Language, Gender and Power in Discourses of Maternity. The Discursive Construction of Gender Identity in Pregnancy Advice Literature in English and French.

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Abstract
This research investigates the construction of gender identity in the discourse of pregnancy advice literature. It focuses in particular on uncovering the societal power asymmetries and hierarchies which repress and control women, and on identifying how the discourse of pregnancy advice literature operates to sustain these hierarchies. The thesis is based on a diachronic critical discourse analysis of a selected number of pregnancy advice texts in English and French, using Fairclough’s three-dimensional model of description, interpretation and explanation. The social conditions and discourse processes framing these texts are thus considered in the analysis of the lexical and grammatical patterns used to represent women and position them in relation to other social actors. The study considers firstly how discourse is used as an instrument of power and control in the positioning of pregnant women in relation to the medical institution, and subsequently investigates how women’s emotions during pregnancy, and their attitudes both to their pregnancies and to their changing bodies are constructed in the discourse of pregnancy advice literature. This research also focuses on constructions of masculinity and femininity in this discourse in order to identify how gender roles are discursively constituted. The thesis ultimately demonstrates that historical discourse patterns are being reformulated yet reproduced in contemporary pregnancy advice literature, and that control over women is maintained through the discursive subjugation of pregnant women to the authority of the medical profession and the reinforcement of traditional gender roles in this discourse. The domination of women is thus perpetuated in the discourse of pregnancy advice literature.
To my husband and children
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Introduction

In the field of language and gender, research has moved away in recent times from traditional studies of “gender differences” and “gender bias” towards the study of the construction of gender identity through a range of gendered discourses. In general, approaches to language and gender have changed from an essentialist to a constructionist position, with an increasing recognition of the importance of the constitutive role of language. Many contemporary approaches to language and gender research are characterised by a discourse approach to language and gender studies, a focus on the diversity of women’s and men’s experience and the perception of gender as performative. A body of research investigating the construction of gender identities in discourse has thus emerged and it is within this context that this thesis can be situated, as its primary objective is to examine the construction of gender identity in the discourse of pregnancy advice literature.

Talbot (2010: 128) argues that “like it or not, women’s social identities are tied up in their childbearing capacity”, and it cannot be denied that regardless of whether women have children or not, motherhood is a key factor in the way in which women are defined by others and in their perceptions of themselves. Studies in psychology are testament to the strong links between gender, social identity and motherhood (Bailey, 1999 and Woollett, 1991). Motherhood is perceived as central to women’s identity, in particular to their sense of womanhood or femininity, and pregnancy as a period of transition towards motherhood represents a very significant time in life for many women. During pregnancy women are drawn into a discourse of pregnancy perpetuated by medical and popular advice literature and interaction within various communities of practice. The approach to discourse taken in this thesis allies itself to
critical linguistics and in particular to critical discourse analysis (CDA), which emphasises the social and constitutive nature of discourse. It can thus be argued that pregnancy and the identity of the “expectant mother” are constructed for women in the discourses to which they are exposed during pregnancy. In an effort to negotiate the changes in self-identity which pregnancy brings, many women consult the ever-increasing number and range of pregnancy advice books on the market and this thesis seeks to examine how gender identity is constructed in a selected number of these advice books.

The purpose of this thesis is largely to examine what these texts say about women, and how women are positioned in this discourse. The primary objective is, therefore, to analyse how gender identity is constructed in the discourse of pregnancy advice literature, and to explore whether women are repressed in this discourse. Should this hypothesis be confirmed, this thesis will also focus on uncovering the societal power asymmetries and hierarchies which repress pregnant women, and on identifying how the discourse of pregnancy advice literature operates to sustain these hierarchies. The texts are thus being approached from a largely feminist standpoint, an approach which is in keeping with recent calls for language and gender research to rediscover its political voice and to become more politically motivated. Holmes (2011: 606) argues that “we need to put women back at the centre of language and gender research”, and this piece of research is focussing explicitly on how women are represented in the discourse of pregnancy advice literature in order to identify whether this discourse is seeking to control women. The conventional focus of CDA on hierarchy and power relations contributes to the appropriateness of this methodology for the investigation.
of gender identity and the exploration of repressive norms and stereotypes in discourse.

Four pregnancy texts which are generally representative of the advice literature available have been selected for this analysis. Two of these texts date from the early twentieth century (Candid Counsels to Expectant Mothers and Hygiène de la grossesse) and the other two from the twenty first century (What to Expect When You’re Expecting and La Bible de votre grossesse), and consist of both English and French texts. The analysis is thus both diachronic and bilingual in order to provide a comprehensive view of how women’s identities are constructed in this discourse. Foucault (1969: 75) argues that objects of discourse are unstable entities, subject to change according to their occurrence in different discourses, at different periods in history. The diachronic dimension to this analysis is thus vital in order to examine the fluid nature of discursive constructions of gender identity over time, and to demonstrate how historical discourse patterns relating to women can be reproduced, reformulated and perpetuated in contemporary discourse. The bilingual nature of this analysis is also a key feature of this piece of research. Language and gender research is relatively underdeveloped with regard to the French language and most researchers in this field rely heavily on data drawn from English studies (Beeching, 2002: 39-40). This research thus seeks to address the paucity of French research in this area by including French texts in this analysis. In addition CDA is a methodology which has largely been applied to English studies and the application of this methodological model to French texts represents a new departure for French research in this field. While the analysis is based solely on the four pregnancy advice texts chosen, the bilingual dimension to this analysis nevertheless indicates that the discourse patterns
identified may not be solely restricted to pregnancy advice books produced in the
English language. The diachronic and bilingual dimensions to the analysis are thus
key features of this analysis.

In Chapter One, the main objective is to situate this thesis within its disciplinary base
of language and gender studies, an interdisciplinary field which explores the
relationship between language and gender from a variety of perspectives. This
chapter thus traces the development of language and gender research from traditional
models of research focussing on gender differences in language use and gender bias in
language, to the study of the construction of gender identity through a range of
discourses. This chapter also provides the theoretical framework for this analysis by
highlighting the key theoretical principles upon which the analysis of gender identity
in the discourse of pregnancy advice literature is based. In addition, the originality of
this study is established in this chapter as those factors which differentiate our
analysis from existing studies in this field are identified.

Chapter Two describes the methodological framework chosen for the analysis of the
pregnancy advice texts chosen. Critical discourse analysis (CDA) is thus broadly
established as the approach taken to the analysis of this discourse. The theoretical and
practical factors leading to the adoption of the CDA approach are described, and the
origins, definitions and key principles of CDA theory are outlined. Fairclough’s
(1995) three-dimensional framework of description, interpretation and explanation is
subsequently defined as the specific methodological approach taken, and the
adaptation of this framework to the analysis in question is explained in detail.
Chapter Three seeks to establish the discursive and socio-cultural practices which must be considered when interpreting and explaining the texts in the analysis. In this chapter, therefore, the social conditions of production and interpretation are examined by identifying the socio-cultural, historical and institutional factors which frame the experiences of pregnancy and childbirth for women in the Western world. Ideological conflicts surrounding pregnancy and childbirth are analysed in order to highlight the ideologies shaping discourse in this area. This chapter also focuses on discourse processes and issues related to the production and consumption of these texts. Wider discourses of motherhood, femininity, pregnancy and childbirth are discussed, as well as the institutional context of the production and interpretation of the texts. In this way, the social and discursive elements mediating the relationship between these texts and social structures are identified, and the social and discursive framework within which the texts are interpreted and explained is provided.

In Chapter Four, the objective is to examine the ways in which power relations between the medical profession and pregnant women are reproduced and challenged in the discourse of pregnancy advice literature. Institutions and their associations with power are defined and explored, and the discursive strategies used to position medical personnel as in control of pregnant women are outlined and analysed. The type of voice adopted in the texts is considered, together with the persuasive devices adopted to convince women of the need to consent to medical intervention. An overall discourse of hegemonic control is identified, and the supporting discourses which position women as under the control of the medical institution are outlined. These supporting discourses construct women as ignorant of all matters concerning pregnancy and childbirth, highlight the need for women to reject advice from non-
medical experts, construct pregnant women as in need of medical supervision and emphasise the need for women to relinquish control during childbirth. Power asymmetries which repress and control pregnant women as a social group are thus explored in this chapter.

In Chapter Five, it is argued that a comprehensive analysis of gender identity must take account not just of the construction of actions and behaviour, but also of emotions. This chapter aims, therefore, to establish how women’s emotions during pregnancy and their attitudes both to their pregnancies and to their changing bodies are constructed in the discourse of pregnancy advice literature. The chapter thus focuses on discourses which construct pregnancy as a happy event and suppress counter-discourses of fear and doubt. The topic of body image is also examined in this chapter in order to demonstrate how women’s reactions to their changing bodies are constructed. Conflicting discourses of the pregnant body as beautiful and unattractive are examined, and the discourse of “big is beautiful”, which positions women’s bodies as objects to be gazed at and judged is analysed. The discourse of self-surveillance which insists women preserve their appearance and bodies during pregnancy is also analysed in detail.

Chapter Six focuses on discursive constructions of masculinity and femininity and concentrates in particular on the discursive positioning of pregnant women in relation to their male partners. The analysis thus concentrates on discourses relating to fatherhood, housework and sexual intercourse, as within each of these areas both genders are referred to extensively. With regard to discourses of fatherhood, the absence of fathers from the two older advice books is addressed and the discourse
patterns of “get involved and be a man” and “you’re already involved, no need to be a ‘potiche’”, which emerge from the analysis of the two contemporary pregnancy books are outlined. In the section on housework, the discourse pattern of “housework is women’s work” is explained and in the final section of the chapter, the topic of sexual intercourse is considered. Discourses which affirm the male sexual drive discourse and legitimate male sexual intemperance are reviewed, together with discourses which construct pregnant women as sexual objects of male desire. This chapter, therefore, reveals how the discourse of pregnancy advice literature positions pregnant women in relation to their partners and demonstrates how hegemonic masculinity is upheld.

This thesis will, therefore, consider how gender identity (particularly women’s identities) is constructed in the discourse of pregnancy advice literature, and will explore whether women are repressed in this discourse by examining how they are positioned in relation to other social actors such as fathers and the medical profession. It will also examine how women’s roles in the home and family are constructed. In addition it will compare historical discourse patterns relating to women with contemporary discourse patterns in English and French. This thesis thus makes an important contribution to the field of language and gender research for a number of reasons. In the first place, by focussing on the positioning of women in discourse and the investigation of whether women are repressed in this discourse, the thesis responds to recent calls from researchers to re-embrace the roots of language and gender research through the revival of “feminist awareness” in this field (Coates and Pichler, 2011: 2) and the re-discovery of the political voice of research in this area (Mills and Mullany, 2011: 6). Secondly, the relevance of this study is not restricted
to language and gender research in English, but can also be extended to French due to the bilingual dimension to the analysis and thus responds to the need for more research in this area in French. Thirdly, in terms of methodology, CDA is often criticised as a methodological tool for language and gender research. However, this thesis re-establishes the appropriateness of this methodological model for language and gender studies due both to its political dimension and to its traditional focus on power relations. Finally, it is argued that there is an imminent need for language and gender researchers to reassert their research in a form of “social activism” (Holmes and Meyerhoff, 2003: 14). By focussing on gender identity and investigating whether the discourse of pregnancy advice literature contributes to the control of women in Western society, this thesis will explore whether or not there is a need for social transformation in this area.
CHAPTER ONE

Language, Gender and Maternity.

Theoretical Background and Framework

1.1 Introduction

The primary aim of this chapter is to situate the proposed analysis of the construction of gender identity in pregnancy advice literature in its disciplinary base of language and gender studies. It also aims to highlight the key theoretical principles which frame this analysis and to identify those factors which differentiate the proposed analysis from existing studies in this field.

In the first part of the chapter, traditional models of language and gender research and the debates inspired by such models will be outlined. In the first section, consideration will be given to the fact that account must be taken of studies in English and French due to the bilingual nature of the analysis. The second section will provide a review of the origins of language and gender research and the interdisciplinary nature of this field. In the third section, traditional models of language and gender research will be reviewed and in the fourth section, debates and criticisms inspired by traditional research will be outlined.

The second part of the chapter will focus on contemporary directions in language and gender research which became evident from the 1990s on and ultimately led to the development of a body of research focusing on constructions of gender identity in discourse. The elements characterising this change in direction include a discourse
approach to language and gender studies, an approach based on gender diversity as opposed to gender differences, an acknowledgement of the importance of context and a view of gender as performative. These elements will be considered individually and their role as theoretical principles for our analysis identified.

In the third part of the chapter, existing studies on discourses of pregnancy and parenthood will be reviewed in order to establish the originality of the proposed analysis.
1.2 Language and Gender Research: Origins and Traditional Models

In this part of the chapter, language and gender research in English and French will first of all be considered before examining the origins of this field of research and its interdisciplinary character. Traditional models of language and gender research will then be outlined and the approaches of “deficit”, “dominance” and “cultural difference” considered. The area of gender bias in language will also be examined before reviewing the debates inspired by these research models.

1.2.1 Language and Gender Research in English and French

Since the proposed analysis will be based on discourse in English and French, it is essential that research based on both languages be considered. Since studies in both languages stem from a variety of Anglophone and Francophone countries, studies based on the English language will be referred to as “Anglophone studies” and studies based on the French language as “Francophone studies”. At this point it must also be acknowledged that research in the field of language and gender is dominated by studies based on the English language, and that few studies have been conducted with specific reference to French. Studies which have been carried out tend to be philosophical or literary and guided by figures such as Simone de Beauvoir, Hélène Cixous, Marie Cardinal, Julia Kristeva and Luce Irigaray. However, since the field of language and gender is an interdisciplinary one (see section 1.3), these studies will also be taken into consideration in the course of the analysis of this chapter. Nevertheless, Beeching (2002: 39-40) describes the field as “relatively underdeveloped for French” with most researchers “relying heavily on data drawn from English”. In the preface to Armstrong
et al. (2001), Gadet not only emphasises the rarity of sociolinguistic studies on gender with reference to the French language, stating that “les études sociolinguistiques sur le sexe/genre se signalent par leur rareté,” but also underlines the fact that those studies which do exist have been conducted outside of metropolitan France (Gadet, 2001: 8-9).

(…) la sociolinguistique du français, pour l’essentiel, ce n’est pas de l’intérieur de l’hexagone qu’en vient l’initiative.

However despite their paucity in volume, studies based on the French language have made an important contribution to the field of language and gender research and Francophone studies relevant to the analyses of this chapter will be included in the sections below. It must be emphasised, however, that the classification of language and gender studies according to approach and timeframe is based on theoretical transitions in Anglophone studies since the field is dominated by research based on the English language.

1.2.2 The Origins of Language and Gender Research, an Interdisciplinary Field

Interest in the area of language and gender has existed for centuries. As early as 1664, the Dictionnaire Caraïbe-français reveals that in the Lesser Antilles, men used terms and expressions which women understood but consistently abstained from using themselves (Singy, 1998: 9). In 1754, Richard Cambridge comments on the “ornaments to our language” for which “we are obliged to the ladies” (Cambridge 1754, as quoted in Coates, 1993: 17) and in 1865, the bible is rewritten to highlight the unjust ways in which women are written about (Romaine, 1999: 3). In the first half of the twentieth century, anthropological studies began to report sex differentiation in non-European languages.
Studies such as Frazer (1900), Haas (1944), Pop (1952) and Taylor (1951) reported that there are certain languages which have particular phonological and/or morphological forms used exclusively by women, and others used exclusively by men. Jespersen (1922) for example, provides an extensive review of differences in speech forms citing examples of different speech forms from the language of the Chiquitos in Bolivia, the Yana language in California and the Sanskrit and Pakrit languages. However, although there is a long history of interest in issues relating to gender and language, its status as a field of research really developed in the 1960s and 1970s, coinciding with the second wave of feminism and the emergence of sociolinguistics as a field of research.

One of the first things which must be emphasised with regard to the field of language and gender is, however, that it is an interdisciplinary field, as the relationship between language and gender has been examined from a variety of perspectives including psychology, linguistics, anthropology, literary theory, feminist theory, philosophy and sociology. Crawford (1995: xi) in the preface to her book Talking Difference emphasises the need to “speak and theorise across the traditional boundaries of our academic disciplines” when studying gender and language. Gender and language research which adopts a discourse approach lends itself even more to an interdisciplinary approach. Kendall and Tannen (2001: 548) highlight that “the study of discourse and gender is an interdisciplinary endeavor shared by scholars in linguistics, anthropology, speech communication, social psychology, education, literature and other disciplines”. Harrington et al. (2008: 1) also emphasise that gender and language is “investigated through an increasing range and diversity of theoretical and methodological approaches”
including “ethnography, grammatical analyses, discourse-based analyses, ‘discourse historical’, critical discourse analysis, conversation analysis, linguistic anthropology, text analysis, discursive psychology and ‘pragmatic eclectism’”. The analysis of this chapter is thus not solely based on research in linguistics. Reference will also be made to sources from French philosophy, discursive psychology, feminist theory, conversation analysis, sociology and literature. Broadly speaking, the proposed analysis is situated in the domain of sociolinguistics but the sources informing the specific research area with which we are concerned – namely the discursive construction of gendered identities – stem from a variety of academic disciplines.

1.2.3 Traditional Models of Language and Gender Research

While Labov’s (1966) study of language variation in New York did not explicitly aim to examine gender, this study is nevertheless considered one of the earliest sociolinguistic studies in this field. However, it is the publication of Lakoff’s controversial Language and Woman’s Place in 1975, which marks the beginning of the explosion of research in this area in the Anglophone world. Research in the Francophone world commenced a little later around the 1980s. In general, research in the 1960s, 1970s and 1980s falls broadly into two main camps: gender differences in language use and gender bias in language. It must be emphasised, however, that these timeframes are not fixed in the sense that it does not mean that the approaches adopted in the studies mentioned below have not been adopted in later studies or that at the times mentioned, all researchers subscribed to the same theoretical trends. The following analysis is an analysis of broad tendencies in research in language and gender and does not mean to imply that theoretical

1 Lakoff’s theories were first published in an article in 1973
approaches to language and gender research followed a linear or chronological pattern. Instead the theoretical trends and approaches discussed below have frequently overlapped and coexisted and when terms such as “previous approaches” and “contemporary approaches” are used, they are intended to refer to broad tendencies only.

1.2.3.1 Gender Differences: ‘Deficit’, ‘Dominance’ and ‘Cultural Difference’

Studies on gender differences in language use focused primarily on differences in language use by men and women. The volume of research in this area is quite vast and this section does not purport to provide a comprehensive overview of it. Instead, we will focus on a small number of studies which are typical of the type of research carried out at this time. These studies inspired the debates which later emerged with regard to language and gender research in the late 1990s and subsequently brought about several changes in approaches to the study of language and gender (see section 1.2.4). It is thus important to examine the sources of these debates by focusing on those studies which are most indicative of the type of research carried out.

In general, studies on gender differences in language use since the 1970s are said to follow three main models (Cameron, 1995: 33). The first is a “deficit model” in which “women are seen as disadvantaged speakers” (1995: 33). The most obvious example of this model is Lakoff (1975) who identifies a group of phonological patterns together with lexical and syntactical features that distinguish women’s speech from that of men; these include the use of lexical hedges and fillers, tag questions, “empty” adjectives, hypercorrect grammar, super polite forms and largely negative elements. Aebischer
(1985) tests the validity of Lakoff’s claims with regard to the French language and concludes that her hypotheses are equally valid for French, acknowledging for example, that women use the tag question “n’est-ce pas” more frequently than men.

The second model is a “dominance model” (Cameron, 1995: 33). Researchers following this approach maintain that the power men had over women in society is manifested in gender differentiated linguistic behaviour. Spender’s *Man Made Language* (1980) for example, claims that, due to the silence of women for centuries, language has been constructed from a male perspective and thus reflects and reinforces the idea of a patriarchal society. This approach purported to expose male dominance in all its linguistic forms and is exemplified by Zimmerman and West’s (1975) study on interruptions which is conducted by recording conversations between men and women. The study reveals that out of a total of 48 interruptions, 46 were made by men. Fishman (1980) studies the use of tag questions by men by recording 12½ hours of conversation between men and women and identifying 370 tag questions, 263 of which were asked by women.

The third model is the “cultural difference model” (Cameron, 1995: 33) in which it is maintained that women and men communicate differently due to differences which occur during the socialisation process. Researchers following this approach, including Maltz and Borker (1982) and Tannen (1990), argue that linguistic gender differences are not produced by male dominance and female subordination, but by the social arrangements which separate the sexes during childhood and adolescence. Tannen (1990) explains that
men and women often seem at odds when they talk because each sex has a different communicative style. However, each sex interprets the other’s verbal strategies through the lens of their own and thus they misunderstand each other frequently. Maltz and Borker (1982) give a number of examples to illustrate the miscommunication that can occur between the sexes. In the case of minimal responses such as nods and comments like “yes” or “mmm”, they allege that women use such responses to show that they are listening, and that they wish the speaker to continue, but that men understand such responses as indicating agreement with what is being said. Irigaray (1987) analyses the hysterical discourse of patients undergoing psychoanalysis in Paris and identifies a number of differences in the language use of men and women such as for example a more frequent use of “je” by men than women, a tendency for women to refer to concrete and inanimate objects such as “robes”, “appartement” while men refer to abstractions such as “discours”, “difficultés”. Irigaray concludes, however, that women and men’s language use is different because they perceive the world in different ways.

Les femmes sexualisent leurs discours. (…) Le monde se désigne le plus souvent, dans le discours des hommes, comme inanimés abstraits intégrés à l’univers du sujet. (…) Le discours des femmes désigne les hommes comme sujets (…) et le monde comme inanimés concrets appartenant à l’univers de l’autre. Elles gardent donc un rapport à l’environnement réel mais elles ne le subjectivent pas comme leur. (Irigaray, 1987: 122-123)

Several researchers began to celebrate female speech styles. Holmes’s (1995) *Women, Men and Politeness* for example, acknowledges that women are frequently at a disadvantage due to their speech styles but at the same time celebrates it, by recommending at the end of the book that others adopt women’s politeness patterns in order to achieve “better understanding”, “assist people to reach better decisions” and overall adopt “cognitively beneficial language” (Holmes, 1995: 228-229). Likewise in
French, Aebischer (1983: 208) emphasises the positive side of the “bavardage” often termed as an integral part of women’s communicative style by describing it as “régi par la non-violence, l’harmonie, l’amour et par une absence de hiérarchie, de pouvoir et de leaders”.

However, while the “dominance” and “cultural difference” approaches constituted two different models, Cameron (2005: 486) draws attention to how much both approaches have in common. She explains that researchers adhering to both approaches look for differences between men and women and regard both groups as well defined, distinct and homogeneous. In addition, both have a story to explain why these differences existed and both concentrated on what she terms a “mainstream prototype of masculinity or femininity”, that is to say white, middle class, heterosexual, monolingual subjects. Thus, while purporting to constitute different models, the “dominance” and “cultural difference” approaches could be perceived as having similar foundations. From the 1990s on, however, both approaches became subject to criticism (see section 1.2.4).

1.2.3.2 Gender Bias

Language and Gender research in the 60s, 70s and 80s also focused on gender bias in language. Researchers in this area, like the “male dominance” theorists of gendered language use, were keen to document and expose bias in language and to evaluate the negative effect it has on the perception of women. Research focused, therefore, on sexist language. Sexism is defined by Kramarae and Treichler (1985: 411) as “(...) behaviour, policy, language, or other action of men or women which expresses the institutionalised,
systematic or consistent view, that women are inferior”. A large proportion of Francophone research on gender and language has tended to focus on issues related to the representation of women in language and the creation of non-sexist terms. Henley (1989: 60) classified the forms of sexual bias in language/sexist language into three types of language: language which degrades women; language which ignores women; language which stereotypes women. As in the area of gendered language use, there is a vast amount of research in each of the above-mentioned areas. Therefore, rather than trying to provide a comprehensive overview of such research, a sample of studies which exemplify the types of projects carried out in each area will be examined. It must also be acknowledged at this point that the above classifications are not mutually exclusive and can overlap at times.

Firstly, researchers claimed that language degrades women and studies on the lexicon of the language revealed the existence of a large number of negative terms to refer to women in comparison to those available to refer to men. Stanley (1977), for example identifies 220 English terms to refer to a sexually active female, but only 20 to refer to such men. Schultz (1975) lists 500 words to refer to a “prostitute”. Guiraud (1978) documents approximately 600 French terms to refer to a prostitute including “biche”, “bifteck”, “lionne” and “vache” and Yaguello (1978) provides a list of synonyms for the word “femme” in a selection of dictionaries, showing that a large proportion are pejorative or have erotic overtones. The list for the letter “p” is for example, as follows.

péronnelle, poule, poulette, poupée, pétasse, petite, pisseuse, planète, planche, poison, pot de chambre, pot de nuit, poufiasse, personne du sexe, pucelle (1978: 152)
Sex-paired words were also examined and feminine terms were found to have more negative connotations than their masculine equivalents, e.g. “bachelor/spinster”, “king/queen”, “master/mistress”. Graddol and Swann (1989) and Gregersen (1979) are good examples of such analyses. Yaguello (1978) contrasts for example the words “maternel” and “paternel”, “maternité” and “paternité”. While “maternité” evokes an important emotional experience, “paternité” is more a statement of fact or legality.

La paternité, d’ailleurs, désigne plutôt un état de fait ou une notion juridique (…) alors que maternité désigne une expérience vitale, affective et sensuelle.
(1978: 146)

Secondly, language was said to ignore women and render them invisible through grammatical uses such as the use of masculine forms such as “mankind” and “chairman” when referring to women as well as to men. Studies such as Martyna (1978), MacKay and Fulkerson (1979) and Harrison (1975) are carried out on the use of the generic masculine to refer to both women and men and conclude that the generic “he” is more readily interpreted as referring to men and thus is not inclusive of women. Other studies such as Caldas-Coulthard (1995) reveal the absence of women as subjects of stories or topics of articles. In French, the debate regarding the feminisation of professional titles and the subsequent introduction of language policy in this domain inspired a number of studies which purported to analyse the effectiveness of this policy in imposing the use of the feminine form of professional titles instead of their generic masculine form. Brick and Wilks (1994) for example, conduct an analysis of designations of Edith Cresson in the French Press in order to determine whether the guidelines of the 1984 Roudy Commission are being followed. Their study reveals that she is consistently referred to as “le premier ministre” instead of “la première ministre”. Boivin (1997) studies the
feminisation of job titles using a corpus of 154 job advertisements from the magazine *L’Express Réussir* and finds that only 15.5% of titles in the corpus have been feminised. With regard to studies on interpretations of the use of the generic masculine Lamothe and Moreau (2001) compare the responses of Québécois and Belgian subjects to uses of masculine terms in both specific and generic contexts. The variability in responses given lead them to conclude that generic masculine terms cannot be considered neutral as it cannot be said that they are systematically interpreted as inclusive of women. Decamps (2001) also echoes this view by concluding that the generic masculine is not always interpreted as inclusive of women. On the Canadian side, Labrosse (2002) and Larivière (2000) conduct extensive research on feminisation and sexism in French.

Thirdly, researchers in both languages claimed that language stereotypes women. Romaine (1999) and Conrick (1999) highlight the stereotypical attitudes towards women portrayed in both English and French proverbs such as “où femme y a, silence n’y a” (Conrick, 1999: 27). Research on naming practices, which distinguish between married and unmarried women but not men has also been carried out. Scheuble and Johnson (1993) for example, examine students’ attitudes towards women’s surname decisions. Houdebine-Gravaud (2003: 48) criticises naming practices in French which distinguish between married and unmarried women through the use of “mademoiselle” and “madame” and also argues that language stereotypes women by consistently classifying women either as sexual objects, daughters, wives or mothers.

Ainsi, tend-elle [la langue] à inférioriser les femmes sous les termes et désignations à connotations sexuelles, plus ou moins injurieuses. Quand cela ne se produit pas, les identifications proposées sont essentiellement celles de fille (*mademoiselle*), d’épouse (*madame*) et de mère (reproductrice, génitrice).
Research in the area of sexist language is also accompanied by attempts to create campaigns to use “non-sexist” language items. Guidelines are produced for writers and organisations and Miller and Swift’s (1980) *Handbook of Non-Sexist Writing* provides an extensive list of guidelines to avoid sexist language. In Francophone countries a considerable amount of language policy documents are published including the InaLF\(^2\) Guide (1999) published in France entitled *Femme, j’écris ton nom... guide d’aide à la féminisation des noms de métiers, titres, grades et functions* and the 1991 OLF\(^3\) Guide published in Canada entitled *Au féminin: guide de féminisation des titres de fonction et de textes*. The “language as sexist” or “gender bias” prong of language and gender research also, however, became subject to a variety of criticisms from the 1990s on (see section 1.2.4).

As already mentioned in the introduction to this chapter, French research in the area of gender and language has also been conducted from a philosophical and literary perspective. The sentiment that language is “man-made” is frequently uttered by French authors such as Cixous, de Beauvoir and Cardinal. For example, in *Autrement Dit*, Cardinal expresses how she feels the French language has been controlled by men and imprisons women.

> Les mots sont des objets. Invisibles, impalpables, wagons divaguant dans le train des phrases. Les hommes les ont fermés hermétiquement, ils y ont emprisonné la femme. (Cardinal, 1977: 54)

As a writer, she feels that the French language is thus inadequate to express her experience.

\(^2\) InaLF is the acronym for the “Institut National de la langue française”.

\(^3\) OLF is the acronym for the “Office de la langue française”.

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Quand j’écris je me sens sans arrêt à l’étroit dans le vocabulaire soit parce qu’il me manque des mots soit parce que les mots français sont tellement investis par les hommes qu’ils me trahissent quand c’est moi, une femme, qui les emploie. (1977: 96)

De Beauvoir expresses a similar sentiment in Ophir (1976).

Je sais que le langage est plein de pièges. Prétendant à l’universalité, il porte en fait la marque des mâles qui l’ont élaboré. Il reflète leurs valeurs, leurs prétentions, leurs préjugés. (Ophir, 1976: 13)

The sentiments expressed by De Beauvoir and Cardinal echo those put forward in the linguistics field, that language is essentially “man-made” and perpetuates a male, patriarchal order and positions women negatively. These sentiments have led to the formation of the concept of “écriture féminine”. Writers such as Cixous, Leclerc, and Cardinal have explored the silence of women and attempted to find a style of writing which is specifically feminine and defies the linear, patriarchal structure of “man made language”.

1.2.4 Debates regarding Traditional Models

The debates regarding the above-mentioned traditional models of research became particularly intense from the early 1990s on. Bucholtz et al. (1999: 20) describe the 1970s as “the decade of discovery” in language and gender research, the 1980s as “a period of critique and correction of earlier work” and the period from the 1990s as “a transformative decade in which researchers have both revisited familiar territory with new tools and set forth into unexplored areas”. While this description may oversimplify trends in gender and language research, it nevertheless indicates the broad patterns taken by research in this area. In some instances the “deficit”, “dominance” and “cultural
difference” approaches were heavily criticised and the need for a different approach to language and gender studies was highlighted. Cameron (1995: 39), for example, describes these traditional approaches as no longer sufficient.

Both dominance and difference represented particular moments in feminism: dominance was the moment of feminist outrage, of bearing witness to oppression in all aspects of women’s lives, while difference was the moment of feminist celebration, reclaiming and revaluing women’s distinctive cultural traditions. It would be foolish to suggest that these responses are no longer necessary. But I do think that the theories which underpinned them are no longer sufficient. Their moments have passed.

Research following these approaches is described by many researchers as “essentialist” in its thinking and criticised for underestimating the importance of context and for viewing gender as a fixed masculine/feminine binary and a set of behavioural patterns imposed on the individual by society.

In general, approaches to language and gender research changed from an essentialist to a constructionist position. This shift in thinking in language and gender studies is frequently attributed to a more general turn to language in social sciences and humanities in the later twentieth century with an increasing recognition of the importance of language and its constitutive role (Weatherall, 2002: 76). This theoretical transition has been labeled in various ways by different language and gender scholars. Swann (2002: 43) describes contemporary approaches to language and gender research as “broadly postmodernist”, but she is careful to mention that she uses this term “for want of a better one”, and that she does not by any means mean to infer that all contemporary researchers in the area of language and gender explicitly acknowledge a postmodernist theoretical base. Cameron (2005: 484-485) also uses the term “postmodern” to characterise
contemporary approaches to language and gender research as she believes it evokes a number of the theoretical standpoints characteristic of the contemporary approach. These standpoints are listed as including “an emphasis on diversity, a skeptical attitude to ‘grand narratives’, an urge to deconstruct binary oppositions and a tendency to treat apparently fixed and natural categories as constructs whose ontological reality may be called into question” (2005: 484-485). However, like Swann, Cameron is careful to acknowledge that this term has its limitations; that other associations of the term “postmodern” could be misleading as for example, few language and gender researchers are avid followers of postmodernists such as Derrida or Baudrillard. It is evident from Swann (2002) and Cameron (2005) that contemporary approaches to language and gender research are difficult to theorise as while they embody many of the principles of postmodernism, they do not embody all of them. It is also important to acknowledge the contribution of poststructuralist ideas from scholars such as Foucault and Butler to the development of contemporary directions. In the first place, poststructuralism places discourse at the centre of the picture and is thus largely responsible for the discursive turn in language and gender studies. Foucault’s discourse theory highlights the way in which discourse structures and constructs our existence and how we simultaneously inhabit the subject positions embedded in this discourse (Krolokke and Sorensen, 2006: 34). Bucholtz et al. (1999: 4) also pay tribute to the role of the expansion of the field of discourse analysis and the extension of its theoretical and methodological insights to other fields.

The fundamental observation of discourse analysis, that speakers’ identities emerge from discourse, is highly compatible with the social-constructivist bent of much current feminist research.
Butler’s theory of gender as something that is “performed” is followed by many gender and language researchers and will be mentioned in section 1.3.4. Baxter (2002: 8) also describes post-structuralism as having an interest in “connection, recognition, flexibility, richness, diversity, action and functionality” all of which have influenced contemporary approaches.

Directions in research on language and gender are also linked to directions in feminist theory. Bucholtz et al. (1999: 21) remind us that “the shape of language and gender scholarship is tied, perhaps more than we sometimes acknowledge, to the shape of feminist theory”. Third-wave feminism which seeks to overcome theoretical questions of difference, to challenge the notion of “universal womanhood” and which embraces the concepts of diversity and multiplicity has undoubtedly also influenced research in language and gender. Mills and Mullany (2011: 1) also highlight the fact that “there are firm links between the formation and subsequent developments within the field of language and gender studies and developments within ‘feminism’ as a political movement.” It is possibly best to avoid labeling the change in direction in language and gender research as it embodies a combination of principles from several theoretical movements including social constructionism, postmodernism, poststructuralism and third wave feminism. No single term can encompass all of these influences and while it is important to acknowledge their contribution to the change in direction in language and gender studies, it is not possible to assign this theoretical transition to any one movement. Swann (2002: 43) provides a general description of this shift in thinking by describing it simply as a movement from “relative fixity to relative fluidity in terms of how ‘language’
and ‘gender’ are conceived and how the two are seen to interrelate”. This general description of movement from fixity to fluidity is probably the best way to describe the change in direction in question as it embodies the fundamentals which characterise the change in thinking underpinning the studies reviewed below without attributing this change to any one theoretical movement.

1.2.5 Summary

In the first part of the chapter, it has thus been established that research in language and gender has been dominated by studies based on the English language, and that few studies have been carried out with specific reference to French. The origins of language and gender research can be traced to the field of anthropology and the field of language and gender is essentially an interdisciplinary one. The relationship between language and gender has been studied from several perspectives including psychology, feminist theory, literary theory, linguistics and sociology. The sources informing this study thus stem from a variety of disciplines. However, it has also been established that the beginnings of language and gender research as we know it, really stem from the publication of Lakoff’s *Language and Woman’s Place* in 1975. Research in the 1960s, 70s and 80s was largely characterised by the study of gender differences in language use based on models of “deficit”, “dominance” and “cultural difference” together with studies focusing on gender bias in language.

From the 1990s on, however, these traditional models of research became subject to considerable criticism for a number of reasons such as being essentialist in nature, for
viewing gender as a fixed masculine/feminine binary and for failing to take context into account. Approaches to language and gender research thus became subject to change. This change in direction has been linked to a growing recognition of the importance of language in research, to a discursive turn in language and gender studies, and to the influence of theoretical movements such as social constructionism, postmodernism, poststructuralism and third wave feminism. However, it was also established that it would be impossible to assign this change in direction to a single factor or theoretical movement and that it would thus be best to simply describe this change as a movement from fixidity to fluidity. In the second part of this chapter, the main elements which characterise this change in direction will be outlined and explained as they represent the theoretical framework within which the proposed analysis will take place.

1.3 Contemporary Approaches to Language and Gender Research

The main elements of this movement from fixity to fluidity are a discursive turn in language and gender studies; an increased acknowledgement of the importance of context in language use and interpretation; a challenge to traditional binary distinctions between men and women in favour of a focus on the diversity of women’s and men’s experience; the perception of gender as performative, that is as something a person “does” or “performs” rather than as something somebody “has”. It is essentially a movement “towards the study of the construction of gender through a range of gendered discourses” (Sunderland, 1997: 1). These elements will be analysed individually in the sections below.
At this point, it must also be stated that the movement in question primarily concerns Anglophone studies. Singy (2004: 4) describes this recent development in language and gender studies as a movement away from “l’essentialisme social” which underpins the deficit, dominance and cultural difference models and describes the contemporary approach to language and gender as one which takes place within a constructionist paradigm of “doing gender” with due account given to context and the relativisation of the male/female dichotomy.

Dans une perspective constructionniste des genres (doing gender), ces travaux sont menés dans le souci d’une contextualisation des données qui a pour conséquence une relativisation de la dichotomie hommes/femmes dans le domaine des pratiques linguistiques mise en évidence jusque là. (2004 : 4)

However, he goes on to underline the paucity of Francophone studies in this area indicating that the field is dominated by Anglophone research.

On relève tout d’abord que, pour l’essentiel, les terrains d’enquête sur lesquels sont conduites ces études sont localisés dans le monde anglo-saxon. Ainsi, mises à part quelques exceptions (…) on ne sait à peu près rien du rapport entre langue et sexe/genre dans le domaine du français. (2004: 5)

The majority of research referred to in the sections below has thus been conducted with reference to the English language. However, some recent Francophone studies highlight elements such as the importance of context and the difficulty of isolating sex/gender as a variable which are relevant to the development of contemporary approaches and these will be included where applicable.
1.3.1 A Discourse Approach to Language and Gender

In this section, the discursive turn in language and gender studies will be examined. In Chapter Two, the concepts of “discourse” and “discourse analysis” will be examined in detail but a working definition of the term “discourse” will have to be given here as the term is used frequently in this chapter. The term “discourse” is used in a variety of senses in different disciplines and cannot be condensed into one meaning. Mills (1997: 6) uses the English translation of the following quote from Foucault (1969: 106) to isolate a range of meanings of the term discourse.

"Enfin au lieu de resserrer peu à peu la signification si flottante du mot « discours », je crois bien en avoir multiplié les sens : tantôt domaine général de tous les énoncés, tantôt groupe individualisable d’énoncés, tantôt pratique régulée rendant compte d’un certain nombre d’énoncés."

