pregnant make you concerned about your partner's health ?
- Has your partner experienced any health complications since our last interview ?

IV. Contrasting Images: Sexuality vs Motherhood

- In your opinion has being pregnant changed your partner's sense of her own sexuality ?
 - interest in sexual expression.
 - attractiveness.
- in your opinion have there been any changes in your pattern of sexuality now that your partner is ___ months pregnant ? How does this make you feel ?
- Do you find your partner attractive now that she is ___ months pregnant ? Is this different from before she was visibly pregnant ? Explain.
- A number of studies report that during pregnancy women felt their partners found other non-pregnant women more attractive. Do you feel this is true for your partner ?
- Are you more aware of other non-pregnant women now that your partner is pregnant ?
- Are there any specific media image(s) of pregnant women that stand out in your mind ? If yes, where did you see these image(s) ? How did they make you feel ?

V. Media Images of Pregnancy

How does this picture make you feel ? Please explain. Do you like/dislike this picture ? Why?

- Where do you think one might see a picture like this ?
 - a book or a pregnancy guide
 - a medical textbook
 - a parenting magazine
 - a popular woman's magazine
 - a poster
- Have you ever seen a picture of a pregnant woman like this before ?

If yes, where did you see it ?
- Do you think this is an adequate portrayal of a pregnant woman ? Explain.

- **Do you think this picture portrays the pregnant woman naturally or is it artificial? Explain.**

 - **If I told you that this picture came from**
 - a) the cover of a popular women's magazine**
 - b) an advertisement**
 - c) a medical textbook**
 - d) a poster**
 - e) a popular men's magazine**
 - f) a parenting guide/book/magazine, What would your reaction to this picture be ?**
- Would your impression of this picture change ? Explain.**

APPENDIX TWO Images Presented to Participants
During Interview Schedule Two.

The Unexpected About Expecting

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A. Nabisco 100% All Bran Cereal
Fearley, F. Great Expectations.
Vol. 20; No. 3; Toronto; Professional
Publishing Associates Ltd. Jly, 1992.



B. Boston Woman's Health Collective.
The New Our Bodies Ourselves.
Rev. ed. New York: Simon and Scheuster
Inc., 1992, n.p.

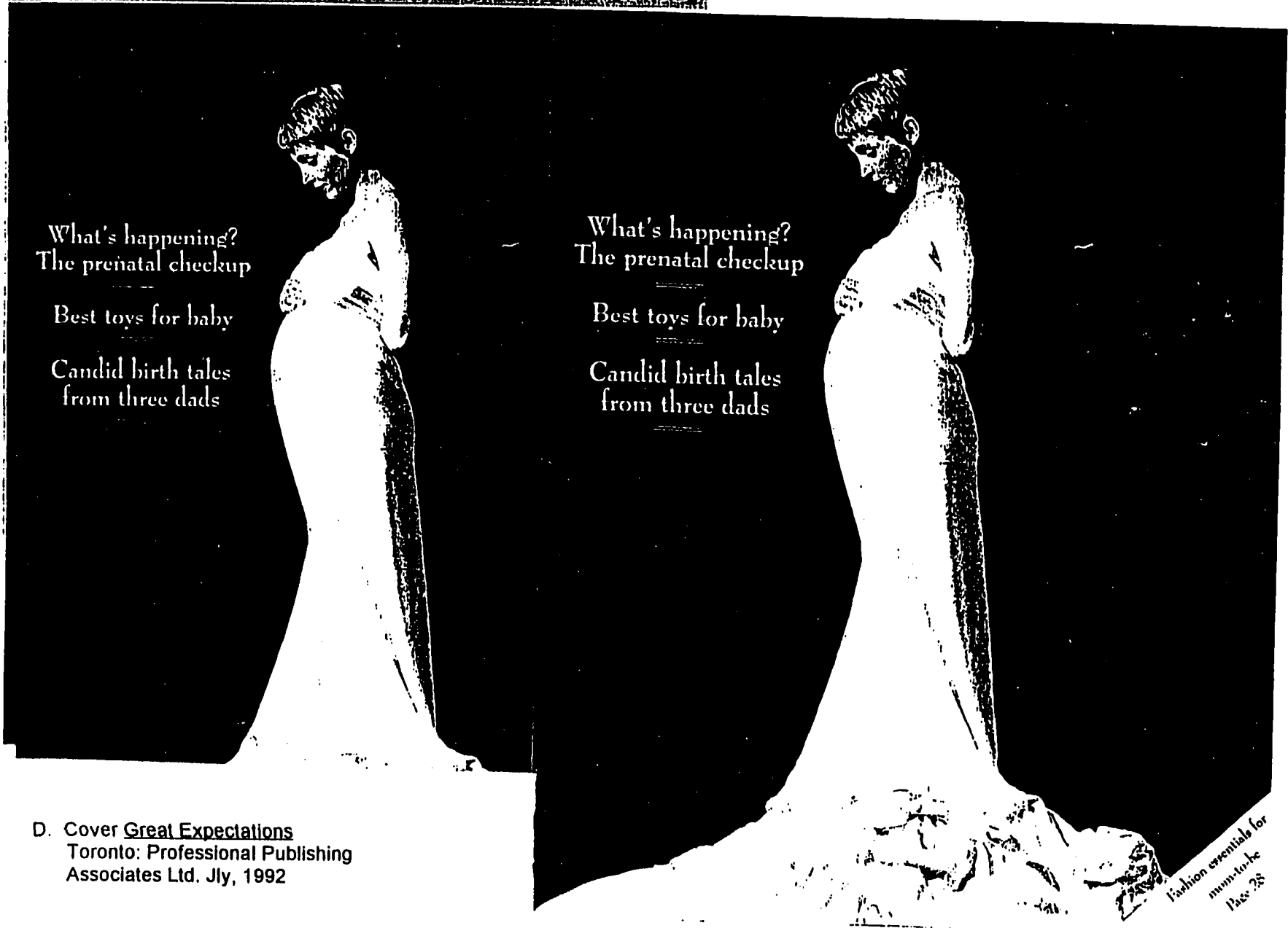


C. Opton, Suzanne
Four Women, Source Unknown
Vermont, 1980.

GREAT EXPECTATIONS

THE MAGAZINE FOR EXPECTANT PARENTS

D2. As presented to interviewees



What's happening?
The prenatal checkup

Best toys for baby

Candid birth tales
from three dads

What's happening?
The prenatal checkup

Best toys for baby

Candid birth tales
from three dads

D. Cover Great Expectations
Toronto: Professional Publishing
Associates Ltd. Jly, 1992

*Fashion essentials for
mum-to-be
Page 28*



E. Hall, D.C. and G.R. Reini.
Making Mama Fit.
New York; Leisure Press, 1982, n.p.

VANITY FAIR

AUGUST 1991/S2 75

More Demi Moore

by Nancy Collins

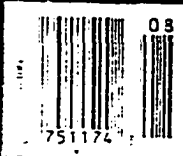
DARYL GATES
Is LA's Top Cop
to Blame?
by Fredric Dannen

**HOW SADDAM
SURVIVED**
by Gail Sheehy

**SHOWDOWN
AT THE
BARNES COLLECTION**
by John Richardson
and David D'Arcy

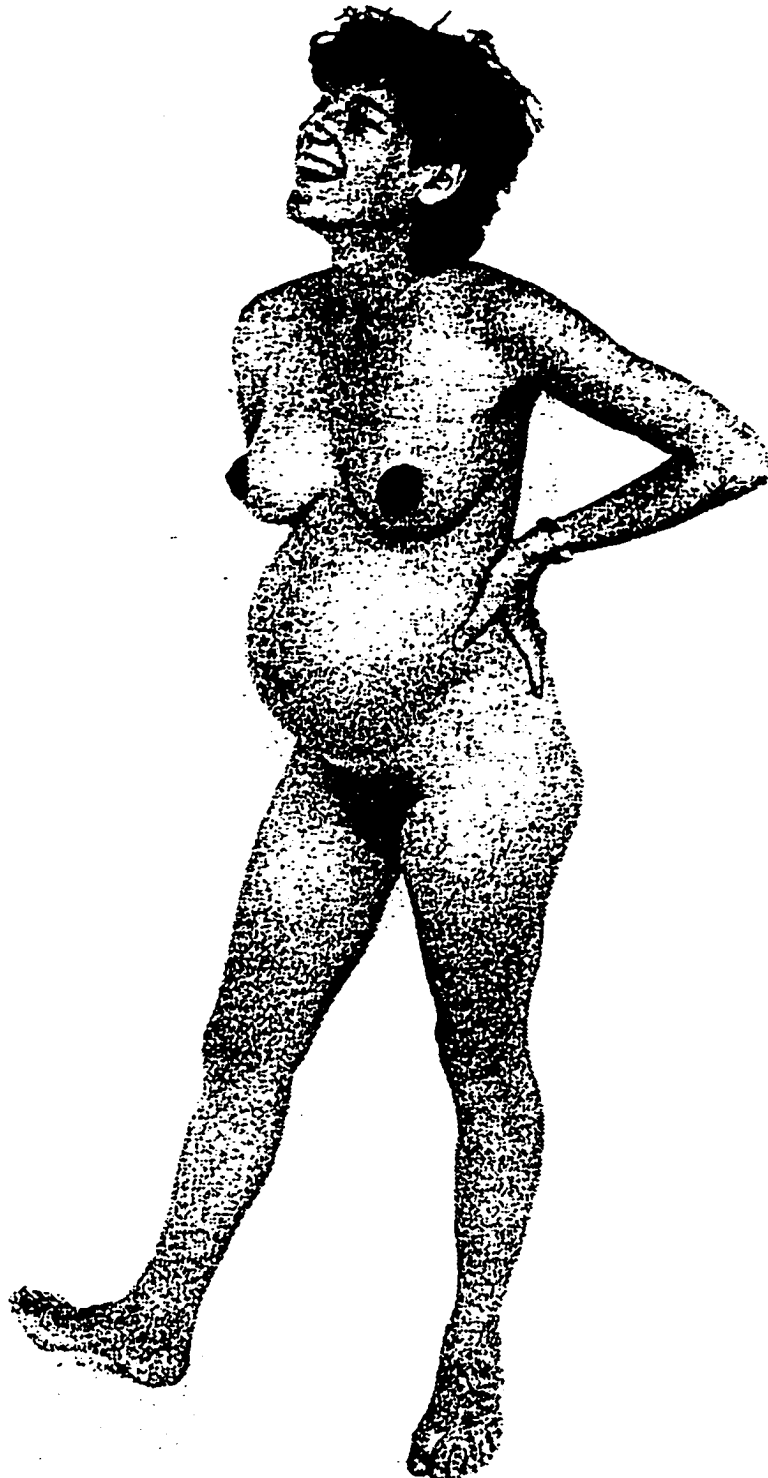
VÁCLAV HAVEL
Philosopher King
by Stephen Schiff