The first definition of the term “discourse” given by Foucault as the general domain of all statements is interpreted by Mills as referring to “all utterances or texts which have meaning and which have some effects in the real world” (Mills, 1997: 6). The term “discourse” is frequently used in this general sense in this chapter when referring, for example to studies relating to the construction of gender in “discourse” or to nineteenth century “discourse”. The second definition given by Foucault of discourse as an individualisable group of statements is explained by Mills (1997: 6) as referring to “the particular structures within discourse”, that is “groups of utterances which seem to be regulated in some way and which seem to have a coherence and a force to them in common”. The term “discourse” is used here to refer to “individualizable groups of statements” in three ways: firstly, when specific types of discourse such as “advertising discourse” or “media discourse” are mentioned, or secondly when referring to discourse...
centered on a particular theme such as “motherhood discourse”, “fatherhood discourse” or “antenatal discourse”. In addition, the term “discourse” is also used in a more specific sense when speaking of discourses identified in the course of some analyses through the identification of recurrent linguistic items such as “blame the victim discourse” or “part-time father discourse”. The third definition of “discourse” as a regulated practice accounting for a number of statements is taken by Mills (1997: 6) to refer to “the rules and structures which produce particular utterances and texts”. This definition which refers to the powers responsible for the establishment of discourses is not relevant to the use of the term “discourse” in this chapter, as for the moment it is used predominantly in the descriptive senses mentioned above. Sunderland (2004: 6) distinguishes between the use of the term “discourse” in a linguistic/descriptive (such as in the cases mentioned above) and an interpretive sense. In an interpretive sense, the actual concept of discourse as a system of meaning is inferred and in the next chapter this concept of “discourse” will be analysed. On the basis of this analysis, it will be asserted that discourse is a form of social practice which constructs our perception of ourselves and of the world and thus creates and maintains identities and values (see Chapter Two, section 2.3.3).

While in the 1970s and 1980s, language and gender research tended to be largely divided into two main categories – gender differences in language use and gender bias in language, Cameron (1998) and Weatherall (2002) emphasise that these areas are not mutually exclusive.

When a researcher studies women and men speaking she is looking, as it were, at the linguistic construction of gender in the first- and second-person forms (the construction of I and you); when she turns to the representation of gender in, say, advertisements or literary texts she is looking at the same thing in the third person.
('she' and 'he'). In many cases it is neither possible nor useful to keep these aspects apart, since the ‘I-you-she/he’ is relevant to the analysis of every linguistic act or text. (Cameron, 1998: 957)

The distinction between the two areas is thus unclear. According to Weatherall (2002: 75), the disintegration of the boundaries between the two areas has lead to a focus on discourse “as the main locus for the construction (...) of gendered and sexist meanings” since at a discursive level, both types of language (about women and women speaking) are part of the process of the social construction of gender. Eckert and McConnell-Ginet (2003: 4) also refer to a “discourse turn” in language and gender studies. Essentially, they argue that this turn emphasises “both the historical and dynamic character of language and the interactive dimensions of its use” (2003: 4). They are, however, careful to mention that this “discourse turn” does not imply that linguistic units such as speech sounds or words are to be ignored, but rather that “such units be considered in relation to the functions they serve in particular situated uses” and that the units themselves not be taken as fixed units (2003: 4). A discourse approach to language and gender, therefore, does not imply that we must ignore analyses of linguistic units such as noun phrases or individual words, but that they be examined in relation to the functions they serve in their particular situational context. Thus, while traditional work tended to analyse how individual words can be considered sexist, contemporary work tends to examine how texts can be constructed in a sexist manner.

Various areas of language use have been examined for sexism such as children’s literature (Cooper, 1987) and political speeches (Jansen and Sabo, 1994). Fowler (1991) studies the categorisation of men and women in British newspapers and found that they
are categorised very differently through the noun phrases used to describe them. Men are often described in terms of their occupational roles, while women are typically described in relation to their marital and family responsibilities as “mothers”, “wives” and “daughters”. Clark (1998) examines the UK tabloid *The Sun*’s representations of women when reporting sexual violence, noting manifestations of the sexist “Blame the victim discourse”. In French, LeBlanc (2002) examines the representation of women in the discourse of Canadian University documents aimed at recruiting students and Noyer (1995) conducts an analysis of advertising discourse in the magazine *Elle-Québec*. Studies in language and gender thus began to take a broader discourse approach, which facilitates the treatment of the concept of gender (identity) as flexible and multiple.

A discourse approach to gender and language aims to accommodate ideas of individual agency, and of gender (identity) as multiple, fluctuating, and shaped in part by language. (Litosseliti and Sunderland, 2002: 6)

This discursive turn in language and gender research is part of a larger shift in thought with regard to the role of language as constructionist as opposed to reflective.

An aspect of the discursive turn is that it moves away from the idea of language as simply a system of representation, towards the notion of language as discourse, where discourse is used in a constructionist sense: the categories in language don’t reflect the world but constitute it. Thus gender is not just reflected in language but the concept of gender is itself constituted by the language used to refer to it. (Weatherall, 2002: 80)

On this same basis, the discourse of pregnancy forming the basis of the proposed analysis will not be viewed as *reflective* but rather as *constructive*. It will be viewed as a form of social practice, constructing our perception of ourselves and of the world, and thus maintaining identities and values.
1.3.2 From Gender Differences to Gender Diversity

One of the most important criticisms of the traditional models of language and gender research (particularly in the area of gender differences in language use) was their inherent representation of gender (masculinity/femininity) in binary opposition. Before examining this question, however, a distinction must first of all be drawn between the two basic concepts at the core of this issue: sex and gender. In simple terms, “sex” is said to be a biological categorisation based on a combination of “anatomical, endocrinal and chromosomal features” (Eckert and McConnell Ginet, 2003: 10). Gender, however, is the “social elaboration of biological sex” (Eckert and McConnell Ginet, 2003: 10) or as Talbot (1998: 7) explains, “gender (...) is socially constructed (...) people acquire characteristics which are perceived as masculine and feminine”. However, “sex” and “gender” are troublesome dichotomies as the distinction between them is not always clear. How for example, does one determine the point at which sex leaves off and gender begins? Secondly, can human beings really be divided into two categories or two sexes?

Just as we rarely question our ability to breathe, so we rarely question the habit of dividing human beings into two categories: females and males. (Bergvall, Bing and Freed, 1996: 1)

Bergvall, Bing and Freed (1996) question the traditional division of human beings into two dichotomous categories, arguing that much of our experience does not fit neatly into binary categories. They give the example of the birth of intersexed individuals which is approximately 1 in 30,000 newborns and argue that the medical profession enforces a binary division into two sexes by reconstructing the body as either female or male with surgery and/or hormones (1996: 8-9). The possibility of “not curing” these individuals is thus never considered and so in industrialised societies, the binary distinction between
men and women is medically enforced. Research on gender differences tended to focus on heterosexual subjects and neatly divide human beings into two categories – men and women, ignoring gender diversity.

However, from the 1990s on, researchers tend to move away from binary categories focusing on for example, the speech styles of lesbians (Livia, 1995), transsexuals (Kulick, 1999), drag queens (Barrett, 1995) and so on. Cameron (2005: 489) describes this as a shift from the study of “mainstream” forms of gender to research that investigates non-mainstream varieties such as gay and lesbian speakers or transgendered varieties. Hall and Bucholtz’s (1995) *Gender Articulated* draws attention to diversity amongst women and to the fluid nature of social identity and Johnson and Meinhof’s (1997) *Language and Masculinity* stresses the variability of masculine identities. Motschenbacher’s (2010) *Language, Gender and Sexual Identity* focuses on queer linguistics and engages in a critique of binary gender categorisation and dominant heteronormative discourse. Cameron (2005: 489) describes this change in approach as a movement from thinking in terms of binary gender difference to thinking in terms of gender diversity. She points out that in current research it is assumed that there is no such thing as a generic man or a generic woman, that instead masculinities and femininities come in multiple varieties, “inflecting and inflected by all the other dimensions of someone’s social identity – their age, ethnicity, class, occupation, and so forth” (Cameron, 2005: 487). Gender is thus perceived as variable and multiple and studies mentioned in the analysis of the concept of “gender as performance” demonstrate how people can “perform” various identities. This focus on the diversity and multiplicity of gender and femininity is important in the
context of an analysis of constructions of gender identity in pregnancy advice literature as women’s capacity to bear children will be viewed as one of multiple aspects of women’s identity and account will be taken of the fact that this identity is also linked to other dimensions of women’s social identity.

1.3.3 The Importance of Context

Earlier research on gender differences and gender bias has also been criticised for underplaying the importance of context (Litosseliti and Sunderland, 2002: 4). In the area of gender bias in language for example, studies have been criticised for underestimating the role of context in the production and interpretation of “sexist” utterances. “Sexist” or “non-sexist” words can be interpreted in a range of different ways. Litosseliti and Sunderland (2002: 5) cite the following extract from an article in The Independent by Richard Adams as an example of how a gender-neutral word such as “people” can be used in a sexist way.

The commons were popular with Newburians and other locals. People took picnics, “walked out” with their girls, picked bluebells and primroses in season.

Sunderland (1997: 6) takes the example of pornographic texts which may objectify women without using a “single linguistic item which of itself degrades, trivialises or defines women”. Cameron (1994: 32) also emphasises that “many instances of sexism are manifested not in single words or specific constructions but through an accumulation of discursive or textual choices”. Therefore, it is the context in which words appear which determines whether or not they are sexist and thus a discourse approach is more appropriate to examine sexism in language.
Research on gender differences was also criticised for paying insufficient attention to situational context and for attributing differences in language use to gender, without taking sufficient account of situational context. Weatherall (2002: 63) for example, draws attention to the interdependence of meaning and context by taking the example of silence. Some studies such as Ardener (1975) took women’s silence to mean passivity and silence. However, Weatherall emphasises that in certain situations such as job interviews, police interviews or therapy sessions, it is the silent listener who has the power. Therefore, while silence can mean passivity in certain situations, it can be a weapon of power in others. It all depends on context. Page (2002) explores the characteristics of narratives told by men and women about the birth of their children and focuses on the way speakers use evaluation devices to structure their experiences and relate to their audience. Her study of these narratives reveals that while there are some differences in the ways that female and male speakers tell their stories, there are also similarities and that while gender difference does correspond with the contrast in some linguistic features, it cannot be stated that gender is the most salient variable. Instead she argues that gender should be understood as interacting in complex ways with other variables connected with context. In Page’s (2003) analysis of “appraisal” in childbirth narratives, she suggests that the men and women telling the story of the birth of their children may have “represented themselves and their emotional responses in contrasting ways if the storytelling had taken place for different reasons and with other audiences, say for instance in an all-male peer group chatting at work or in the pub” (2003: 33). Thus, the context in which utterances are made can have a profound influence on the speech style adopted.
Other researchers have emphasised that variables other than gender must also be taken into account. Eckert's (1989) famous study of phonological variation in the speech of “jocks” and “burnouts” demonstrates that there is no neat one-to-one correlation between language use and gender, and instead highlights the complex correlation between pronunciation, gender and social category. In addition, Greenwood (1996) demands that researchers focus more on other social variables which could be affecting their speech styles rather than automatically attributing all differences between female and male speech styles to gender. Several French studies have also revealed the difficulties of isolating gender as a variable affecting speech styles. In Bauvois’s (2001) study of phonological variation, Bauvois argues that the sex of the speaker in itself is not a factor which influences phonological variation. It is a variable factor only when considered in conjunction with other factors such as context.

Le sexe serait donc un facteur de variation qui n’aurait pas d’existence en tant que tel, mais qui se modèlerait en fonction de l’interlocuteur, du contexte, de la profession, et sans doute d’autres empreintes liées au rôle social de l’individu et à la façon dont il a appris à exprimer son identité sexuelle tout au long de sa vie.

Dewaele (2001: 144) also argues that it is impossible to isolate the variable of gender due to the influence of situational context.

(...) il est impossible d’isoler totalement le facteur sexe (...). Les facteurs situationnels peuvent également affecter la variation sexolectale.

Armstrong’s (2001) study of e-caduc retention in the Languedoc demonstrates a link between e-caduc retention and adherence to regional values. The more mobile speakers are, the more likely they are to drop e-caduc and as women appeared to be more mobile
than men, they tended to drop it. Again, gender was dismissed as a variable in sociolinguistic variation.

Litosseliti and Sunderland (2002: 15) emphasise that looking at context also means “looking at situated or local meanings, i.e. those assigned by participants within a given context to a given set of contextual features”. In keeping with the view that gender identities are not fixed but constructed in particular contexts through particular practices, performances of gender have been linked to the particularities of the context in which the speaker is operating. Within this framework, the “Community of Practice” (CofP) concept, originally developed by Lave and Wenger (1991) has been applied to language and gender research by Eckert and McConnell-Ginet (1992) and will be discussed in more detail in section 1.3.5.

It is evident, therefore, that context is a vital factor which must be considered in the interpretation of gender bias in language and in the attribution of differences in speech styles to gender. In the analysis of the construction of gender identity in pregnancy discourse, context will be a key factor in the identification of particular discourses. In Chapter Two, it will be established that the methodological approach selected for the analysis of the pregnancy texts in question has been specifically chosen with the concept of context in mind, as critical discourse analysis requires the analyst to consider the social and discursive contexts in which texts are produced and interpreted (see Chapter Two, section 2.3.2).
1.3.4 Gender as Performance

It has already been established in section 1.3.2 that the concept of gender is now considered to be “variable” and “multiple”. Within this framework, since about the mid-1990s, a number of scholars have adopted philosopher Judith Butler’s concept of gender as “performative”. Butler (1990: 33) defines gender as a phenomenon which exists only when it is performed.

Gender is the repeated stylization of the body, a set of repeated acts within a rigid regulatory frame which congeal over time to produce the appearance of substance, of a “natural” kind of being.

On the first page of her introduction to *Le deuxième sexe*, Simone de Beauvoir asks the following question “Y a-t-il même des femmes?” (De Beauvoir, 1949: 11). De Beauvoir claims that one is not born, but rather becomes a woman and Butler reiterates this view by arguing that the term “woman” itself is a term of “in process, a becoming, a constructing that cannot rightfully be said to originate or end” (Butler, 1990: 33). Gender is thus never acquired once and for all, it is an ongoing accomplishment which is repeatedly performed. Butler’s notion of “performativity” has had a profound influence on language and gender research with many researchers adopting her concept of gender as something a person “does” rather than “has”. However, as demonstrated by de Beauvoir’s question “Y a-t-il même des femmes”?, the notion of gender as performance is not attributable to Butler alone. Eckert and McConnell-Ginet (2003) emphasise that attention was also drawn to the centrality of gender performance in earlier works in sociology and anthropology such as Kessler and McKenna (1978). Once again, the interdisciplinary nature of language and gender research is illustrated with the concept of
gender performance stemming from the disciplines of philosophy, sociology and anthropology.

However, despite having precursors in other academic disciplines, the concept of gender performance as formulated by Butler (1990) has been extremely influential in language and gender research. Cameron (1997: 60) also emphasises that men and women cannot simply learn and reproduce ways of speaking appropriate to their sex but instead are capable of using strategies typically associated with either masculinity or femininity. She sees this as a move away from a traditional approach, which assumed people talk the way they do because of who they are towards a different approach suggesting people are who they are because of the way they talk (1997: 49). Bergvall (1996) looks at verbal interaction among engineering students as engineering is a traditionally masculine domain. Bergvall observes that female engineering students perform “being feminine” for their fellow male students by using speech patterns showing supportiveness, cooperativeness and tentativeness but also present themselves as assertive and competitive in specific situations. She describes this as “the fluid enactment of gender roles in specific situations” (Bergvall, 1996: 175). Livia (1995) also demonstrates the performance of gender in her study of nuances of language used by lesbians and described how they appropriate particular elements of language stereotypically associated with men or women. Bucholtz (2001) studies the language use of a group of self-identified nerd girls in an American school. They use a hyper-standard, white, formal variety of English to mark their femininity in contrast to the variety used by their peers. Likewise, Hall (1995) explores the verbal strategies used by telephone sex-workers to
create fantasy women of different ethnic backgrounds and personalities for their male heterosexual clients. These workers were able to successfully construct personae who were very different from their own real identity through language. Black women for example were able to perform white personae and white women were able to perform Latina personae.

Butler (1990: 140) also emphasises that gender cannot be thought of as a stable category.

Gender ought not to be construed as a stable identity or locus of agency from which various acts follow; rather, gender is an identity tenuously constituted in time, instituted in an exterior space through a stylized repetition of acts.

Gender is thus a flexible rather than a fixed category. It is fluid and changing and sustained only through the repetition of acts. Butler (1990: 140) describes the action or performance of gender as a “ritual social drama” and emphasises that it requires a performance that is repeated. She describes this repetition as “a reenactment and reexperiencing of a set of meanings already socially established; and it is the mundane and ritualised form of their legitimation” (1990: 140). Gender identities are unstable and variable. In her introduction to *Gender and Discourse* (1997: 4), Wodak emphasises this variability of gender by describing how “what it means to be a woman or to be a man changes from one generation to the next and how this perception varies between different racialised, ethnic, and religious groups, as well as for members of different social classes”. This idea of gender identity as variable will be important when looking at pregnancy in the framework of the multiple identities performed by and constructed for women as their identity is constructed for them in the discourse of pregnancy advice.
literature and they subsequently perform this identity by taking up the subject positions embedded in this discourse.

1.3.5 The Discursive Construction of Gender Identity

The focus of this thesis is the discursive construction of gender identity in the discourse of pregnancy advice literature. A working definition of discourse as “a form of social practice which constructs our perception of ourselves and of the world and thus creates and maintains identities and values”, has already been given in section 1.3.1, and the term “gender” has been redefined as variable, multiple and performative in sections 1.3.2 and 1.3.4. However, the concepts of “construction” and “identity” have yet to be examined. The term “construction” is the next key concept at the core of this analysis. Sunderland (2004: 169) draws attention to the fact that language use can be seen both as a “construction” and as “constructive” because “words put together in some coherent form themselves have the capacity to construct”. The concept of “construction” is perhaps clearest when its link to the concept of “performance” is examined. Talbot (1998: 157) describes “performance” as part of the process of “construction”. She describes people as being active in the construction of their own identities.

People are not just acted upon; they are active in their own construction. They are busily involved in the construction of gender identities, especially their own. They perform their gender identities.

Talbot is thus suggesting that “performance” is an aspect of the overall “construction” of gender identities, a “constructed” identity is subsequently reinforced through its “performance”. Cameron (1997: 49) describes “performance” as the reaffirmation of “construction”.

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Gender has constantly to be reaffirmed and publicly displayed by repeatedly performing particular acts in accordance with the cultural norms (themselves historically and socially constructed, and consequently variable) which define ‘masculinity’ and ‘femininity’.

Sunderland (2004: 188), however, describes “performance” as a more specific concept than “construction” as “performance is (…) done by oneself, for the benefit of particular others (whereas we may attempt to construct someone’s identity, it would seem hard to perform it for them)”. However, Sunderland also acknowledges that “performance” may be seen as a type of “intentional self-construction”. While “performance” may thus be quite a specific concept, Sunderland (2004: 173) draws attention to three types of “construction” – “self-construction” where people construct themselves in a range of linguistic ways; “negotiating construction in social interaction” where others can be constructed in one’s talk/writing either explicitly or implicitly; and finally “construction” which is “beyond words spoken and written”. “Self-construction” or “performance” is, therefore, but one type of “construction”.

The term “identity” is also crucial to the paradigm in question. Litosseliti and Sunderland (2002: 6) describe the notion of “identity” as “a slippery one, often used but rarely defined, varying from one discipline to another, and an on-going subject of academic endeavour”. “Identity” is generally perceived as a sense of who we are or “our sense of self” (Ivanic, 1998: 11). Benwell and Stokoe (2006: 3) also refer to the idea of identity which is central to many contemporary theories of identity “as an ‘essential’, cognitive, socialized, phenomenological or psychic phenomenon that governs human action”. Benwell and Stokoe (2006: 3) further emphasise that “it is assumed that although people may present themselves differently in different contexts, underneath that
presentation lurks a private, *pre-discursive* and stable identity”. This view of identity as an essentialist, pre-existing notion is not uncommon. However, in the previous sections the fluid nature of gender has been highlighted and the concept of gender diversity emphasised and it is evident that the notion of “essential identities” such as “woman” and “man” has been replaced by the notion of variable and changing gender identities. Rather than using the singular term “identity”, Ivanic (1998: 11) highlights the appropriacy of the plural term “identities” when describing people’s “sense of self”.

The plural word “identities” is sometimes better, because it captures the idea of people identifying with a variety of social groups. One or more of these identities may be foregrounded at different times; they are sometimes contradictory, sometimes interrelated: people’s diverse identities constitute the richness and dilemmas of their sense of self.

Like the concept of “gender”, “identity” is thus a fluid and flexible category and individuals have multiple identities which they “perform” in different communities and situations. Talbot (1998: 156) emphasises how we take on various gender identities during our lifetime.

We all experience shifts during our lifetime, taking on different gender identities in different communities or cultures.

Talbot (1998: 157) further draws attention to the link between “performance”, “construction” and “identity” by explaining that “they [people] are busily involved in the construction of gender identities, especially their own. They perform their gender identities”. “Identity” is thus not only a fluid and multiple concept but also a construct which we construct ourselves and which is constructed for us. Benwell and Stokoe (2006: 4) describe this alternative understanding of identity as a view of identity “as a public phenomenon, a performance or construction that is interpreted by other people.
This construction takes place in discourse and other social and embodied conduct”. They thus argue that “identity has been relocated: from the ‘private realms of cognition and experience, to the ‘public’ realms of discourse and other semiotic systems of meaning-making” (2006: 4). With regard to the link between maternity and gender identities, it will be established that the capacity to have children is an important aspect of women’s gender identities (see Chapter Three, section 3.3.1) and thus it is important to analyse how this aspect of identity is constructed both for and by women.

Within the framework of the performance and construction of gender identities, the concept of the aforementioned “Community of Practice” (CofP) becomes particularly relevant. As previously indicated, this concept, which is in keeping with the idea that gender identities are not fixed but constructed in particular contexts, suggests that performances of gender can be linked to the particularities of the context in which the speaker is operating. Eckert and McConnell-Ginet (1992: 464) have applied this concept to language and gender studies and define a CofP as follows:

an aggregate of people who come together around mutual engagement in an endeavour. Ways of doing things, ways of talking, beliefs, values, power relations – in short, practices – emerge in the course of this mutual endeavour. As a social construct, a Community of Practice is different from the traditional community, primarily because it is defined simultaneously by its membership and by the practice in which that membership engages.

Eckert and McConnell-Ginet (1999: 186) give examples of CofPs such as a choir, a family, a gang, a secretarial pool and an academic department and according to their theory, each individual participates in a variety of communities of practice and has different forms of participation in each. People thus negotiate their identity through their
negotiation in various communities of practice. Litosseliti (2006: 66) highlights that “gender identity is accordingly formed, produced, and reproduced – as well as resisted and contested – through women’s and men’s participation in multiple CofPs, as they define themselves in relation to other women and men”. Gender identities are, therefore, constructed both from differentiation in the types of CofPs of which men and women are members, and through the differential forms of participation in mixed gender CofPs. For Eckert and McConnell-Ginet, a CofP approach is thus a constructionist approach to language and gender identity as they describe gendered practices as constructing members of a community as women or as men. Language and gender studies using the CofP framework tend to focus on specific speech communities and examine how gendered identities are constructed through the practices of these communities. Eckert and McConnell-Ginet (1995) analysed the discourses and identities of schoolgirls in an American high school and demonstrated how the hegemonic construction of gender is imposed on girls’ lives and illustrated female speakers’ innovative use of language for their own purposes. Once again, this concept will be of value to the analysis of constructions of pregnancy as pregnant women participate in a variety of communities of practice in which “pregnancy is considered a defining attribute (...) and is regarded as an essential aspect of being a woman” (Freed, 1999: 261). The meaning of pregnancy is thus constructed for pregnant women by communities of practice such as doctors, health professionals and midwives.

Several studies have been carried out on the construction of gender identity in discourse. Benwell (2002) for example, examines the textual and visual construction of masculinity
in heterosexual men’s magazines such as Loaded, Maxim and FHM and concludes that such magazines uphold traditional hegemonic masculine values using a number of discursive strategies such as a “knowing” tone, ambiguity and double-voicing. Benwell (2002: 165) takes the following example from an article in Maxim (April 1997: 106) entitled “Shape your eyebrows, sir?”

A men-only grooming shop for normal, everyday, nothing-funny-about-my-testosterone-levels-thank-you-blokes who quite fancy the idea of a de-stressing massage, with maybe a facial and, oh what the hell, a manicure while I’m here.

The above extract uses a large number of nouns and adjectives to denote masculinity (‘men-only’, ‘blokes’) and ordinariness (‘normal’, ‘everyday’) and explicitly rejects sexual deviance. Benwell cites this as an example of the flexibility of hegemonic masculinity – while it incorporates elements of an oppositional discourse by acknowledging that men care about their bodies, it nevertheless leaves intact traditional assumptions about gender identity.

Other studies on the discursive construction of masculinity in media discourse include Talbot’s (1997) study of the construction of masculinities in a British tabloid paper and Johnson and Finlay’s (1997) analysis of football talk on television. Talbot (1998: 170-189) examines how women’s magazines construct consumer femininity for their readers by constructing a feminine identity that women achieve for themselves when they buy and use commodities. She argues that fashion and beauty standards are shaped by the manufacturing, advertising, fashion and magazine industries which offer a range of resources for creating femininity and in participating in consumer femininity, women construct themselves as objects requiring work (1998: 172). In her analysis of the
multiple identities of female parliamentarians in the EU, Wodak (2003) analyses the discursive construction of gender identities and demonstrates how female parliamentarians can construct multiple identities through discourse in the context of the “multinational, multilingual, and multicultural” European Union (2003: 674). Sunderland (2011) examines the representation of female and male characters, and gender relations in the discourse of children’s fiction and highlights that discrimination against women and girls, and less-than-optimal gender relations can be construed in this type of fiction in a variety of complex ways. Charteris-Black and Seale (2010) carried out extensive analysis of interviews with people who had experienced illness and evaluate differences in the way that men and women talk about illness. Other studies on gender and sexuality include Bucholtz, Liang and Sutton 1999, Cameron and Kulick 2003, Johnson and Meinhof 1997, Litosseliti 2006 and Livia and Hall 1997, but once again, this list is not exhaustive. The above studies reveal, however, that the discursive construction of gender identities is thus accomplished through an ongoing process by which people make choices from available discourses about masculinity and femininity.

It is clear from the above-mentioned studies that research in language and gender has indeed changed direction in recent years. Cameron (2005: 490-491), however, argues that the adoption of different theoretical approaches does not just reflect changes in theoretical fashion but are also linked to real-world changes in the social relations of gender and sexuality. She states for example that gender hierarchy no longer manifests itself in the same way it did in the 1970s and that young men and men growing up in a Western culture live in a society where several aspects of a person’s identity are
conceived as a matter of individual choice. Gender is no longer viewed as rigid and unalterable. Cameron argues that it is thus not surprising that research in this area needs to be approached differently. The studies reviewed in this chapter have demonstrated that gender identity can be constructed in discourse and that gender is a variable, multiple and fluid category which is performed and constructed rather than fixed and pre-existing. The transition from traditional models to current thinking clearly does represent a movement from “fixity” to “fluidity” as outlined by Swann (2002: 43) earlier in this chapter (see section 1.2.4).

However, the above analysis of changes in trends does not purport to say that all research in the 70s and 80s followed traditional models of “dominance” or “cultural difference” nor that all research from the 1990s on follows the same constructionist theories. The above analysis has purported only to identify trends in approaches to language and gender research and not to insist that all studies are characterised by them. Swann (2002) warns against the danger of “caricaturing earlier traditions in order to establish the novelty of what we do now” (Swann, 2002: 43). She insists that not all earlier work on language and gender proposed a strict dichotomy between male and female language users, that the picture emerging from such research was one of tendencies that included some variability, that female speakers tended to use language in one way and male speakers in another (Swann, 2002: 43). Cameron (2005: 483) also warns that we must acknowledge that theories of social constructionism have existed since Simone de Beauvoir’s *Le deuxième sexe* appeared in 1949, that we cannot say they did not exist before the 1990s. She argues instead that all feminist theory since de Beauvoir has been
committed to the idea of the social construction of gender, but that recent theorists have just interpreted it in more radical ways than their predecessors. The social construction of gender is thus not a new phenomenon but has surfaced more frequently in recent research. Thus the above analysis indicates a series of trends characterising the general direction that research in language and gender has taken and they provide a clear set of theoretical principles upon which the proposed analysis of pregnancy advice literature takes place.

1.3.6 Summary

The second part of this chapter has thus outlined the main elements characterising contemporary approaches to language and gender and provides the theoretical framework for the analysis of the construction of gender identity in the discourse of pregnancy advice literature. The turn to discourse in language and gender research implies language be examined in its particular situational context and that discourse be viewed as a form of social practice, which constructs our perception of ourselves and of the world thus maintaining identities and values. This turn to discourse represents a core feature of our analysis which views the discourse of pregnancy advice literature as a powerful form of social practice, constructing identities and values for the pregnant women who read it. The change in approach to gender from one of gender differences to gender diversity is also an important principle upon which our analysis is based as the view is taken that there is no such thing as generic man or generic woman. Instead gender is viewed as multiple and variable and women’s identities as expectant mothers are viewed as one of
the multiple identities taken on by women in their lifetime. Account is also taken of the
fact that pregnancy is also linked to other aspects of women’s identities.

An acknowledgement of the importance of context represents the third characteristic
discussed of contemporary approaches to language and gender research. This view of
context as essential when analyzing gender is an important feature of our analysis as it
advocates a discourse approach which focuses not just on the accumulation of discursive
choices as opposed to single linguistic items, but also requires the analyst to consider the
social and discursive contexts within which the texts are produced and interpreted. For
this reason, critical discourse analysis has been selected as the methodology for our
analysis (see Chapter Two). The notion of gender as performative emphasises that
gender is an unstable and variable category and that gender identities are constructed and
performed as opposed to pre-existing. The view is thus taken here that women’s gender
identities are constructed for them in the discourse of pregnancy advice literature and
they subsequently perform these identities by taking up the subject positions embedded in
discourse. The analysis is thus based on a theoretical framework embodied by the four
elements outlined above and above all embraces the notion that gender identities are
constructed in discourse.
1.4 Discourses of Pregnancy and Parenthood

In this section, studies based on discourses of pregnancy and parenthood will be reviewed in order firstly to establish the utility of studying this form of discourse, and secondly to establish the originality of our analysis. While several studies have been carried out on the constructions of “motherhood” and “fatherhood”, few linguistic studies have focused on the discourse of “pregnancy”. Here, existing studies on the discourse of pregnancy will be reviewed together with research on discursive constructions of “motherhood” and “fatherhood” as these areas are closely related. Once again, the purpose of this section is not to provide an exhaustive list of every study carried out in this area but instead to provide examples which are broadly indicative of the types of studies carried out in this area and which will enable us to differentiate the proposed analysis from existing studies in this field.

1.4.1 The Discourse of Pregnancy

Studies on the discourse of pregnancy have been carried out in the realms of linguistics sociology and discursive psychology. In linguistics, Lazar (2002) examines the construction of “would-be-motherhood” as part of a study of the construction of heterosexual femininity in the discourse of a Singaporean national advertising campaign aiming to persuade “better educated” Singaporeans to marry and start families. In her analysis of the construction of motherhood she focuses initially on the construction of “would-be-motherhood” and argues that women’s experience of “would-be-motherhood” is defined vis-à-vis their husbands (2002: 119). She cites two scenes in a TV ad entitled Then Something Wonderful Happened. In the first scene, the husband gazes at his wife’s
abdomen as she emerges from a gynaecologist’s office and the shot moves to a close-up of the woman’s face as she meets her husband’s gaze. His face is full of expectancy but her look is less certain and pensive. Lazar concludes that the woman’s own feelings about having a child are unclear to us but that by meeting her husband’s gaze she is portrayed as willing to engage with him in terms of his interest. Her own reaction is, however, unrepresented (2002: 119-120). Likewise in a later scene, her husband’s excitement as he listens at her pregnant belly is depicted and she responds by looking and smiling upon him and kissing his forehead. Again, Lazar argues that these processes are “other-directed” and that her joy as a would-be-mother is experienced only on account of his paternal interest (2002: 120).

Freed (1996) conducts a study of the language of pregnancy and demonstrates how attitudes and beliefs about women and pregnancy affect the language and discourse experienced by women. She reveals the existence of three dominant belief systems about pregnancy in pregnancy literature and in the stories of women collected for the study. The first belief system is a medical/scientific view of pregnancy, the second is the natural childbirth movement which celebrates women, nature and the beauty of pregnancy, and the third is folklore and popular beliefs surrounding pregnancy. Freed also identifies another public discourse attached to pregnancy – that of the superwoman where the pregnant woman has to do all the things she had always done. Freed argues that all of these belief systems consist of essentialist beliefs about women and the power of these dominant discourses are evident in the pregnancy narratives collected for the study. However, the study also reveals that women’s experiences often conflict with the way in
which pregnancy is constructed for them and that these dominant discourses often affect women in a negative way.

(...) the language of pregnancy, familiar and women-centered as it is, contains powerful messages and reflects influential, sometimes essentialist, belief systems that often affect women negatively both in their experience of pregnancy and in their view of themselves vis-à-vis the world around them. (1996: 245)

In a later study, Freed (1999) examines the usefulness of the community of practice framework to an analysis of these pregnancy stories. As already mentioned earlier in this chapter, she argues that pregnant women themselves do not constitute a community of practice but that they participate in various communities of practice. Within this framework, pregnancy is constructed for these women by the communities of practice in which they participate and their own experiences often conflict with the constructions imposed upon them by doctors, health professionals and midwives and in addition conflicts also exist between different communities of practice. In general, Freed identifies a challenge by pregnant women to a dominant discourse, which assumes “that pregnancy and motherhood are the coveted goals of womanhood, and that they provide women with a deep and natural sense of fulfillment” (1999: 261).

Kiaer’s (1990) MA thesis on the construction of motherhood in antenatal care discourse, demonstrates how pregnancy is constructed as an illness, with women as patients and labour as a series of medical procedures. In doctor-patient interviews, the pregnant woman is constructed as a patient and in the antenatal class as a patient-to-be. Kiaer finds that as well as constructing the experience of pregnancy for the pregnant woman, printed materials tend to assume a traditional household and husband-wife relationship. In addition she investigates the power relations being performed in various types of
discourse and how these contribute to the reinforcement of unequal power relations. Her study also, therefore, identifies a dominant discourse about pregnancy. Talbot (1998) also devotes a section of her book Language and Gender to “The discursive construction of maternity” and cites examples from medical pamphlets, which construct pregnant women as passive recipients of care who must comply in medical routines. She cites an example from the Sharoe Green Maternity Unit’s publication which in a section on home births states that “you will (...) need a midwife to deliver you at home” (cited in Talbot, 1998: 163) thus representing the delivery as something the midwife does for her. Talbot acknowledges, however, that more care is being taken about terms of reference in printed materials with midwives and birthing women increasingly represented as collaborators (1998: 165).

In the sociological field, Gardner (1994) examines the social construction of pregnancy and fetal development in nineteenth-century discourse and, using literary sources from advice manual and medical writing genres, she demonstrates that in nineteenth century America the dominant discourse of the time constructed the pregnant woman as being responsible for all aspects of the physical, psychological and moral character of the baby born. Pregnancy is thus constructed as a time during which the behaviour of the parents and particularly of the mother fully determines the outcome of the couple’s child. In the field of discursive psychology, Woollett and Marshall (1997) conduct a study of discourses of pregnancy and childbirth on the basis of booklets distributed to pregnant women at antenatal clinics and interviews conducted with women from a variety of social and cultural backgrounds about their pregnancy and childbirth. Biological/medical and
psychological discourses are examined and compared and it is found that pregnancy and childbirth are constructed in terms of universality and that current discourses fail to take account of the diversity in women’s experiences and the wider “social, cultural and ideological context in which women are pregnant and become mothers and the impact of pregnancy on their emotions, identities, lives and relationships” (1997: 195). Data collected from the interviews conducted with women reveal that women themselves position their pregnancy and childbirth with the context of their “lived experiences and personal knowledge”, thus contrasting with the biological-medical and psychological accounts which draw on narrower discourses of pregnancy and childbirth (1997: 196).

Talbot et al. (1996) analyse the accounts of two pregnant women who are defined “at risk” in order to identify how these women positioned themselves discursively vis-à-vis others. They describe the ways in which these women affirm and resist dominant discourses about pregnancy in order to construct their own experience. According to Talbot et al. (1996: 225) “…master narratives and dominant discourses constrain and enable the personal construction of meaning in particular, predictable ways, without, however, restricting the individual’s choice of what to narrate”. Through their affirmation and resistance of dominant discourses, these women construct their own identities and position themselves in relation to social and cultural expectations. Rudolfsdottir (2000) conducts an analysis of booklets and handouts given to pregnant women by healthcare institutions in Iceland. Her study shows that the normalising tendencies in these booklets strip women of their agency through the medicalisation of the pregnant body and the depiction of the body as detached from the woman’s will and
agency. She also argues that women are infantilised through the way in which they are addressed and positioned in relation to the experts and that the foetus is positioned as the super-subject with the mother’s agency erased. Subsequent interviews with pregnant women reveal that pregnant women are affected greatly by their position as agents in this discourse and that it affects the extent to which they experience pregnancy and childbirth positively or negatively.

Powell Kennedy et al. (2009) carry out a discourse analysis of top-selling childbirth advice books in the US in an effort to examine discourses about childbirth in the US. The analysis reveals firstly that little power is attributed to women in childbirth, that power and control rest with the birth attendant and hospital. Secondly the analysis reveals that childbirth is presented as a medical event in these books as opposed to a normal, physiological process. It is also argued that in the discourse of these books, messages about women’s strengths and abilities to give birth safely are upstaged by depictions of birth as a risky or dangerous event. The authors conclude that such books deceive women about what they can expect and achieve during their birth. Other studies of childbirth literature include Pincus (2000) and Mansfield (2007). The focus of these studies is again on representations of childbirth in the discourse of these advice books and they point to the struggle to understand what constitutes normal and question whether women really can choose to pursue a birth without intervention in today’s maternity care institutions in the US.
In general, research on discursive constructions of maternity/pregnancy has revealed the existence of a dominant medical discourse about pregnancy and the above studies reveal that “pregnancy” and the figure of the “expectant mother” is constructed for women in a certain way in pregnancy literature. However, it is also evident that to-date no research has focused specifically on the question of gender identity in the discourse of pregnancy and that little research has been conducted with regard to the French language. Most research has also focused uniquely on contemporary texts. Our analysis thus differentiates itself from the above-mentioned studies by its focus on gender, its inclusion of French texts and the diachronic dimension to the corpus of texts chosen.

1.4.2 The Discursive Construction of Motherhood and Fatherhood

There are significantly more studies based on motherhood discourses or more generally parenthood discourses. These are also relevant to our study of the construction of maternity as some of the discourses identified are very similar. Of the studies mentioned below, the first three are based on motherhood and the remaining four on motherhood and fatherhood. Coates (1997) identifies two competing discourses of motherhood. The first is a dominant discourse insisting all children are “marvelous” and the second alternative discourse says that “not all children are likable and (…) it is not compulsory for adults to like all children” (1997: 294). Coates takes the example of a conversation between two women in which one woman Sue says “I still quite often don’t like children” and the other woman Liz answers “Actually I think you particularly dislike your own”. Coates claims that Liz and Sue are contesting the idea of women as “loving, caring, nurturing beings for who having children is the ultimate experience of their lives”
While Coates (1997) examines competing discourses of motherhood, in discursive psychology, Marshall (1991) analyses constructions of motherhood in a series of parentcraft texts and manuals from 1979-1988. She refers to these themes and constructions as accounts but as Sunderland (2004: 102) argues, they can also be seen as discourses. Two main accounts/discourses emerged from Marshall’s study of the manuals: “Motherhood as ultimate fulfillment” and “Mother love as natural”. According to Marshall this discourse “presents motherhood as fulfilling, creative and characterized by loving” (Marshall, 1991: 70). Only minor deviations are allowed from this positive account. The “blues” for example are either inexplicable, irrational or explained in terms of women being at the mercy of their hormones. Marshall also identifies three other accounts/discourses: “Flexibility” “Happy Families” (the assumption the child is living in a stable nuclear family) and “Sharing the Caring”. Similarly to Lazar’s (2002) and Sunderland’s (2004) findings (see below), Marshall’s “sharing the caring” account/discourse constructs the mother as responsible for all of the “maintenance” work and the father for the more positive aspects of childcare. Marshall concludes that childcare manuals “construct the nature of motherhood for women as crucial” and that “the responsibility falls on mothers for the ‘normal development’ of a well-adjusted individual” (1991: 83). The “missing discourse” is, however “one that gives consideration to depression associated with the social environment and changes in women’s lives as a consequence of having children” (1991: 82).