**HOLLYWOOD
MAYHEM**
What Is



F. Vanity Fair August, 1991 cover-Actress Demi Moore.

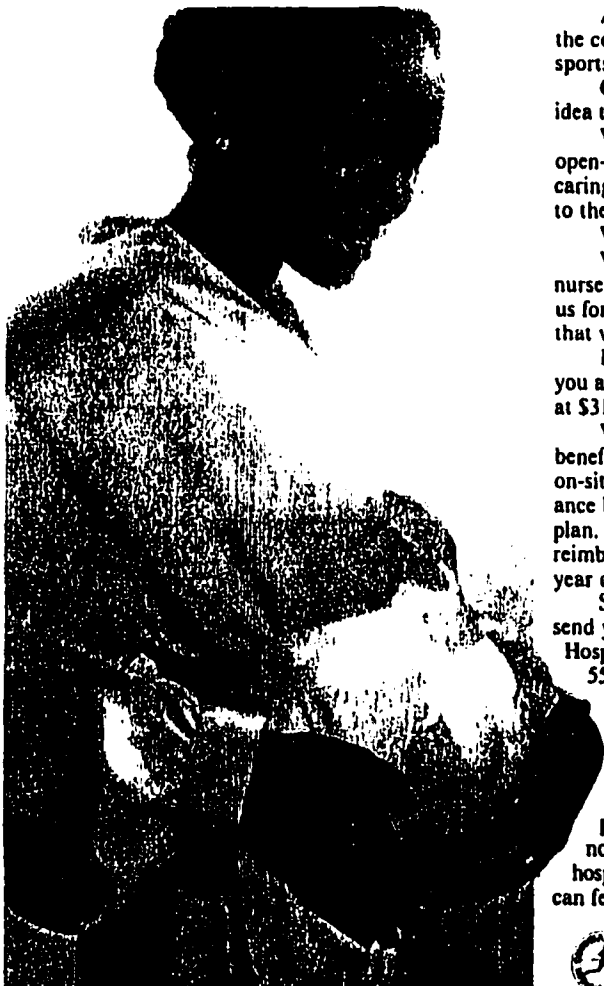
G. Boston Woman's Health Collective.
The New Our Bodies Ourselves.
Rev. ed. New York: Simon and
Scheuster Inc., 1992, n.p.





I. Hall, D.C. and G.R. Reinf.
Making Mama Fit.
New York; Leisure Press, 1982, n.p.

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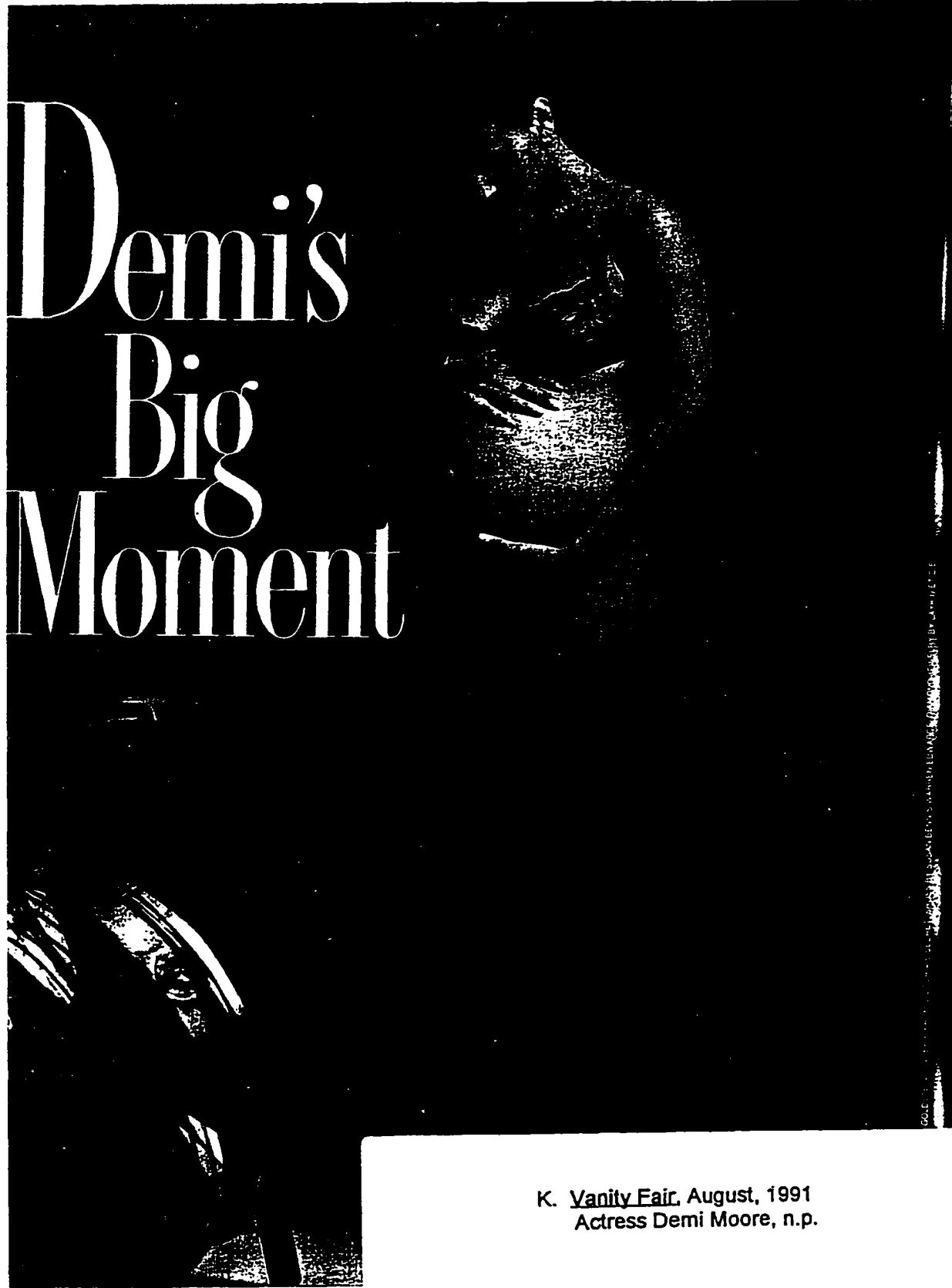
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Demi's Big Moment

K. Vanity Fair. August, 1991
Actress Demi Moore, n.p.

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- Baby
- Flat tummy (when baby is removed)
- Maternity dress, shoes and hair ribbon