Urwin (1985) also studies the construction of motherhood through an analysis of data collected from interviews with forty mothers. Urwin’s study reveals the existence of
what she terms an “orthodoxy” but what could also be called a “dominant discourse” regarding the role of mothers. This “orthodoxy” or dominant discourse emphasises not only that mothers are central to the infants’ emotional needs, but also that their contribution to infants’ intellectual and social development is essential, and that they should devote themselves to the cultivation of this development. This vision of motherhood is constructed through regulatory apparatuses operating through medicine and child care and also through child care literature. The majority of women interviewed for this study seemed to subscribe to the dominant discourse presented but some did appear to resist it, or in Urwin’s words “crack the normative image presented in the child care literature” (1985: 200).

With regard to studies based on both motherhood and fatherhood, in Lazar’s (2002) aforementioned study on the construction of an other-centred heterosexual femininity in the discourse of a Singaporean advertising campaign, Lazar also demonstrates how this other-centredness extends to the construction of motherhood. Maternal love is constructed as one “in which women derive self-fulfillment vicariously through the happiness and fulfillment of their loved ones” (2002: 119). In the ads women are represented in a range of gendered tasks that highlight their other-centeredness, for example Lazar cites scenes from ads where the mother is drying the wet hair of her young son at the beach or holding on to the float of her son as he tries to swim (2002: 122). However, she highlights that while the mother is engaged in performing basic care-giving functions, the father performs popular, entertainer roles where he plays with the child and makes funny faces at him (2002: 122). In Sunderland’s (1997) analysis of the
construction of fatherhood and motherhood in parentcraft literature she identifies two main discourses of what she calls “Mother as main parent” and “Part-time father”. She takes for example the word help to illustrate the textual manifestations of these discourses in terms of recurrent lexical items (1997: 8). When help is applied to what fathers can do it occurs in contexts such as the following.

Your wife still needs lots of support and help with all the chores.
(cited in 1997: 8)

When applied to mothers it occurs in the context of “accepting help”.

If you do need to ask for help, go to your partner first.
(cited in 1997: 8)

It is thus suggested that the mother not taking sole responsibility for the baby is the exception rather than the rule. Sunderland subsequently demonstrates that these main discourses are shored up by other discourses: “part-time father” by “father as baby entertainer”, “father as mother’s bumbling assistant” and “father as manager of the mother”; “mother as main parent” discourse by “mother as manager of the father’s role in childcare” and “mother as wife/partner”. These discourses are textually realised by recurring and non-recurring linguistic elements. Sunderland (2004) also carries out a specific analysis of fatherhood discourses in parenting magazines. In general, Sunderland comments on the linguistic absence of fathers from such magazines and demonstrates that the main fatherhood discourse running through the parenting magazines is still that of “part-time father” discourse with the father instructed to “step in”, “help out” or “give mum a break” (2004: 111). Sunderland, however, does not find evidence of the “father as bumbling assistant” discourse and little of the “father as baby entertainer” discourse identified in the 1997 study. However, she does argue that fathers
here do little more than “step in” and “help”. “Mother as main parent” remains the
dominant discourse suggested by all indexes of represented fatherhood – pronouns,
representations of shared parenting, visuals and the overall mother-friendly environment

Sunderland (2004) also carries out a study on fatherhood discourses in the media
coverage surrounding the birth of the Blair baby in 2000 and finds that just as the
“parenting” magazines drew on a “Part-time father discourse”, these news reports
construct Blair as an individual father in part through a “Modern, hands-on father
discourse” but mainly through the same “Part-time father discourse”. Sunderland cites
examples from papers which focus on Blair changing nappies and use structures such as
“helped change”, “help out with”, “is expected to do his share”, “while Cherie slept” and
“as wife Cherie enjoyed a well-earned lie in” (2004: 129). The papers thus construct
Blair as a modern, hands-on father but nevertheless remind us who the full-time parent is.
Sunderland also emphasises Blair’s construction of himself as a “modern hands-on
father” by drawing on and producing certain discourses of fatherhood such as “Tony
Blair confessed yesterday that becoming a dad again at 47 was already taking its toll”

Hardyment’s (1983) Dream Babies. Child Care from Locke to Spock is a descriptive
analysis of baby-care manuals from 1750 right through to the 1980s. Hardyment’s
analysis of a large number of baby-care manuals demonstrates how advice differs from
one historical period to another and also highlights the prescriptive nature of such
manuals in their construction of perfect mothers and “dream children”. Other works such as Beekman (1979) and Rusk (1933) have also analysed the history of baby-care manuals.

Studies on the construction of parenthood reveal a similar pattern to those carried out on discourses of pregnancy in that they also reveal the existence of a number of dominant discourses, which construct the experience of motherhood for women in a very specific way by positioning them in defined social roles.

1.4.3 Summary

The review of existing studies on discourses of pregnancy and parenthood thus highlights primarily that women’s identities can be constructed for them in very specific ways in discourse. When women become pregnant and eventually become mothers they are drawn into a discourse of pregnancy and motherhood perpetuated by medical and popular advice literature and interaction within various communities of practice. Their experience of pregnancy and motherhood is thus constructed for them in the discourse to which they are exposed. The above studies reveal discourse patterns in the media, advertising campaigns, child care literature, parenting magazines, medical advice materials and also in the various communities of practice in which pregnant women and mothers participate. At times there are conflicts in the discourses produced but they do have a key element in common. When Freed (1996) was referring to the conflicting belief systems about pregnancy she argued that what they shared was an essentialist belief about women. This essentialism can be extended to the way in which motherhood
is constructed in discourse. This thesis will demonstrate that women’s gender identities are socially constructed for them in the discourse to which they are exposed when they become pregnant.

1.5 Conclusion

The purpose of this chapter was thus to situate the proposed analysis of the construction of gender identity in pregnancy advice literature in its disciplinary base of language and gender studies, and to highlight the theoretical principles which will frame this analysis. In the course of this chapter it has become evident that despite the existence of some Francophone studies, research in the area has tended to be dominated by studies based on the English language. It is also clear that the study of language and gender is an interdisciplinary one, drawing on disciplines such as anthropology, sociology, psychology, philosophy, literature and feminist theory and that the proposed analysis will draw on studies from a variety of disciplines.

In the early part of the chapter the movement of language and gender research away from ‘gender differences’ and ‘gender bias’ and away from theoretical models of ‘deficit’, ‘dominance’ and ‘difference’ was examined. This change in approach to language and gender studies was inspired by movements such as postmodernism, poststructuralism, and third wave feminism and is characterised by a turn to discourse in language and gender studies, an increased acknowledgement of the importance of context, a focus on gender diversity as opposed to gender differences and a perception of gender as performative. Essentially, this movement is a movement away from the essentialism of
many of the studies conducted in the 1970s and 1980s towards the study of the construction of gender through a range of gendered discourses, a concept which underpins the proposed analysis. The contemporary studies reviewed in the course of this chapter demonstrate that gender identity can be constructed in discourse and that gender is a variable, multiple and fluid category which is performed and constructed rather than fixed and pre-existing. The capacity to have children is linked to women’s social identity as the “expectant mother” is one of the multiple identities performed by and constructed for women. Pregnant women participate in a variety of communities of practice and negotiate their identity through their participation in certain communities of practice in which “pregnancy is considered a defining attribute (…) and is regarded as an essential aspect of being a woman” (Freed, 1999: 261). The analysis of existing studies on discursive constructions of maternity and motherhood demonstrates that “pregnancy” and “motherhood” are constructed for women in a very specific way in written and spoken discourse. It is evident that despite conflicts and contradictions between various discourses surrounding pregnancy and motherhood, that they all share an essentialist belief about women.

The proposed study thus falls firmly into the discipline of language and gender as its focus is essentially on the construction of gender identity through language, and whether women are repressed in the discourse of pregnancy advice literature. The key theoretical principles which frame this analysis are representative of contemporary trends in language and gender research and include the need for a discourse approach to pregnancy advice literature so that it may be viewed as a form of social practice, constructing and
maintaining identities and values; a perception of gender as diverse and thus a view of pregnancy as one of the multiple aspects of women’s identities; an acknowledgement of the importance of context and thus the adoption of a methodological approach which necessitates the analysis of the texts within the social and discursive contexts in which they are produced and interpreted; a consideration of gender as performative and a view that gender identity is constructed in discourse and subsequently performed by those who take up the subject positions embedded in this discourse. This thesis will thus demonstrate how women’s gender identities are constructed for them in the discourse to which they become exposed during pregnancy, and that their subsequent performance of these identities reinforces this constructed identity. The thesis also seeks to investigate whether this constructed identity is one which is repressive of women. Despite the existence of some studies on discourses of pregnancy, this analysis differentiates itself from previous studies by its focus on gender identity, its inclusion of French texts and the diachronic dimension to the corpus of texts chosen.
CHAPTER TWO

Research Methodology

2.1 Introduction

As established in the Introduction, the primary objective of this thesis is to examine the construction of gender identity in the discourse of pregnancy advice literature, and to explore whether women are repressed in this discourse. Should this hypothesis be proved, it will also be necessary to uncover the societal power asymmetries and hierarchies which control and repress pregnant women as a social group. In this chapter, the methodological framework for the analysis of the pregnancy advice texts chosen will be outlined. The theoretical principles identified in Chapter One and the above-mentioned objectives of the thesis have been the key factors influencing the choice of methodology.

In the first part of this chapter, possible methodological frameworks are listed and the theoretical criteria influencing the choice of critical discourse analysis (CDA) as a methodology outlined. The second part of the chapter focuses on the origins, definitions and main principles of the CDA approach. The term “discourse” is examined and a distinction drawn between “discourse” and “text”. Key principles of CDA are also explained, such as the view of discourse as social practice, the perception of discourse as means of constructing and sustaining identities and ideologies, and a view of discourse as an instrument of power and control.
The third part of the chapter presents Fairclough’s (1995) three-dimensional framework as the specific methodological approach chosen for this study. The concepts of “orders of discourse” and “intertextuality” are also examined as these represent key methodological concepts in the analysis. In addition, criticisms of CDA as a methodology are reviewed and contested. In the fourth and final part of this chapter, the focus is on the practical application of the methodological framework chosen. The three-dimensional approach is explained in greater detail and the core methodological principles governing the analysis are outlined. The adaptation of Fairclough’s approach to our analysis is also explained together with the linguistic categories which will form the basis of the analysis.

This chapter thus establishes not just the methodological approach for the analysis of the construction of gender identity in pregnancy advice literature, but also explains the main principles governing this approach, and how CDA theory has been adapted in this case in order to establish an effective analytical framework for our analysis.
2.2 Discourse Analysis

With regard to the analysis of discourse, there are several possible methodological frameworks to choose from including: Discourse Analysis (DA), Critical Discourse Analysis (CDA), Conversational Analysis (CA), Feminist Critical Discourse Analysis (FCDA) and Feminist Post-structuralist Discourse Analysis (FPDA) to name but a few. All of the above frameworks represent ways in which meaning can be given to experience through language and are relevant for the study of gender and language. It is not, however, within the scope of this thesis to review all of the possible approaches available. Instead this chapter will focus on the specific methodological framework selected for our analysis, and in sections 2.3 and 2.4, it will be clearly explained why this approach was selected for the analysis of pregnancy advice literature.

The framework for our analysis draws predominantly, therefore, on the field of critical discourse analysis (CDA), an approach which was selected for four main reasons. Firstly, as outlined in Chapter One, one of the key theoretical principles framing this analysis is the need for a discourse approach to the texts chosen, so that pregnancy advice literature may be viewed as a form of social practice, constructing, maintaining and sometimes contesting identities and values. Secondly, it was argued that a methodology is needed which takes account of the context within which discourses occur. This study thus requires a methodological approach which goes beyond the text itself in its analysis, which takes account of the wider social context in which this discourse occurs and the different power relations which shape it. Thirdly, in Chapter One, it was also emphasised that gender identity is at the core of this study and thus an approach which enables the analyst to place gender identity at the centre of the analysis by viewing identity as something constructed in discourse, also seems
appropriate. Finally, since one of the main objectives of this thesis is to uncover power relations within these texts, a methodological framework which is concerned with power and acknowledges the role of discourse in the construction and maintenance of social domination is also necessary. A CDA approach responds to all of these theoretical needs for reasons which will be explained in detail in the sections below.

2.3 Critical Discourse Analysis

In this part of the chapter, the main principles of the CDA approach will be examined, particularly as they relate to the criteria outlined in section 2.2 as necessary for the analysis in question. In the first section, the origins of this approach will be outlined and definitions of what CDA actually represents reviewed. In the second section, the concept of the term “discourse” itself will be examined and a distinction drawn between the notions of “discourse” and “text”. The third section will focus on discourse as social practice and the fourth on discourse and identity. The fifth section will examine discourse as an instrument of power.

2.3.1 Origins and Definitions of CDA

Wodak and Meyer (2009: 1-2) describe the roots of CDA as lying in “Rhetoric, Text linguistics, Anthropology, Philosophy, Socio-Psychology, Cognitive Science, Literary Studies and Sociolinguistics, as well as in Applied Linguistics and Pragmatics.” CDA is, however, a relatively new field. Chouliaraki and Fairclough (1999: 1) describe it as a cross-disciplinary field which became established approximately twenty years ago.
Critical discourse analysis (...) has established itself internationally over the past twenty years or so as a field of cross-disciplinary teaching and research which has been widely drawn upon in the social sciences and the humanities.

It is thus a field, which has emerged from other forms of discourse analysis and conversation analysis, and which has predominantly been developed by Fairclough, Wodak, Van Dijk, Billig, and Chouliaraki (Krolokke and Sorensen, 2006: 52-52). In general, CDA as a school or paradigm is characterised by the “common interests in de-mystifying ideologies and power” (Wodak and Meyer, 2009: 2). Fairclough (1995: 7) summarises briefly his view of discourse and discourse analysis.

My view is that ‘discourse’ is use of language seen as a form of social practice, and discourse analysis is analysis of how texts work within sociocultural practice. Such analysis requires attention to textual form, structure and organisation at all levels; phonological, grammatical, lexical (vocabulary) and higher levels of textual organisation in terms of exchange systems (the distribution of speaking turns), structures of argumentation, and generic (activity type) structures. A working assumption is that any level of organisation may be relevant to critical and ideological analysis.

Mills (1997: 118) describes critical discourse analysts as “those linguists who analyse texts from a political perspective” and differentiates it from discourse analysis, describing discourse analysts as “concerned with the internal structures of interactions in their immediate context, but (...) not overly concerned to relate these individual structures to larger social structures” (1997: 141).

Talbot (1998: 149-150) describes critical discourse analysis as “an approach to discourse analysis committed to examining the way language contributes to social reproduction and social change”. She further describes the aim of critical discourse analysis as “to stimulate critical awareness of language, in particular awareness of how existing discourse conventions have come about as a results of relations of power and power struggle” (1998: 150). This involves identifying the social and historical
constitution of naturalised conventions by denaturalising them. To echo Foucault (1969: 32), things which have become so apparently natural to us must be examined.

Il faut remettre en question ces synthèses toutes faites, ces groupements que d’ordinaire on admet avant tout examen, ces liens dont la validité est reconnue d’entrée de jeu; il faut débusquer ces formes et ces forces obscures par laquelle on a l’habitude de lier entre eux les discours des hommes; il faut les chasser de l’ombre où elles règnent.

The reasons for denaturalising naturalised conventions are often motivated by a desire to expose power relations or social inequalities. Van Dijk (1993: 280) describes CDA as “primarily interested and motivated by pressing social issues, which it hopes to better understand through discourse analysis” and Litosseliti and Sunderland (2002: 19) emphasise that CDA is “concerned not only with social injustice, power and power struggles, but also with exposing the often subtle role of discourse in the construction and maintenance of injustice, inequality and domination”. Wodak (1997: 7) also argues that CDA is an instrument “whose purpose is precisely to expose power structures” and Fairclough (1995: 186) argues that CDA differentiates itself from other forms of academic analysis as it “has aspirations to take the part of those who suffer from linguistic-discursive forms of domination and exploitation”. Benwell and Stokoe (2006: 9) describe it as an approach “dedicated to uncovering societal power asymmetries, hierarchies, and the oppression of particular groups. It aims to identify how ‘discourses’ operate to sustain these hierarchies”.


A perennial problem for language and gender researchers is overcoming the sense or ordinariness and obviousness that so much everyday language has, and the accompanying danger of treating everyday experiences as though they somehow occur independently of society. With the model of discourse as social practice that is used in critical discourse analysis, we cannot just forget
the social nature of all discourse. It helps to counteract the tendency for the discourse in which we perform our gender identities to be naturalised.

In short, CDA can be described as a process of denaturalisation or demystification in order to expose realities hidden behind elements that have become naturalised. It views discourse as a form of social practice and is often politically motivated in the sense that it is concerned with the exposure of social injustice and power relations through its analysis of discourse, which naturalises and thus upholds these injustices. Talbot (1998) further argues that it is an approach which is particularly useful for language and gender studies in that the discourse in which we perform our gender identities has become naturalised, and needs to be demystified in order to expose the social and historical conventions which construct and maintain the inequalities which exist. CDA has been used by feminist linguists to produce critical examinations of representations of gender through media discourses. For example, Koller (2004) focuses on gender representations through metaphor in business magazines and newspapers in the US and UK. However, despite the fact that it may be theoretically well-placed to study gendered discourses, Sunderland (2006: 51) acknowledges that CDA remains “relatively marginal in gender and language research” describing Lazar’s (2005) *Feminist Critical Discourse Analysis* as the first book to bring together achievements of this theoretical approach.

A distinction must also be drawn at this point between CDA and feminist critical discourse analysis (FCDA). FCDA shares many of the viewpoints of CDA but specifically focuses on gender. Krolokke and Sorensen (2006: 113) describe its objective as follows.

(…) feminist critical discourse analysis (FCDA) aims to reveal connections between language, power, ideology, and gender and to describe the ways in which power is produced and transformed in engendering discursive practices.
Lazar (2005: 11) also describes its focus as on “how gender ideology and gendered relations of power are (re)produced, negotiated and contested in representations of social practices, in social relationships between people, and in people’s social and personal identities in texts and talk”. This approach thus emphasises how women and men “do” gender and “construct” gendered identities through discourse. FCDA is a field predominantly developed by researchers such as Wodak whose analysis of the construction of identities through discourse in the context of the EU (referred to in Chapter One, section 1.3.5) is a primary example of this methodology (Wodak, 2003).

For this study, however, CDA has been chosen as the most suitable methodological framework as it is already clear from the above-mentioned definitions that it responds to three of the four criteria outlined in section 2.2. It firstly represents a theory of discourse which views discourse as a form of social practice and emphasises the social and constitutive nature of discourse. It is also an approach which is very much concerned with power relations and the role of discourse in constructing and upholding inequality and dominance. It will thus enable us to uncover any social power asymmetries and hierarchies which seek to repress pregnant women as a social group, and will also demonstrate how the discourse of pregnancy advice literature operates to sustain these hierarchies. Thirdly, it is an approach which has proven its ability to place gender at the centre of the analysis, and is ideally placed to study gendered discourses by denaturalising the discourse in which our gender identities are constructed for us. These elements will be examined in greater detail in the sections below.
2.3.2 Discourse and Text

Before examining the methodology of CDA, however, the concept of the term “discourse” itself must first be examined and a distinction drawn between the concepts of “discourse” and “text”. In Chapter One a distinction was drawn between the use of the term “discourse” in a linguistic/descriptive and interpretative sense (see Chapter One, section 1.3.1). Working definitions of the use of the term in a descriptive sense were given. Discourse in a descriptive sense was defined first of all as referring to the general domain of all statements, and secondly to individualisable groups of statements. These working definitions stemmed from an analysis of the term “discourse” given by Mills (1997) on the basis of Foucault (1969). In general, a basic linguistic definition of the term “discourse” is that it refers to language beyond the sentence and to the idea of stretches of language both written and spoken. In Chapter One, it was also mentioned that the term “discourse” can refer to the type of language characteristic of certain situations such as “advertising discourse”. However, in an interpretive sense, the concept of discourse as a system of meaning is inferred and in this chapter this concept will be examined in detail. However, before examining discourse as a system of meaning, an important distinction must first of all be drawn between the dual concepts of text and discourse.

Fairclough (1995: 4) explains that traditionally text was understood to be a piece of written language. Fairclough, however, argues that a broader conception of this term is necessary in order to include not just written or spoken language but also multi-semiotic texts. He argues that texts in contemporary society are increasingly multi-semiotic, that they increasingly combine language with other semiotic forms. He cites the example of television which combines language with visual images, music and so
forth. Likewise in the case of printed texts, they can also be multi-semiotic through their incorporation of diagrams, photographs and so forth. Talbot (1995: 24) describes text as “the fabric in which discourse is manifested” or “part of the activity of discourse” (Talbot, 1998: 155). She emphasises that text contains “formal features, nothing else (grammar, vocabulary and so on)” and that a text’s meaning only exists when people interpret it, that all a text contains is meaning “potential” (1998: 154). Discourse on the other hand is much less easily identified. Kress (1985: 6-7) provides the following definition of discourse.

Discourses are systematically organised sets of statements which give expression to the meaning and values of an institution. Beyond that, they define, describe and delimit what it is possible to say and not possible to say (and by extension – what it is possible to do or not to do) with respect to the area of concern of that institution, whether marginally or centrally. A discourse provides a set of possible statements about a given area, topic, process that is to be talked about. In that it provides description, rules, permissions and prohibitions of social and individual actions.

For Kress, therefore, discourse articulates the way in which we see the world by giving meaning to experience. Talbot (1998: 154) describes discourses as “historically constituted bodies of knowledge and practice that shape people, giving positions of power to some but not to others”. She further explains that discursive practices involve “both the texts and the processes by which people produce and interpret them” as the way that people respond, depends very much on their social background since “texts construct reading/listening positions which actual readers/listeners have to negotiate with, although whether they accept them depends very much on who they are” (1998: 155).

Likewise, Fairclough (1989) sees text as a product of the process of production and as a resource of the process of interpretation. The concept of “members’ resources” is central to the manner in which the production and interpretation of texts takes place.
These “members’ resources” include people’s “knowledge of language, representations of the natural and social worlds they inhabit, values, beliefs (...)” and they are drawn upon by people each time they produce or interpret texts (1989: 24).

Fairclough argues that members’ resources are essentially socially generated.

(...) they (members’ resources) are socially generated, and their nature is dependent on the social relations and struggles out of which they were generated – as well as being socially transmitted and, in our society, unequally distributed. (1989: 24)

Fairclough further argues that the use of members’ resources is determined socially, giving the example that reading a poem requires different cognitive strategies than those used when reading a magazine advertisement. He thus makes a distinction between two aspects of social conditions of discourse: the social conditions of production and the social conditions of interpretation. Therefore, the production and interpretation of texts is determined by social conditions, a process which relates to three different levels of social structuring: the social situation, the social institution and society as a whole. The view of discourse put forward in CDA suggests, therefore, that discourse is not to be equated with the text alone, but should be extended to cover the processes of production and interpretation of texts, as well as the social conditions of these processes.

It can thus be argued that a “text” is indeed part of a broader activity, that it is a product, a physical object which gives rise to a more complex process of production and interpretation. In the context of the proposed analysis, therefore, the pregnancy books chosen are the texts in the sense that they are the physical objects forming the basis of the much wider activity of discourse. The analysis of this discourse must thus take account not just of the texts themselves, but of the process of the production of these manuals and also of the process of their interpretation by the women who read
them. This view of discourse in CDA theory confirms that as a methodology, CDA responds to the criteria of the need to take account of the context within which the texts are produced and interpreted context outlined in section 2.2. However, in addition, account will also have to be taken of the fact that not all women may interpret them in the same way. Therefore, while it may be accepted that pregnancy literature gives meaning to the way women experience pregnancy, it must also be acknowledged that the process of interpretation may be different for individual women depending on their “knowledge of language, representations of the natural and social world they inhabit, values, beliefs (…)” (Fairclough, 1989: 24).

2.3.3 Discourse as Social Practice

In Section 2.2, it was argued that an approach is needed which views discourse as a form of social practice. Discourse has been theorised by critical discourse analysts as a form of social practice which is both representational and constitutive, that it offers a way of seeing how we experience the world but is also an agent of social construction. Wodak (1996: 17) for example, describes discourse as social practice in the following way.

Describing discourse as social practice implies a dialectical relationship between a particular discursive event and the situation, institution and social structure that frame it: the discursive event is shaped by them, but it also shapes them. That is discourse is socially constituted, as well as socially conditioned – it constitutes situations, objects of knowledge, and the social identities of and relationships between people and groups of people. It is constitutive both in the sense that it helps sustain and reproduce the status quo, and in the sense that it contributes to transforming it.

Discourse thus represents situations, institutions, social structures and identities (it is shaped by them) but it also constitutes them (it shapes them).
Chouliaraki and Fairclough (1999: 63) describe discourse as “the sort of language used to construct some aspect of reality from a particular perspective”, and Fairclough (1992: 3) emphasises that “discourses do not just reflect or represent social entities and relations, they construct and constitute them”. Foucault (1969: 67) also describes discourses as practices systematically forming the objects of which they speak.

Discourse can thus be a representational body of historical knowledge but it also has the capacity to construct the objects of which it speaks. Foucault (1969: 45) takes the example of “madness” which he argues is constituted in discourse.

(…) la maladie mentale a été constituée par l’ensemble de ce qui a été dit dans le groupe de tous les énoncés qui la nommaient, la découpaient, la décrivaient, l’expliquaient, racontaient ses développements, indiquaient ses diverses corrélations, la jugeaient, et éventuellement lui prêtaient la parole en articulant, en son nom, des discours qui devaient passer pour être les siens.

“Mental illness” thus has no independent existence outside discourse, the meaning of the term depends on its occurrence in different discourses or statements about it. It does not have a fixed meaning as its meaning can change in different discourses.

(…) cet ensemble d’énoncés est loin de se rapporter à un seul objet, formé une fois pour toutes, et de le conserver indéfiniment comme son horizon d’idéalité inépuisable; l’objet qui est posé, comme leur corrélat, par les énoncés médicaux du xvième ou du xviiième siècle, n’est pas identique à l’objet qui se dessine à travers les sentences juridiques ou les mesures policières; (1969: 45-46).

Objects of discourse are thus unstable entities, subject to change according to their occurrence in different discourses, at different periods in history. The formation of objects is also subject to the rules of a complex group of relations, which enable the object to appear.

Ces relations sont établies entre des institutions, des processus économiques et sociaux, des formes de comportements, des systèmes de normes, des
techniques, des types de classification, des modes de caractérisation; et ces relations (…) ne définissent pas sa constitution interne, mais ce qui lui permet d'apparaître, de se juxtaposer à d'autres objets, de se situer par rapport à eux, de définir sa différence, son irréductibilité, et éventuellement son hétérogénéité, bref d’être placé dans un champ d’extériorité. (1969: 61-62)

Objects thus do not pre-exist their emergence under discursive conditions. The object is, therefore, not defined by its internal, conceptual nature but by its exterior relations, its juxtaposition with other objects in a “field of exteriority”. Wodak (1996: 17) also makes reference to the rules which govern the construction of objects in the definition given above, when she describes discursive events as shaped by the “situation, institution and social structure that frame it” thus echoing Foucault’s reference to the group of relations between institutions, economic and social processes, behavioural patterns and so forth which govern the emergence of objects in discourse. Discourse (systems of knowledge) is, therefore, governed by rules, which extend beyond grammar and consist of rules of which people are not necessarily conscious.

Language is clearly not a neutral medium which is reflecting an objective reality. Instead, it is “a form of ideological practice that mediates, influences and even constructs our experiences, identities and ways of viewing the world” (Benwell and Stokoe, 2006: 44). In accordance with this view of discourse, the discourse of pregnancy does not just represent women’s gender identities but also actively constructs this identity for them. In this analysis, discourse will thus be viewed as a form of social practice which constructs our perception of ourselves and of the world, and thus creates and maintains identities and values. However, it must equally be acknowledged in line with Foucauldian theory, that constructions of gender identity will not be viewed as fixed, but instead subject to change at different periods of history and in different discourses, and regulated by social and institutional rules. The
analysis of the discourse of pregnancy must as a result, take account of this wider social and historical context in order to identify the hidden social and institutional structures, which shape it. The proposed diachronic analysis is hence well-placed to view the fluid nature of discursive constructions of gender identity over time.

2.3.4 Discourse and Identity

The primary objective of this thesis is to examine gender identity in the discourse of pregnancy and in section 2.2 it was emphasised that an approach which places gender identity at the centre of the analysis is clearly required. In this section, a closer look will be taken at the manner in which discourse constructs identity. In general, this is achieved through the discursive placement of individuals in different subject positions. Talbot (1998: 156) argues that from the moment a person enters into social life “she is positioned within varied institutional and societal structures, which bestow upon her specific subject roles” and that each person is “a constellation of subject bestowed by different discourses”. Talbot (1998: 156) takes the example of doctors who she says only become doctors by entering into medical discourse. Fairclough (1995: 39) explains this concept by arguing that “institutions construct their ideological and discursive subjects; they construct them in the sense that they impose ideological and discursive constraints upon them as a condition for qualifying them to act as subjects”. He takes the example of the teacher, who in order to become a teacher “must master the discursive and ideological norms which the school attaches to that position” (1995: 39). However, he argues that in acquiring the ways of speaking normally associated with such a subject position, that one “necessarily acquires also its ways of seeing or ideological norms” (1995: 39) and thus as Talbot
(1998: 157) indicates, accepts and performs the identity associated with that subject position.

Sunderland (2004: 8) warns that subject positioning can often be “gendered” and that people can take up particular gendered subject positions which are discursively constituted (2004: 22). Litosseliti (2006: 49) further insists that in resisting and contesting dominant discourses and the assumptions embedded in them, that we are “part of a process of changing perceptions of experience, as well as roles and identities”. Therefore, we negotiate our identities by accepting and/or resisting discourses. When women become pregnant, they are immediately drawn into a discourse of pregnancy perpetuated by medical and popular advice literature and interaction within various communities of practice. Pregnancy and the figure of the “expectant mother” are thus constructed for women in the discourses to which they are exposed during pregnancy. Rudolfsdottir (2000: 337) also emphasises that when women become pregnant, “they are confronted with and inserted into the ideological and discursive practices surrounding motherhood. Certain images and truths are preferred over others and serve as strong regulatory ideals or norms which impinge on the lives of most women who are mothers.” These normative ideas are often seen as examples of the institutionalisation of motherhood.

This institution – the foundation of human society as we know it – allowed me only certain views, certain expectations, whether embodied in the booklet in the obstetrician’s waiting room, the novels I had read, my mother-in-law’s approval, my memories of my own mother, the Sistine Madonna or she of Michaelangelo Pieta, the floating notion that a woman pregnant is a woman calm in her fulfilment or, simply, a woman waiting. (Rich, 1976: 39)

In the analysis of the discourse of pregnancy it is thus important that the subject positions set up for pregnant women be investigated, together with their relationship
to other subject positions. The analysis will thus largely focus on the subject positioning of women in relation to institutional and social groups such medical institutions (Chapter Four) and fathers (Chapter Six).

CDA evidently represents an appropriate methodological framework for this study as it accepts the diversity and fluidity of social identities and rejects the essentialist notion that women have essential, stable and common properties. Instead it acknowledges that there is no pre-existing essence of women but only “diverse discursive formations in which social divisions are constituted in the dimension of gender” (Chouliaraki and Fairclough, 1999: 122).

2.3.5 Discourse and Power

The view of discourse as an instrument of power is also central to this thesis and to the proposed analysis, and a methodological approach concerned with power relations has been established in section 2.2 as vital for this study. Van Leeuwen (1993: 193) argues that critical discourse analysis should be concerned not just with “discourse as the instrument of the social construction of reality” but also with “discourse as the instrument of power and control” and “the way in which these things are done in and through language”. In this context, he argues that it is critical to closely scrutinise the power of the discursive practices of professionals. He also questions why we continue to place so much faith in professional expertise and suggests we closely examine the discourses which successfully reproduce these institutions.

And why do we continue to place professional expertise on a pedestal, despite the fact that it has robbed us of all our skills (or, if we still have any, of the opportunity of using them) except our own narrow professional expertise, if any? Perhaps by scrutinizing, closely scrutinizing, the discourses which so successfully reproduce these institutions and which so effortlessly efface themselves in the fabric of our culture, we can begin to notice them again, and
A critical discourse analysis of pregnancy advice texts must, therefore, critically examine this discourse as an instrument of power. Van Leeuwen (1993: 194) also warns that many texts may seem “mundane and ideologically innocent” at first sight but yet deal with key moments in social life. He takes the example of texts dealing with the practice of going to school for the first time and insisted that these texts deal with a profound moment, that of “the moment at which power over a large part of the child’s socialisation passes from the family to the school” (1993: 194). In the case of pregnancy manuals, they too may seem “ideologically innocent” but yet deal with the moment at which a large part of the power of women over their bodies passes to health care institutions. In this way, it is necessary to examine the manner in which this process is represented and legitimated in discourse, and this topic will be examined in detail in Chapter Four where it will become evident that the medical control of pregnancy is legitimated using a number of key strategies (see Chapter Four, section 4.3.2). Chapters Five and Six are also concerned with the way in which pregnant women become subject to the power and control of social groups such as fathers and society in general.

Van Leeuwen and Wodak’s (1999: 104-111) framework for identifying strategies for the legitimation of the power of one group over another in discourse will be drawn upon in all parts of the analysis, but particularly in Chapter Four. They identify four strategies for legitimation. The first strategy is “authorisation” which is “legitimation by reference to authority” which can be someone in whom institutional authority is vested or an authority of tradition, custom or law (1999: 104). The second is that of
“rationalisation” which is “legitimation by reference either to the utility of the social practice or some part of it (…) or to ‘the facts of life’” (1999: 105). The third form of legitimation is “moral evaluation” which is legitimation by reference to value systems in that “an activity is referred to by means of an expression that distils from it a quality which links it to a discourse of values” (1999: 108). The final form of legitimation is “mythopoesis” which is legitimation achieved through the telling of stories. Evidence of the use of these strategies in the establishment of medical control over pregnant women will feature prominently in Chapter Four (see section 4.3.2).

It will also be argued in the course of the analysis that power in discourse can be achieved explicitly with one group visibly asserting their authority over another, but that power can also be exerted in a hidden way through hegemonic means. Benwell and Stokoe (2006: 89) draw attention to the fact that power can also be achieved by “persuasion, consensus and complicit cooperation”. Institutional and social groups can sustain their power and prominent position through hegemony, a concept introduced and defined by Gramsci (1971: 12) as “the ‘spontaneous’ consent given by the great masses of the population to the general direction imposed on social life by the dominant fundamental group”. In Chapters Four, Five and Six, it will be demonstrated that power can be achieved using hegemonic means in discourse by using persuasion and consensus to generate the consent of pregnant women to comply with institutional and social norms.

2.3.6 Summary
It is evident from the above review of the main principles of CDA that it represents the most appropriate methodology for the analysis of constructions of gender identity
in the discourse of pregnancy advice literature. In section 2.2, it was argued that an approach is needed which requires the analyst to take account of the social and discursive contexts of the texts, which views discourse as social practice, which can place gender identity at the centre of the analysis and which view discourse as an instrument of power. These elements are vital if the objectives of this thesis are to be fulfilled and constructions of gender identity and power asymmetries identified.

It has thus been established that in accordance with CDA theory, texts are viewed as part of the broader activity of discourse and that the critical discourse analyst is thus required to take account not just of the texts themselves, but of the processes of production and interpretation and the social conditions surrounding these texts. The social and discursive context of these texts are thus considered in the analysis. Discourse is also viewed by critical analysts as a form of social practice which is not just representative of how we see the world, but is also an agent of social construction as it shapes social structures, institutions and identities. This facilitates a view of the discourse of pregnancy advice literature as actively constructing and shaping women’s identities.

In addition CDA is an approach which can place gender identity at the centre of the analysis as in accordance with CDA theory, discourse constructs identity through the discursive placement of individuals in different subject positions. During pregnancy women are drawn into a discourse of pregnancy in which certain subject positions are set up for them. A CDA approach enables the analyst to investigate these subject positions by identifying how women are positioned in relation to other social actors. Finally, CDA views discourse as an instrument of power and control and seeks to
deconstruct ways in which power and subjugation can be achieved through discourse. It thus provides an effective methodology for uncovering power relations in the discourse of pregnancy. These power relations can be explicit in discourse or else hidden through the use of persuasive devices and legitimation strategies which enable power and control to be exerted by hegemony.

On the basis of these core principles of CDA, it is evident that it represents an effective means of fulfilling the objectives of our analysis. In the next section, the precise methodological framework which will be adopted will be outlined.

2.4 CDA Methodological Framework

In this part of the chapter, the precise framework for this analysis will be outlined. In the first section, Fairclough’s framework for doing CDA will be established as the framework for the proposed analysis, and the second section will examine in closer detail, the concepts of orders of discourse and intertextuality. These also represent key methodological concepts of which account will be taken in this analysis. In the third section, criticisms of CDA as a subjective and non-neutral methodology which downplays gender will be reviewed and contested.

2.4.1 Fairclough’s Three-Dimensional Framework

In the above sections on CDA, it has been established that the analysis of the discourse of pregnancy must take account of the processes of production and interpretation of the texts as well as the wider socio-cultural practice which governs them. Fairclough argues that that a comprehensive analysis of discourse involves not just a detailed examination of a textual product, but also a consideration of the wider
practices of production and interpretation, as well as an analysis of the discourse in the context of socio-cultural practice and has suggested the following threedimensional analytical framework as an approach to the analysis of discourse.

Discourse, and any specific instance of discursive practice, is seen as simultaneously (i) a language text, spoken or written, (ii) discourse practice (text production and text interpretation), (iii) sociocultural practice. Furthermore a piece of discourse is embedded within sociocultural practice at a number of levels; in the immediate situation, in the wider institution or organisation, and at a societal level; for example, one can read an interaction between marital partners in terms of their particular relationship, relationships between partners within the family as an institution, or gender relationships in the larger society. The method of discourse analysis includes linguistic description of the language text, interpretation of the relationship between the (productive and interpretive) discursive processes and the text, and explanation of the relationship between the discursive processes and the social processes. (Fairclough, 1995: 97)

Fairclough (1989: 26) thus argues that discourse analysis requires attention to “the relationship between texts, processes, and their social conditions, both the immediate conditions of the situational context and the more remote conditions of institutional and social structures”. This three-dimensional framework constitutes the basis upon which the analysis of the discourse of pregnancy will take place and the stages of “description”, “interpretation” and “explanation” will be broadly followed in our analysis. CDA attempts thus to forge links between micro and macro contexts by arguing that a comprehensive analysis of discourse must take account not just of the text but also of its discursive and social framework.

(…) a complete analysis of discourse involves detailed engagement with a textual product (“text”), a consideration of the wider discourses in which the text is situated (“discursive practice”), and an analysis of the context of sociocultural practice (“social practice”), such as production, transmission and consumption. (Benwell and Stokoe, 2006: 44)
Account will also, however, be taken of two other key concepts which represent important methodological considerations within CDA: orders of discourse and intertextuality.

2.4.2 Orders of Discourse and Intertextuality

Under CDA, discourses do not exist in isolation but rather exist in relation to other discourses, a feature summed up in the concept of “orders of discourse”. This term refers to the determination of discourse by social structures by suggesting that actual discourse is underpinned by a network of discourse conventions which are drawn upon by people when they engage in discursive activities. Fairclough’s notion of “orders of discourse” is an adaptation of Foucault’s concept and refers to “the ordered set of discursive practices associated with a particular social domain or institution (…) and boundaries and relationships between them” (Fairclough, 1995: 12). Litosseliti and Sunderland (2002: 11) give the example of Sunderland’s (2002) study of discourses of paternal identity in which she identifies a “part-time father” order of discourse supported in turn by three discourses of “father as baby entertainer”, “father as mother’s bumbling assistant” and “father as line manager” (see Chapter 1, section 1.4.2).