...and many more accessories including baby clothes, crib, tub and carriage

L. Advertisement
 Judith Corporation, 1992, n.p.

COSMOPOLITAN

July 1993 • \$2.95

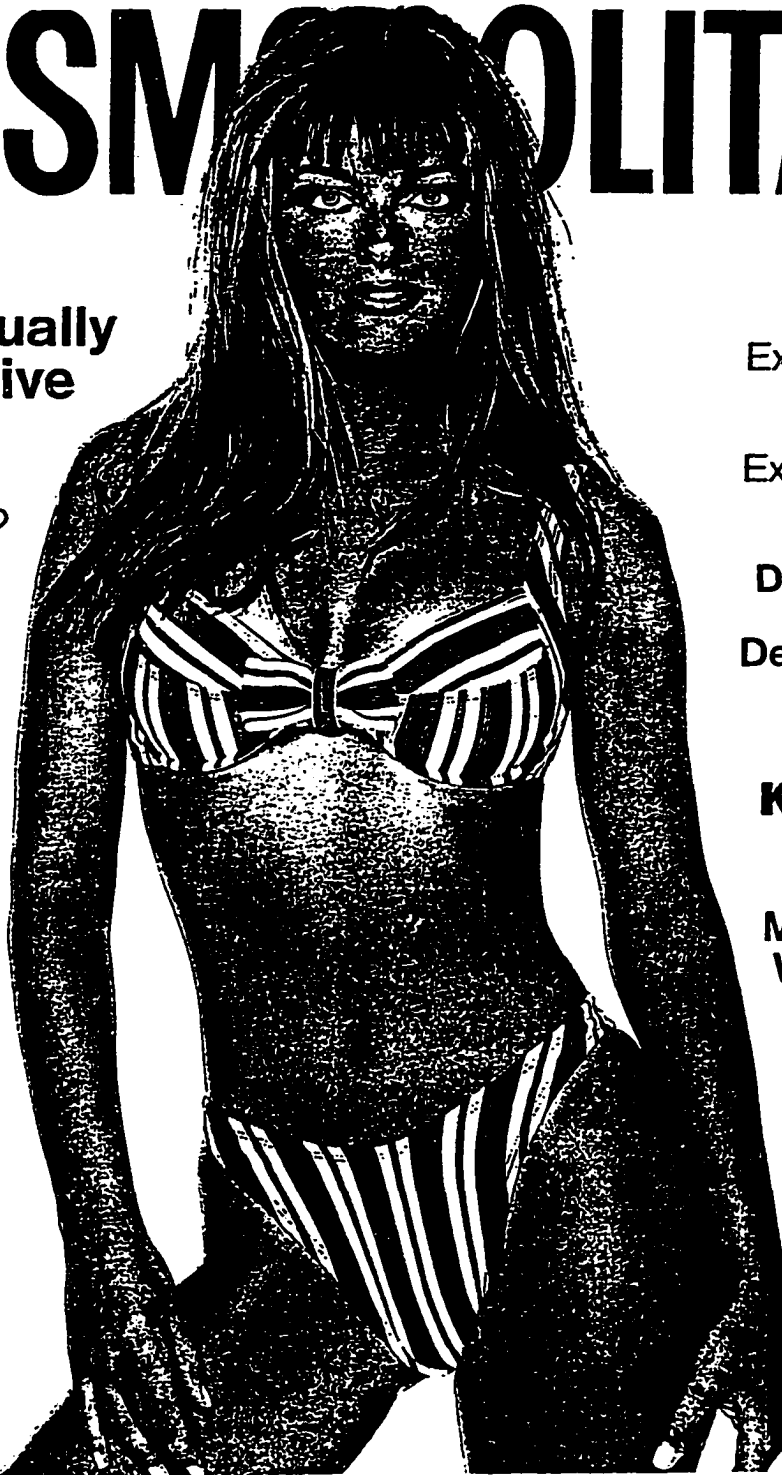
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Aggressive
Woman.**

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Clavell's**
Extraordinary
New Novel,
Gai-Jin-
Dark, Erotic,
and
Devastating!

**Kathleen
Turner**
Real-life
Movie Star
Who's Not
Afraid of
Real Life

12
Ways
to
Stay
in
Love



M. Cosmopolitan, Jly, 1993, Paulina Porizkova
(6weeks pregnant)

APPENDIX THREE: Female and Male Participants Interviews as Quoted

The following is a list (in chronological order) of the female and male participant interviews quoted in the text. Basic biographical data about the participants is provided after each initial entry to assist the reader in contextualizing the participants' comments in the text. Participants' names have been changed to protect confidentiality.

1. Jim, statistician, age 32 years, first marriage. Ethnic Origin: Greek, Religious Orientation: Greek Orthodox, first child.
2. Joanne, Social Worker, age 27 years, first marriage. Dutch Christian Reform, first pregnancy.
3. Joanne, See No.2.
4. Robin, Student, age 31 years, first marriage. Ukrainian, first pregnancy.
5. Kathy, Registered Nurse, age 30 years, first marriage. Dutch, Christian Reform, third pregnancy.
6. Wendy, Homemaker, age 26 years, first marriage. Ukrainian, first pregnancy.
7. Karen, Teacher, age 29 years, first marriage. Ukrainian, United, first pregnancy.
8. Robin, See No. 4.
9. Micheline, Teacher, Registered Nurse, age 35 years, first marriage. French Canadian, Catholic, third pregnancy.
10. Linda, Teacher, Registered Nurse, age 42 years, first marriage. Canadian, no religious affiliation, second pregnancy.
11. Peter, Millworker, age 30 years, first marriage. Polish, Roman Catholic, first child.
12. Gary, Dentist, age 52 years, second marriage. English, Protestant, third child.
13. John, Police Officer, age 26 years, first marriage. Polish, Roman Catholic, first child.
14. Michelle, Homemaker, age 26 years, first marriage. Scottish/German, Roman Catholic, second pregnancy.
15. Robin, See No. 4.
16. Kathy, See No. 5.
17. Ed, Engineer, age 32 years, first marriage. Dutch, Christian Reform, third child.
18. Dean, Carpet Layer, age 32 years, first marriage. Italian, Roman Catholic, second child.

19. Gary, See No.12.
20. Hank, Contractor, age 34 years, first marriage. Italian, Roman Catholic, first child.
21. Shawn, Social worker, age 32 years, first marriage. Irish, United, first child.
22. Stan, Entrepreneur, Psychiatric Nurse, age 37 years. Polish, Roman Catholic, third child.
23. Glen, Construction worker, age 26 years, common-law. Irish, Roman Catholic, first child.
24. Stan, See No. 22.
25. Shawn, See No. 21.
26. Debbie, Social worker, age 32 years, first marriage. Irish, United, first pregnancy.
27. Kathy, See No. 5.
28. Joanne, See No. 2.
29. Linda, See No. 10.
30. Tom, Insurance Salesman, age 33 years, first marriage, Dutch, Christian Reform, first child.
31. Ronald, Student, age 28 years, first marriage. Canadian, Roman Catholic. first child.
32. Robert, Canadian Military, age 29 years, first marriage, French/Irish, Roman Catholic, second child.
33. Michelle, See No.14.
34. Kathy, See No.5.
35. Shawn, See No.21.
36. Virginia, Medical doctor, age 28 years, first marriage, Ukrainian, first pregnancy.
37. Peter, See No.11.
38. Glen, See No.23.
39. Debbie, See No.26.
40. Kathy, See No.5
41. Linda, See No.10.
42. Robin, See No.4.
43. Shawn, See No.21.
44. Karen, See No.7.

45. Stephanie, Computer Programmer, age 35 years, American Protestant, first pregnancy.
46. Virginia, See No. 36.
47. Tina, Legal Secretary, age 29 years, Italian, Roman Catholic second pregnancy - twins.
48. Robin, See No.4.
49. Leah, Homemaker, age 35 years, Italian, Roman Catholic, second pregnancy.
50. Jim, See No. 1.
51. Craig, Musician, age 26 years, Italian, Roman Catholic, first child.
52. Kathy, See No.5.
53. Michelle, See No.14.
54. Joanne, See No.2.
55. Mary, Health Care Aide, age 26 years, Finnish, Lutheran, first pregnancy.
56. Virginia, See No.36.
57. Robin, See No.4.
58. Stan, See No.22.
59. Ronald, See No.31.
60. Karen, See No.7.
61. Michelle, See No.14.
62. Stan, See No.22.
63. Karen, See No.7.
64. Kathy, See No.5.
65. Michelle, See No.14.
66. Michelle, See No.14.
67. Stan, See No.22.
68. Wendy, See No.6.
69. Karen, See No.7.
70. Kathy, See No.5.
71. Wendy, See No. 6.

72. Micheline, See No.9.

73. Kathy, See No.5.

74. Shawn, See No.21.

APPENDIX FOUR

Historic Representations of Pregnant
Woman: Fertility Goddesses and Idols.



A. The Venus of Willendorf, Augnarian
30,000 B.C., Kuns, Lever Austria -
Fertility goddess. Feininger, Andreas.:
1961, n.p.



B. Fertility idol from Menton, Aurignacian
(cast) Paleolithic style - pregnant
woman. Feininger, Andreas: 1961, n.p.



C. Terra - Cotta Idol from Tepic Mexico Pre-Columbian. Peabody Museum, Cambridge Massachusetts Pregnant Woman Kneeling. Ibid: 1961, n.p.



D. Terra - Cotta figure, Vera Cruz, Mexico
Pre Columbian, University Museum,
Philadelphia Ritual Significance as a
fertility goddess. Ibid: 1961; 78



E. Mexican Statuette of Pregnant Woman
Pre Columbian - American Museum of
Natural History, New York. Woman
Squatting in preparation for childbirth.
Ibid: 1961, n.p.

Sample Media Representations of Pregnant
Body Image as Discussed in the Text.



"SHE'S GOING TO HAVE A BABY"

Vogue Model - Pregnant
Vogue Magazine
May 1: Vol 89: 1936, 92-93.



Vogue Model - Pregnant
Vogue Magazine.
May 1, Vol. 89; 1936:92-93.



Public pregnancies

Blame it on Demi Moore. When the then-very-pregnant actor appeared on the cover of

Vanity Fair, she started a trend that's gotten, well, bigger over the past few months. In feature stories, models Paulina Porizkova, Beverly Peele and Victoria's Secret cover girl Stephanie Seymour were none too secret about their impending motherhood. Their big-bellied photos follow a raft of bare-breasted celebrity covers featuring Janet Jackson, Sharon Stone, Madeleine Stowe and others. What's the next logical cover step: breast-feeding?



- A. Paulina Porizkova - Vogue Magazine
 Beverly Peele - Elle Magazine
 Stephanie Seymour - Bazaar Magazine
 *Glamour, November, 1993: 107.

Journal

September 1993

PARENTING SECTION
HOW TO SOLVE TOUGH PROBLEMS

LADIES' HOME JOURNAL • SEPTEMBER 1993 • NEVER UNDERESTIMATE THE POWER OF A WOMAN! • 02099 VOL CX • NO 9

HOME REMEDIES EVEN DOCTORS USE

50 WAYS TO CUT FAT—FAST!

IF YOUR HUSBAND MAKES YOU CRAZY see page 74



The best apple pie in America

COULD STRESS MAKE YOU UNFAITHFUL?



JULIA ROBERTS
Her surprising love story

THE SIX THINGS THAT WILL MAKE YOU HAPPY



What Leno thinks of Letterman

You asked for it! GREAT MEALS IN MINUTES

HAIR 101
Learn from the pros at Beauty U.