The precise workings of discourse are, however, nevertheless difficult to determine. Wodak (1997: 6) highlights the difficulty of defining the extent to which a unit of discourse may be defined as self-contained as “in terms of the range of the concept of discourse, there is no objective beginning and no clearly defined end”. One way in which discourses operate is through Kristeva’s (1986) notion of intertextuality which refers to the propensity of texts to refer to others and to be constructed by this
reference to other texts, or termed more simply by Litosseliti and Sunderland (2002: 14), “the property texts have of being full of ‘snatches’ of other texts”.

     (...) any text is constructed as a mosaic of quotations; any text is the absorption and construction of another. (Kristeva, 1986: 37)

Kristeva takes the example of the novel, which she describes as the result of a “redistribution of several different sign-systems: carnival, courtly poetry, scholastic discourse” and describes the term *intertextuality* as referring to this “transposition of one (or several) sign-system(s) into another (…)” (1986: 111). Wodak (1997: 6) echoes this description by emphasising that “every discourse is related to many others and can only be understood on the basis of others”.

However, Fairclough (1992: 103) argues that this is not just a textual concept but rather one which exists within a social concept.

The concept of intertextuality points to the productivity of texts, to how texts can transform prior texts and restructure existing conventions (genres, discourses) to generate new ones. But this productivity (…) is socially limited and constrained, and conditional upon relations of power. The theory of intertextuality cannot itself account for these social limitations, so it needs to be combined with a theory of power relations and how they shape (and are shaped by) social structures and practices.

Discourses can thus appear within other discourses. Choulia raki and Fairclough (1999: 136) give the example of feminist political discourses, which “have internalised Marxist and postmodernist discourses, incorporating some of their concepts but appropriating them in ways which accord with their own logics”. Texts can, therefore, be interdiscursively constituted and reconstituted and discourse has the capacity of recontextualise and be recontextualised. Sunderland (2004: 11) emphasises that discourses are related to others, both diachronically and synchronically, diachronically because the meanings within discourses are carried through time and synchronically because “similar and different discourses exist in
contemporary relation to each other”. She takes the example of the diversity of discourses of sexism “from misogyny to *Vive la différence*” (2004: 11).

When several discourses occur in the same text, these can also be seen as competing or contradictory discourses signalling ideological dilemmas (Sunderland, 2006: 53). Sunderland’s (2002) identification of two competing parenthood discourses of “Father as line manager of the mother” and “Mother as manager of the father’s role in childcare” occurred in comparable texts. Such contradictions are often perceived as indicating social instability and thus are important signals of struggle and change (Sunderland, 2006: 53). Litosseliti (2006: 49), however, emphasises that discourses can be supporting as well as competing. She takes the example of Hollway (1984: 232) who identifies two supporting discourses of heterosexuality, the “have/hold” discourse (referring to sexual relations in a monogamous setting) and the “male sexual drive” discourse (men can’t help themselves). She describes these as supporting discourses in women’s and men’s magazines because the assumption of a “male sexual drive” discourse facilitates the “manipulative female” in her mission to have and hold her man.

Fairclough (2003: 40) is, however, careful to draw a distinction between intertextuality and assumption as texts inevitably make assumptions since “what is ‘said’” in a text is ‘said’ against a background of what is ‘unsaid’, but taken as given. Assumptions can thus connect one text to another but the difference between assumptions and intertextuality is that assumptions “are not generally attributed or attributable to specific texts” (2003: 40). In accordance with Kristeva’s view of intertextuality, Fairclough argues that each text “responds to, reaccentuates, and
reworks past texts, and in so doing helps to make history and contributes to wider processes of change, as well as anticipating and trying to shape subsequent texts” (Fairclough, 1992: 102).

In the analysis of the discourse of pregnancy, it will become evident that several discourses emerge. These discourses may be contradictory or supporting. In Chapter Six, for example, when discourses of fatherhood are examined, competing discourses of fathers as “helpless” and “Heads of Family” emerge, and this factor is indicative of an ideological struggle as traditional definitions of masculinity are challenged and reformulated (see Chapter Six, section 6.2). In Chapter Five, the discourse of “pregnancy as a happy event” (see Chapter Five, section 5.2.1) is supported by another discourse of “unhappiness requires medical attention” (see Chapter Five, section 5.2.2) which pathologises feelings of unhappiness during pregnancy. It will also become clear that discourses identified are often part of wider discourses. The “male sexual drive” discourse identified in Chapter Six (see section 6.4.1) is part of a wider discourse of sexuality and the discourse of “big is beautiful” identified in Chapter Five (see section 5.3.3) is part of a wider discourse of beauty which requires women to take care of their appearance. The manner in which women are talked about in these texts is thus organised and shaped by various discourses and account is taken of this factor throughout the analysis.

2.4.3 Criticisms of CDA

The analysis of the discourse of pregnancy will be carried out using the above-mentioned three-dimensional framework and will incorporate the concepts of intertextuality and orders of discourse. It is important, however, at this point to
acknowledge that CDA, like most theories does not represent a perfect framework and has been criticised for allowing the analyst to implicate their own ideologies and political viewpoints in the analysis. It has also been criticised for downplaying gender and feminist concerns. It is thus vital to address these criticisms in order to justify the use of this framework.

CDA has primarily been criticised for allowing the analyst to implicate his/her own ideologies in their analysis of the discourse in question. Toolan (1987: 87) describes this as something from which no researcher can escape.

It is far preferable to concede that you cannot analyse or write about power, hegemony and dominance without yourself being implicated and compromised by the powerful and hegemonizing turns of your own discourse.

Litosseliti (2006: 55) also acknowledges that CDA can never really be descriptive or neutral as the analyst can impose his/her own preoccupations on the discourse. Chouliaraki and Fairclough (1999: 67) also argue that “CDA takes the view that any text can be understood in different ways”, that “different understandings of the text result from different combinations of the properties of the text and the properties (social positioning, knowledge, values, etc.) of the interpreter”. Therefore, just as the reader can understand and interpret the text in different ways, so too can the analyst. For this reason, it is important at this point to concede that the analysis of the discourse of pregnancy may indeed be “compromised” by the “powerful” and “hegemonizing turns of [my] own discourse”. Litosseliti (2006: 151) emphasises that impartiality is impossible when research is carried out from a feminist perspective.

(…) if language choices are sociologically and ideologically determined, then analysts are also inextricably involved in understanding, interpreting and shaping the processes, functions and meanings of social interaction.
No critical analysis of discourse may thus purport to be wholly neutral, and neutrality is less likely when the analysis equally has a feminist dimension to its methodological framework. This is not, however, necessarily a negative phenomenon.

In recent times, researchers have called on language and gender research to rediscover its political voice and to become more explicitly politically motivated. It is argued that in more recent times, the feminist underpinnings of language and gender research have weakened to the extent that some scholars have challenged their relevance (Coates and Pichler, 2011: 2). Mills (2003: 240) for example argued that “patriarchy” was a concept which had outlived its usefulness, and thus argued against the use of “Second Wave feminist concepts such as patriarchy, which suggest that women are universally oppressed and that all men benefit from their oppression”. However, she also notes that research can still highlight discrimination against women.

(...) within Third Wave feminism (...) it does seem to be possible to argue that women are still systematically discriminated against, and that this discrimination occurs both at a structural level (institutions and the state), and at a local level (relationships and families). (2003: 240-241)

Sentiments such as these which could be classified as “post-feminist” reflect a more apolitical dimension to language and gender research. However, in the 21st century, there has been a reappraisal of the roots of language and gender research with researchers arguing for a revival of “feminist awareness in language and gender research” (Coates and Pichler, 2011: 3). Mills and Mullany (2011: 6) also argue that “commentators have called for language and gender research to rediscover its political voice and its original motivation for coming into existence in the first place”. In addition, Holmes and Meyerhoff (2003: 14) argue that there is an imminent need for language and gender researchers to reassert their research in a form of “social
activism”. Holmes (2011: 606) further argues that “we need to put women back at the centre of language and gender research”, that research which focuses on “effective ways of contesting repressive norms and restrictive stereotypes (...) [provides] an optimistic indication that feminist linguists have much to contribute to social transformation”.

CDA has thus been deliberately chosen for its capacity to enable the analyst to take a political viewpoint, as one of the main objectives of this thesis is to investigate whether women are subject to repression and control in this discourse and if so, to uncover the societal power asymmetries and hierarchies responsible for this repression, and to identify how the discourse of pregnancy advice literature operates to sustain these hierarchies. The analysis does not purport to be neutral but instead aligns itself with researchers such as those mentioned above, who have called on language and gender research to rediscover its political voice and in Holmes’s (2011: 606) words “to place women back at the centre of language and gender research” in order to identify and contest repressive ideas about women which are manifested in discourse. The political and non-neutral dimension to CDA methodology represents a positive means of achieving this goal.

CDA has also been criticised as a framework for the study of gender as it has been accused of downplaying both gender concerns and feminist approaches to language study. Harrington et al. (2008: 10) question whether “CDA’s conventional focus on social class, hierarchy and power relations, and on the ‘dominant’ and ‘dominated’, enables it to deal fully with gender”. Cameron (1998), for example, characterises CDA’s founders as “straight white men” who do not take feminists’ work into
account. However, CDA has successfully been applied to gender (Magalhães, 2005; Kosetzi, 2001; Talbot, 1998), and Kosetzi (2008: 228) argues that there are now more references to gender in Fairclough’s own current work than previously. It can also be argued that while Harrington *et al.* (2008: 10) view CDA’s conventional focus on power relations and hierarchy as a negative element where gender is concerned, this very focus could arguably mean that it represents a very effective means of studying gender. This focus facilitates the exposure of women as a ‘dominated’ group though the investigation of power relations and hierarchies in discourse and can thus raise rather than downplay gender concerns.

It must, therefore, be acknowledged that this study embraces the often criticised political and non-neutral dimension to CDA as it enables this study to put women at the centre of the analysis and to clearly identify discourses which seek to control women. CDA’s traditional focus on power relations and hierarchy is also a factor which has led us to choose CDA as the methodological framework for this study despite the fact that this element is also often criticised for downplaying gender. This focus on power relations will facilitate the exposure of power asymmetries in discourse which repress or control women should this hypothesis be confirmed.

### 2.4.4 Summary

Fairclough’s three-dimensional framework (see section 2.4.1) will thus be used as the framework for this study and the stages of description, interpretation and explanation will be broadly followed in the course of the analysis. The analysis will, however, take account of the fact that discourses occur within other discourses, and that texts can be interdiscursively constituted. When several discourses occur in the same text,
they can be either, supporting or else competing and contradictory, thus signalling ideological dilemmas. It has also been established that CDA has been criticised as a subjective approach, enabling the analyst to implicate their own ideologies and viewpoints in the analysis. In addition, it has been suggested that CDA downplays gender concerns due to its traditional focus on power relations, social injustice and hierarchies. However, it is argued here that these dimensions to CDA can also be viewed as positive factors which make it an ideal framework for a study in the field of language and gender, which seeks to reappraise the roots of language and gender research, by placing women at the centre of the picture and focussing on the power relations and hierarchies manifested in discourse in order to identify whether women are repressed. In the next section, the practical dimensions to the application of this approach will be examined.

2.5 Practical Application of Methodological Framework

In this final part of the chapter, we will focus on the practical applications of the methodological framework outlined above. In the first section, the stages of description, interpretation and explanation will be examined in more detail and the broad methodological principles which will be incorporated in the analysis will be outlined. In the second section, the adaptation of this framework and its accompanying principles to the corpus of texts in question will be discussed, and in the third section the linguistic categories forming the basis of the analysis will be defined and explained.
2.5.1 Framework and Principles

As mentioned in section 2.4.1, Fairclough’s three-dimensional framework will be used when analysing the pregnancy texts chosen. The analysis will thus follow the three stages of description, interpretation and explanation outlined by Fairclough (1995: 97), and summarised below.

(i) Description: Descriptive analysis of the formal features of the pregnancy manuals.

(ii) Interpretation: Analysis of the discursive practices of production, distribution and consumption of the pregnancy manuals and interpretation of the relationship between these discursive practices and the text.

(iii) Explanation: Analysis of the discourse as part of the socio-cultural practices surrounding pregnancy and explanation of the relationship between the discursive processes and social processes.

In the course of this analysis the following principles of CDA which are outlined in the sections above will also be adhered to:

(i) Discourse will be viewed as a form of social practice which constructs our perception of ourselves and of the world and thus creates, maintains and contests identities and values, but simultaneously accepts the fluidity of these constructions (see sections 2.3.3 and 2.3.4).

(ii) The analysis of the discourse of pregnancy will be viewed as a process of denaturalisation purporting to expose the realities behind the constructions of identity in pregnancy discourse, and the role of discourse itself in the
(iii) Discourse will be viewed as an instrument of power and control, constructing and reinforcing power relations (see section 2.3.5).

(iv) Objects constructed in discourse will not be treated as fixed entities but rather as entities subject to change at different periods of history and in different discourses (see section 2.3.3).

(v) It will be emphasised that discourses exist in relation to other discourses and that several competing discourses may exist within the discourse of pregnancy (see section 2.4.2).

(vi) It will be conceded that due to the interpretive nature of the methodology the analysis may not be wholly neutral or objective (section 2.4.3).

(vii) It will be accepted that not all women will interpret the discourse of pregnancy in the same way (see section 2.3.2).

The above-mentioned methodological framework and principles thus represent broadly the approach that will be taken to the analysis of the discourse of pregnancy advice literature. It is, however, important to acknowledge at this point that the framework for CDA is largely a flexible one, and that this framework together with its associated principles will need to be adapted due to the nature of the texts chosen.

2.5.2 Adaptation of Framework

CDA does not represent a rigid methodological approach and can be adapted in light of the types of texts chosen for analysis and the objectives of the analyst. Chouliaraki and Fairclough (1999: 59) draw attention to the fact that “CDA as a method should be
seen as constantly evolving as its application to new areas of social life is extended and its theorisation of discourse correspondingly develops”. The analytical framework can thus evolve depending on the area of social life to which it is applied. On a practical level, while acknowledging the complexity of the three-dimensional framework for CDA, Chouliaraki and Fairclough (1999: 59) also emphasise that “for certain purposes analysts might focus on some parts of it rather than others” and that “the framework can be slimmed down in various ways for various purposes”. Litosseliti and Sunderland (2002: 14) also highlight that as a field, CDA can be “interpreted differently by analysts from different (though usually progressive) standpoints”. The procedure for carrying out CDA is often vague, a factor which also contributes to the flexibility of the framework and its potential to be interpreted differently by different analysts in accordance with the needs of the type of discourse analysis they are carrying out.

As regards the actual hands-on details of discourse analysis (critical or otherwise), theory is often vague, and theoretical work frequently does not aim to provide clear methodological guidelines, making life hard for the students of discourse analysis. (Sunderland and Litosseliti, 2002: 22)

Talbot (2010: 135) further argues that CDA “is not a single approach”, that “people who identify what they do as CDA want to align themselves with an existing, somewhat diverse body of work”. The key aims common to this body of work are “the objective of exposing power relations, attention to broader social context and, with specific regard to gender studies, absence of polarization” (2010: 135). Fairclough (1989) does attempt to provide guidelines for the actual practice of CDA by presenting a procedure for CDA based on the three stages of description, interpretation and explanation. However, arguably these guidelines can also be described as a little vague and not always suitable for the type of text being analysed.
For example, sections relating to “turn-taking systems” (1989: 134-137) are irrelevant unless the discourse of interviews or conversations is being analysed.

While this analysis will be carried out using Fairclough’s three-dimensional framework and incorporate the principles outlined above, it will nevertheless also take a flexible approach to this methodology in the sense that the order of the three stages of analysis will not necessarily always be followed in a chronological way due to the nature of the texts being studied. Instead, the analysis will begin with elements associated with the “interpretation” and “explanation” phases in Chapter Three with an account of the discursive and socio-cultural practices surrounding the texts which form the basis of this analysis. In Chapters Four, Five and Six, the texts themselves will be described, thus following Fairclough’s “description” phase and subsequently “interpreted” and “explained” in the light of the discursive and socio-cultural practices identified in Chapter Three.

The principal reason for the organisation of the analysis in this manner is due to the nature of the texts involved. The volume of texts concerned is so large is that it would be impossible to analyse these texts as a whole and to precisely follow the stages of description, interpretation and explanation. In addition, some parts of the texts are a lot less relevant than others. The analysis in Chapters Four, Five and Six is, therefore, organised by themes which have been chosen due both to their relevance to the subject of the analysis, but also to the commonality of themes across all four texts. Chapter Four thus focuses on the subject positioning of pregnant women in relation to the medical institution in order to examine the ways in which power relations between the medical institution and pregnant women are reproduced and challenged in the
discourse of pregnancy advice literature. Chapter Five concentrates on how these texts construct for pregnant women how they should feel during pregnancy, by establishing how women’s emotions during pregnancy and their attitudes both to their pregnancies and to their changing bodies are constructed in the discourse of pregnancy advice literature. Chapter Six then focuses on constructions of masculinity and femininity in this discourse, and concentrates in particular on the discursive positioning of pregnant women in relation to their male partners.

As Van Dijk (2001b: 99) reminds us, it is impossible to undertake a complete discourse analysis of a text. Instead, the researcher must make choices and select relevant structures for closer analysis.

(…) in any practical sense there is no such thing as a ‘complete’ discourse analysis: a ‘full’ analysis of a short passage might take months and fill hundreds of pages. Complete discourse analysis of a large corpus of text or talk, is therefore totally out of the question. Hence, also in CDA, we must make choices, and select those structures for closer analysis that are relevant for the study of a social issue.

In each chapter, dominant discourse patterns are identified and outlined, and the linguistic choices which create this pattern are described (description). The discourse pattern is then interpreted and explained in light of the socio-cultural and discursive framework outlined in Chapter Three (interpretation and explanation) and the methodological principles listed in this chapter. The interpretation and explanation of emerging discourse patterns also takes account of the interdiscursive nature of these texts and relates identified discourse patterns to existing and wider discourses of motherhood, fatherhood, sexuality, beauty, femininity, masculinity, pregnancy and childbirth.
In terms of the principles associated with CDA and outlined in section 2.5.1, in some cases these too must be adapted to the analysis in question. It is has been established, for example, that different readers may have different interpretations of the texts (see section 2.3.2). Sunderland (2011: 215) reminds us that it is not possible to “overstate the potential for different, including unpredictable, readings by ‘real readers’, who may wilfully or otherwise even read ‘against the grain.’” However, it can nevertheless be assumed that linguistic strategies are used in order to encourage an ideal reading and a complicity with the values offered by the text (Benwell, 2002: 156, Talbot, 1995: 146, Mills, 1995: 73-74). The analysis will thus work on the assumption that the discourse of these books encourages dominant readings while still accepting the potential for resistant readings and textual ambiguity (Benwell, 2002: 156-157, Mills, 1995: 76-79). The discourse patterns identified are thus dominant discourse patterns, but it is acknowledged that not all readers may interpret the text in this way.

It must also be pointed out in light of this assumption that dominant readings are encouraged by the discourse of such books, that the analysis will refer to categories such as “women” and “men” despite the fact the use of such terms are liable to the accusation of “essentialism”. Holmes (2011: 603) raises the question as to how “women” can be treated “as a uniform category when a postmodern approach regards a word like ‘women’ as an indefensible generalisation concealing untold depths of variation and diversity”? She also highlights that it can be perceived as “superficially surprising that feminist linguists who reject essentialism and gender binarism continue to study the relationship between language and gender (…) and systemic discrimination against women” (2011: 603). In Chapter One, it was established that
language and gender research has deconstructed the traditional binaries of gender such as male/female and masculine/feminine in favour of an approach focussing on gender diversity (see Chapter One, section 1.3.2). However, as already mentioned, this study is embracing the need for language and gender research to revive feminist awareness in language and to rediscover its political voice (see section 2.4.3). We will thus use “strategic essentialism”, a term used to refer to “the careful and temporary use of essentialism when the main goal is to expose discrimination against subaltern (subordinate) groups” (Coates and Pichler, 2011: 3). In such contexts, it may be strategically necessary to refer to categories such as “women” and “men”. While the notion of women has been destabilised, it is nevertheless still “a concept which it is important to retain in order to be able to describe the systematic nature of the discrimination that many women experience” (Mills, 2003: 241). It can be argued, therefore, that a certain amount of generalisation about women remains necessary when studying ways in which women are oppressed by ideology.

Consequently, for researchers who are concerned to identify ways in which women are the victims of repressive ideologies and discriminatory behaviour, some level of generalisation, albeit appropriately qualified, about women as a group is strategically indispensable. (Holmes, 2011: 603)

In this analysis, therefore, the terms “women” and “men” will be used frequently particularly when highlighting repressive ideologies with regard to women. In the next section, the linguistic categories which will form the basis of the textual analysis and the subsequent stages of interpretation and explanation will be defined.

### 2.5.3 Linguistic Categories

Benwell and Stokoe (2006: 108) argue that in CDA “language is treated as a system of lexico-grammatical options from which texts/authors make their choices about
what to include or exclude and how to arrange them”. The patterns of language in the
texts are thus indicative of wider concerns about power and social organisation and in
this way, language realises these elements of social context. Chouliaraki and
Fairclough (1999: 140) describe this as a way in which “the social is built into the
grammatical tissue of language.” In this section, the main linguistic categories
forming the basis for the analysis will be defined and explained.

On a broad scale, the analysis revolves around the study of the vocabulary and
grammar of the corpus of pregnancy advice literature selected for this study.
Fairclough (2003: 129) argues that “the most obvious distinguishing features of a
discourse are likely to be features of vocabulary” which “’lexicalise’ the world in
particular ways”. Fairclough, (1989: 112-120) suggests that experiential, relational
and expressive values of words be taken into account when examining vocabulary.

In some cases, what is ideologically significant about a text is its vocabulary
items per se: (...) In other cases, it is the way words co-occur or collocate.
(Fairclough, 1989: 113)

With regard to grammatical features he argues that it is vital to examine the ways in
which grammatical forms of a language code events, relationships, people,
circumstances and so on.

When one wishes to represent textually some real or imaginary action, event,
state of affairs or relationship, there is often a choice between different
grammatical process and participant types, and the selection that is made can
be ideologically significant (1989: 120)

The linguistic analysis is, therefore, based primarily on the categories of lexis,
collocations, metaphors, modality and transitivity. Issues of agency and legitimation
are also addressed and on an intertextual level, the analysis reveals what discourses
are drawn upon and thus how the discourse patterns identified relate to wider
discourses of sexuality, femininity, motherhood, pregnancy, childbirth and so on. The analysis also draws on Van Leeuwen’s (1996) framework for the representation of social actors when examining the subject positioning of pregnant women in relation to other social actors.

In the next section, these linguistic categories will be briefly defined and explained so that their social and discursive significance may be clear. While the explanation of these categories is abstract in this section, the practical applications of these categories in Chapters Four, Five and Six demonstrates their usefulness more succinctly.

2.5.3.1 Lexis, Collocations and Metaphor

With regard to the categories of lexis, collocations and metaphor, the following definitions are drawn upon. When referring to the categories of lexis and collocations, the analysis of the lexical items *per se* is being referred to. Individual words can be the focus of ideological struggle and can carry strong connotations. Words like “slavery” and “fascism” for example, have strong negative connotations and are ideologically significant. However, when referring to collocations, the ways in which they co-occur are being described. Collocations can be very important in CDA as they reveal ideological schemes for classifying aspects of experience. When looking at collocations, one is basically looking at “patterns of co-occurrence of words in texts, simply looking at which other words most frequently precede and follow any word which is in focus, either immediately or two, three and so on words away” (Fairclough, 2003: 131), or more simply “common combinations of words that tend, statistically speaking, to keep company with each other” (Benwell and Stokoe,
In Chapter Four for example, the collocation of references to medical personnel and lexical items referring to safety immediately constructs an association for the reader between medical care and safety (see Chapter Four, section 4.4.3).

Overwording can also be significant when examining the lexis of a text. This refers to “an unusually high degree of wording, often involving many words which are near synonyms” (Fairclough, 1989: 115). Overwording is usually indicative of ideological struggle as it shows “preoccupation with some aspect of reality” (1989: 115). In the following example from *Candid Counsels to Expectant Mothers*, the word “nonsense” is used three times in two sentences thus displaying a strong desire on the part of the author to reject the advice of “misguided” lay people dispensing advice to pregnant women.

You may sometimes be advised by misguided people that a woman who is expecting a baby should “eat for two.” Never was there such nonsense talked as this. Let me explain why it is nonsense, and sometimes mischievous nonsense, too. (p. 21)

By metaphor, the representation of one experience in terms of another is being described. Metaphors are pervasive in every type of language and discourse.

Metaphor is a means of representing one aspect of experience in terms of another, and is by no means restricted to the sort of discourse it tends to be stereotypically associated with poetry and literary discourse. (Fairclough, 1989: 119)

Metaphors are highly significant in the practice of CDA as they construct reality in very specific ways. Carter (2008: 146) explains that metaphor is “a powerful factor in positioning the reader and framing a particular viewpoint” because “metaphor invites us to see one thing as another”. This view is echoed by Fairclough.

When we signify things through one metaphor rather than another, we are constructing our reality in one way rather than another. Metaphors structure
the way we think and the way we act, and our systems of knowledge and belief, in a pervasive and fundamental way. (Fairclough, 1992: 194)

In Chapter Five, for example, the metaphorical representation of pregnancy as an “adventure” constructs pregnancy as a period of happiness and enjoyment for women (see Chapter Five, section 5.2.1).

2.5.3.2 Modality

The next category to be considered is that of modality. Modality is according to Fairclough (1992: 160) “a major dimension of discourse”. He distinguishes between two types of modality, relational and expressive.

Modality is to do with speaker or writer authority, and there are two dimensions to modality, depending on what direction authority is oriented in. Firstly, if it is a matter of the authority of one participant in relation to others, we have relational modality. Secondly, it is a matter of the speaker or writer’s authority with respect to the truth or probability of a representation of reality, we have expressive modality. (Fairclough, 1989: 126-127)

Expressive modality determines, therefore, the producer’s degree of affinity with the proposition (Fairclough, 1992: 158). How then can we examine the category of modality? Fairclough argues that modality is expressed firstly by modal and auxiliary verbs like “may, might, must, should, can, can’t, ought”. For example, while the modal auxiliary “may” can signal permission, “must” signals obligation (Fairclough, 1989: 127-129). Fairclough also argues that modality can be expressed through tense and modal adverbs such as “probably”, “possibly”, “obviously” and “definitely”, together with their equivalent adjectives such as “probable” and “possible” (Fairclough, 1992:159). It is thus important to examine the modal verbs, adverbs and equivalent adjectives when analysing the subject positioning of participants in relation to each other and also when determining the writers’ affinity with the propositions which occur. In Chapter Four for example, we see that many sentences in the
pregnancy manuals are modalised with “will”, this gives a meaning of categorical prediction and suggests the text producer is writing from a position of insider knowledge and authority (see Chapter Four, section 4.4.3). Likewise with “can” and “may”, we see that the text producer makes expert assumptions about medical possibilities (see Chapter Four, section 4.4.3). Benwell and Stokoe (2006: 112) define modality as referring to “expressions of commitment to the truth or obligation of a proposition” and emphasise that modality can take a variety of grammatical forms such as adverbs like “probably” and “certainly”, modal verbs, participal adjectives like “it is required”, verbs of cognition like “I feel” and “I believe” and copular verbs such as “seems”, “appears” and “is”. Modality may also express certainty and high obligation (“must”, “should”, “definitely”, “always”) or uncertainty and weak obligation (“could”, “possibly”, “perhaps”. “kind of”, may”) (2006: 112).

2.5.3.3 Transitivity

The category of transitivity is another key element in this analysis. It refers to “the ideational dimension of the grammar of the clause (…) and deals with the types of process which are coded in clauses, and the types of participant involved in them (Fairclough, 1992: 178). The choice of sentence type for example can be ideologically significant. When passive as opposed to active sentences are chosen, they leave agency and causality unclear.

In a passive clause, the goal is subject and the agent is either ‘passive agent’ (…) or omitted altogether. (…) motivations for choosing the passive are various. One is that it allows for the omission of the agent, though this may itself be variously motivated by the fact that the agent is self-evident, irrelevant or unknown. Another political or ideological reason for an agentless passive may be to obfuscate agency, and hence causality and responsibility. (Fairclough, 1992: 182)
Carter (2008: 174) also emphasises that the use of passive structures is a means of depersonalising a text because by removing agent phrases, the people and forces behind actions can be backgrounded, leaving the process itself as the major focus. It also can give texts an air of truth or fact which is difficult to argue with.

The fact that the agent behind the process can be removed from a passive construction can also mean that a text can appear to have a veneer of neutrality, scientific ‘truth’ or newsworthy ‘fact’ when, expressed in another way, it seems to be nothing more than personal dogma or ideological bias (Carter, 2008: 175).

Through grammatical processes we can either “agentialise” or “de-agentialise” actions and reactions.

Actions and reactions can be agentialized, represented as brought about by human agency, or de-agentialized, represented as brought about in other ways, impermeable to human agency – through natural forces, unconscious processes and so on. (Van Leeuwen, 1995: 96)

In this way, actions and experiences can be constructed in very specific ways through the use of grammatical processes. When imperative forms are used extensively for example, control is established and attributes power to the person giving the instructions (Carter, 2008: 117). The attribution of agency to one participant as opposed to another clearly places them in a position of power and authority whereas the absence of agency in a sentence may indicate a desire to conceal responsibility or leave causality deliberately vague. In Chapter Four, we see the use of passive sentences and nominalisations such as “induction is necessary” or “le déclenchement du travail est parfois nécessaire” in the pregnancy books selected. While it is implicit that it is medical personnel who are concerned, it is not made clear who exactly is making the decision to induce. Instead induction is presented as a naturally necessary intervention thus making it difficult for the pregnant woman to question or challenge this measure (see Chapter Four, section 4.3.3).
Nominalisations also serve a similar purpose. A nominalisation is “a process converted into a noun” (Fairclough, 1989: 124). It essentially has the effect of foregrounding the process itself and since it does not specify its participants, the sense of who is doing what to whom is implicit. This is quite common in medical discourse and many examples also occur in the pregnancy manuals chosen for this analysis.

Medical and other scientific and technical language favours nominalization, but it can be abstract, threatening and mystifying for ‘lay’ people. (Fairclough, 1992: 179)

In Chapter Five, for example, in a section relating to need for medical intervention should the “baby-blues” persist, the use of the nominalisation “la prise en charge” in the sentence “la prise en charge psychologique, voire médicamenteuse s’impose” backgrounds the personnel involved and presents intervention as a necessary step which is beyond human control (see Chapter Five, section 5.5.2).

2.5.3.4 Negation, Logical Connectors and Pronoun Choice

The choice of positive or negative sentences can also be significant as negative sentences obviously distinguish what is not the case from what is the case. However, negative sentences are also important as they often highlight intertextuality. In Chapter Six for example, in the phrase “making love to your wife will do her no harm” the use of the negative structure “no harm” relates to historical discourses of sexual intercourse during pregnancy as a cause of miscarriage (see Chapter Six, section 6.5.2). Fairclough argues that negation can be sincere, manipulative or ideological. The writer can assume certain assertions to be found in antecedent texts within readers’ experience and can contest or challenge them through negation (Fairclough, 1989: 154-155).
Even the choice of logical connectors can be ideologically significant. These are words like “even though”, “as a result”, “but”, “nevertheless”. The choice of specific logical connectors can show that “causal or consequential relationships between things which are taken to be commonsensical may be ideological common sense” (Fairclough, 1989: 131). In Chapter Five, for example, the use of the connector “but” in the sentence, “big is beautiful when you’re expecting, but that doesn’t mean you can’t try some tricks of the trim” backgrounds a discourse of “big is beautiful” in favour of a discourse of “thin is in” (see Chapter Five, section 5.3.3).

The choice of pronouns is equally important. The use of the pronoun “we” for example can be significant as it can be used to make implicit authority claims and thus have the authority to speak for others.

The editorial uses (...) of the so-called ‘inclusive’ we, inclusive that is of the reader as well as the writer, as opposed to ‘exclusive’ we, which refers to the writer (or speaker) plus one or more others, but does not include the addressee(s). (...) In so doing, it is making an implicit authority claim (...) – that is has the authority to speak for others. (Fairclough, 1989: 127-128)

The inclusive “we” thus presupposes agreement with the reader and the authority to speak for others. In Chapter Four, for example, the use of the pronoun “we” in the sentence “we all know it takes two to conceive a baby, but it takes a minimum of three – mother, father, and at least one health-care professional - to make that transition from fertilized egg to delivered infant a safe and successful one” normalises the need for medical supervision during pregnancy by presupposing that the reader is already of this opinion (see Chapter Four, section 4.4.3). Pronoun choice can also be used to background or foreground social actors. In Chapter Six, the use of the pronoun “your” in sentences like “as a dad, you’re not only an essential member of your baby-making team, but an invaluable nurturer of both your pregnant spouse and
your unborn offspring”, backgrounds the pregnant woman and foregrounds the father-to-be.

2.5.3.5 Analysing Representations of “Social Actors”

In examining power relations in the text, it is also helpful to draw on elements of Van Leeuwen’s (1996) framework for analysing representations of “social actors”, particularly in Chapters Four and Six which focus on the subject positioning of pregnant women in discourse. Here the social actors in question are the expectant mother and father and medical personnel, and it is interesting to examine who is being included or excluded in various contexts and in what way. According to Van Leeuwen “representations include or exclude social actors to suit their interests and purposes in relation to the readers for whom they are intended” (Van Leeuwen, 1996: 38). He proposes two ‘exclusion’ concepts: ‘suppression’ and ‘backgrounding’ drawing the following distinction between them.

In the case of suppression, there is no reference to the social actor(s) in question anywhere in the text. (…) In the case of backgrounding, the exclusion is less radical: the excluded social actors may not be mentioned in relation to a given activity, but they are mentioned elsewhere in the text, and we can infer with reasonable (though never total) certainty who they are. They are not so much excluded as de-emphasised, pushed into the background. (1996: 39)

Both of these concepts can be realised in language by passivisation, agent deletion and also process nouns and nominalisations.

Another element of Van Leeuwen’s framework which is helpful is that of “role allocation”, essentially “the roles that social actors are given to play in representations” as “representations can reallocate roles, rearrange the social relations between the participants” (Van Leeuwen, 1996: 42-43). What roles are, therefore,
allocated to participants in pregnancy manuals? Who are the main participants – the pregnant woman, the father, medical personnel, the unborn baby? Representations can endow social actors with either active or passive roles.

*Activation* occurs when social actors are represented as the active, dynamic forces in an activity, *passivation* when they are represented as ‘undergoing’ the activity, or as being ‘at the receiving end of it’. This may be realised by grammatical participant roles, by transitivity structures in which activated social actors are coded as Actor in material processes, Behaver in behavioural processes, Senser in mental processes, Sayer in verbal processes or Assigner in relational processes. (Van Leeuwen, 1996: 43-44)

Activation and passivation can be realised by traditional active or passive voice, but can also be implicit in possessive pronouns. Benwell and Stokoe (2006: 111) take the example of “my teacher” which passivates “me” whereas “our intake” activates “us”.

Other factors Van Leeuwen considers important in the representation of social actors are the choice between generic and specific reference, as social actors “can be represented as classes or as specific, identifiable individuals (Van Leeuwen, 1996: 44), and the choice between individualisation and assimilation where social actors can be referred to as individuals or groups (1996: 48).

Fairclough (2003: 145-146) suggests that a number of factors be taken into account when examining the representation of social actors in discourse. These include inclusion/exclusion (are social actors suppressed or backgrounded?), pronoun/noun (is the social actor realised as a pronoun or a noun?), grammatical role (is the social actor realised as a participant in a clause or as a possessive noun or pronoun?), activated/passivated (is the social actor the actor in processes or the affected?), personal/impersonal (are social actors represented personally or impersonally?), named/classified (are social actors represented by name or in terms of class or category, i.e. ‘John Smith’ or ‘the doctor’?), specific/generic (where social actors are classified, are
they represented specifically or generically?) (2003: 145-146). The examination of
the representation of social actors enables us to identify power relations in the text, for
example, where social actors are mainly activated in discourse, they are clearly the
social actors in control of decision making and in charge of agentive action. In
Chapter Six, for example, it will become evident that fathers are positioned as in
control through their activation in discourse while pregnant women are consistently
passivated in this discourse (see Chapter Six, section 6.2).

The above-mentioned linguistic categories together with Van Leeuwen’s (1996)
framework represent the main but not exclusive list of linguistic categories forming
the basis of the analysis. In the course of the analysis itself other linguistic elements
may be referred to which do not fall into the broad categories outlined above.

2.5.4 Summary

It is thus clear that while Fairclough’s three stages of “description”, “interpretation”
and “explanation” together with the main principles associated with CDA will be
followed, the framework has also been adapted to suit the texts in question. This
adaptation of Fairclough’s framework embraces the notion that CDA is a flexible
framework which can be adapted to the needs of the researcher. In this case, the three
stages of analysis will not always necessarily be followed in chronological order due
to the large volume of texts involved and the consequent need to select those parts of
the text most relevant for the objective of this study which is essentially the
construction of gender identity in this discourse through an analysis of what is being
said about women in these texts and how they are positioned in relation to other social
actors. The social and discursive context of these texts will thus be outlined in
Chapter Three and in Chapters Four, Five and Six, the texts themselves will be “described” and then subsequently “interpreted” and “explained” in light of the socio-cultural factors and discourse processes established in Chapter Three. The analysis will also take account of the interdiscursive dimension to the texts by acknowledging wider and existing discourses of which the identified discourse patterns are a part. In addition, the analysis will proceed on the basis that while not all readers may interpret these texts in the same way, that the discourse of the texts chosen encourages dominant readings. The terms “women” and “men” will also be strategically used throughout the analysis, particularly when describing systematic ways in which women are repressed in this discourse should this prove to be the case. The analysis itself revolves around the study of the grammar and vocabulary of these texts and is based primarily on the categories of lexis, collocations, metaphors, modality and transitivity. It also considers questions of agency, legitimation, intertextuality, backgrounding and foregrounding.

2.6 Conclusion

In this chapter it has thus been established that a methodological approach is required which corresponds to the theoretical criteria identified in Chapter One and summarised in section 2.2. A CDA approach was thus chosen on the basis that in accordance with CDA theory, the analyst must take account of the social conditions and processes of production and interpretation surrounding the texts in question. Discourse is also perceived by critical discourse analysts as a form of social practice, shaping identities, institutions and social structures. In addition it represents an approach which enables the researcher to view identity as something constructed in discourse and thus to place gender identity at the centre of the analysis. The
additional view of discourse as an instrument of power and control means that the CDA approach provides an effective way of identifying how power and subjugation can be achieved through discourse, either explicitly or by hegemonic means.

Fairclough’s three-dimensional framework of “description”, “interpretation” and “explanation” has thus been chosen as the specific methodological model for this study. The concepts of “orders of discourse” and “intertextuality” also represent key elements in this framework. However, this approach has been adapted due to the large volume of texts under consideration in order to provide a more effective means of achieving the objectives of this thesis outlined in the Introduction and summarised in section 2.1. The flexibility of the CDA approach has been widely acknowledged and it represents a methodology which can be adapted to the needs of the type of research in question. The stages of “description”, “interpretation” and “explanation” will thus not always be followed chronologically as this thesis does not purport to undertake an analysis of the texts in their entirety. Instead, those sections most relevant to the study of the construction of gender identity in discourse have been selected and Chapters Four, Five and Six are based on an analysis of the subject positioning of pregnant women in relation to social actors such as the medical institution and fathers. In addition these chapters focus on constructions of women’s emotions and reactions to their pregnancies and its bodily changes, and textual constructions of masculinity and femininity. In Chapter Three the social conditions and discourse processes surrounding these texts are identified and discussed, and the subsequent analysis takes account of this socio-cultural and discursive context. Discourse patterns in the above-mentioned subject areas are described, interpreted and
explained within this context, and related to wider discourses of femininity, sexuality, motherhood, fatherhood, beauty and so on where appropriate.