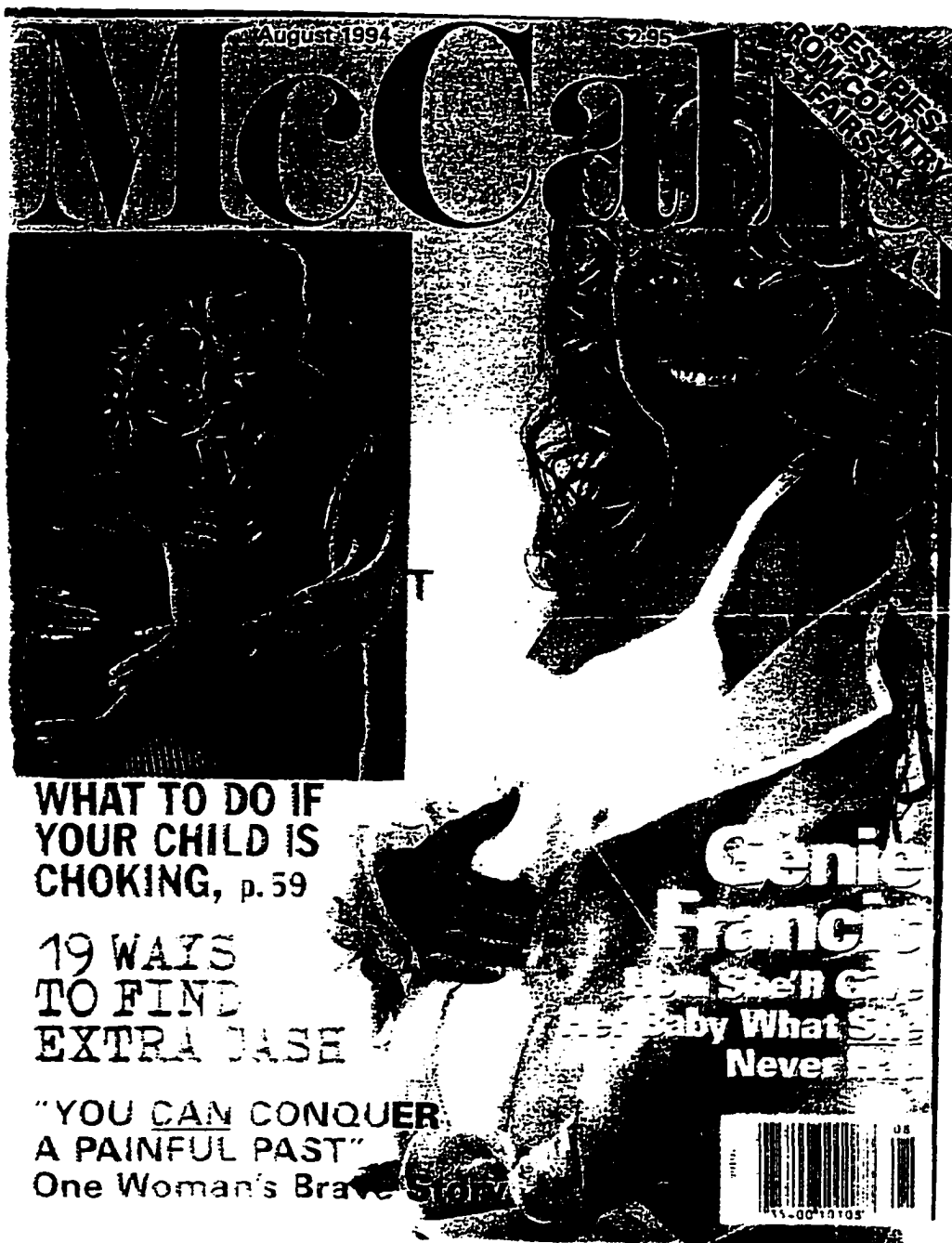


KATHIE LEE'S SECRET CONFLICT

"I'VE GOT TO DO THE BEST FOR MY FAMILY—AND THAT MAY NOT BE THE BEST FOR ME"



B. Kathy-Lee Gifford
Ladies Home Journal
Vol. CX, No. 9; September, 1993.



C. Genie Francis
 McCalls, August, 1994



◀ *Married's* Sagal (far left) appears in altered maternity clothes. Bergen (left) will wear fashions recycled from *Murphy Brown's* infancy, when jackets were more voluminous.

PICKLES AND ICE-CREAM CHIC

Holy tent dress! TV's best-dressed working woman and tackiest hausfrau are both pregnant this season. But nobody has to worry that *Murphy Brown* and *Married . . . with Children's* Peg Bundy will be caught in the same maternity clothes. *Murphy's* Candice Bergen, whose pregnancy will show later this fall, won't wear expecting styles at all. Series designer Bill Hargate will maintain *Murphy's* "tailored image" with generously cut sweaters and jackets. Outfits for *Married's* Katey Sagal — herself seven months pregnant — suit Peg's gaudy style. Designer Marti Squires buys floral-print tops at maternity shops, then "makes them more Peg" by lowering the necklines.