It is accepted that the methodological approach taken is neither objective nor neutral, that the researcher is most often approaching the analysis with a certain ideology or viewpoint. However, recent calls for language and gender research to reappraise its roots and place women at the centre of its research by re-discovering its political voice, arguably justifies the use of CDA as an appropriate methodology for the study of gender identity in discourse. The analysis will also proceed on the basis that while not all readers may interpret these texts in the same way, that the discourse of the texts chosen encourages dominant readings. The analysis will thus focus on identifying dominant discourse patterns. The terms “women” and “men” will also be used as a means of strategic essentialism throughout the analysis to describe systematic ways in which (pregnant) women as a social group are repressed in this discourse should this prove to be the case.
CHAPTER THREE

The Context of the Study. Social Conditions and Discourse Processes

3.1 Introduction

In the methodological framework outlined in Chapter Two, it was emphasised that in accordance with CDA theory, the analysis of pregnancy advice manuals must take account of the wider practices of production and consumption as well as the socio-cultural context within which the discourse occurs (see Chapter Two, section 2.2). Fairclough (1989: 140) reminds us that the relationship between text and social structures “is an indirect mediated one” which is mediated firstly by “the discourse which the text is part of” and secondly by “the social context of the discourse”. In this chapter, the discursive and socio-cultural practices which must be considered when interpreting and explaining these texts in Chapters Four, Five and Six will be outlined.

The texts chosen for this analysis are the following: Murkoff and Mazel’s What to Expect when You’re Expecting, 4th edition (2008); Ciraru-Vigneron and Kosmadakis’ La Bible de votre grossesse (2007); Stacpoole’s Candid Counsels to Expectant Mothers (1925) and Lacasse’s Hygiène de la grossesse. Conseils pratiques aux jeunes mères (1920). The corpus is thus composed of two contemporary pregnancy advice books and two older texts in order to demonstrate how different ideologies about women were important at different times.
In the first part of the chapter, the social conditions of production and interpretation will be examined by identifying the key socio-cultural, historical and institutional factors which frame the experiences of pregnancy and childbirth for women in the Western world from the seventeenth century on. In this context, the ideological conflicts surrounding pregnancy and childbirth will also be analysed, so that the ideological factors which have shaped dominant and counter-discourses in this area may be explored. The role of pregnancy advice literature in these time periods will then be examined so that the socio-cultural and historical conditions which make it possible for texts such as these to be produced and interpreted may be highlighted.

The second part of this chapter will focus on discourse processes and issues relating to the production and consumption of these manuals in order to establish the conditions of production and interpretation of these texts. Wider discourses of motherhood and femininity of which these texts are a part, will first of all be discussed before examining broader discourses of pregnancy and childbirth. The institutional context of the production and interpretation of the four texts forming the basis of this analysis will then be considered. Here the discourse participants will be identified and issues of production and consumption of these texts addressed through an analysis of the identities of the producers and ideal readers.

In the conclusion to this chapter, the social and discursive elements which mediate the relationship between these texts and social structures will thus be outlined. These elements will subsequently form an integral part of the analysis of the texts in Chapters Four, Five and Six by providing the social and discursive framework within which the texts will be interpreted and explained.
3.2 Social Conditions of Production and Interpretation

In this part of the chapter, the wider societal context within which these texts occur will be examined. The social, historical, institutional and cultural conditions which render the production and interpretation of these texts possible will thus be identified. The issues addressed in this section do not represent an exhaustive list of social factors linked to pregnancy and childbirth. Instead a number of core issues have been identified on the basis of their pertinence to the topics addressed in the pregnancy manuals which will be analysed in Chapters Four, Five and Six. This section will thus focus on the historical, socio-cultural and institutional conditions surrounding pregnancy and childbirth in the Western World.

3.2.1 Historical, Socio-Cultural and Institutional Conditions Surrounding Pregnancy and Childbirth in Western Cultures

Since the texts selected for this analysis date from the early twentieth and twenty first centuries and were published in the US, the UK and France, it is vital to consider the historical and socio-cultural conditions surrounding pregnancy and childbirth practices in the Western world at these times. In this section a review will be given of pregnancy and childbirth practices from the seventeenth century to the current day in order to identify the socio-cultural and institutional factors which have shaped discourse in this area.

3.2.1.1 Pregnancy and Childbirth in the Seventeenth Century

In today’s world, all Western countries and many others provide comprehensive antenatal care, but this has not always been the case. Antenatal care did not exist at the beginning of the twentieth century, nor did it exist in the eighteenth and nineteenth
centuries. During the seventeenth to nineteenth centuries, pregnancy and childbirth were cared for within the community by labouring women and midwives. There was no social, institutional or technological framework for the provision of antenatal care.

In the eighteenth and nineteenth centuries, antenatal care as a concept did not exist. Neither the providers of health care, nor pregnant women themselves considered routine medical supervision necessary. There were no clinics or hospital departments set aside for that purpose. No professional body had successfully claimed the care of pregnant women as its expert territory. There was, furthermore, no systematic body of knowledge or techniques applicable to pregnancy which could provide a rationale for medical supervision. (Oakley, 1984: 11)

Pregnancy and childbirth were natural events which occurred regularly.

Attendre un enfant est de l'ordre de nature. Dans la vie de la femme mariée d'autrefois, la grossesse revient selon un rythme plus ou moins régulier. (...) «Être grosse» est donc un état normal auquel la femme ne pense nullement à se soustraire. (Gélis, 1984: 107)

However, Oakley (1984: 11-12) argues that a small number of women did visit doctors for medical care during pregnancy in the eighteenth and nineteenth centuries and practices such as bloodletting were at times carried out.

Various customs were often adhered to within different communities. Gélis (1984: 142) draws attention to the rituals of devotion followed by French pregnant women in the seventeenth century such as journeys to sanctuaries or bathing in “blessed springs”. It was felt that these rituals would protect the unborn child and give him/her the strength to be born safely.


The norm for all European/American social classes at this time was that pregnancy and birth were centered in the home with the authoritative knowledge resting with the
midwife, the expectant mother and her attendants (Selin and Stone, 2009: 42). Until the seventeenth century midwifery was also the exclusive property of women. Beech and Phipps (2004: 64) argue that pregnancy and childbirth were “an overwhelmingly female concern”. Women supported women in labour and it was felt improper for men to be present at the birth of a child (Merchant, 1990: 155). As Selin and Stone (2009: 42) emphasise, the perception of childbearing as “women’s work” “contained birth into a physically and symbolically female social space”. However, while midwives were generally well trained through apprenticeship, no organisation of midwives existed to prevent untrained women from taking up the practice and in addition, women were excluded from universities and medical schools and thus deprived of formal teaching in medicine and anatomy (Merchant, 1990: 152).

Medical knowledge about pregnancy was quite limited in the seventeenth century although midwives’ manuals existed from the sixteenth century on and advice literature for women was available from the eighteenth century on (see section 3.2.2.1). In 1634, the midwife profession was threatened by the licensing of male surgeons who sought to practice midwifery using forceps (which were only available to licensed physicians) and in addition several doctors of the period became sharply critical of the practices of midwives describing them as “meddlesome” and “ignorant” (Merchant, 1990: 153). Well-known seventeenth century opponents of midwives included William Harvey and the Chamberlens (who invented forceps). In response, English midwives such as Jane Sharp and Elizabeth Cellier wrote midwifery handbooks in an attempt to make obstetrical training available and in France a school of midwifery was established (1990:154). Nonetheless, by the end of the seventeenth century childbirth was passing into the care of doctors and male midwives, a move
described by Merchant (1990: 155) as a loss of control by women “over midwifery and thus over their own reproductive functions”. Forceps provided men with a justification to involve themselves in childbirth “by having secret means to assist obstructed labour” (Beech and Phipps, 2004: 64).

The seventeenth century marks the beginning of the patriarchal control of pregnancy and childbirth and the removal of women’s control from these processes. The increasing involvement of men and the rising use of technology from the seventeenth century on, were both justified in the name of safety (Beech and Phipps, 2004: 65), and led women to trust the machine over their own experience. It can also be argued that the ideological conflicts surrounding pregnancy and childbirth began as early as the seventeenth century with conflicts between female midwives who did not use instruments during labour and male doctors and midwives who were licensed to use forceps. In the next section, it will be evident that in eighteenth and nineteenth centuries, the medical approach to pregnancy became increasingly important.

3.2.1.2 The Medicalisation of Pregnancy and Childbirth in the Eighteenth and Nineteenth Centuries

Oakley (1984: 12) distinguishes between two main stages in what has been termed “the medicalisation” of pregnancy. The first refers to the incorporation of pregnancy into seventeenth and eighteenth century medical discourse as a ‘natural’ state and the second refers to its “gradual redefinition as pathology – as a medical phenomenon akin to illness”. In the medical textbooks and advice literature from the seventeenth to the nineteenth century, pregnancy was considered a normal event, not a disease (1984: 14). Instead the authors of books such as Fox’s (1834) *The Signs, Disorders*
and Management of Pregnancy constructed a schema of pregnancy “which systemized what was taken to be the everyday experience of pregnant women” (1984: 14). However, since vaginal and abdominal examinations were considered “highly improper” obstetrics depended heavily on information provided by pregnant women themselves.

When an abdominal examination was done, it was normally conducted under the bedclothes and with the examiner’s eyes on the ceiling. (…) unless the woman was unconscious, the condition of her genitals and cervix would not be visually examined by the doctor, for this was regarded as far too embarrassing for both doctor and patient (1984: 19-20).

Antenatal care in the nineteenth century, and before, was thus predominantly limited to advice on life-style and diet, although bloodletting was used on occasion and a few monitoring techniques such as abdominal palpation were used on the few women who did present themselves for clinical care during pregnancy (1984: 25). Nonetheless these procedures came to form the early part of the history of antenatal care and the further discovery of new therapies and monitoring techniques, together with the creation of a body of knowledge surrounding pregnancy and childbirth was intrinsic to the medicalisation of pregnancy and childbirth (1984: 25).

Greater faith began to be placed in technology and its ideology slowly began to surround pregnancy and childbirth. Selin and Stone (2009: 42) also argue that “the changing social ideals of the eighteenth century further pushed female health into the arena of male practitioners and facilitated a manufactured sense of dependency on the medical systems”. By the nineteenth century, for the upper social classes, maternal care had almost completely passed into the hands of university-trained physicians who were almost all male (2009: 42).
However, several traditions and rituals in communities continued to be observed in relation to pregnancy throughout the nineteenth century. In Ireland for example, rural Irish women still wore a labour girdle which had a charm set on it on St. Brigid’s Day to achieve protective power (Murphy-Lawless, 1998: 7). Ovoid stones found in graveyards and near holy wells were often transported to the beds of women in labour to ensure quick and safe deliveries (1998: 7). Lying-in Hospitals also began as charities in the eighteenth century, the first in England being the British Lying-in Hospital founded in 1747 (1984: 29). In Ireland, Dublin’s Rotunda Lying-In Hospital dates to 1756 and established a reputation throughout Europe and the United States as a teaching hospital (Murphy-Lawless, 1998: 25). Likewise in France, pregnant women were also admitted to the famous Parisien hospital, Hôtel Dieu, at the end of pregnancy or earlier if they were ill, in the 1700s.

In the nineteenth century midwives attended a large proportion of births. The Registrar-General’s Annual Report for 1876 stated that midwives attended 70 per cent of all births in England and Wales (cited in Oakley, 1984: 28). Midwives did not do any antenatal care, however, except for a short examination upon “booking” in the seventh or eighth month (1984: 28). Medical men or accoucheurs were more expensive (1984: 28-29). Some pregnant women who could not afford an accoucheur could use the service of a Dispensary or Lying-in Hospital. Nevertheless, before the twentieth century it was far more common for women to give birth at home. Giving birth within an institution was not popular and often considered dangerous.

In the 19th century (…) going into a hospital, generally a charitable lying-in hospital, greatly increased your chance of contracting puerperal sepsis. (Wesson, 1990: 5)
Dally (1982: 39) describes antenatal care (in its modern form) as really beginning in 1901 in Boston when the Instructive Nursing Association began to pay antenatal visits to some women in the outpatient department in the Boston Lying-in Hospital. In 1909 intensive prenatal care was organised for patients registered for confinement at this hospital and in 1911 the pregnancy clinic of the hospital was opened for outpatients (1982: 39). Similar clinics in Australia and Edinburgh were open by 1915 and in 1919 the Maternity and Child Welfare Act provided for the treatment and social assistance of pregnant women in Great Britain (1982: 39). Nowadays antenatal care is provided in all Western countries and many others.

Dally (1982: 26) draws attention to the fact that throughout history, motherhood was always close to death and a high proportion of babies always died. Prior to the 1900s, death in childbirth of mothers and babies was common and taken to be part of the order of nature.

[la mort] est tellement associée à l’image de l’accouchement qu’on n’en exclut jamais l’épouvantable augure; elle est de l’ordre de nature et il n’est pas au pouvoir de l’homme d’y remédier. (Gélis, 1984: 327)

In 1900, infant mortality stood at 154 per 1000 live births in England (Oakley, 1984: 37) and in 1918, one mother died for every 264 babies born alive (1984: 62). According to Dally (1982: 27), infant mortality has fallen quite steadily over the past 200 years but it is really only since the Second World War, that parents have been able to be reasonably confident that their children would survive. Dally (1982: 31) also draws attention to the historically high incidence of death in childbirth and emphasises that until the 1930s, “every woman embarking on pregnancy knew that her life was in danger”. High incidences of puerperal fever, eclampsia, obstructed labour and haemorrhage in childbirth were mostly to blame for death during or post
childbirth (1982: 31-35), but Dally (1982: 35) also emphasises that death in childbirth was “often precipitated or hastened by ignorance, impotence, neglect, interference or a mixture of these according to the knowledge and custom of the time”.

Throughout the history of obstetrics there has been considerable conflict between those who believe everything should be left to nature and those who believed in intervention when abnormalities or delays appeared. These arguments became even more apparent in the nineteenth century. In the early nineteenth century there was a strong belief in leaving things to nature and midwifery was frequently perceived as “meddlesome” (1982: 35). However, in 1817 Princess Charlotte and her baby both died during childbirth after a labour conducted by the obstetrician Sir Richard Croft who was following the principles laid down by Thomas Denman (an exponent of the non-intervention school) in his Introduction to the Practice of Midwifery (1982: 35-36). Princess Charlotte had a long and complicated labour but all was left to nature and the baby was born stillborn, and she herself died several hours later. Princess Charlotte’s labour was significant as it was extremely well-documented in the hour-to-hour notes of the obstetrician. In addition, the subsequent public outcry against non-interventionist practices in the aftermath of the death of Princess Charlotte, led to a change in midwifery practices in favour of a more interventionist approach (1982: 38).

The eighteenth and nineteenth centuries represent, therefore, the beginnings of antenatal care and the onset of the medicalisation of pregnancy and childbirth. It is in the nineteenth century also that ideological conflicts between interventionist approaches to childbirth and “leaving things to nature” become the subject of intense
public debate, a debate which becomes increasingly vigorous in the twentieth and twenty first century. The long association between pregnancy/childbirth and death is particularly important in the context of this debate, as the safety the mother and the promise of a live baby become the principal arguments used by obstetrics and those in favour of interventionist policies.

3.2.1.3 Pregnancy and Childbirth in the Twentieth and Twenty First Centuries

In contrast, therefore, to the view of pregnancy as a natural state, which dominated nineteenth century medical writings, Oakley (1984: 2) argues that in the twentieth century pregnancy was considered a “pathology” and consequently, pregnant women have become subject to increasing social control through their status as “patients”.

With the definition of all pregnancies as potentially pathological, antenatal care obtained its final mandate, a mandate written by the medical profession in alliance with the population-controlling interests of the state, and one giving an unprecedented degree of licence over the bodies and approved lifestyles of women.

Selin and Stone (2009: 50) also refer to “the popularised notion that birth is a medical event, needing management, and it places the authoritative knowledge of the birth process with the doctor (or attendant) and embeds it in the technology present – not with the mother to be”. The medical context of care during pregnancy and labour is clearly evident in the series of routine procedures provided for pregnant women today by the medical profession such as blood and urine tests, ultrasound examinations, vaginal examinations, foetal heart monitoring, the giving of Synometrine for the birth of the placenta and the use of Vitamin K after birth (Edwards, 2004: 8).

However, Hewson (2004) argues that the social context in which maternity care is provided has changed dramatically in the last few decades, that women’s expectations
have been transformed by advances in women’s rights and the consumer health movement. In the first place, in the twentieth and twenty first century, women have a certain amount of control over the decision to become pregnant or not due to the widespread availability of contraception and abortion. De Marneffe (2007: 673) describes the availability of birth control as giving women diverse life choices, of enabling mothering to become a “chosen activity”. However, Richardson (1993: 65) is careful to point out that the availability of modern reliable methods of birth control does not necessarily mean that women are free to choose whether or not to have a child. She argues that not every baby born is the result of a planned pregnancy, nor do all women have access to the ability to control fertility (1993: 65). Nevertheless, it must be acknowledged that the potential for choice exists and that for many women in the Western world, motherhood is indeed a chosen activity.

Hewson (2004: 32) also argues that “women no longer expect a highly paternalistic model of care and are more likely to question, or even reject professional advice”. As childbirth has become a highly technological process, “many mothers experience the ‘factory belt’ system and the clinical and scientific atmosphere that accompanies it as dehumanising” (Dally, 1982: 39). Since the mid 1970s medicalised childbirth has come under increasing attack from feminist movements, women’s health movements, consumer movements and government policy makers who have called the medical definition of childbirth into question. Jones, (2003: 129) summarises the argument made by opponents of the medicalisation of childbirth as follows.

Once conception is confirmed (...) medicine routinely and systematically polices and monitors both her body and that of her unborn child throughout the pregnancy. (...) the appropriation of pregnancy and childbirth by medicine defines this most natural of human events as an illness, thus stripping it of what should actually be its essence – a process filled with the
wonder and fulfilment that comes from giving the gift of life to another person.

Opponents of medicalised childbirth thus argue that the use of technology dehumanises women and pathologises pregnancy and childbirth. Instead, many women now argue that childbirth is natural and should be left to nature. The natural childbirth movement which began to gather momentum in the 1960s, has led to a growth in the number of home deliveries (Dally, 1982: 39). Supporters of the home birth movement argue labour is more relaxed and less stressful at home, that women are more in control of their baby’s birth with less medical interventions, that there is a lower risk of infection and that it is psychologically better for women and their babies (Wesson, 1990: 14-25). Feminists, the home-birth movement and the midwifery model all seek to restore a sense of childbirth as “natural” and as a “normal human experience” (Treichler, 1990: 121). The development of the notion of “freebirthing” in recent years, whereby women give birth alone and unassisted in their own homes is a further development in the redefinition of pregnancy and childbirth in the struggle against hospital births.1

However, it is sometimes argued that the divisions between natural and medicalised childbirth are not as clear as supporters of the natural childbirth movement would like to believe. Murphy-Lawless (1998: 39) argues that “the crudely idealised division between natural and medicalised childbirth does not hold up under scrutiny in any case, because there is a multitude of different meanings for different actors”. She further argues that in natural childbirth women are often taking on a totally “circumscribed feminine role within the domestic sphere”, the male partner taking up the patriarchal role previously held by the male doctor of “directing the labour and

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1 www.freebirthing.org
‘catching’ the baby” (1998: 39). Nevertheless, the natural childbirth movement has mounted a considerable campaign against the hospital model.

However, it must be remembered that challenges to the medical model are not homogeneous. Treichler (1990: 113) describes these challenges as involving “uneasy alliances among alternative movements, including feminism, midwifery, the consumer movement, and the home-birth movement”. While all of these movements may be challenging the same model of pregnancy and childbirth, they are not all bound by the same principles. Despite these differences and uneasy alliances, the above-mentioned groups have all, nonetheless publicly challenged the medical model of childbirth. When challenged, the response of obstetrics is often that “we do not sufficiently comprehend the threat of death which hangs over us” (Murphy-Lawless, 1998: 17). Murphy-Lawless (1998: 18) describes this argument as “shroud-waving”, which seeks to discourage criticism of childbirth management. She takes two examples of the way in which obstetrics has fought against criticism. The first was the Birthrights Rally in London in 1982 after an incident which took place at the Royal Free Hospital. A woman declared to medical staff that she wanted to be mobile during labour and to use an upright position for the delivery of her baby. As these measures did not comply with the hospital regime directed by Professor Ian Craft, Head of Obstetrics, all medical assistance was withdrawn from her until she complied with Craft’s birth management model. In response to the resulting street protest, Craft insisted that because a baby’s life was potentially at risk during labour, it became the obstetrician’s decision to take any actions or interventions necessary to deal with that potential risk (1998: 18). The second example given by Murphy-Lawless (1998) was that of an Irish obstetrician from Limerick, Dr. Donal O’Sullivan who declared in
 Irish on radio that a husband if faced with a wife who insisted on having a homebirth, should use a bridle (a “ceannach”) on his wife to drive her to hospital to have her baby there. Needless to say, these comments led to public outrage but O’Sullivan insisted that a husband must act as head of the household if his wife intended to put the life of her baby and herself at risk (1998: 19). Murphy-Lawless (1998: 19) argues that these incidents demonstrate anxiety on the part of obstetrics, that a woman might seek to control the delivery of her own baby.

Murphy-Lawless (1998: 20) further argues that “over the last 250 years, the desire to administer and control life has been embedded in obstetric medicine at least as much as in other sciences”. The incidents described above appear to be reactions against the power and control exerted by obstetric science, as an attempt by women to regain control of their bodies. In Chapter Two, Foucault’s analysis of the formation of objects made reference to the institutional, economic and social relations which shaped them (Foucault, 1969: 61-62), and it would appear as if the institution of obstetric medicine has imposed a complex series of effects on pregnant women. Writers such as Murphy-Lawless (1998) and Oakley (1980) argue that “the male medical control of childbirth has disempowered women as mothers and caregivers, principally through its argument that childbirth is full of risks and dangers” (Murphy-Lawless, 1980: 22). Emily Martin (1987: 194) has also described women as feeling “fragmented, lacking a sense of autonomy in the world and feeling carried along by forces beyond their control”. In addition Treichler (1980: 128) describes women as trapped by confusing representations of the self and multiple contradictions in discourse about childbirth.
It could, however, be argued that as a result of the ideological conflicts pervading debates about pregnancy and childbirth, women in the twenty first century have a large number of choices in this regard. Speier (2004: 143 -144) draws attention to the range of choices facing pregnant women in the twenty first century. Western women generally have a wide range of choices to consider with regard to childbirth. They have to decide where to have the baby (hospital, at home or birth centre) and how (naturally, with medication or caesarean). A variety of childbirth classes with different methods such as Lamaze and Bradley exist. Some women also seek special exercise classes to keep fit while pregnant. In addition, in countries like North America, there are prenatal diagnostic tests to consider such as amniocentesis, ultrasound, serum alpha-fetoprotein and so on. Speier (2004: 144) also highlights that once in labour, women have other choices to make as to how they would like their birth to be and who they would like to be there. This increasing emphasis on “choice” in pregnancy and childbirth can arguably be linked to late-twentieth century neoliberal sensibilities. Many theorists argue that a neoliberal rationality currently characterises the governance of many Western societies (Wall, 2001: 603). Within this rationality a greater stress is placed on “individual choice, self-management and self-responsibility” (2001: 603). In Rose’s words, the individualised ethos of neoliberal politics is characterised by “choice, personal responsibility, control over one's own fate, self-promotion and self-government.” (Rose, 1996: 335). The view of choices with regard to care during pregnancy and childbirth is thus very much a part of this philosophy.

However, do women really have choices with regard to their care during pregnancy and childbirth? Edwards (2004: 2) describes the availability of such choices with
regard to antenatal care and childbirth as a product of “current western culture based on libertarian values” where “choice is considered to be fundamental to responsible parenthood”. Nevertheless, Edwards also argues that choice is culturally constructed through belief systems and resources, as social norms usually dictate where and how women give birth. While it may appear women have a large number of choices, in reality these choices are severely constrained by social factors.

(…) women in western cultures make choices that are not only limited by intersections of class, race and other factors, but that the intersection between ideology and resources results in a predetermined, medically oriented menu over which women have limited control to define or change. (2004: 2-3)

Gregg (1995: 127) argues that the medical model in a hospital setting during labour is irresistible because the basis for coercion is maternal responsibility and the promise of a live baby if women co-operate and unbearable blame if they do not.

Pregnancy and childbirth in the twentieth and twenty first centuries are thus characterised by conflicts and contradictions. While medical advances have purported to make pregnancy and childbirth safer than ever before, and the hospital model of childbirth has become the norm, various interest groups have vigorously campaigned for a return to a natural model of pregnancy and childbirth where childbirth is once more under women’s control. These conflicts have not really led to the establishment of a range of options with regard to pregnancy and childbirth from which individual women can make informed choices, as these choices are in reality socially constrained and largely under institutional control.
3.2.1.4 Summary

The texts which form the basis of the analysis for this study were published in 1920, 1925, 2007 and 2008. The two older pregnancy advice books were thus published at a time when antenatal care had begun to be established and pregnancy and childbirth were firmly under medical control. However, it was also an era in which the risk of infant and maternal mortality during childbirth was relatively high and traces of a discourse of the dangers of childbirth and the need for medical supervision is very much present in the two older texts (see Chapter Four, section 4.4.3). The two contemporary texts were, however, published at a time in which despite the medicalisation of pregnancy and childbirth, more choices were emerging for women with regard to natural childbirth and homebirths. However, it is argued that these choices are socially constrained and remain under the control of the medical institution. At this time pregnancy and childbirth are also considered relatively safe for all women in the Western World with much lower risks of infant and maternal mortality than before. In light of these facts, it is not surprising that discourses of pregnancy and childbirth in the two contemporary texts are characterised by contradictions and conflicts between natural and medicalised models of pregnancy and childbirth. In the next two chapters, the relevance of the above-mentioned social conditions will become even more evident.

3.2.2 Pregnancy Advice Literature

The role of advice literature for pregnant women within the context of the socio-cultural framework outlined above will now be examined in order to identify the social conditions of production and interpretation more precisely. The history of this genre of literature from the eighteenth century to the present day will first of all be
outlined, before examining who was likely to have read such books in the past. The production of such literature in contemporary times will then be addressed and the social conditions leading to the mass production of books and the heavy reliance on self-help literature identified. The social phenomenon of the professionalisation of motherhood will subsequently be considered.

3.2.2.1 The Origins of Pregnancy Advice Literature

Pregnancy advice literature dates predominantly from the late eighteenth century on. Oakley (1984: 12) mentions the existence of a “substantial corpus of medical advice literature for pregnant women” in Britain by the end of the nineteenth century. This literature includes works such as Dr. Grigg’s *Advice to the Female Sex in General, Particularly those in a State of Pregnancy and Lying-in* (1789), Thomas Bull’s *Hints to Mothers for the Management of Health During the Period of Pregnancy and in the Lying-in Room* (1837) and P.H. Chavasse’s *Advice to a Wife on the Management of her own Health* (1832). Sarbin and Kitsuse (1994) also refer to American works from this period including Hester Pendleton’s *Parents’ Guide for the Transmission of Desired Qualities to Offspring, and Childbirth Made Easy* (1856) and Elizabeth Evans’ *The Abuse of Maternity* (1875). However, earlier works do exist. Rowland (1981) mentions the existence of the ‘English Trotula’s’ early fifteenth century handbook of health care advice to women with several references to pregnancy, including advice to women who wish to identify a pregnancy to drink mead before going to bed as a woman who is pregnant will have “much discomfort in her belly” as a result (1981: 121). In French, there also seems to have been a substantial collection of pregnancy advice literature by the late nineteenth century and early twentieth century. This collection includes works such as Lacasse’s (1913) *Hygiène de la*
grosesse: Conseils pratiques aux jeunes mères, Olivier’s (1910) *Hygiène de la grossesse: Conseils aux femmes enceintes* and more general works which included sections on pregnancy such as Schultz’s (1909) *Hygiène générale de la femme* and D’Ammon’s (1891) *Le livre d’or de la jeune femme*. Stewart (2001: 124) also refers to brochures distributed to pregnant women at the beginning of the twentieth century such as *Comment sauver nos bébés* distributed in 1926.

Professional literature for midwives and doctors has an even longer history with texts dating from much earlier. The sixteenth century saw the publication of the first midwives’ manuals in most European languages, which contained advice for antenatal care for the pregnant women as well as the management of the delivery (Wiesner, 1993: 79). According to Wiesner (1993), these manuals were reprinted for centuries and new ones were also published in the seventeenth century although their advice changed little. Gélis (1984: 13) mentions that from the sixteenth century onwards, French doctors and surgeons tended to give a written account of the births they attended and that these accounts furnish useful information, which would lead to the founding of obstetrics as a science.

À partir de la fin du XVIe siècle, des médecins et des chirurgiens prennent en effet l’habitude de consigner par écrit les accouchements auxquels ils assistent. Désir de porter les cas rencontrés et les méthodes utilisées à la connaissance de leurs confrères; volonté surtout de rassembler un ensemble de données pour les comparer, les classer, en tirer des enseignements, et de fonder par là une science obstétricale.

Gélis (1984: 14) also refers to materials from nineteenth-century antiquaries and folklorists, which reveal fertility rites and practices associated with pregnancy and birth. Oakley (1984: 14) is, however, careful to mention that a distinction cannot always be drawn between obstetric texts and early advice literature as some medical
textbooks also functioned as information sources for women. Oakley (1984: 14) mentions Fox’s *The Signs, Disorders and Management of Pregnancy* (1834) as one such text but the same can probably be said of other texts such as Caubet’s (1894) *Manuel de thérapeutique gynécologique* or Bouchacourt’s (1901) *La Grossesse: L’Étude de sa durée et de ses variations*.

### 3.2.2.2 The Consumption of Pregnancy Advice Literature in the Past

It is thus evident that pregnancy advice literature has grown in volume in the last one hundred years. This phenomenon would seem to indicate that pregnancy books are being increasingly consulted by women. However, it is not always easy to determine who would have read such literature in the past. Oakley (1984: 12) reminds us that we have no historical evidence as to who may have read the nineteenth-century pregnancy advice literature or indeed what effect it had on them. Arnup (1994: 7) also argues that when studying historical advice literature, that the problem lies in “determining whether these dicta were ever put into practice, or, indeed, whether more than a few parents were even aware of them”. Hardyment (1983) argues that baby-care manuals (pre-1950s) were probably written by and for “the comfortably well off, for people who could afford to sit back and consider how their children ought to grow up” (Hardyment, 1983: xv). Given the close relationship between pregnancy and baby-care manuals, this assumption can probably be extended to refer to pregnancy advice literature also, and in section 3.3.2 of this chapter it becomes evident that this is the case. Arnup (1994: 7) also argues that child-rearing advice literature in the nineteenth century probably secured a “limited, largely middle- and upper-class audience”. However, despite the limited readership of such manuals, the analysis of literature from this era nevertheless enables us to examine the advice and
constructions of identity which were current at the time such books were written. Hardyment (1983: xv) describes the value of eighteenth century baby-care manuals as resting on the fact that “the ideas put forward by the baby-care experts were inescapably the common intellectual currency of their day” and pregnancy literature from the early twentieth century will also be viewed in this same light.

It must also be emphasised that pregnancy advice literature for women at this time was part of a wider genre of prescriptive literature for women. Such works include Sandford’s (1833) *Woman in her Social and Domestic Character*, Helme’s (1804) *Maternal Instruction*, Thornwell’s (1856) *The Ladies’ Guide to Gentility*, Monin’s (1886) *L’Hygiène de la beauté: Formulaire cosmétique*, Sherman’s (1948) *The Bride’s Primer* and Vaucaire’s (1921) *Ce que toute jeune fille à marier doit savoir*. Peterson (2003)\(^2\) highlights the fact that prescriptive women’s literature can represent paradoxes as works can be produced either by conservative religious leaders of radical feminists and thus “can uphold or reject traditional gender roles”. The common link between all works of this genre is that “they employ a variety of methods to influence readers” and also “promote versions of ideal womanhood” (Peterson, 2003)\(^3\). It can thus be argued that this literature is traditionally a constructivist literature.

**3.2.2.3 Contemporary Pregnancy Advice Literature**

As mentioned earlier, while pregnancy advice literature has a history dating back to the fifteenth and sixteenth century, it is evident that the volume of material published for women has increased predominantly in the course of the last hundred years. Today, pregnancy advice books are part of an even larger corpus of information and

\(^2\) [http://library.duke.edu/specialcollections/bingham guides/glory](http://library.duke.edu/specialcollections/bingham guides/glory)

\(^3\) [http://library.duke.edu/specialcollections/bingham guides/glory](http://library.duke.edu/specialcollections/bingham guides/glory)
advice made available to pregnant women. Nowadays, pregnant women receive information and advice from a combination of sources including antenatal classes, books, magazines and the Internet (Stevens, 2004: 52). Powell Kennedy et al. (2009: 319) give the following statistics relating to sources of information for pregnant women in the US.

Most obtained information about pregnancy and birth through books (33%), followed by friends and relatives (19%), the Internet (16%), and doctors (14%). Book marketing analysis has indicated that 60 percent of customers buy books suggested by friends and family, and 49 percent after reading book reviews.

Pregnancy advice literature, while part of a larger discourse of pregnancy advice, nevertheless thus constitutes an important source of information for pregnant women.

The increase in the amount of pregnancy advice literature available may be due to a number of factors such as improved levels of literacy amongst women, advances in printing technologies and so on, and it is not the purpose of this thesis to analyse this phenomenon in extensive detail. However, it is also reasonable to estimate that this growth in volume is also in part due to a growing demand by women for advice literature of this type and that it thus constitutes a discourse which is consulted by many Western women. When the word “pregnancy” is typed into the search engine of the popular amazon.com website for purchasing books online, it indicates 26 943 hits, thus demonstrating the mass volume of pregnancy books available. Titles in the series listed range from general pregnancy advice books such as Miriam Stoppard’s *Pregnancy and Birth Handbook* and *Your Pregnancy Bible, The Experts’ Guide to the Nine Months of Pregnancy* and *the First Weeks of Parenthood* by Anne Deans, to more specific areas of interest in the domain of pregnancy. There are for example several titles relating to nutrition during pregnancy such as *Healthy Eating for
Pregnancy by Amanda Grant and The Complete Pregnancy Cookbook by Fiona Wilcock. Other titles focus on psychological and physical wellbeing during pregnancy and provide information on exercise, fitness, massage, pilates, meditation, aromatherapy and yoga and include titles such as Rosalind Widdowson’s Yoga for Pregnancy and Meditations for Your Pregnancy: From Conception to Birth and Beyond by Pippa Duncan and Sheila Lavery. A number of titles relate to “natural pregnancy” and include Zita West’s Natural Pregnancy and The Natural Pregnancy Book: Herbs, Nutrition and Other Holistic Choices by Aviva Jill Romm. There are also pregnancy books for runners, lesbians, vegetarians, women expecting multiple births, teenagers, women with disabilities, working women and older mothers. Yet, pregnancy advice literature is not restricted to women, there are also a number of advice books for men such as Stephen Giles’ From Lad to Dad: The Ultimate Guide to Pregnancy for Blokes and Diary of a Pregnant Dad: The Essential Monthly Guide from Conception to Birth for Every Father-to-Be by Rob Wilcher. There are even books for grandparents such as Attending your Grandchild’s Birth: A Guide for Grandparents by Carolynn Bauer Zorn and Arthur Zornhaber. The volume of pregnancy advice literature appears unending and there seems to be literature available on every possible aspect of pregnancy and childbirth.

Pregnancy advice literature is part of a wider genre of self-help literature which is dramatically increasing in the Western world. Chouliaraki and Fairclough (1999: 44) present a possible explanation for the increasing publication of lifestyle, self-help books and advice literature. They emphasise that the need for people to construct their own identities has been heightened in late modern societies due to changes in social structures. They refer in particular to the replacement of traditional social
structures by information and communication structures which means that people have to construct their identities by drawing on “resources of knowledge, practices, ways of being (...) which they can access through mediated quasi-interaction” (1999: 44). To these theorists, social consciousness has become “externalised” in late modern societies and people have to turn to “specialised systems and experts who organise them for information, know-how (...) which they need in order to handle even the most personal and intimate aspects of their being” (1999: 44). They do this by entering into the forms of “mediated quasi-interaction” mentioned above by reading magazines or lifestyle books. Giddens (1991: 1-9) also draws attention to the fact that people no longer have a traditional order to draw on. He argues that people are thus increasingly dependant on experts to help them to negotiate rites of passage.

Mills and Mullany (2011: 12) argue that the “burgeoning self-help industry” is part of a wider post-feminist neo-liberal culture in which consumerism is “centred around the individual”.

Any social problems are conceptualised as the individual simply needing to learn to change or accept, which they can do if they consume the information given in self-help materials, masking societal power and working to prevent manifestations of disgruntlement with sexual politics on a broader social scale.

Popular advice pregnancy manuals thus constitute a valuable resource for women to draw on in the construction of their identities as expectant mothers in contemporary society. Cameron (2011: 597) argues that studies on the reception of self-help literature have shown that people do not necessarily read self-help books for the advice they offer, but rather “for the pleasure of recognising themselves”, that the texts “helped them to understand themselves better” and that they thus felt “reassured that their own ways of acting were normal”. While in the past, such pregnancy literature may have been read by few, it is fair to assume that in contemporary society, it is relied upon by many. This heavy reliance on advice literature is also part of a
wider phenomenon which can only be termed “the professionalisation of motherhood”. Woollett and Phoenix (1991: 43) emphasise the fact that psychological research on the one hand suggests that “motherhood is natural” and that skills in childcare emerge instinctually, but also that motherhood is a “highly skilled” profession necessitating an acquaintance with formal knowledge.

(…) women are expected to ensure that they are healthy and ‘ready’ for motherhood, that their children are planned rather than conceived accidentally and are born into a nuclear family with both a mother and a father. Mothers are expected to learn about pregnancy and childbirth and to attend antenatal classes so they are initiated by the medical ‘experts’ into the necessary rites and knowledge.

Woollett and Phoenix (1991: 43) further argue that women are frequently advised to distrust their own expertise and that of their family and friends, and instead to seek the advice and expertise of the professionals in the field. Pregnancy, childbirth and childcare are thus becoming highly specialised tasks, necessitating direction from medical and/or psychological experts, a phenomenon which makes pregnancy manuals increasingly influential in the context of their construction of pregnancy, childbirth and the self for women.

3.2.2.4 Summary

It can thus be assumed that while the two older pregnancy advice books may only have been read by in Hardyment’s (1983: xv) words “the comfortably well-off”, the two contemporary books would have been read by a much wider segment of the female population due to the professionalisation of motherhood and increasing reliance on self-help books. In both instances, these texts stem from a prescriptive and constructivist genre of literature where the reader is very much the recipient of information imparted by experts. Having established that these texts are part both of a wider discourse of pregnancy and childbirth and a narrower discourse of pregnancy
advice literature, the texts themselves must now be examined so that the institutional context of their production and interpretation may be identified.

3.3 Discourse Processes

Having established the key social conditions of the production and interpretation of these texts, the discursive framework must now be considered. In this section, the discourses of which these texts are a part will first of all be discussed. Pregnancy advice literature as a genre will then be examined before examining the institutional context of the production and consumption of the texts themselves.

3.3.1 Discourses of Motherhood and Femininity

As already mentioned in Chapter Two, Rudolfsdottir (2000: 337) emphasises that when women become pregnant, “they are confronted with and inserted into the ideological and discursive practices surrounding motherhood. Certain images and truths are preferred over others and serve as strong regulatory ideals or norms which impinge on the lives of most women who are mothers” (see Chapter Two, section 2.3.4). These normative ideas are often seen as examples of the institutionalisation of motherhood.

This institution – the foundation of human society as we know it – allowed me only certain views, certain expectations, whether embodied in the booklet in the obstetrician’s waiting room, the novels I had read, my mother-in-law’s approval, my memories of my own mother, the Sistine Madonna or she of Michaelangelo Pieta, the floating notion that a woman pregnant is a woman calm in her fulfilment or, simply, a woman waiting. (Rich, 1976: 39)

The discourse of pregnancy is thus very much part of a much wider discourse of motherhood and femininity which will be examined in detail in this section. There is a strong link between the capacity to have children and women’s social identity, and discourses of motherhood abound in society. In Chapter One, it was established that
the figure of the “expectant mother” or “mother” is one of several multiple identities performed by and constructed for women (see Chapter One, section 1.3.6). Women are often defined in relation to their capacity to bear children and motherhood is a prominent theme in literature, art and other disciplines such as psychology, sociology, philosophy and feminist theory as well as in everyday life. There are, however, conflicting discourses with regard to motherhood and its link to “womanhood” as motherhood has not only been romanticised in discourse as the supreme achievement for women, but also characterised as oppressive.

3.3.1.1 The Romanticisation of Motherhood and the Achievement of “True Femininity”

Adrienne Rich in *Of Woman Born* quite accurately argues that “woman’s status as child-bearer has been made into a major fact of her life” (Rich, 1976: 11) and Bailey (1999: 337) highlights the importance of the relationship between pregnancy and identity, describing pregnancy as “an experience, which the overwhelming majority of women can expect at least once in their lives to undergo”. Motherhood is thus a key factor in how women identify themselves and are identified by others.

Regardless of whether women become mothers, motherhood is central to the ways in which they are defined by others and to their perceptions of themselves. (Phoenix and Woollett, 1991: 13)

The construction of motherhood has many manifestations. Motherhood has been romanticised, constructed as vital for the achievement of true womanhood and as necessary for social acceptance.

Motherhood has been romanticised extensively in the arts. In literature for example, motherhood has often been idealised. The figure of “la mère” has featured
prominently in French literature for example, and in the eighteenth century in particular, the figure of the mother was often glorified in a manner illustrated by works such as Rousseau’s *Julie ou La Nouvelle Héloïse*. Here Julie is a model maternal figure, devoted to her sons. In giving her life to save that of her son, Julie reinforces Rousseau’s ideal of maternal altruism. The following description of Julie’s ultimate sacrifice illustrates the idealised image of motherhood prominent in literature of the eighteenth and nineteenth centuries.

(...) en courant l’enfant fait un faux pas, le pied lui manqué, il tombe dans l’eau. (...) Madame se retourne, voit tomber son fils, part comme un trait, et s’élance après lui. (...) Elle se débattait en serrant l’autre contre ses bras… L’enfant est remis; mais la mère (...) elle resta très longtemps sans connaissance. A peine l’eut-elle reprise qu’elle demanda son fils… Avec quels transports de joie elle l’embrassa. (*La Nouvelle Héloïse*, p. 535)

The romanticisation of motherhood is not, however, restricted to eighteenth century literature. Motherhood is often constructed as a key factor in the achievement of “true” femininity or idealised as the supreme achievement for women.

In their examination of the social construction of motherhood, Phoenix and Woollett (1991:13) argue that motherhood is “romanticized and idealized as the supreme physical and emotional achievement in women’s lives” and in a psychological analysis of women in distress, Ashurst and Hall (1989: 97) argue that the female capacity to bear children is perceived as the very essence of womanhood.

A woman’s capacity to create, bear and nurture a child is the very essence of her womanhood, her unique and special capacity (...). Birth is the only defence against the inevitability of death (...). When a woman has a child, she confirms for herself and for others that she is a complete woman, fertile and capable of the biological task of creating and perpetuating life.

Motherhood is therefore perceived or constructed as something, which is central to women’s identity, in particular to women’s sense of “womanhood” or “femininity”.

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As pregnancy represents a period of transition towards motherhood, or as Adrienne Rich (1976: 12) describes it - “an intense physical and psychic rite of passage” towards motherhood, it is reasonable to assume that pregnancy and childbirth are equally strongly linked to female identity. As mentioned in Chapter One, Freed (1999: 261) also identified a dominant discourse, which assumes “that pregnancy and motherhood are the coveted goals of womanhood and that they provide women with a deep and natural sense of fulfilment” (see Chapter One, section 1.4.1).

### 3.3.1.2 Becoming a “Real Woman”

Motherhood is also constructed in discourse as an experience which enables women to become “real women” and to participate in a shared identity amongst women who are mothers. Pregnancy is by default a journey towards this social acceptance. Richardson (1993: 1) for example, argues that motherhood gives many women a sense of security and belonging, a sense of becoming a ‘real woman’. She also emphasises that for much of the twentieth century, motherhood has been defined as “the natural outcome of an inborn, instinctual desire in women for maternity” (1993: 62). Motherhood is, therefore, not just an experience. It is an identity in itself, which is regarded as necessary for women to achieve full status in life, a sense of completeness as a woman.

The experience of motherhood (…) is also an identity which, in our society, is necessary for full adult status as a ‘normal’, ‘feminine’ woman. (1993: 1)

Pregnancy and motherhood are also linked to the social acceptance of women in society. Adrienne Rich describes her own perception of motherhood and identity in the following way.
I had no idea of what I wanted, what I could or could not choose. I only knew that to have a child was to assume adult womanhood to the full, to prove myself, to be “like other women”. (Rich, 1976: 25)

Rich goes on to explain that once she became pregnant, she felt accepted by her community and strangely “not-guilty”.

As soon as I was visibly and clearly pregnant, I felt, for the first time in my adolescent and adult life, not-guilty. The atmosphere of approval in which I was bathed- even by strangers on the street, it seemed- was like an aura I carried with me, in which doubts, fears, misgivings, met with absolute denial. This is what women have always done. (1976: 26).

This notion of “becoming like other women” or “doing what women have always done” or “becoming a real woman” has been frequently repeated in a number of studies. Motherhood when constructed in this sense, appears to be an empowering experience, naturally sought after by women and the two studies mentioned below which are based on women’s own testimonies, confirm this sense of empowerment derived from the idea of motherhood.

Woollett (1991) carried out a study of women’s experiences of infertility by interviewing forty women who were childless or had experienced problems in having children. These women were asked about motherhood and their reasons for wanting children. Interesting observations relating to pregnancy/motherhood and identity emerged in the course of this study. Motherhood was seen as bestowing “positive identity on women”, as confirming “women’s female identity” and thus central “to their sense of themselves”. These women felt that “motherhood is highly valued symbolically as the key to adulthood: having a child makes a woman a mother and an adult” (Woollett, 1991: 53). Echoing Rich (1976), these women saw motherhood as granting them entry to a world shared by mothers, of participating in a shared female identity.
Having children and bringing them up grants women entry into a world of female knowledge and experience and enables them to share a common identity. (Woollett, 1991: 53)

These findings are echoed by Bailey (1999), who carried out a study of changes in the self-identity of pregnant women in the course of their transition to motherhood. Overall she discovered that women’s experience of self-identity altered along a number of different dimensions. All of the 30 women interviewed felt that their pregnancy had increased their sense of self-worth and described feeling “fulfilled”, and “each felt the identity of ‘mother’ was being actively chosen by them” (1999: 339). Bailey (1999: 340) also found that women were embracing a “newly gendered identity” with one woman interviewed stating she “felt positive about being a woman now” (1999: 341). In addition pregnancy seemed to have increased the salience of a number of relationships for many women, one stating that the pregnancy had made her into “a real person” (1999: 343). Several women also had a sense of “entering into a new community of women who had all been through this experience” (1999: 344).

The link between pregnancy, motherhood and femininity appears, therefore, to be deeply rooted. Motherhood has been romanticised and idealised and constructed as the key to true femininity and social acceptance. However, motherhood is not always represented in positive terms.

3.3.1.3 Motherhood as Oppression

It is also argued that motherhood can be oppressive as it has been imposed on women from birth, leaving them to feel as though they have no choice but to embrace it. In *Le Deuxième sexe* De Beauvoir focuses on the oppressive conditions that motherhood
has traditionally imposed on women, arguing that society sets maternity as women’s ultimate physiological fulfilment, as her entire biological structure is created for the perpetuation of the species.

C’est par la maternité que la femme accomplit intégralement son destin physiologique ; c’est là sa vocation «naturelle» puisque tout son organisme est orienté vers la perpétuation de l’espèce. (De Beauvoir, 1949: 134, Vol. 2)

However, De Beauvoir is also conscious of the conflicting emotions women experience in relation to pregnancy, describing it as a drama acted out within the woman herself, an experience which is simultaneously enriching and mutilating.

Mais la grossesse est surtout un drame qui se joue chez la femme entre soi et soi ; elle la ressent à la fois comme un enrichissement et comme une mutilation. (1949: 155-156, Vol. 2)

She argues that women sometimes feel their own identity is obliterated by the foetus, while pregnancy justifies a woman’s existence it simultaneously also subsumes her.

(…) le fœtus est une partie de son corps, et c’est un parasite qui l’exploite ; elle le possède et elle est possédée par lui; il résume tout l’avenir et, en le portant, elle se sent vaste comme le monde ; mais cette richesse même l’annihile, elle a l’impression de ne plus être rien. (1949: 156, Vol. 2)

By retelling the maternal narrative in this way, de Beauvoir allows women to see maternity as separate from their identities as women and allows women to acknowledge that maternity is something, which can be refused. Women do not have to become mothers nor are they born mothers. In the introduction to Le Deuxième sexe De Beauvoir argues that women feel obliged to participate in what she terms “cette réalité mystérieuse et menacée qu’est la féminité” and attempt to incarnate this femininity with great effort (1949: 12, Vol.1). The above-mentioned studies by Bailey (1999) and Woollett (1991) are clear examples of how women perceive
motherhood as possessing the key to true femininity and shared female experience, thus reinforcing De Beauvoir’s theory.

De Beauvoir is not alone in her view that motherhood is in a sense imposed upon women and can be oppressive in this regard. Adrienne Rich (1976: 13) is careful to distinguish between two meanings of motherhood.

(…) the potential relationship of any woman to her powers of reproduction and to children; and the institution, which aims at ensuring that that potential - and all women - shall remain under male control.

She is critical of what she terms “the patriarchal institution of motherhood”, arguing that it has “alienated women from our bodies by incarcerating us in them”, that it has “ghettoized and degraded female potentialities” (1976: 13). It can thus be argued that the institution of motherhood is controlled by men and is thus oppressive. Her description of the romanticised version of a “natural mother” also demonstrates the oppressive nature of motherhood.

(…) a “natural” mother is a person without further identity, one who can find her chief gratification in being all day with small children, living at a pace tuned to theirs; that the isolation of mothers and children together in the home must be taken for granted; that maternal love is, and should be, quite literally selfless; that the children and mothers are the “causes” of each others’ suffering. (1976: 22)

This view of motherhood portrays women who have become mothers as devoid of all other identities, imprisoned in their homes, devoted to their children in a manner reminiscent of Rousseau’s romanticisation of Julie in Julie ou La Nouvelle Héloïse.

The relationship between pregnancy, motherhood and identity is thus a complex one which appears to be simultaneously fulfilling and enriching for women (Bailey, 1999, Woollett, 1991) and oppressive (De Beauvoir, 1949, Rich, 1976). While the idealisation of motherhood appears to have encouraged women to embrace
motherhood as an enriching and empowering gendered identity, it also seems to have imposed this identity upon them. However, De Beauvoir also argues that most women simultaneously, both wish for and resent the feminine condition.

La majorité des femmes à la fois revendiquent et détestent leur condition féminine; c’est dans le ressentiment qu’elles la vivent. (De Beauvoir, 1949: 190, Vol.2)

Perhaps while pregnancy and motherhood are desired by many women and do indeed provide a sense of being “a real woman” to many, maybe there is also an underlying sense of resentment at the oppressive dimension to the construction of motherhood as ultimate fulfilment for women.

At this point it is also important to remember that motherhood is but one of a number of identities constructed for and performed by women (see Chapter One, section 1.3.6), although it is clear from the above analysis that it is an extremely powerful and complex identity for many women, signifying “true” femininity, social acceptance and participation in a shared female identity. However, it can be difficult to separate identities. Chandler (1998: 281) argues that “identity is a dangerous game” as when we try to separate identities, such as “mother” and “woman”, we risk being recolonised by different signs. Butler (1990: 127) also warns of this danger taking the example of lesbianism.

If to become a lesbian is an act, a leave-taking of heterosexuality, a self-naming that contests the compulsory meanings of heterosexuality’s women and men, what is to keep the name of lesbian from becoming an equally compulsory category.

This type of individuation continues to bind individuals to specific and prescriptive identities. It is thus important to accept the fluid and diverse nature of identities and to remember above all that identities are constructed and performed as opposed to
pre-existing (see Chapter One, section 1.3.5) and to perhaps follow Chandler’s (1998: 281) argument to avoid separating identities and instead to acknowledge that pregnancy and motherhood are simply integral parts of women’s overall gender identities.

3.3.1.4 Summary

There are thus several competing and conflicting discourses of motherhood, as pregnancy and motherhood have not only been romanticised and idealised as the supreme achievements for women, but also constructed as oppressive for women. The link between pregnancy, motherhood and femininity is, however, deeply rooted in society regardless of the precise nature of this link. It is in relation to these competing discourses of motherhood as “romantic”, “ideal” and “natural” but also “oppressive” that the discourse of pregnancy exists and the analysis of pregnancy advice literature must take account of these wider discourses of pregnancy, motherhood and femininity.

3.3.2 Discourses of Pregnancy and Childbirth

Pregnancy advice literature is merely one part of a much wider discourse of pregnancy and childbirth which is embodied in obstetric literature, the media, antenatal classes, doctor-patient interviews and so on. In general, discourses of pregnancy and childbirth are complex and the ideological conflicts mentioned in the previous section emerge very clearly in discourses relating to pregnancy and childbirth.

The language of the childbirth debates maps the complex intersections among linguistic constructions and professional authority, economic interests, institutional structures, politics, money, and ideological positionings with regard to health care. (Treichler, 1990: 131)
In this section, the power of discourse relating to pregnancy and childbirth will first be outlined and then the types of discourse which exist in this area will be examined, beginning with the dominant medical discourse and continuing with counter-discourses of natural childbirth.

**3.3.2.1 The Power of Discourses of Pregnancy and Childbirth**

Discourses of pregnancy and childbirth are powerful discourses which construct the meaning of pregnancy for those exposed to these discourses. Hays (2007: 419) highlights the significance of discourse relating to pregnancy.

> Mothers all over the world get pregnant and produce oestrogen and milk, yet ideas of appropriate child rearing vary widely. It is the socially constructed meaning of pregnancy and lactation that is important; it is the ideas and practices attached to childbirth and child rearing that constitute the culture of socially appropriate mothering.

The idea that what pregnancy means is socially constructed through discourse is paramount to this study. Pregnancy and pregnant women are written and spoken about in a variety of professional and popular forums, and it is in what has been written and said about them, that their meaning has come into being. Discourse in this area has, therefore, a powerful significance for women particularly in contemporary times where pregnant women participate in such a variety of communities of practice. In Chapter One, the notion of “communities of practice” was considered (see Chapter One, section 1.3.5) and it was established that pregnant women participate in a variety of communities of practice in which “pregnancy is considered a defining attribute (…) and is regarded as an essential aspect of being a woman” (Freed, 1999: 261). It was also stated that women negotiate their identities through their participation in various communities of practice.
Bailey (1999: 342) highlights this aspect in her description of the range of activities women both engage in and withdraw from in relation to their pregnancies. Those they withdraw from include “a range of pleasures that they had enjoyed before, ranging from semi-professional artistic activities to do-it-yourself to sports clubs” (1999: 343). While Bailey (1999) does not mention the CofP framework, it is nevertheless evident from her analysis that pregnant women withdraw from certain CofPs in which they previously participated, in favour of new ones. New activities pregnant women become involved in include ante-natal classes, childbirth classes, ante-natal yoga and exercise classes and various support groups (1999: 342-343). Bailey (1999: 343) also emphasises that the women she was studying “read voraciously about pregnancy, performed exercise and relaxation routines at home, and instituted regimes of diet, drink and lifestyle”. She further argues that these changes thus constituted ways in which women “practised their pregnant selves”, that pregnancy was “an art” rather than “a condition” (1999: 343), an argument reminiscent of Butler’s notion of “gender as performance”. Pregnant women are thus negotiating a change in identity through the above-mentioned practices and participation in new communities of practice. The role of pregnancy manuals in the construction/negotiation of pregnant women’s identities is not underestimated in this study. The women participating in Bailey’s study undertook “copious amounts of reading about pregnancy and in preparation for the birth”, and described themselves as “researchers” or as engaged in a kind of “revision” (1999: 343). It is, therefore, reasonable to assume that women are performing pregnant identities through their participation in a number of communities of practice and that any form of discourse to which pregnant women are exposed, plays an important role in the construction of their identities.
However, the power of this discourse is not necessarily a positive phenomenon. Hansen (2007: 434) warns that because language is prescriptive as well as descriptive, “mothers have been harmed by cultural, legal, medical, and psychological discourses about motherhood”. Treichler (1990) also refers to the power of discourse surrounding childbirth. She argues that “childbirth is not a uniform event whose true meaning and real nature are universal and potentially accessible to everyone” (Treichler, 1990: 115). Instead she argues that the term “childbirth” has several meanings both discursively and socially but that the medical meaning of birth has come to constitute the official definition of childbirth (1990: 123). She further explains in a Foucauldian spirit the power of this medical definition of childbirth.

The word *childbirth* is not merely a label, provided to us by language, for a clear-cut event that already exists in the world: rather than describe, it *inscribes*, and makes the event intelligible to us. We cannot look *through* discourse to determine what childbirth ‘really’ is, for discourse itself is the site where such determination is inscribed. (1990: 132)

What childbirth means for women has been constructed for them in discourse, it has no independent meaning and the dominance of the medical definition in discourse means that women are deprived of the diversity of meanings it can signify.

### 3.3.2.2 Dominant Medical Discourse and the Mechanical Metaphor

In general it is argued that the dominant discourse of pregnancy and childbirth is medical discourse (Martin, 1987; Murphy-Lawless; 1998; Oakley, 1980; O’Reilly, 2004). O’Reilly (2004: 30) argues that the dominance of the medical definition of childbirth “empties birth as signifier of its multiple and diverse meanings. (…) Childbirth is stirrups, internal and external monitors, oxytocin drip, epidurals, episiotomies, and last, but not least, forceps”. Childbirth and technology are thus almost inseparable under this model. Rothman (2007: 391) also asserts that having a
baby in the twenty first century has become “part of the high-tech medical world”. She further explains that this ideology of technology “encourages us to see ourselves as objects, to see people as made up of machines and part of larger machines” (2007: 391). In accordance with this ideology “pregnant women become workers in an unskilled assembly line, conceptualised as machines, containers holding precious, genetic material” (2007: 395). This ideology of technology furthermore clearly shapes discourse relating to pregnancy and childbirth.

In her book, *The Woman in the Body: A Cultural Analysis of Reproduction*, Emily Martin argues that scientific and mechanical metaphors pervade obstetrical literature, that reproduction “is treated as a form of production” (Martin, 1987: 57). The origins of this mechanical metaphor are in seventeenth and eighteenth century French hospitals where the uterus was spoken of as a type of mechanical pump used to expel the foetus (1987: 54). Martin (1987: 54) argues that the use of this mechanical metaphor is combined with the use of mechanical tools such as forceps for childbirth, and the metaphor of the body as a machine dominates medical discourse due to our continuing willingness to apply technology to birth and intervene in the process. In obstetrical literature, therefore, the uterus is defined as a “machine” which produces “efficient or inefficient contractions” (1987: 59). Labour is divided into three stages with each stage assigned a rate of progression and good or poor labour is defined by the amount of “progress made in [these] periods of time” (1987: 59) Images that pervade obstetrical literature are those of the uterus as a “machine” (1987: 63), “uterine contractions as involuntary” (1987: 62), the woman as a “patient” (1987: 61), and the doctor as “the supervisor or foreman of the labour process” (1987: 64). Martin concludes that “[the] complex process [of birth] that interrelates physical,
emotional and mental experience [is] treated as if it could be broken down and managed like other forms of production” (1987: 66).

It is clear that technology and its accompanying ideology, surround almost every aspect of antenatal care and childbirth in contemporary Western society and the mechanical metaphor is extremely visible in discourse relating to pregnancy and childbirth, particularly obstetric discourse. The use of the mechanical metaphor can, however, arguably be attributed to the rise of faith in the machine and it can furthermore be argued that the medicalisation of childbirth is linked to the development of a mechanical order in Western society with advances in machine technology. By the seventeenth century, the machine became the metaphor in several domains – not just pregnancy and childbirth.

As the unifying model for science and society, the machine has permeated and reconstructed human consciousness so totally that today we hardly question its validity. Nature, society, and the human body are composed of interchangeable atomized parts that can be repaired or fixed from the outside. (Merchant, 1990: 193).

Merchant (1990: 193) describes this as a “replacement of the older, ‘natural’ ways of thinking by a new and ‘unnatural’ form of life”, an analogy which can also be extended to changes in thinking surrounding pregnancy and childbirth.

Rothman (2007: 395) extends the technological ideology surrounding pregnancy and childbirth to society as a whole and argues that this ideology makes us treat society as a collection of parts rather than a connected whole.

It is not only the body that we treat as mechanical, but the social order as well. Rather than seeing society as an organic, deeply interconnected whole, technological ideology encourages us to see society as a collection of parts.
The breaking down of the process of labour into specific stages and the management of labour previously referred to by Martin (1987: 66), together with her description of women as feeling “fragmented” (1987: 194) indicate that technological ideology has perhaps broken down pregnancy and childbirth into “a collection of parts” rather than a “deeply connected whole”.

It appears, therefore, from the above studies that the dominant discourse relating to pregnancy and childbirth is a medical one in which mechanical metaphors pervade. It is also evident, that the technological ideology behind this discourse is not restricted to pregnancy and childbirth alone. Not only is the body treated as mechanical but as argued by Rothman (2007: 395), “the social order as well”.

3.3.2.3 Counter-Discourses of Pregnancy and Childbirth

The dominant medical discourse of pregnancy and childbirth is not, however, the only discourse which exists in this area. O’Reilly (2004: 33) argues that the fight against the medicalisation of childbirth is being fought in language, in alternative discourses, and she pays tribute to the alternative movements such as feminism, midwifery and the natural childbirth movement who “have challenged the official definition/dominant ideology of childbirth as a medical procedure through contesting definitions, alternative mythologies of birth as a ‘natural’ process”. She describes the literature of the home-birth movement and Lamaze classes as “ideologically subversive and politically liberating” (2004: 34). These are counter-discourses of birth but yet there is a strong argument that counter discourses are born out of dominant discourses and can thus never really be free from the dominant discourse.

Because counter discourses are born from the form of a dominant mythology (...) they (...) must always exist within the dominant discourse, resisting, but
never replacing it. The natural mode of childbirth as a product of cultural struggle and in the process of its mythic signifying practices is thus always framed by the discourse it seeks to dismantle (2004: 34).

Treichler (1990: 132) also supports the view that counter discourses of childbirth are born out of the dominant discourse and are thus forever tied to it.

Counter discourse does not arise as a pure autonomous radical language embodying the purity of a new politics. Rather it arises from within the dominant discourse and learns to inhabit it from the inside out.

Therefore, while alternative discourses of pregnancy and childbirth may resist the dominant discourse, they will never be able to replace it, nor will they ever escape its boundaries within which they are imprisoned.

In the counter-discourse of the natural mode of childbirth, childbirth is inscribed as a “natural” experience. This discourse of childbirth is, however, full of complexities, ambiguities and contradictions. Treichler (1990: 129), for example, draws attention to the ambiguity surrounding the word “natural” when used to describe childbirth.

Sometimes it means birth without the panoply of hospital procedures – shaving, drugs, enema, foetal monitoring. But it can also mean birth with Lamaze and/or without anaesthetic, birth outside the hospital, vaginal delivery as opposed to caesarean section, or the outcome of “natural” rather than in vitro (test tube) fertilization.

It can also be argued that this discourse can be just as prescriptive as the medical discourse of childbirth. Treichler (1990: 130) observes that the “natural” mode of childbirth is “as tyrannical and prescriptive as the medical model-perhaps more so, because it pretends to be ideologically free and supportive of individuality”. O’Reilly (2004: 35) also describes this counter-discourse as positioning itself as a “tyrannical and prescriptive master discourse” which is “polluted with the medical discourses’ language of militarism”.

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Birth is inscribed as a competitive sport or battle in which the birthing woman, drilled and disciplined in self-control, conquers her pain and proves she can take it (like a man). It is a testing-ground or rite of initiation which separates the women from the girls. (2004: 35)

Counter-discourses of childbirth can be thus equally as oppressive as the dominant discourse.

3.3.2.4 Summary

All of these discourses, dominant and counter-discourses represent pregnancy, childbirth and women in different and often contradictory ways. Treichler (1990: 128) describes women as represented in “multiple and contradictory ways” in discourses about childbirth. In medical discourse women are represented as “subordinate, irrational, passive, and incompetent”, in feminist writing, women are represented as “autonomous, healthy, and intelligent” and in writings about motherhood “childbearing is often represented as the central meaningful event in women’s lives” (Treichler, 1990: 128). In Chapters Four, Five and Six, it will become evident that the discourses identified in pregnancy advice literature exist in relation to these wider and often conflicting discourses. It is, therefore, not surprising that women feel “disempowered” (Murphy-Lawless, 1998: 22), “fragmented” (Martin, 1987: 194) and “trapped” (Treichler, 1990: 128) by the confusing and contradictory representations of pregnancy, childbirth and the self in the dominant and counter-discourses of pregnancy and childbirth and are turning to advice literature and the “experts” for guidance.

However, it must also be acknowledged at this point that the discourse of pregnancy advice literature is not just part of wider discourses of motherhood, femininity,
pregnancy and childbirth, but that it also exists to a lesser extent in relation to many other discourses of sexuality, body image, neo-liberalism and so on. In Chapters Four, Five and Six, the link to these wider discourses will also be highlighted as they become relevant in the analysis, as it would not be within the scope of this thesis to provide a detailed analysis of every one of the discourses which feature in the analysis. Instead the most prominent discourses have been highlighted and explained in this chapter, and the others will be mentioned as they occur in the analysis.

3.3.3 The Institutional Context of the Production and Interpretation of the Texts

As already mentioned in the Introduction to this chapter, the texts consist of two pregnancy books from the early twentieth century and two contemporary popular advice pregnancy books. As outlined earlier in section 3.2.2.3, there is a large variety of general and specialised pregnancy books available on the market, but for the purposes of this analysis, general pregnancy books were selected on the basis that these books are more likely to be consulted by a wider range of women. The two contemporary pregnancy books selected are thus representative of those generally available in retail outlets. The corpus is, therefore, composed of the following books: Murkoff and Mazel’s *What to Expect when You’re Expecting*, 4th edition (2008); Ciraru-Vigneron and Kosmadakis’ *La Bible de votre grossesse* (2007); Stacpoole’s *Candid Counsels to Expectant Mothers* (1925) and Lacasse’s *Hygiène de la grossesse. Conseils pratiques aux jeunes mères* (1920). It is important that discourse from different eras be examined in the course of this study in order to demonstrate how different ideologies about women were important at different times. In this section,
the participants in these texts as discourse practices will first of all be identified, and then the wider practices of production and consumption examined.

3.3.3.1 Discourse Participants

The first step when examining the institutional conditions of production and interpretation is thus to identify those who are participating in this as a piece of discourse practice, that is to say the readers and producers of the texts. In the case of all four manuals under consideration, the readers are most likely pregnant women and in some cases their partners, and the producers of the texts are the authors and editors of the texts. The participants in the processes of pregnancy and antenatal care are pregnant women, their families and medical staff. The relationship between readers as participants in the discourse and women as participants in pregnancy and antenatal care is evident as the readers are most likely all about to participate in antenatal care. However, the relationship between the producers of the text and the pregnant women is not as clear. The text producers could adopt the perspective of the pregnant women, or of the medical personnel or of neither. In the next chapter it will be clear that in the texts, there is often an ambivalence of “voice” and it is not always clear which perspective is being adopted (see Chapter Four, section 4.3.1).

3.3.3.2 The Production of the Texts

The first question which arises when considering the production of the texts relates to the identity of the producers. Who actually wrote and produced these books and how do they portray their relationship to their readers? The authors of What to Expect When You’re Expecting are Heidi Murkoff and Sharon Mazel, both of whom according to the foreword (pp. v–vi) are mothers themselves. They describe the book
as being written with the help of “colleagues and friends”, their editor, their publisher and Dr. Charles Lockwood who is described as their “remarkable medical advisor” (p. vi). *La Bible de votre grossesse* on the other hand is written by two women, Pr. Nicole Ciraru-Vigneron who is a gynaecologist and obstetrician, and Hélène Kosmadakis who is a midwife. On the back cover of the book, more details as to their precise level of experience are given.


The expertise of these authors is, therefore, not to be doubted with so many years of experience behind them. While it is not specified in the foreword, we can safely assume that editors and publishers also made an important contribution to the final version of the text.

*Candid Counsels to Expectant Mothers* is written by another female health professional, Florence Stacpoole who, according to the cover of the book is “a lecturer to the National Health Society of London”. The book is part of a series of medical advice books produced by the publishers A. & C. Black Ltd. entitled *Black’s Medical Series* and the author herself has produced other books in this series such as *Our Sick, and how to take care of them* and *A Healthy Home*. *Hygiène de la grossesse* is the only manual produced by a male author, le Docteur R. Lacasse who according to the title page is an experienced health professional. He is described as an “ancien interne des hôpitaux de Paris” and an “ancien chef de clinique d’accouchements de la faculté”. The book is published by Vigot frères and at the end of the book there is a series of advertisements for other books in the same series by
different authors. These books include *L’enseignement de l’hygiène sexuelle à l’école, Les Mères de demain. L’éducation de la jeune fille d’après sa physiologie and Le Droit à l’amour pour la femme*. It is reasonable to infer, therefore, that the publishers in question are experienced editors of the popular medical press. The medical background to the production of these texts is thus undisputed.

*La Bible de votre grossesse, Hygiène de la grossesse* and *Candid Counsels to Expectant Mothers* are all produced by health professionals with considerable experience in this area, and while the profession of the authors of *What to Expect When You’re Expecting* is unspecified, it is nevertheless acknowledged that Dr. Charles Lockwood who is “The Anita O’Keefe Young Professor of Women’s Health and Chair, Department of Obstetrics, Gynecology and Reproductive Sciences, Yale University School of Medicine” has made a significant contribution to the production of the book. This medical background to the production of the texts will be very significant in the next chapter when considering the question of power relations in this discourse, as it immediately places the producers of the texts who themselves represent medical institutions, in a clear position of power (see Chapter Four, section 4.2).

### 3.3.3.3 The Consumption of the Texts

The next question relates to the consumption of the texts. While it is obvious that the readers are most likely pregnant women, the ideal readers are clearly defined in each of the four pregnancy manuals. In *What to Expect When You’re Expecting*, the ideal reader is defined in the foreword to the book as either a woman who is newly pregnant or about to become pregnant.
If you are reading these words, it’s likely you are either newly pregnant or about to become so. Congratulations! (p. xxi)

There is also a chapter devoted to expectant fathers so they too are included as potential readers of this book. Throughout the book there are frequent references to “husbands” and “spouses” thus defining the ideal reader as a married woman. However, there is also what can only be termed a “disclaimer paragraph” inserted in Chapter Three which seeks to assert that the book is also aimed at those in “non-traditional relationships”.

As you read What to Expect When You’re Expecting, you’ll notice many references to traditional family relationships – to “wives”, “husbands”, “spouses”. These references are not meant to exclude expectant mothers (and their families) who may be somewhat “untraditional” – for example, those who are single, who have same-sex partners, or who have chosen not to marry their live-in partners. Rather, these terms are a way of avoiding phrases (for instance, “your husband or significant other”) that are more inclusive but also a mouthful to read. Please mentally edit out any phrase that doesn’t fit and replace it with one that’s right for you and your situation. (p. 32)

While the purpose of this paragraph appears to be to ensure that the book is inclusive of all readers, regardless of their domestic situation, it nevertheless positions those who are not in traditional married situations as “the other” through the use of the adjective “untraditional”. They are thus constructed as being outside what is considered a “normal” relationship. The ideal reader remains, therefore, a female, pregnant and married person.

In La Bible de votre grossesse, the ideal reader is also defined in the first four lines of the foreword.

Vous êtes enceinte ou vous souhaitez le devenir, aussi avez-vous choisi de nous lire. Peut-être êtes-vous un futur père, soyez rassuré nous ne vous avons pas oublié. (p. 7)

This advice book is thus again primarily aimed at newly pregnant women or women hoping to become pregnant. However, it also includes expectant fathers and they are
assured that they have not been forgotten in the production of this text. The main ideal readers are clearly, however, pregnant women or women hoping to become pregnant. The frequent references to “votre conjoint” (p. 195) throughout the book also construct the ideal reader as married. In this case there is no “disclaimer paragraph” so those outside of married relationships are significantly absent from the text.

In *Candid Counsels to Expectant Mothers*, there is no foreword but on the cover of the book the following extract appears indicating that the text is aimed at expectant mothers who are in need of “plain-spoken advice”.

Plain-spoken advice to Expectant Mothers on the care of their Health before, during, and after Confinement, with Special advice on Diet, including the Value of Vitamins to the Mother and her coming Baby. UP-TO-DATE INFORMATION ON TWILIGHT SLEEP, BIRTH CONTROL, &c. No safer guide than this little volume could be placed in the hands of an Expectant Mother.

In terms of the social class of the reader, readers are divided into two categories, “ladies of leisure” and “working women”. It can thus be assumed that the book is aimed at both.

*What sort of exercise should I take during Pregnancy?* This is an important question. Before answering it, another question must be asked. “What sort of woman are you?” Are you “A Lady of Leisure” or are you “A Working Woman”? (p. 26)

However, it is nonetheless clear that the text is aimed at “the comfortably well-off” as reference is made to the need to “engage your nurse” (p. 8) and to organise “a doctor to attend the confinement” (p. 8). Those less well-off would have to attend public clinics and would not be able to afford to have a nurse and doctor attend to them in their homes. The reader is also clearly married as several references are made to
“husbands” (p. 83). The ideal reader of this text is thus married, pregnant and comfortably well-off.

In *Hygiène de la grossesse* the foreword opens with the line “Je vous livre, Mesdames, ce tout petit volume” (p. 5). It is thus evident that the book is aimed at women only. It then becomes clear that pregnant women are the ideal readers of this manual.

Il [mon livre] (...) vous permettra de parcourir sans accrocs trop graves, neuf grands mois, où vous préparez l’éclosion d’un petit être, dont les premiers cris vous récompenseront de toutes les peines qu’il vous aura données. (pp. 5-6)

The manual is clearly aimed at women embarking on their nine months of pregnancy. Further on, in the book it becomes evident that the ideal reader is most likely a woman from the upper middle classes of society.

Vous, Madame, qui me faites l’honneur de me lire, vous êtes sans doute dans une situation, sinon aisée, tout au moins suffisante pour vous permettre de vivre sans exercer un métier pénible. (p. 117)

The ideal reader is also most likely a white French woman.

Pourquoi dans ces conditions une femme qui croise un nègre dans la rue n’accoucherait-elle pas d’un mulâtre. (p. 69)

In addition, she is a married person with several references made to “le mari” (p. 108). The ideal reader is thus once again married, pregnant, upper or upper middle class and white.

Those destined to read these books clearly share many characteristics despite the existence of a significant time period between the publication of the two contemporary and two older texts. Essentially the texts have a strong heteronormative and traditional dimension as it is clear that the producers of the texts are presupposing
that their readers are mostly in heterosexual married relationships. This domestic situation is thus immediately constructed as the most appropriate situation in which to become pregnant and start a family.

3.3.3.4 Summary

This consideration of the institutional context of the production and interpretation of the texts illustrates that the texts forming the basis of this analysis are written by experts with a very strong medical background. This fact is important as it immediately demonstrates that the texts have been written from a medical perspective by authors who represent medical institutions. The producers are thus placed in a clear position of power due to the expertise and “insider” knowledge they possess. The readers on the other hand, are either pregnant women or women hoping to become pregnant. The ideal readers are also most likely in heterosexual married relationships and are consulting these books in search of information about their pregnancies. Power relations are thus immediately evident with the producers of the texts in a clear position of authority.
3.4 Conclusion

The purpose of this chapter was to identify the discursive and socio-cultural practices which must be considered when interpreting and explaining the selected texts in Chapters Four, Five and Six. In the first section, the core socio-cultural, historical and institutional factors which frame the experience of pregnancy and childbirth for women in the Western world were identified. It was established that prior to the seventeenth century pregnancy and childbirth were natural events, cared for within the community by women. From the seventeenth century on, however, women’s control from these processes was slowly removed and the increasing involvement of men and the rising use of technology became the norm as pregnancy and childbirth became medicalised. The close association between motherhood and death was highlighted together with the long history of ideological conflicts between interventionist approaches to pregnancy and childbirth, and “leaving things to nature”. The social context in which pregnancy and childbirth take place in the twenty first century was also described and key factors such as the availability of contraception, the use of high technology, the rise of the natural childbirth movement, the challenges posed by home birth and free birth models and “shroud-waving” by supporters of the obstetric model were outlined. It was also argued that these conflicts have not provided women with options, but that the choices facing women relating to pregnancy and childbirth are constrained by social and institutional factors.

It was thus emphasised that the two older texts are likely to be strongly influenced by social conditions in which the dangers of childbirth are very real and in which medical supervision is perceived as the only means to avert these dangers. The two contemporary texts on the other hand, are framed by social conditions in which
conflicting views of pregnancy and childbirth as medical and natural events abound. These complex socio-cultural practices must thus be taken into consideration in the analysis as they are embedded not just in the texts but in the minds of the readers who are interpreting them. The role of pregnancy advice literature within this societal context was subsequently outlined. It was established that pregnancy advice literature has grown considerably in volume since its emergence in the late eighteenth century. While the two older texts which form the basis of this analysis would only have been read by a limited sector of society, the two contemporary texts have a much wider readership due to improvements in literacy levels, an increasing reliance on self-help literature and the professionalisation of motherhood. This genre of literature is however, essentially prescriptive and constructivist in nature and the reader is very much the recipient of information imparted by experts.

The consideration of the discourse processes also highlighted a number of important facts which constitute the discursive framework for this study. The discourse of pregnancy advice literature is part of a wider discourse firstly of motherhood and femininity, and secondly of pregnancy and childbirth. It has thus been established that pregnancy and motherhood are firmly linked to women’s social identities. Motherhood and pregnancy represent powerful but complex identities for women, signifying “true womanhood”, acceptance by society and a common identity amongst women on the one hand. However the construction of maternity by society as women’s ultimate fulfilment can also be viewed as oppressive. The precise relationship between pregnancy, motherhood and identity is thus highly complex, but the powerful significance of pregnancy and motherhood for women is undisputed. Wider discourses of pregnancy and childbirth are characterised by conflicting
ideologies relating to the medical control of pregnancy and childbirth and the role of women in these situations. While the dominant discourse of pregnancy and childbirth is an oppressive medical discourse in which pregnancy and childbirth are medical events managed by medical personnel, counter-discourses of pregnancy and childbirth as “natural” can be equally prescriptive and dominating. Women feel disempowered and confused by these conflicting representations of pregnancy, childbirth and the self, and are increasingly turning to the “experts” for advice and consulting advice literature.

The analysis of the institutional context of the production and interpretation of the texts reveals that the producers of these texts represent medical institutions and are in a clear position of power over their readers due to the expertise they are perceived to possess. The interpretation and explanation of the texts in Chapters Four, Five and Six is, therefore, also concerned with these discursive factors as they provide the background against which these texts are produced and interpreted.