D. Candice Bergon - *Murphy Brown*
 Katey Seagull - *Married With Children*
 *People, October, 1991: 105-107.

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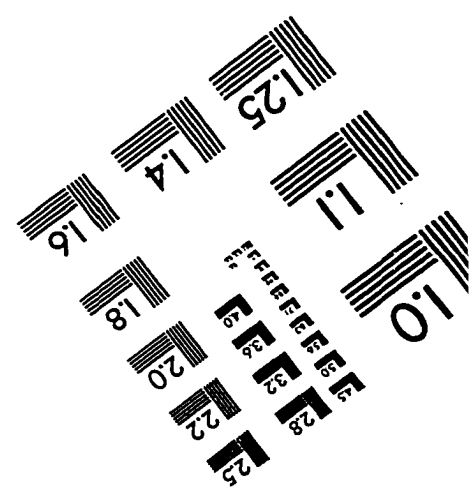
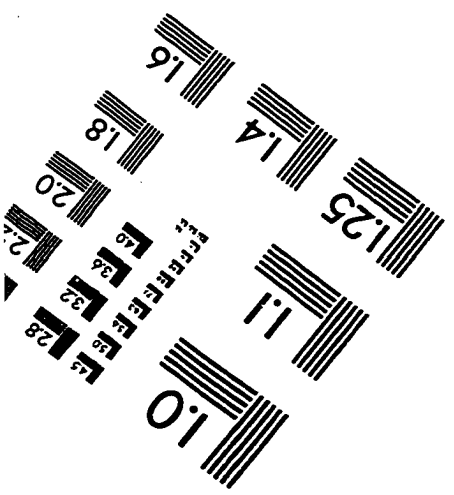
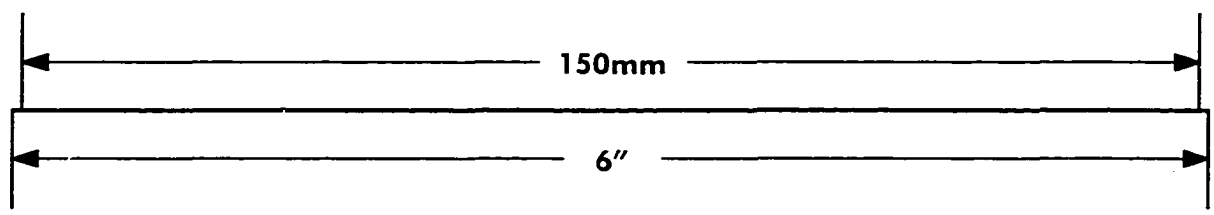
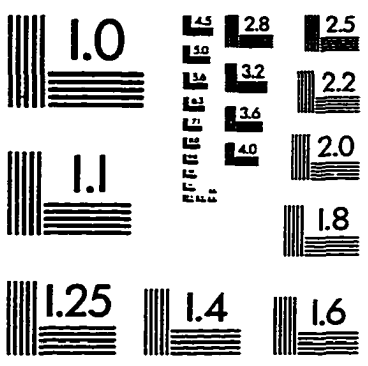
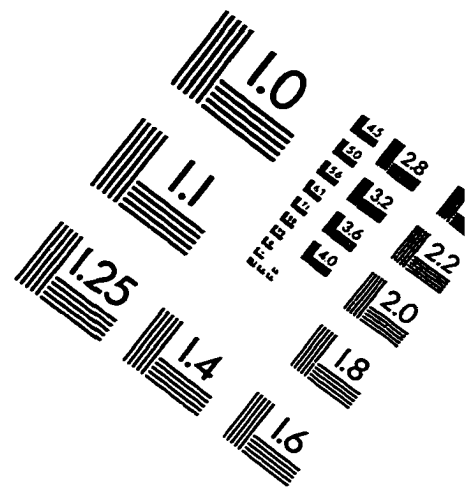
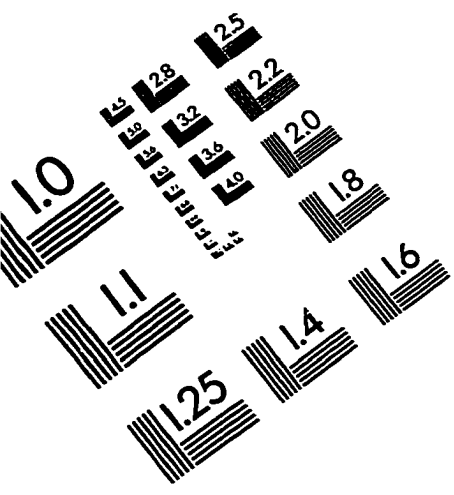
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