The above-mentioned social and discursive factors thus provide the background against which the texts are interpreted and explained in the following chapters.
CHAPTER FOUR

*Discourse and Power. Pregnant Women and the Medical Institution*

4.1 Introduction

As established in Chapter Two, one of the main functions of CDA is to identify the ways in which discourse reproduces and challenges power in society (see Chapter Two, section 2.3.5). Van Dijk (2001a: 353) reminds us that “CDA focuses on the ways discourse structures enact, confirm, legitimate, reproduce, or challenge relations of power and dominance in society”. In Chapter Three, the medicalisation of pregnancy and childbirth since the late eighteenth century on has been outlined. The dominance of the medical model of pregnancy and childbirth in the twentieth and twenty first centuries means that the medical institution and its personnel represent important social actors in the discourse of the texts concerned. Since the primary aim of this thesis is to examine how gender identity is constructed in the discourse of pregnancy advice literature, it is vital to examine how women are positioned in relation to other key social actors. This chapter thus seeks to examine the ways in which power relations between the medical institution and pregnant women are reproduced and challenged in the discourse of pregnancy advice literature using the methodological framework inspired by CDA and outlined in Chapter Two. This analysis also takes account of the socio-cultural context and discourse processes outlined in Chapter Three.

The chapter will, therefore, begin in the first section by defining institutions and their associations with power in order to identify the possible means by which power can
be achieved in this discourse. In the second section, the discursive strategies employed to position medical personnel as in control of pregnant women will be outlined and analysed. Firstly, the type of voice adopted in the texts will be considered, secondly the general discursive practices implicit in the structure of the texts which are used to assert power will be examined, and thirdly the persuasive devices adopted to convince women of the need to allow medical intervention will be outlined. In the third section, the overall discourse pattern which has emerged from a close analysis of the texts, and which positions pregnant women as controlled by the medical institution will be outlined. This overall discourse of control is manifested through a number of supporting discourses which include the construction of women as ignorant of all matters concerning pregnancy and childbirth, the need for women to reject advice from non-medical experts, the construction of pregnant women as in need of medical supervision and the need for women to relinquish control to medical personnel during childbirth.

This chapter will thus identify the ways in which the discourse of pregnancy advice literature legitimates and upholds the power of the medical institution over pregnant women. In this way, the hypothesis that women are repressed and controlled in this discourse will be confirmed and some of the societal power asymmetries and hierarchies which repress and control pregnant women as a social group will be uncovered.
4.2 Institutions and Power

Before examining the reproduction of power relations between the medical institution and pregnant women in discourse, it is vital firstly to establish what institutions actually represent so that their associations with power may be clear from the outset.

Benwell and Stokoe (2006: 88) describe institutions as “commonly (…) associated with physical buildings or organisational settings, such as hospitals, schools or law courts” and emphasise that “institutions are intrinsically bound up with power” and “are often seen to serve the interests of powerful groups”. The association between institutions and power is thus very clear. Agar (1985: 164) further highlights the link between institutions, power and knowledge or expertise by defining an institution as “a socially legitimated expertise together with those persons authorized to implement it”. Institutions can thus include any powerful group possessing expertise and the authorisation to implement it. Benwell and Stokoe (2006: 88) argue that Agar’s definition establishes an expectation that “institutions produce binary and asymmetrical roles: the ‘expert’ (or institutional representative) who is invested with institutional authority, and the ‘non-expert’ (usually the ‘client’), who must accommodate to the institutional norms”. These binary roles are clearly evident in the pregnancy advice books chosen for this analysis. In Chapter Three, it was established that the producers of these texts are mostly representatives of the medical institution and “experts” in the field of obstetrics (see Chapter Three, section 3.3.3.2). The reader then immediately takes the role of “non-expert” as they are consulting these texts in search of information, and as the analysis will demonstrate; they are consistently reminded of their lack of knowledge (see section 4.4.1)
In discourse, however, power is not always achieved by coercion and oppression. Instead its manifestations may be far more complex. As mentioned in Chapter Two (see section 2.3.4), Benwell and Stokoe (2006: 89) draw attention to the fact that power can also be achieved by “persuasion, consensus and complicit cooperation”. Institutions such as the medical institution can sustain their power and prominent position through hegemony, a concept introduced and defined by Gramsci (1971: 12) as “the ‘spontaneous’ consent given by the great masses of the population to the general direction imposed on social life by the dominant fundamental group”. Power can thus be achieved using hegemonic means. The medical institution can maintain its dominant position using persuasion and consensus to generate the consent and willingness of pregnant women to comply with the norms of the institution. The achievement of power in this way is evident in many of the discursive strategies adopted in the texts under consideration, as persuasive devices are used frequently to convince pregnant women of the need for medical supervision and intervention during pregnancy and childbirth (see section 4.4.3 and 4.4.4).

When examining the issues of the relations between discourse and power, Van Dijk (2001a: 354-358) argues that there are two main aspects which should be considered. Firstly, he argues that “access to specific forms of discourse, e.g. those of politics, the media, or science, is itself a power resource” (2001a: 355). The very fact that the authors of these books and the institutions they represent, have access to the production of this form of popular discourse immediately places them in a position of power. The producers of these manuals control the topics selected and the language used to deal with them. He also argues that “if controlling discourse is a first major form of power, controlling people’s minds is the other fundamental way to reproduce
dominance and hegemony” (2001a: 357). The reason for this is that “recipients tend to accept beliefs, knowledge, and opinions (...) through discourse from what they see as authoritative, trustworthy, or credible sources, such as scholars, experts, professionals, or reliable media” (2001a: 357). Since these pregnancy manuals have been produced by experts in the field of antenatal care and obstetrics, it is no surprise that pregnant women, who are the recipients of this discourse, accept the representations of pregnancy and identity in this discourse. The significance of this aspect of the power of discourse is highlighted by Van Dijk, (2001a: 355).

(...) action is controlled by our minds. So, if we are able to influence people’s minds, e.g. their knowledge or opinions, we indirectly may control (some of) their actions, as we know from persuasion and manipulation.

The minds of the readers of these manuals are, therefore, strongly influenced by medical representations of pregnancy and childbirth, and this influence is likely to control their actions during pregnancy.

It is thus evident that the link between institutions and power is very strong as institutions produce the binary roles of the expert who has institutional authority and the client who must conform to the norms established by the institution. In the case of the discourse of pregnancy advice literature, the experts are clearly the text producers who represent the medical institution while the clients are the pregnant women reading the texts. An immediate power asymmetry is thus established. It is also clear that power is not necessarily always achieved through explicit oppression, that it may also be achieved through hegemonic means, a factor which will be important in the identification of the discursive strategies used in these texts. Finally, the very fact that the text producers, who are representatives of the medical institution, have access to the production of this form of discourse immediately places them in a position of
power and it is highly likely that they will be able to influence not just the minds of pregnant women but also their actions through discourse. This dominance of the medical institution over pregnant women is therefore, immediately in existence as a result of the very existence of this institution and its access to discourse.

4.3 Discursive Strategies to Establish Authority

Three key discursive strategies are also used to establish the authority of medical personnel in relation to pregnant women. The first strategy is the type of voice used in these texts as the producers of the texts dually construct themselves as “experts” and “friends”, thus successfully masking an authoritative voice with a friendly one, and achieving power through hegemonic means. The second strategy employed is implicit in the structure of the texts and concerns the legitimation of the authority of the “experts” using question and answer formats and the legitimation practices of authorisation and legitimation. The third strategy is made up of a number of persuasive devices including the use of statistics, apparent statements of fact and transitivity. The above-mentioned devices represent the most common discursive strategies used to establish authority in these texts and are thus the features we have chosen to examine in detail here.

4.3.1 The Voice: Expert and Friend

In each of the manuals surveyed, the type of voice which will be “speaking” to the reader is constructed in the foreword and/or introduction. The reader is thus given an idea as to whose beliefs are being represented. What to Expect when You’re
*Expecting* is described in the foreword as “like having a personal obstetrician\(^1\) to guide you (...) Packed with information and useful advice, the kind you would hear from your favorite doctor or midwife – one who is wise but funny, thorough but practical, experienced but enthusiastic, organized but empathetic” (p. xx). The book itself is predominantly written using a question and answer format, with questions asked by a pregnant woman and answered by a voice loosely defined as that of an obstetrician, doctor or midwife. This voice is nevertheless clearly defined as an authoritative one. The adjectives used in the above quotation are very significant. While the voice is friendly and caring – “funny”, “enthusiastic”, “empathetic”, it is also “wise”, “thorough”, “practical”, “organised” and “experienced”. The inclusion of the terms “obstetrician”, “doctor” and “midwife” also define this voice as professional and authoritative. The authoritative nature of this voice is, however, masked by simultaneously presenting it as almost the voice of a caring friend.

In *La Bible de votre grossesse* the “voice” is clearly defined as dually belonging to a midwife and female doctor.

> Ce livre nous l’avons écrit à deux: une sage-femme et une femme médecin-accoucheur. Pendant près de quarante ans, sur le terrain nous avons vu, entendu, examiné, accouché des milliers de femmes, nous avons participé aux joies, parfois aux difficultés, de centaines de couples et de familles. Grâce à cette longue expérience nous aimerions vous guider, vous conseiller, vous rassurer, vous aider dans la merveilleuse aventure de l’attente et de la naissance d’un enfant. (p. 7)

This “voice” is similar to the one constructed in *What to Expect When You’re Expecting* but this time, verbs as opposed to adjectives are used to present the dual caring/professional dimension. The verbs “guider”, “conseiller”, “rassurer”, and “aider” together with the phrase “nous avons participé aux joies” evoke a caring,

\(^1\) The underlining in citations from the four pregnancy manuals which form the basis of this analysis is my own and is intended to emphasise key aspects of language choice.
friendly voice while other parts of the extract remind the reader of the professional experience of the authors, thus placing them in a position of authority. The verbal phrase “nous avons vu, entendu, examiné, accouché” used in conjunction with vague numerical references to the number of women treated – “des milliers de femmes”, “de centaines de couples” serve to re-establish the “voice” as an “authoritative one.

It is interesting that the pregnancy manuals from the early twentieth century also take a similar approach. In *Hygiène de la grossesse*, the author again asserts that the voice is a friendly one but nevertheless reminds us of his superior knowledge.

Je vous livre, Mesdames, ce tout petit volume. J’ai négligé à dessein le ton magistral pour vous parler sur un ton familier. Ce ne sont pas des leçons que j’ai voulu professer ; mais bien et tout simplement, des conseils pratiques que je vous donne. (…) Il est, je le pense, surtout pratique. Il pourra peut-être dissiper certains préjugés, vous suggérer certaines craintes nécessaires, en faire évanouir d’autres mal fondées, et, particulièrement, vous permettra de parcourir sans accrocs trop graves, neuf grands mois, où vous préparez l’éclosion d’un petit être, dont les premiers cris vous récompenseront de toutes les peines qu’il vous aura données. (pp. 5-6)

(…) pour que tout soit pour le mieux pendant neuf mois, pour que les malaises se réduisent au minimum, pour qu’une véritable maladie de la grossesse, menaçant la mère et l’enfant, ne se déclare pas, la femme enceinte doit se soumettre à certaines règles, observer certaines pratiques et surtout une hygiène assez sévère. (p. 7)

In the first part of this extract, the alternate use of positive and negative statements apparently rejects an authoritative tone in favour of one which is practical and familiar. In the second part of the extract, the precise nature of this “practical” tone is described as one which will dissipate prejudices and unfounded fears while warning the reader of dangers and helping them to get through their pregnancy “sans accrocs”. The final part of the extract reafﬁrms the authority of the authorial voice by referring to the “règles”, “pratiques” and “hygiène” which must be followed by the reader and will by implication be outlined by the author.
In *Candid Counsels to Expectant Mothers*, there is neither a foreword nor an introduction to the volume in which the author attempts to establish the type of “voice” which will be adopted. However, the front cover of the book describes it as containing “plain-spoken advice to Expectant Mothers on the care of their Health before, during, and after Confinement, with Special advice on Diet, including the Value of Vitamins to the Mother and her coming Baby.” The voice is, therefore, established as one which is “plain-spoken” and “candid” and thus once again authoritative.

This use of “expert” and “friendly” voices is not unlike the strategy identified by Fairclough in his brief analysis of an antenatal care booklet (1992: 193) where he draws a distinction between two voices he identifies. He initially speaks of “the voice of medicine” which “gives the sort of rationalization and argumentation one would expect from medical staff, which contributes to the construction of medico-scientific ethos” (1992: 173). He also, however, identifies a “voice of the lifeworld”. This is a term developed by Mishler (1984: 95) and refers to the voice of ordinary experience or “when patients refer to the personal and social contexts of their problems”. Fairclough (1992: 173) identifies an ambivalence of voice in the booklets on antenatal care which form the focus of his study. He argues that the reason for this ambivalence of voice is that “medical staff often (…) shift into a lifeworld voice when talking to patients” thus rendering it unclear as to whether it is the patient’s perspective or that of the medical staff which is being taken. In the pregnancy manuals which form the basis of this analysis, both voices can clearly be identified and the ambivalence associated with these two voices obscures the fact that the texts have clearly been written and produced from a medical perspective. This is evident
not only from the identity of the authors and in some cases the publishers (as established in Chapter Three (see section 3.3.3.2), but also from the authors’ self-constructions as experts and friends in the forewords and introductions to these manuals and the establishment of “the voice” used in these manuals as a friendly but nevertheless, authoritative one. In the next section, the structure and format of the texts will be examined in order to identify some of the strategies used by the producers to establish their power and influence over pregnant women as medical professionals.

4.3.2 The Legitimation of Authority

Van Leeuwen (1993: 201) identifies a series of stages in discursive practices commonly used when professional experts address “lay” audiences on “matters of a ‘personal’ nature”.

(...) the text first draws the reader in with a short confessional narrative, a story of individual experience with which one can identify easily. It then generalizes this story, turning it into a ‘problem’ which is analysed and interpreted in the authoritative language of the expert. (...) and finally success is predicted – always provided the instructions are adhered to.

*What to Expect When You’re Expecting* is predominantly structured in a question and answer format and represents a clear example of the above-mentioned discursive practice. In each chapter, after a brief introduction, a series of questions supposedly posed by pregnant women appear. The answers to these questions appear below them and the tone adopted is largely conversational. For example, in the chapter relating to the sixth month, the following question appears relating to hemorrhoids.
Hemorrhoids

“I’m dreading getting hemorrhoids- I’ve heard they’re common during pregnancy. Is there anything I can do to prevent them?”

It’s a big pain in the butt, but more than half of all pregnant women experience hemorrhoids. Just as the veins of the legs are more susceptible to varicosities at this time, so, too, are the veins of the rectum. Pressure from your enlarging uterus, plus increased blood flow to the pelvic area, can cause the veins in your rectal wall to swell, bulge, and itch. (…) Constipation can aggravate, or even cause, hemorrhoids (…) so your best prevention is to avoid constipation in the first place. (…) Doing your Kegels (see page 295) can also ward off hemorrhoids by improving circulation to the area, as can taking the pressure off by sleeping on your side, not your back; avoiding long hours of standing or sitting; and not lingering on the toilet. (p. 272)

In the phrasing of the question, we see the use of a story of individual experience, that of the imaginary pregnant woman’s fear of hemorrhoids. We then see the generalisation of this story through the author’s reference to “more than half of all pregnant women” who experience hemorrhoids. The scenario is subsequently analysed by the expert who authoritatively explains the physiological origins of hemorrhoids. Advice is then provided as the reader is advised to avoid constipation at all costs and success is predicted on the assumption that the reader will follow the instructions given by the expert, such as to sleep on one’s side and avoid long hours of standing.

In La Bible de votre grossesse, a similar question and answer format appears. The reader is taken through the 40 weeks of pregnancy with a chapter devoted to each month. The chapter begins with a brief introduction and then the questions “Que se passe-t-il pour mon bébé?” and “Que se passe-t-il pour vous?” appear with detailed answers. At the end of each chapter, the title “Que faire si…” appears followed by a list of possible scenarios. For example, in the chapter relating to the seventh month of pregnancy, the following question appears.
QUE FAIRE SI…
J'ai de plus en plus «mal aux reins».
Presque toutes les futures mères se plaignent de douleurs lombaires.Votre bébé a beaucoup grossi et votre utérus est maintenant nettement basculé en avant. Votre centre de gravité est donc déplacé et vous êtes très cambrée. Tous ces phénomènes entraînent des tensions douloureuses de la colonne vertébrale. Ces douleurs sont accentuées le soir et en position debout. Pour vous soulager, il va falloir mobiliser votre colonne lombaire en faisant des exercices physiques basés sur des mouvements de bascule du bassin.(…) La natation sur le dos et la préparation en piscine sont également excellentes pour votre dos. (p. 209)

Once again, the same stages outlined by Van Leeuwen (1993: 201) occur. The “story of individual experience” is evident in the first line where the imaginary pregnant woman describes the pain she is increasingly noticing in the kidney area. The generalisation of this story occurs through the immediate relation of this problem to a phenomenon experienced by “presque toutes les futures mères”. The problem is then analysed by the expert who explains that this is due to the baby who has substantially increased in size thus provoking the pain experienced by the reader. The expert’s advice is manifested in their recommendation of physical exercise, particularly swimming and the prediction of success is based on this advice being followed.

While the structure of Candid Counsels to Expectant Mothers and Hygiène de la grossesse is different to the question and answer format adopted in the two contemporary pregnancy books, the authority of the “experts” is nevertheless legitimated using the legitimation practices identified by Van Leeuwen and Wodak (1999: 104-111) and outlined in Chapter Two (see section 2.3.5), in particular those of authorisation and mythopoesis (the telling of stories). With regard to authorisation which is “legitimation by reference to authority” (1999: 104), in Candid Counsels to Expectant Mothers, several references to leading medical authorities are made in an
effort to justify and legitimate medical advice given. Several examples similar to those given below occur.

One of the physicians of one of the oldest and best-known Maternity Hospitals in London wrote lately:

“The expectant mother should have a diet rich in vitamins for the purpose of storing up these substances for the nourishment of the infant.”

I may add that they are very necessary to store up for her own health too. (p. 17)

Dr. Louise McIlroy (Professor of Obstetrics, University of London) writing in *The British Medical Journal*, January 10th, 1925, says that from a number of experiments tried at the Maternity Department of the Royal Free Hospital during nine months, she found that infants who were not bathed in the usual way with soap and water after birth and for the first nine days, but were cleaned with olive oil only, *did not lose weight after birth* (…) which has always been supposed to be natural. (p. 170)

Medical advice to the expectant mother is thus reinforced by appealing to what could be termed “leading” figures in the field. Their field of expertise and level of experience is clearly specified in the text in order to legitimate their positions of authority and justify the advice given. The reader is thus firmly placed in the position of the recipient of this advice from leading experts.

In both *Candid Counsels to Expectant Mothers* and *Hygiène de la grossesse*, mythopoesis is extensively used. Van Leeuwen and Wodak (1999: 110) distinguish between two types of stories, moral and cautionary tales.

In *moral tales* the hero or heroes follow socially legitimate practices and are rewarded for this with a happy ending. In *cautionary tales* the hero or heroes engage in socially deviant behavior that results in an unhappy ending.

Cautionary tales abound in the two older pregnancy advice books and are usually used to illustrate how women will suffer disastrous consequences if they do not follow the author’s advice with regard to how to behave and take care of themselves during pregnancy. The following example is taken from *Candid Counsels to Expectant*
Mothers and is the tale of a woman who had worked too hard during pregnancy instead of taking recommended rest and suffered terrible consequences as a result.

To give you an illustration of the value of a mother’s care of her health before her babies are born, and of the damage that may be done to those babies by her overwork before they are born, let me tell you a true story. Many years ago I went to stop in a handsome house near a great manufacturing town in the Midlands. (…) The master of the house was owner of a factory, and was a rich man. (…) His wife had also worked in the mill, and began working for her living when she was nine. They had worked hard and got on well and made a fortune. They had only one son. (…) His mother told me she had had four children, but he was the only one remaining, the others had all died in infancy. I asked her how it was the others had all died. “Ah,” she said, “I did not do justice to myself; I worked too hard. You see, we were building up our fortune as our family was coming, and so the other three died while they were infants.” Their little lives had been sacrificed because their mother could not stop in the race for wealth to consider the future. (pp. 25-26)

This anecdote is typical of the cautionary tales which abound in this text. It begins with the author’s assertion that this is a “true story” and thus to be adhered to, it then tells the tale of a pregnant woman who did not follow the prescribed method of behaviour during pregnancy and thus suffered disastrous consequences. It then concludes with a harsh criticism of the woman in question, very often narrated from the perspective of the infants who have suffered and thus contains a powerful warning to the readers to follow the advice prescribed in order to avoid the same fate.

In Hygiène de la grossesse, the cautionary tales used are usually stories of hypothetical situations in which the reader herself is the protagonist who fails to follow advice and again suffers injurious consequences as a result. The example below is that of a woman who failed to organise an early antenatal check-up with a doctor and thus ran the risk of either a terrible delivery or a dead infant.

Vous avez négligé de faire cette première visite précoce, les mois s’écoulent ; les vomissements cessent ; vous sentez l’enfant remuer ; votre ventre grossit progressivement ; vous avez conservé votre appétit. Tout va bien, pensez-vous ; il sera toujours bien temps d’aller voir le médecin à la fin ou de ne pas l’appeler qu’aux premières douleurs. Que de naïveté, Madame, que
d’insouciance et que de dangers. Savez-vous ce que vous risquez de la sorte : un accouchement extrêmement pénible, des manœuvres douloureuses, et, comme terminaison, après des souffrances prolongées, un enfant mort, et vous-même très compromise trop souvent. (p. 51)

The “heroine” of this story is the reader who has neglected to visit a doctor early in pregnancy and thus encounters an unhappy ending. Like in the previous example, the protagonist is criticised for her actions, in this case she is described as “naïve” and an implicit warning is given to all pregnant women reading this book to consult their doctor at the earliest opportunity.

In all four texts the authority of the medical institution is established and legitimated in the very structure of the texts themselves. In *What to Expect When You’re Expecting* and *La Bible de votre grossesse* this is largely achieved using a question and answer format, while in *Candid Counsels to Expectant Mothers* and *Hygiène de la grossesse*, this is done primarily using the legitimation strategies of “authorisation” and “mythopoesis”. Medical personnel are thus clearly seeking to establish themselves as the leading figures in this domain.

### 4.3.3 Persuasive Devices

The assertion of power through hegemonic means is a strong feature of the two contemporary texts. As already mentioned, this is not a feature of the two older texts as at the time that they were written, alternative models of childbirth and counter-discourses of natural childbirth had not yet emerged (see Chapter Three, sections 3.2.1.2 and 3.2.1.3). In this section, the persuasive devices used to convince pregnant women to comply with medical practices relating to pregnancy and childbirth in the two contemporary texts will be examined more closely. In their analysis of discourses
of the menopause, Coupland and Williams (2002: 431) argued that a number of persuasive devices were used in the pharmaceutical texts analysed including “presentation of statistical evidence, appeals to experts and use of testimonials”. In this section discourse relating to the topic of “induction” will be used as an example of the persuasive devices used to achieve power by persuasion and hegemonic means. These devices include the use of apparent statements of facts, statistics and appeals to experts. On a closer level, the category of transitivity must be considered as nominalisations, passive structures, lexis, metaphor and humour are also used to persuade women to allow medical intervention during pregnancy.

In both *What to Expect When You’re Expecting* and *La Bible de votre grossesse*, ideas are presented as if they have attracted medical consensus through the use of apparent statements of fact or predictions. In both texts induction is presented as an accepted medical practice through the use of declarative statements, the adjective “necessary” or “nécessaire” and statistics which imply that it is a common and necessary medical intervention. The term “induction” or “déclenchement” is in itself a nominalisation and passive phrases such as “induction is necessary” or “le déclenchement du travail est parfois nécessaire” are used.

“My doctor wants to induce labor. But I’m not overdue yet and I thought induction was only for overdue babies.”

Sometimes Mother Nature needs a little help making a mother out of a pregnant woman. About 20 percent of pregnancies end up needing that kick in the maternity pants, and though a lot of the time induction is necessary because a baby is overdue, there are many other reasons why your practitioner might feel that nature needs a nudge. (…) Induction, like naturally triggered labor, is a process – and sometimes a pretty long process. But unlike naturally triggered labor, your body will be getting some help with the heavy lifting if you’re induced.

(What to Expect when You’re Expecting, p. 368)

L’accouchement naturel d’un enfant tête en bas est bien évidemment la situation idéale, heureusement rencontrée dans près de 70% des cas.
Cependant les progrès de l’obstétrique ont conduit sages-femmes et médecins à intervenir sur le cours naturel des événements. Ces interventions ne sont pas des agressions, tout au contraire, car elles cherchent à corriger en douceur les anomalies constatées. (…) Lors d’une grossesse normale, le déclenchement du travail est parfois nécessaire, en particulier pour les termes dépassés. (La Bible de votre grossesse, p. 247)

The use of the nominalisations “induction” and “déclenchement” render agency vague and in the passive sentences “induction is necessary” and “le déclenchement du travail est parfois nécessaire” responsibility is also unclear as it is not specified who is doing the inducing. Instead the process of induction is the major focus of the sentence and it is represented as an intangible or inescapable phenomenon which has been brought about through natural forces. As already indicated in Chapter Two (section 2.5.3.3), de-agentialisation can be seen as a form of backgrounding and the question arises as to why medical personnel are backgrounded when induction is concerned? This question can only be answered after another feature to the discourse of the above extracts is considered. Lexical items which highlight “nature” and “naturalness” are in abundance in both extracts. In the extract from What to Expect When You’re Expecting, the lexical items “Mother Nature”, “nature” and “naturally triggered labor” (twice) occur and in La Bible de votre grossesse, the adjective “naturel” occurs twice and “normale” once. It would thus appear as if the text producers are at pains to emphasise that induction does not represent a departure from “natural labor”, that it is an entirely normal event which occurs “lors d’une grossesse normale”. Induction is recontextualised through a variety of metaphors as “a kick in the maternity pants”, “a nudge” of nature and “some help with the heavy lifting”. The colloquial wording and use of humorous analogies represent an effort to use humour to help the reader accept the concept of induction. In the extract from La Bible de votre grossesse, induction is also represented as a necessary intervention with the “cours naturel des événements”, something which doctors and midwives are obliged to do due to “les progrès de
l’obstétrique”. The use of the verb “conduire” again reinforces the idea of induction as something which is beyond the control of human forces. The only vague agent to whom causality can be attributed is the progress of obstetric science. The negative structure “ce ne sont pas des aggressions” is an allusion to the historical and ongoing conflicts between natural and interventionist approaches to labour and childbirth described in Chapter Three (see sections 3.2.1.2 and 3.2.1.3). The text producer is instead at pains to construct induction as a natural event designed simply to “corriger en douceur les anomalies constatées”. The challenge to counter-discourses of natural childbirth is thus clearly evident in these extracts and medical intervention is legitimated.

The use of the above-mentioned persuasive devices is an effective means of persuading women to allow medical intervention during their pregnancies as on a superficial level, this discourse seems to persuade women that these interventions will be beneficial to them. Power is thus achieved in Benwell and Stokoe’s (2006: 89) words by “persuasion, consensus and complicit cooperation”. Women are persuaded that these interventions are necessary and beneficial and thus they are more likely to comply with them. However, these discursive strategies are nevertheless indicative of one group clearly asserting power and control over another more vulnerable group, and represent a prime example of the exertion of control through hegemonic means.

4.3.4 Summary

The above-mentioned discursive strategies successfully position pregnant women as under the control and authority of the medical institution. The dual use of “expert” and “friendly” voices effectively establishes an authoritative voice which is masked
by a “friendly” one, thus concealing the power relations at play. The discursive practices of legitimation at structural and textual level clearly establish the medical institution as experts in the field of pregnancy and childbirth and legitimate its authority. Finally the use of persuasive devices persuades women to allow medical intervention during pregnancy and to accept the dominance of medical authorities. Power is thus achieved through consensus and cooperation by showing the benefits to women of submitting to the authority of the medical profession.

In the next section, the broad discourse patterns concerning to the relationship between pregnant women and the medical institution which have emerged from an overall reading of the texts will be outlined.

4.4 Discourse Patterns of Control

In this section, four discourses which create an overall discourse of pregnant women as controlled by the medical institution will be outlined and analysed. It will also be emphasised that control in these texts is largely achieved through hegemonic means. As stated in Chapter Two, in each instance the discourse pattern identified is outlined and the lexical and grammatical choices which create this pattern described (description) (see Chapter Two, section 2.5.2). The discourse pattern is then interpreted and explained in light of the socio-cultural and discursive framework outlined in Chapter Three (interpretation and explanation) and the methodological principles listed in Chapter Two. The main discourse patterns identified are the following: the construction of women as ignorant of all matters concerning pregnancy and childbirth; the need for women to reject advice from non-medical experts; the
construction of pregnant women as in need of medical supervision and the need for women to relinquish control to medical personnel during childbirth.

4.4.1 Women Know Nothing about Pregnancy and Childbirth

There is a general discourse pattern which positions women as requiring education and training for pregnancy and childbirth. This is done in What to Expect When You’re Expecting, through the use of negation, collocations, metaphor and the lexical fields of “learning”, “training” and “classes”. Firstly, an opposition is established between instinct and motherhood as a “learned art”.

Most women aren’t born mothers (...) instinctively knowing how to soothe a crying baby, change a diaper, or give a bath. Motherhood (...) is a learned art, one that requires plenty of practice to make perfect. (...) These days many women – just like you – have never held a newborn until they hold their own. Their training for motherhood comes on the job, with a little help from parenting books, magazines, and websites, and, if they’re lucky enough to find one locally, from a baby-care class. (p. 355)

The use of negation in the first sentence together with its application to the adverb “instinctively”, highlights intertextuality by referring to discourses of “motherhood as instinctive or natural” but effectively counters this discourse. Instead motherhood is presented as “a job” which requires formal “training”, “practice” and a “class”. The use of the quantitative adverb “many” to refer to “women” naturalises this view of motherhood by extending it to a large number of women “just like” the reader.

This construction of pregnant women as requiring education and knowledge is also achieved through the collocation of references to “knowledge and “classes” with lexical items referring to “fear” and “power”.

Knowledge is always power – but in this case, knowledge can also help prevent your second baby from being born too soon. (What to Expect When You’re Expecting, p. 44)
Knowledge is always power, but it can be especially powerful when you’re in labour. By eliminating the fear of the unknown, a childbirth education class can leave you feeling more in control, more empowered – ready to handle just about any labor scenario that nature throws your way. (p. 278)

One reason earlier generations of women found labor so frightening was that they didn’t understand what was happening to their bodies or why. They only knew that it hurt. (p. 275)

Lack of knowledge is, therefore associated with fear and lack of control whereas the acquisition of knowledge through childbirth education is equated with a sense of empowerment and control. The metaphor of “training for a marathon” is also used to construct the experience of preparing for childbirth and labour.

You wouldn’t consider running a marathon without the proper physical training. Neither should you consider signing up for labor (which is no less challenging an event) untrained. (p. 274)

Pregnant women are thus expected to consider childbirth as a challenge, which must be “trained” for. This view of childbirth is echoed in La Bible de votre grossesse this time through the establishment of an opposition between “les mots savants” and “un langage simple”.

Dans la rédaction de cet ouvrage nous avons privilégié un langage simple et évité les mots savants qui peuvent parfois inquiéter. (…) Cependant comme certaines expressions ou mots très techniques seront probablement prononcés devant vous, chaque fois que c’était possible nous les avons mentionnés et expliqués. (p. 7)

The collocation of the term “les mots savants” with the verb “inquiéter” reiterates the discourse pattern that a lack of understanding or knowledge can incite fear. The use of the verb “expliquer” establishes one of the goals of the book to educate pregnant women with regard to these “mots savants” so that this fear and worry may be avoided. Once again, formal classes are presented as necessary to acquire the necessary knowledge for childbirth through the use of imperative verbal structures, the recurring lexical item “préparation” and non-recurring lexical items such as
“consacrer”, “informer”, “comprendre” which construct childbirth classes as the key to knowledge in this domain.

Vous allez pouvoir vous consacrer à la préparation de votre accouchement, surtout à la fin de ce mois quand arrivera enfin le congé de maternité si vous travaillez. Ne faites pas l’autruche et n’attendez pas le dernier moment pour vous inscrire aux cours de préparation à l’accouchement. (p. 203)

C’est donc le moment de vous informer sur les préparations à l’accouchement. Croyez-nous, il est bon pour vous de commencer le plus tôt possible. Ce sera l’occasion de mieux comprendre ce qui se passe en vous, d’échanger intensément avec les sages-femmes et les autres femmes enceintes assistant aux cours. (p. 193)

The urgency of attending such classes is further highlighted by structures such as “le dernier moment” and “le plus tôt possible”. Further on in the text, it is assumed that women will have attended these classes.

Certes vous êtes bien préparée et entraînée depuis que vous suivez des cours. (p. 222)

To be well-prepared and well-trained are thus normalised as appropriate goals for women in the final stages of pregnancy and the conjunction “depuis que” links this to the attendance of classes.

This discourse pattern is largely absent from the two older pregnancy advice books as they were produced at a time when formal antenatal and childbirth classes did not exist. There are nevertheless references to women’s ignorance with regard to pregnancy and childbirth. In Candid Counsels to Expectant Mothers, for example, the lexical item “ignorant” together with the adverb “entirely” is used to describe women who are experiencing their first pregnancy.

If you are wise you will engage your doctor as soon as you realize that you are going to become a mother, especially if this is your first ‘expectancy’ and you are entirely ignorant on all matters connected with childbirth. (p. 7)
The conditional conjunction “if” envisages the hypothetical situation of a woman on her first pregnancy and the subsequent use of the present tense establishes her ignorance as a foregone conclusion in such a scenario. In this case, however, her doctor is presented as the necessary source of knowledge.

Pregnant women are thus constructed in this discourse as in need of education and training about pregnancy and childbirth. Motherhood is not presented as an instinctive or natural state of being, but rather as an art which must be formally prepared for. Women who do not engage in formal education for childbirth are thus positioned as likely to be fearful in labour whereas those who have trained for the event are empowered and understand what is happening. This representation of childbirth as an event requiring professional training draws on discourses of what in Chapter Three (see section 3.2.2.3) was termed the “professionalisation of motherhood”, that motherhood is a “highly skilled” profession necessitating an acquaintance with formal knowledge. Woollett and Phoenix (1991: 43) further argue that “mothers are expected to learn about pregnancy and childbirth and to attend antenatal classes so they are initiated by the medical ‘experts’ into the necessary rites and knowledge”. By presenting classes as a vital part of preparation for childbirth, the medical institution is effectively luring women into the world of medicalised childbirth and ensuring that they are familiar with the rites and practices associated with a medically managed labour. The construction of classes as something that will make women feel “more in control” effectively masks this process and normalises this type of formal education. Pregnant women are clearly constructed in this discourse as incapable of approaching pregnancy and childbirth without professional training and
help from the “experts”. Classes are presented as beneficial to women and thus this element of control is once again achieved using hegemonic means.

4.4.2 Advice from Non-Experts is to be Rejected

There is also a strong discourse pattern which advises pregnant women to accept advice only from medical personnel. Family, friends, other pregnant or previously pregnant women are to be distrusted. In *What to Expect When You’re Expecting* this is done through the collocation of the lexical item “trusted” with “practitioner” and the negative modal verb “can’t”.

Politely inform the well-meaning stranger, friend or relative that you have a trusted practitioner who counsels you on your pregnancy and that, even though you appreciate the thought, you can’t accept advice from anyone else. (p. 214)

While those who give advice are “well-meaning”, they cannot be trusted. This pattern is echoed even more strongly in *La Bible de votre grossesse* through the use of the declarative sentence “elles avaient tout faux!” to refer to mothers of previous generations and a subsequent listing of all of the practices now considered to be “faux”. The use of the adverb “scientifiquement” and the past participle “confirmées” together with the noun “preuves” reinstate medical science as superior to any advice from other (non-expert) women.

De plus, votre mère ou votre belle-mère n’ont pas les mêmes références que vous-même. À leur époque, les femmes enceintes mangeaient pour deux, les chambres de bébé étaient surchauffées et les bébés couchés sur le ventre ; elles avaient tout faux ! (…) Il suffit de leur expliquer que le suivi des grossesses n’est plus tout à fait le même et que les méthodes de puériculture ont changé en une génération et ont fait leurs preuves, scientifiquement confirmées. (p. 133)

In *Candid Counsels to Expectant Mothers*, advice from others is also to be rejected, this time through the choice of the adjectives “misguided” and “ignorant” to refer to
those with beliefs contrary to medical science. The recurring lexical item “nonsense”
is also used three times in two consecutive sentences to describe such advice.

You may sometimes be advised by misguided people that a woman who is
expecting a baby should “eat for two.” Never was there such nonsense talked
as this. Let me explain why it is nonsense, and sometimes mischievous nonsense, too. (p. 21)

Ignorant people have often asserted that children born in the seventh month
have a better chance of becoming healthy and strong children than those born
in the eighth month. (p. 72)

Similarly in Hygiène de la grossesse advice from family and friends is to be
mistrusted. The experience of other mothers is placed in doubt through the use of
parenthesis and the phrase “elles le croient au moins”, thus suggesting their level of
experience is no more than their own personal belief. The imperative verbs “ne les
croyez qu’en partie” and “confiez-vous à votre médecin” re-establish the doctor as the
supreme authority in all matters relating to pregnancy.

Votre mère, vos amies, que la maternité a rendues expérimentées, (elles le
croient au moins) vous disent qu’un enfant remue à quatre mois, elles vous
l’affirmeront. Ne les contredisez pas ; mais ne les croyez qu’en partie, et
confiez-vous à votre médecin. (p. 39)

Other women who give advice to pregnant women are thus constructed as well-
intentioned but “parfaitement incomptententes”. Advice on pregnancy is thus to be
almost exclusively reserved to “votre médecin”.

Later in the text, this discourse pattern is reinforced through the use of the adjectives
“non médicales” and “désintéressées” and the noun “papotage” to refer to the advice
given by others, and the adjectives “bien intentionnées” and “parfaitement incomptententes” to refer to those who impart such advice. The imperative verb
“croyez-le” and the use of the noun “la confiance” once again reaffirm the position of
“l’accoucheur” as superior to all others.
Bonne précaution à prendre: recueillez dans votre entourage féminin (...), tous les conseils possibles pour mener à bien et à terme une grossesse ; (...) et demandez à votre médecin son avis sur ces prescriptions non médicales et désintéressées ; l’accoucheur y démêlera le bon du mauvais (le mauvais en quantité) (...). Croyez-le, vous ne le consultez que parce que la confiance vous mène vers lui ; réservez-la lui donc, et ne vous arrêtez pas à tout le papotage mondain de femmes bien intentionnées, mais parfaitement incompétentes. (p. 51)

In all four texts, it is evident that the advice of friends and family is perceived as a threat. Pregnant women are strongly advised using the lexical and grammatical strategies outlined above, to reject such advice in favour of their doctor’s advice. As already mentioned in Chapter Three (section 3.2.2.3), Chouliaraki and Fairclough (1999) have argued that in contemporary society, that social consciousness has become “externalised”, that people have to turn to “specialised systems and experts who organise them for information, know-how (…) which they need in order to handle even the most personal and intimate aspects of their being” (1999: 44). They explain that this is due to changes in social structures which mean that people no longer have a traditional order to rely on. In Chapter Three, it was also established that Woollett and Phoenix (1991:43) attributed this fact to the “professionalisation of motherhood” (see Chapter Three, section 3.2.2.3). However, the fact that this discourse pattern is also present in the two older pregnancy advice books would suggest that this “turn to the experts” is not necessarily due to a change in social structures, but rather to an active effort of the part of healthcare professionals who tell pregnant women to turn to them as opposed to traditional social networks of relatives and other mothers. Even in the early twentieth century the medical institution was trying to assert its power and authority and to eliminate the threat of other sources of support to pregnant women.
4.4.3 Women Must Be Supervised during Pregnancy

There is a strong discourse pattern which suggests that women must be supervised by healthcare professionals at all stages of their pregnancy. This discourse pattern is achieved through the use of a variety of discursive strategies such as a prescriptive tone in relation to the obeying of medical directives, the frequent use of imperative verbs and deontic modal auxiliaries, the collocation of references to medical technology and lexical items referring to safety, and the use of metaphor. This discourse pattern is particularly evident in the sections of the texts relating to when a pregnant woman should consult a doctor for the first time during pregnancy, and in instructions to the pregnant woman to turn to her doctor in the case of every query, doubt or uncertainty.

In *What to Expect When You're Expecting*, the need for medical supervision is normalised by phrases such as “we all know” which appeal to the readers’ common sense in approaching this version of pregnancy and the need for medical supervision is presented as an uncontested fact. The adjectives “safe” and “successful” are chosen to describe pregnancy and childbirth which are supervised by “at least” one health care professional. Pregnancy is also represented metaphorically as a cooking or baking activity with prenatal care constructed as “an important ingredient”. The imperative verbs “don’t delay” and “call your practitioner” emphasise the urgency of consulting a doctor early in pregnancy.

We all know it takes two to conceive a baby, but it takes a minimum of three – mother, father, and at least one health-care professional - to make that transition from fertilized egg to delivered infant a safe and successful one. (…) Good prenatal care is one of the most important ingredients in making a healthy baby. So don’t delay. As soon as you suspect you might be pregnant or have a positive home pregnancy test result, call your practitioner to schedule an appointment. (pp. 19-21)
The practice of having a health-care professional to supervise pregnancy is presented in the above extract as universal or common sense and ideological power is thus exercised in a disguised but highly effective manner. In their analysis of discourses of menopause, Coupland and Williams argued that the pharmaceutical texts surveyed adopted a discursive strategy of speaking with an authoritative ‘voice’ by presenting viewpoints of the menopause as if they were “uncontentious facts” and appealing to “logic and common sense in the recommendation of ‘solutions’” (Coupland and Williams, 2002: 422). This discursive strategy is clearly evident in the above example as it presents the version of a medically supervised pregnancy as a factual and uncontested item.

In La Bible de votre grossesse, it is clearly assumed that all pregnant women will be under medical supervision and the book seeks to explain to the reader what type of medical supervision to expect and what kind of information they will be expected to provide. The pregnant woman is clearly the object in the verbal structures of the extract below. At the start of the paragraph the pronoun “vous” is used to address the reader directly, but this is then switched to “la future maman”, “les futurs parents” and “les jeunes couples”. The reader is warned that the information required is sometimes “indiscret” and can surprise couples who are not familiar with the medical world. The adjectives “nécessaire” and “essential” are chosen to describe this information. The final sentence is in the passive voice.

concernent la mère ou le père de l’enfant. Elles sont essentielles pour bien situer la grossesse dans son contexte familial, social et médical. (p. 65)

The use of future and present tenses in the above extract suggest the text producer is writing from a position of insider knowledge. By positioning the pregnant woman as the object in sentences such as “vous serez examinée”, she is clearly positioned as the recipient of medical examinations and interrogations. The pronoun switch from “vous” to “la future maman” and “les futurs parents” generalises the situation and reminds the reader that the practice of establishing a comprehensive medical file is extended to all expectant parents. The analogy of “les jeunes couples peu familiarisés au monde médical” implies that those likely to object to the type of information sought are inexperienced or ignorant of the practices of the medical world. The passive structure in the final sentence “elles [les informations] sont essentielles pour bien situer la grossesse dans son contexte familial, social et médical” means that it remains unspecified who thinks this information is essential, and who is situating pregnancy in these contexts. Agency is thus unclear and medical personnel are backgrounded. It is the information itself which is the focus.

In both What to Expect When You’re Expecting and La Bible de votre grossesse, every decision, no matter how insignificant is constructed as requiring input from a medical practitioner. This is done through the use of a large number of transactive imperative verbs instructing women to consult their doctor at all times and to obey their directives. The use of impersonal expressions such as “il est impératif d’aller consulter” reinforces the prescriptive tone.

“Every pregnancy, every woman, and every job is different. Together with your practitioner, you can make the decision that’s right for your situation.” (What to Expect When You’re Expecting, p. 196)
“If the bleeding [nosebleed] isn’t controlled after three tries, or if the bleeding is frequent and heavy, call your practitioner.” (p. 204)

“Take your doctor’s advice – don’t stress.” (p. 207)

“Before you lace up your sneakers and hit the aerobics class, make a pit stop at your practitioner’s office for the green light.” (p. 218)

“Of course, mention the pain – like all pains – to your practitioner at your next visit so you can be reassured that this is just another normal, if annoying, part of pregnancy.” (p. 239)

“C’est votre médecin qui vous conseillera l’abstinence ou l’espacement des rapports sexuels. N’hésitez pas à évoquer avec lui ce domaine important de votre vie.” (La Bible de votre grossesse, p. 129)

“Si vous avez un problème (saignement, douleurs, fièvre), n’hésitez pas à vous présenter aux urgences de la maternité la plus proche.” (p. 165)

“Si vous entreprenez un long parcours, parlez-en aux soignants qui suivent votre grossesse.” (p. 194)

“Toutefois si vous ne sentez pas de mouvements actifs pendant 24 heures il est impératif d’aller consulter pour vous rassurer.” (p. 218)

“N’hésitez pas à poser les questions concernant votre vie quotidienne: régime, sport, voyages, beauté, etc.” (p. 220)

The use of these imperative verbs and impersonal expressions collocated with references to “your practitioner”, “votre médecin”, “your doctor” position women as firmly under the control and authority of their doctor. The tone used is very prescriptive and reinforces pregnant women’s position as passive recipients of medical care.

The need for medical supervision is also evident in the two older pregnancy books where the authority of the doctor over the pregnant woman is established from the outset. In Candid Counsels to Expectant Mothers, the adjective “wise” is used to describe women who engage their doctors at the earliest opportunity, thus implying that those who do not are foolish. It is also established through the logical connectors
“if” and “and” that women who are pregnant for the first time are “entirely ignorant”. The need for medical supervision is established as a categorical truth through the use of the present tense and arguments against medical supervision during pregnancy are countered through the use of the declarative sentence “It is far from being either of these” and the rhetorical question “Can anything that safeguards the life of mother and child be looked upon as unnecessary?” The choice of the lexical items “health”, “safety”, “safeguards” and “life” which are collocated with references to prenatal supervision immediately establishes a link between the two, constructing medical supervision as a necessary means of assuring the safety and survival of mother and baby.

**When Should You Engage the Doctor to Attend You in Your Confinement?**

- If you are wise you will engage your doctor as soon as you realize that you are going to become a mother, especially if this is your first “expectancy” and you are entirely ignorant on all matters connected with childbirth. (…)

**Importance of Pre-natal supervision.** – I am giving you this advice because it is now being realized very keenly - far more keenly than it was realized formerly - that the health and safety of mother and child- before, during, and after confinement (...) is best assured by pre-natal supervision, which means receiving a certain amount of medical care during the months of pregnancy. To many women (...) they may think such “supervision” entirely unnecessary and “fussy”. It is far from being either of these. Can anything that safeguards the life of mother and child be looked upon as unnecessary? (Candid Counsels to Expectant Mothers, pp. 7-8)

The use of italics in the word “life” is a clear allusion to historical discourses of infant and maternal mortality in childbirth and the ideological struggle between interventionist and natural approaches to pregnancy and childbirth is alluded to through references to women who reject the idea of medical supervision. Pregnant women are thus positioned as in need of medical supervision to achieve a safe pregnancy and a live birth, thus espousing the discourse of “shroud-waving” identified by Murphy-Lawless (1998: 18) and explained in Chapter Three (see section 3.2.1.3).
A similar pattern occurs in the extract from *Hygiène de votre grossesse.* The use of negation in the sentence “Jamais une première visite ne sera trop précoce” immediately counters any arguments that an early medical visit is unnecessary. A hypothetical situation outlining the possible consequences of a late first visit, is established through the use of the conditional modal verb “pouvoir”. The terrible consequences which could arise include “la mort de l’enfant” and serious consequences for the mother. The sentence “mieux vaut s’adresser trop tôt au médecin que d’attendre le début d’accidents” is interesting as the verbal structure “mieux vaut ..que” establishes causality between a delayed trip to the doctor and “le début d’accidents”. The adjective “toute puissante” is used to describe the actions of doctors during pregnancy.

Une jeune femme qui se croit enceinte, quand doit-elle consulter pour la première fois un médecin ? *Jamais une première visite ne sera trop précoce : mieux vaut s’adresser trop tôt au médecin que d’attendre le début d’accidents.* Le médecin, pendant la grossesse, prévient plutôt qu’il guérit ; son action est *toute puissante* en certains cas, et d’une première visite trop différée pourraient résulter la mort de l’enfant avant la naissance, ou de mauvaises présentations, souvent *mortelles* pour le fœtus, très souvent *graves* pour la mère. (p. 47)

The use of the adjective “toute puissante” places doctors in a clear position of power and control over pregnant women. Traces of the discourse of “shroud-waving” are again evident as this extract explicitly constructs a link between lack of medical supervision and infant and maternal mortality.

While the necessity of medical supervision is presented in rather alarmist terms in the two older pregnancy texts, with clear references to its role in protecting the life of mother and baby, this discourse pattern is no less present in the two contemporary books. In *What to Expect When You’re Expecting*, the version of a medically supervised pregnancy is presented as a normal and uncontested fact. This experience
is also normalised in *La Bible de votre grossesse* through pronoun choices and passive structures. The presence of a large number of transactive imperative verbs instructing pregnant women to consult their doctors on every aspect of their lifestyle during pregnancy, further reinforces their position as recipients of medical care under the control of the medical institution. In *Candid Counsels to Expectant Mothers* and *Hygiène de la grossesse*, medical supervision is presented as the only means to safeguard the lives of mother and baby. While the discourse of the two older texts is more explicitly alarmist in its instruction to pregnant women to engage a doctor and submit themselves to the control of medical professionals, the normalisation strategies adopted in the two contemporary texts are perhaps equally effective in their persuasion of pregnant women to submit themselves to medical control. By invoking the consent of pregnant women to participate in this medical version of pregnancy, by presenting it as very much in their interests and safety, power is achieved by hegemonic means. This is perhaps a good example of what Gramsci (1971: 12) termed “the ‘spontaneous’ consent given by the great masses of the population to the general direction imposed on social life by the dominant fundamental group”. By consenting to medical control in the belief that it is in their interests, pregnant women are effectively handing over control of their bodies to the medical institution.

### 4.4.4 Women Must Relinquish Control to Medical Personnel during Childbirth

The power struggle between pregnant women and medical personnel is particularly evident when the discourse of extracts relating to childbirth is examined. While women’s desire for control over their bodies and the process of giving birth is acknowledged, the supremacy of medical science and intervention is nevertheless
clearly imposed in this discourse through the use of metaphor, pronoun distribution, agency and semantic fields.

In *What to Expect When You’re Expecting*, the metaphors of “calling the shots” and “relinquishing the reins” are used to construct childbirth as a battlefield with the labouring woman and medical team battling for power. In the first part of the extract, the pronoun “you” together with the lexical item “of course” are used to address the reader directly and establish empathy and a rapport between reader and text producer, but there is a subsequent pronoun switch to “obstetrical patients” further on. The expression “it’s important to understand that ….” places the pregnant woman in the position of one who must listen and obey, and the repetition of the lexical items “no matter” counters the alternative discourse of empowerment of women in labour. Agency becomes progressively more obscure as the extract goes on.

“I have pretty definite ideas of what I’d like to happen during labor and delivery. I don’t like the idea of losing control of the situation.”

If you’re a take-charge kind of person, the thought of handing control of your labor and delivery over to the medical team can be a little unnerving. Of course you want the doctors, nurses, and midwives to take the best possible care of you and your baby. But you’d still like to call as many shots as possible. (…) It’s important to understand that you won’t necessarily be able to call all the shots in labor, no matter how well prepared you are and no matter what type of practitioner you are laboring with. The best-laid plans of obstetrical patients and their practitioners can give way to a variety of unforeseeable circumstances. (…) Learning when it’s necessary to relinquish the reins – and be flexible – is also in the best interest of you and your baby, and it is an important part of your childbirth education. (pp. 275-276)

The deliberate switch from using the pronoun “you” to “obstetrical patients” establishes the need to relinquish power in childbirth as an uncontested fact by extending this loss of control to all women and thus normalising it. The deliberate switch to the “medical voice” reasserts the authority and superior knowledge of medical experts in this domain and thus renders objection from the reader less likely.
However, in the sentence “learning when it’s necessary to relinquish the reins…”, there is no direct reference either to the pregnant woman or to medical personnel, thus leaving the attribution of causality and responsibility unclear. The reader is simply reminded that relinquishing power in childbirth is in the “best interest” of her and her baby. The phrase “in the best interest” can only be interpreted by taking into account the socio-cultural and historical context of childbirth where the best interests of mother and baby meant their survival of the process of childbirth. This extract thus incorporates a veiled threat, that those who do not “relinquish the reins” run the risk of serious harm or death in childbirth. While the ideological conflict between medical intervention and natural childbirth is evident in the metaphors of “calling the shots” and “relinquishing the reins” at the start of the extract, the discourse of medical intervention clearly asserts itself as the dominant discourse of childbirth with the pregnant woman explicitly instructed to surrender control to her medical team. The role of childbirth education in initiating women into the medical rites surrounding childbirth and getting her to conform to its ideologies is evident in the final sentence, which states that learning when to relinquish the reins is “an important part of your childbirth education.” Being educated about childbirth is thus equated to knowing when to hand over control and power.

In *La Bible de votre grossesse*, the conflicts between medicalised and natural childbirth are once again evident with the discourse of medical intervention asserting itself as the dominant discourse. Medical intervention is legitimated here through the use of passive structures, comparatives, the metaphor of nature as an unreliable force and the choice of lexical items which position obstetric science as protector of mother and baby.
Au cours d’un accouchement, même tout à fait normal, il est fréquent de voir sages-femmes ou médecins pratiquer un certain nombre de gestes techniques. Ces gestes vont faciliter l’accouchement, le rendre plus rapide, moins traumatique et surtout moins douloureux. Rappelons que si l’accouchement est bien un acte naturel, la nature ne préserve pas toujours au mieux les intérêts de la mère et de l’enfant. Tout l’art obstétrical sera donc de respecter la nature mais aussi de la corriger chaque fois que cela sera nécessaire. (p. 237)

In this extract, there is clearly a shift to the “voice of medicine”. There are no personal pronouns used and several passive structures are used. The adjectives “fréquent” and “normal” are used to legitimate medical intervention in labour and the comparative adjectives “plus rapide”, “moins traumatique” and “moins douloureux” are chosen to display the advantages of intervention. It is thus implied that labour, without these interventions will be slow, traumatic and very painful. While the reader is reminded that childbirth is natural, they are also told that nature does not always have the interests of mother and baby at heart. Nature is thus recontextualised and represented metaphorically as an unreliable and almost menacing force which can be corrected by medical science. The choice of the verbs “respecter” and “corriger” together with the adjective “nécessaire” in the final sentence, position obstetric science as protector of mother and baby against this unreliable force. The pregnant woman is very much backgrounded in this extract as she is excluded in relation to this activity. As mentioned in Chapter Two (see section 2.5.3.5), Van Leeuwen (1996: 38-39) highlights that the backgrounding and exclusion of social actors in certain contexts is highly significant. Why are women backgrounded in discourses of childbirth? The sentence “il est fréquent de voir…” almost places her in the position of an observer of her own labour. The interpretation can only be that in a medical model of childbirth, it is the process which takes centre stage. The woman herself is not expected to play a prominent role as the event is managed by medical staff. The supremacy of medical science is thus asserted in this discourse, and the pregnant
woman herself is almost invisible. This invisibility of the pregnant woman in childbirth is also evident in the two older pregnancy manuals.

In *Candid Counsels to Expectant Mothers*, the labouring woman barely features in the chapter devoted to childbirth. This chapter is entitled “Management of a Confinement” and is directed predominantly towards the nurse “in charge” of the confinement. The pregnant woman’s participation is only in the context of preparing the necessary items for the birth and the baby clothes for afterwards. Once labour begins, she is absent from this discourse as a social actor and is referred to either as “the patient” or not at all. Instead, the nouns “labour”, “cramps” and “the pains” become the agents.

If the labour is long and tedious, and no doctor is in attendance, a midwife should send for one if the patient’s lips become dry and her teeth and gums covered with sordes (brown sticky matter). This shows great exhaustion, and delivery with forceps should be effected as soon as possible. (p. 105)

The above extract is characteristic of most of the discourse in this chapter. The labouring woman is very much backgrounded with once again the process taking centre stage. The final sentence is demonstrative of the type of transitivity characterising this section. Passive structures pervade this chapter and leave responsibility and agency unclear. There is no agency attached to the pregnant woman. In a manner similar to the one identified in *What to Expect When You’re Expecting* and *La Bible de votre grossesse*, she is virtually a victim of the process of childbirth and must be directed or managed by the medical personnel in attendance.

When the pains become decidedly forcing, the patient must be put to bed at once, particularly if she is the mother of other children, as the second stage is sometimes completed very rapidly. (p. 106)
“The patient” is thus directed in a manner similar to the way in which a parent would put a child to bed.

In *Hygiène de la grossesse*, a different discourse with regard to childbirth emerges as the chapter in question, entitled “Conduite à tenir dans un accouchement” deals with the topic of what the pregnant woman should do if she gives birth before the doctor arrives. She is thus very much the agent in this process as she is in control of all aspects of the birth.

Je vous répète que sans attendre un instant, vous devez faire trois choses : d’abord envoyer chercher votre médecin ; puis vous mettre au lit sans tarder ; puis vous donner ou vous faire donner une injection d’eau bouillie, chaude, préparée suivant la formule que je vous ai indiquée plus haut. (p. 200)

While the scenario of a medically attended birth is still constructed as the most ideal, the presence of instructions to the pregnant woman using transactive imperative verbs suggests that she is capable of managing the birth of her baby by herself should the scenario arise. Despite the fact that this book was published in 1920, it contains the most empowering discourse pattern in relation to the role of pregnant women in childbirth. As mentioned in Chapter Three (see section 3.2.1.2), the book was published at a time when women largely gave birth at home, so delays in doctors’ arrivals were frequent and the scenario envisaged above arose quite often. It is interesting, however, that this discourse pattern does not emerge in the other pregnancy book from this period. It is possible that the two books are targeted at women from slightly different social classes as in *Candid Counsels to Expectant Mothers*, it is assumed that there is always at least a nurse in attendance who has been staying in the house for some days before the birth. It must, however, nevertheless be underlined that despite the presence of this discourse of empowerment in *Hygiène de*
the presence of a doctor is still constructed as the ideal scenario and the pregnant woman is warned that somebody from the medical profession must be in attendance for the emergence of the placenta.

Au bout d’un certain temps, (…) on verra le placenta apparaître à la vulve (…) Si votre médecin n’est pas là, n’attendez pas plus longtemps, et faites venir immédiatement un de ses confrères. Il pourrait y avoir danger (p. 203).

The collocation of the reference to medical personnel and “danger” immediately re-establishes the superior role of healthcare professionals in the field of childbirth. A birth managed by the woman herself, is thus far from ideal.

Discourse patterns in sections of the texts relating to childbirth thus reveal a number of interesting factors. In the first place, ideological conflicts between medical and natural models of childbirth are very much evident, a factor which is not surprising given the socio-cultural context surrounding the production of these books. However, it is interesting that the medical model of childbirth is consistently asserted as the most appropriate model in all four texts. In accordance with this model the pregnant woman is barely visible in the discourse of childbirth as the process of childbirth occupies the central role and agency is assigned to the process itself and to the medical personnel in attendance (Hygiène de la grossesse represents a notable exception). In What to Expect When You’re Expecting, women are explicitly instructed to hand over power in childbirth and it is argued that this measure is to preserve the “best interest” of mother and baby. In La Bible de grossesse, medical intervention is legitimated due to the failings of nature to protect mother and child. In Candid Counsels to Expectant Mothers, no such legitimation is required as pregnant women barely feature in the section of the text relating to childbirth. Instead it is assumed that the birth will be managed by the nurse in attendance. While in Hygiène
de la grossesse, provision is made for the fact that women sometimes have to and can give birth without medical assistance, the medical model of childbirth is still asserted as the preferred model. Therefore, while the two contemporary texts legitimate the medical management of childbirth by “shroud-waving”, in the two older texts it is simply assumed that women will not give birth without medical assistance and that if they have to, it is not an ideal situation. Childbirth and labouring women are thus discursively constructed as firmly under the control of the medical institution despite the emergence of resistant discourses of natural childbirth in the two contemporary books. Counter-discourses of childbirth do not emerge in the two older texts since as outlined in Chapter Three, it is only since the mid-seventies that the medicalised model of childbirth has come under attack (see Chapter Three, section 3.2.1.3).

4.4.5 Summary

The above-mentioned discourse patterns thus firmly illustrate the control exerted over pregnant women as a social group by the medical profession. Firstly, women are clearly constructed as ignorant of matters pertaining to pregnancy and childbirth and in need of education and training. They are then lured into the medical world through the representation of childbirth as an event requiring professional training and the presentation of childbirth education classes (contemporary texts) or consultations with doctors (older texts) as a means to prepare for it. In this manner, they are initiated into the rites and practices of medicalised childbirth, and their compliance with the institutional norms associated with it is normalised. The discourse pattern which advises women to reject all advice except their doctor’s advice represents an active effort on the part of the medical institution to maintain exclusive control of pregnant women and their bodies. The construction of pregnant women as in need of medical
supervision together with the representation of the medical institution as protectors of mother and baby, effectively persuades pregnant women to submit themselves to medical control. While this discourse is manifested in rather alarmist terms in the two older texts with clear references to infant and maternal mortality, the use of normalisation strategies in the two contemporary texts achieves the same goal by inviting consensus and cooperation. The final discourse pattern which asserts that women must relinquish control during childbirth is demonstrative of wider ideological conflicts between medical and natural models of childbirth and the assertion in discourse of the supremacy of the medical model. Childbirth and the labouring woman are thus firmly positioned as under medical control. It is important, however, to remember that this control is achieved through hegemony as in each instance women are persuaded that it is in their interests to comply with the medical regime, that the intervention of the medical world will be of benefit to them.

The overall discourse which emerges is thus one of control where pregnant women are subjugated in discourse to control by the medical profession. Women are constructed as incapable of going through pregnancy and childbirth without medical supervision. All aspects of pregnancy, childbirth and lifestyle during pregnancy are subject to medical authority and pregnant women are instructed to follow medical advice in all instances. It is thus the medical institution which controls pregnant women and this power asymmetry is clearly maintained and reinforced in the discourse of pregnancy advice literature.
4.5 Conclusion

The aim of this chapter was to identify the ways in which the discourse of pregnancy advice literature legitimates and upholds the power of medical institution over pregnant women. The analysis has revealed first of all that the medical institution is immediately in a position of power due to the very existence of this institution, as institutions produce the binary roles of expert in authority and client who must conform to its norms. Its access to the production of discourse such as pregnancy advice literature also reinforces this position of power from which it can influence the minds and actions of pregnant women.

The analysis of the discursive strategies used to establish the authority of medical personnel in relation to pregnant women has shown that power relations are upheld in this discourse through a variety of ways such as the use of “expert” and “friendly” voices, the use of question and answer formats, the application of legitimation practices such as authorisation and legitimation and the use of persuasive devices such as the use of statistics, apparent statements of fact and transitivity. These discursive strategies position women as under the control and authority of the medical institution by establishing medical personnel as experts in the field of pregnancy and childbirth, and pregnant women as passive recipients of advice and medical supervision. These strategies also mask the authoritarian dimension to this discourse by using “friendly” voices and persuasive devices which effectively lead pregnant women to consent to medical intervention and to accept the dominance of the medical institution as normal. The achievement of power by such hegemonic and hidden means is evident in all four texts but particularly in the two contemporary texts, a factor which can be explained when the socio-cultural context of these texts is taken into consideration. Due to the
emergence of alternative models of pregnancy and childbirth in the late twentieth and early twenty first centuries along with the development of neo-liberalist thinking, there is a greater need for this discourse to counter alternative discourses of female empowerment, neo-liberalist thinking and natural childbirth.

The review of the four broad discourse patterns which create an overall discourse of the control of pregnant women, shows that women are constructed as in need of formal knowledge and education about pregnancy and childbirth and are in this way initiated into the world of medicine and medicalised pregnancy and childbirth. Women are also advised in this discourse to reject all advice except their doctor’s thus reinstating the medical profession as exclusively in control in this domain. Pregnant women are constructed as in need of supervision by the medical community, who are simultaneously constructed as protectors of mother and baby from the risk of death or serious harm. While this discourse is manifested quite explicitly in the two older texts, in the two contemporary manuals, consensus and cooperation from pregnant women are invited using strategies which normalise the active role of medical personnel and the passive role of pregnant women. The final discourse pattern asserting that women must relinquish control during childbirth highlights the supremacy of the medical model of childbirth in the ideological struggle between medical and natural childbirth.

These discourse patterns can only be viewed in an intertextual capacity as they draw on several other wider discourses. The first discourse pattern which constructs women as ignorant and in need of formal education reaffirms discourses of the professionalisation of motherhood as a learned art and counters discourses of
motherhood as natural or instinctive. The discourse of discouraging women from accepting advice from friends and family rejects traditional discourses of pregnancy and childbirth which took place in communities and were managed largely by local women. The third discourse of the need for medical supervision reinforces the dominant medical discourse of pregnancy and counters discourses of pregnancy and childbirth as natural events and of women in control of their own bodies. The final discourse of relinquishing control in childbirth again reproduces the dominant medical discourse of childbirth and draws on discourses of “shroud-waving” and explicit references to mortality to support it.

The overall discourse emerging from the analysis of discursive strategies and discourse patterns is of the control of pregnant women as a social group by the medical institution. Pregnant women are constructed in discourse as passive recipients of medical care and supervision who have no power and control over their bodies during pregnancy and childbirth. Instead it is the medical institution which controls all aspects of this time in their lives. The implications of this power asymmetry for women’s gender identities are clear. Pregnant women are expected to relinquish control of their bodies and identities during this time in order to conform to the institutional norms. This phenomenon has become so naturalised in discourse that women are not necessarily conscious of it. The critical analysis of discourse carried out in this chapter has nevertheless highlighted that this discourse is far from “ideologically innocent” (Van Leeuwen, 1993: 194), that it deals with the moment at which a large part of the power of women over their bodies passes to health care institutions. The discourse of pregnancy advice literature reproduces the power of the medical institution through a variety of discursive practices which effectively strip
women of power and control over an event which is so strongly linked to their social identity.
CHAPTER FIVE

Pregnant Bodies, Pregnant Minds. Power Relations in Discursive Constructions of Women’s Emotions and Attitudes during Pregnancy

5.1 Introduction

The overall aim of this thesis is to establish how gender identity is constructed in the discourse of pregnancy advice literature and to explore whether women are repressed in this discourse. In the previous chapter, the control and repression of pregnant women as a social group by the medical institution was revealed, and it became evident that pregnant women are constructed in this discourse as passive recipients of medical care and supervision who have little power and control over their bodies during pregnancy and childbirth. Chapter Six will focus on constructions of masculinity and femininity in this discourse and concentrate in particular on the discursive positioning of pregnant women in relation to their male partners. However, this analysis is not just focussing on how these texts show women what to do and how to behave during pregnancy, it also aims to highlight how these texts construct for pregnant women how they should feel during pregnancy. This distinction is attributed by Van Leeuwen to sociological role theory (Van Leeuwen, 1995: 85) which argues that a role is “not merely a regulatory pattern for externally visible actions”, it also carries with it “the emotions and attitudes that belong to these actions” (Berger, 1966: 113, cited in Van Leeuwen, 1995: 85). A comprehensive analysis of gender identity must thus take account not just of the construction of actions and behaviour, but also of emotions. This chapter seeks, therefore, to establish how women’s emotions during pregnancy and their attitudes both to their pregnancies and to their changing...
bodies are constructed in the discourse of pregnancy advice literature. As in Chapter Four, this analysis also takes account of the socio-cultural context and discourse processes outlined in Chapter Three and the methodological framework established in Chapter Two.

The first part of this chapter will thus focus on areas of the texts which deal with women’s emotional reactions to their pregnancies and their emotional state during pregnancy. The first section will concentrate on the overwhelming discourse which emerges in this area, of pregnancy as a happy event. The second section will concentrate on the “baby blues” in order to demonstrate how counter-discourses of fear and doubt are suppressed by the dominant discourse of happiness. In the third section, the discourse of women’s emotional state during pregnancy will be addressed, and the discursive strategies which position pregnant women as emotionally unstable identified.

The second part of this chapter will focus on the topic of body image in order to demonstrate how women’s reactions to their changing bodies are constructed. Body image is a theme common to all four pregnancy manuals and is particularly prominent in the two contemporary pregnancy books. Three main discourse patterns emerge from the analysis of discourse surrounding body image. In the first section, conflicting discourses of the pregnant body as beautiful and unattractive will be discussed, and in the second section the discourse of “big is beautiful”, which encourages women to be positive about their new pregnant bodies, will be analysed. The third section focuses on the discourse of self-surveillance which insists that women preserve their appearance and bodies during pregnancy.
The analysis in this chapter will thus highlight how these texts try to teach women how to feel during their pregnancies and how to react to this major event in their lives.

5.2 The Discursive Construction of Women’s Emotions During Pregnancy

This part of the chapter will, therefore, focus on how women’s reactions to their pregnancies are constructed in discourse and further explore how their emotional state is portrayed. The first section explores how pregnancy is consistently represented as an event about which women are meant to be happy. The second section concentrates on the topic of the baby blues where a supporting discourse emerges, which pathologises feelings of dissatisfaction and unhappiness. The third section focuses on the discourse of women’s emotional state during pregnancy and identifies a pattern which constructs pregnant women as emotionally unstable and unreliable.

5.2.1 Pregnancy as a Happy Event

The lexical field of happiness dominates the two contemporary pregnancy manuals with pregnancy consistently constructed as an event about which women are supposed to be happy. This discourse pattern is achieved predominantly through the use of metaphor and the choice of lexical items denoting happiness. Pregnancy is represented metaphorically as an “adventure”, and constructed as a period of supreme fulfillment for women by drawing on the semantic fields of “happiness” and of “wonder” and “awe” at this “miracle of life”. The use of the present tense, declarative sentences and quantitative adjectives such as “tous” normalise happiness as an appropriate reaction to pregnancy. This discourse pattern is, however, largely absent from the two older texts which construct pregnancy simply as a natural event which
occurs in the lives of women. The absence of this pattern will be explained in light of the socio-cultural context outlined in Chapter Three.

The adventure metaphor together with lexical items from the semantic fields of happiness, joy, wonder and awe, is a strategy used throughout *What to Expect When You’re Expecting* and *La Bible de votre grossesse*. In the following extracts from the foreword to *What to Expect When You’re Expecting*, the adjectives “joyful”, “exciting”, “rewarding” and “wondrous” are collocated with references to the birth of a baby. The superlative “most” which is used with these adjectives heightens the emotional sentiments involved. The use of the word “congratulations” is also ideologically significant and the verbs “lie back”, “get comfortable”, “sit back”, “relax” and “enjoy” also merit further analysis.

I have the best job on earth. I get to share in the most joyful, exciting, and wondrous moment that human beings will ever experience – the birth of their child. (…) If you are reading these words, it’s likely you are either newly pregnant or about to become so. Congratulations! My advice to you is lie back, get comfortable, and read on – you are about to embark on the adventure of a lifetime. (pp. xx – xxi)

Congratulations and welcome to your pregnancy! (…) As the weeks pass, you’ll notice changes in parts of your body you’d expect (like your belly), as well as places you wouldn’t expect (your feet and your eyes). You’ll also notice changes in the way you live – and look at – life. But try not to think (or read) too far ahead. For now, just sit back, relax, and enjoy the beginning of one of the most exciting and rewarding adventures of your life. (p. 120)

The use of the term “congratulations” immediately constructs pregnancy as an event about which women are supposed to be happy. The use of the superlative “most” and the above-mentioned adjectives construct pregnancy as one of the most wonderful and exciting experiences a woman can have. The adventure metaphor underlines the excitement and unpredictability of this experience, but the verbs “lie back”, “relax”, “sit back” and “enjoy” are interesting as they position the pregnant woman as an
almost passive observer of her own pregnancy, thus immediately diminishing her power and control over her pregnancy. In Chapter Four, it was established that this power and control are exerted in discourse by the medical institution (see Chapter Four, sections 4.3 and 4.4), and it is thus significant that this loss of power features in such a seemingly innocent way in the discourse of a piece of text which is simply welcoming the reader to her pregnancy.

This discourse pattern of “happiness”, “adventure” and “passive observance” features throughout the text with the re-occurrence of the above-mentioned discursive strategies in many parts of the text. The imperative verbs “relax” and “enjoy” for example, appear at other stages throughout the text.

So relax, enjoy your pregnancy, and be reassured. There’s never been a better time to be over 35 and expecting a baby. (p. 55)

The “adventure” metaphor also re-occurs several times. For example, pregnant women are told to deal with depression before getting pregnant as they are told “it should be treated before you begin your big adventure” (p. 5). The type of adventure is also elaborated on in other parts of the text. In addition, pregnancy is metaphorically represented as a type of rollercoaster ride.

It’s a wild ride, and it’s only just beginning. Hold on tight! (p. 150)

Childbirth similarly is “an emotional and physical rush like no other” (p. 380). The semantic field of happiness is also drawn upon throughout the manual. The discovery of one’s pregnancy is to be greeted with “excitement”.

You’re having a baby! Excitement is growing. (p. 32)

Babies are a “growing bundle of joy” (p. 142) and when women have delivered a baby, it is an event they are likely to look back on with “nothing but the purest joy”. This discourse pattern is intensified through another discursive strategy which
represents pregnancy as a deeply meaningful and awe-inspiring miracle, at times with almost religious overtones. This is done by drawing on the semantic field of wonder and awe. Reference is made to the “incredible” (p. xxii) development of the baby-to-be, to pregnancy as “one of life’s most magical experiences” (p. xxiii). The adjective “miraculous” occurs frequently with the transformation of cell to baby described as “miraculous” (p. 121), the reference to “the miraculous sound of your baby’s heartbeat” (p. 183) and a description of baby’s movements as “that miraculous sensation” (p. 232) to name but a few.

This representation of pregnancy as a happy event and a period of fulfilment for women is intensified by the type of sentence structure used. Most sentences in the above examples are declarative sentences in the present tense which establish women’s joy at their pregnancies as a categorical truth and certainty, thus drawing on assumptions and pre-suppositions that women are always happy to be pregnant.

This discourse pattern also occurs in *La Bible de votre grossesse*. Once again, the adventure metaphor features prominently, as do lexical items from the semantic fields of happiness, joy, wonder and awe. In the extracts below from the foreword to this manual the use of the adventure metaphor is evident, and the adjectives “merveilleuse”, “exceptionnel”, “fantastique”, “caché”, “invisible”, “bouleversant” and “mystérieux” together with the adjective-noun collocations “bonne nouvelle” and “toute nouvelle vie” re-affirm the notion of pregnancy as a happy and awe-inspiring event for women. The use of nouns such as “la majorité” and adjectives such as “tous” to refer to pregnant women and their partners, normalise happiness as the appropriate reaction to pregnancy.
Grâce à cette longue expérience nous aimerions vous guider dans la merveilleuse aventure de l’attente et de la naissance d’un enfant. (…) Maintenant c’est avec vous que nous allons partager ces neuf mois exceptionnels de votre existence en vous aidant à préparer l’arrivée de votre enfant, cette toute nouvelle vie. (p. 7)

Vous êtes enceinte avant de le savoir! La bonne nouvelle ne nous sera révélée que 3 à 4 semaines après le début de l’histoire. Pendant ces semaines « secrètes » il se passe des choses bouleversantes dans votre corps dont vous n’avez pas conscience. Dans la plus grande discrétion, tout est en train de se jouer. Vous êtes encore dans le désir de maternité quand votre futur bébé, qui n’est qu’un œuf fécondé, commence sa fantastique division cellulaire. Tout cela vous est caché, invisible et mystérieux encore quelques jours. (p. 159)

As in What to Expect When You’re Expecting, this discourse pattern features throughout the text. The adventure metaphor re-occurs on several occasions.

Tout est en place pour la suite de l’aventure des mois à venir. (p. 162)

Pour la majorité d’entre vous, la fusion est telle avec le bébé qu’elles en font une aventure enrichissante. (p. 32)

(...) vous commencerez à voir la fin de l’aventure. (p. 203)

In the second example, the use of the word “majorité” positions those who do not find pregnancy to be an enriching adventure as in an excluded minority, outside the norm.

The lexical item “bonheur” is also repeated throughout the text.

Votre vie change, soyez attentive mais n’oubliez pas que la grossesse est aussi pleine de bonheurs. (p. 178)

Pregnancy is clearly constructed as a period of fulfilment for women. Once again, pregnancy is represented as a deeply meaningful and almost spiritual experience through the repetition of the lexical items “miraculeux” and “miracle” and by drawing on the semantic field of wonder and awe. The adverb “miraculeusement” is used to describe the female body’s acceptance of the fertilised egg (p. 160) and the adjective “miraculeuse” is used to describe the implantation process (p. 160). Reference is also made to the embryo who is “doué d’un fantastique pouvoir” (p. 161) and the first
trimester is referred to as “magique” (p. 170). The verb “émerveiller” describes parents’ reaction to the sight of their newborn.

Tous les parents sont émerveillés par la vivacité et les yeux ouverts de l’enfant qui vient de naître. (p. 268)

The use of the adjective “tous” extends this reaction to all parents and thus constructs it as a normal and appropriate reaction after the birth of a baby. The first moments after the birth are referred to as “ces premières minutes de joie et d’émotion” (p. 269) and once again the adjective “magique” reappears when describing the bond between mother and baby as “le lien magique” (p. 269).

These discursive strategies thus construct pregnancy as a period of happiness and fulfilment for women in both contemporary pregnancy manuals. As outlined in the examples above, this discourse is achieved predominantly through metaphor, lexis and sentence structure. This discourse of pregnancy as a happy event is thus part of a wider discourse discussed in Chapters One (see section 1.4.1) and Three (see sections 3.3.1.1 and 3.3.1.2), which assumes “that pregnancy and motherhood are the coveted goals of womanhood, and that they provide women with a deep and natural sense of fulfilment” Freed (1999: 261). “Normal” women are to be happy at this development in their lives, to accept their pregnancies with joy and to be fulfilled by this “miracle”.

In the two older pregnancy manuals, this discourse is present to a much lesser extent. In these texts, pregnancy is simply constructed as a natural event for women through the repetition of the lexical item “natural” and the use of negation to counter alternative discourses which portray pregnancy as an illness. The following extracts are from Candid Counsels to Expectant Mothers.

Of all things, have plenty of occupation. Pregnancy is a perfectly natural condition. It is not a disease! Don’t get morbid over it. Go out! Keep busy! Read cheerful books. (p. 25)
Pregnancy is not an ailment. It is a natural function. (p. 36)

Likewise in *Hygiène de la grossesse*, there is a strong assertion that pregnancy is a natural event once again through the repetition of the adjective “naturel” and the use of negation. The desire to become pregnant is also presented as a natural desire for women through the collocation of the adjectives “naturel” and “féminin”.

La grossesse n’est pas une maladie; c’est un état physiologique naturel. (p. 7)
Votre désir est très naturel, très maternel et très féminin. (p. 10)

There is thus little reference to women’s emotions and reactions to their pregnancies in the two older texts. It is simply assumed that pregnancy is a natural event in the lives of most women, a discourse which can be explained when account is taken of the socio-cultural context of pregnancy in the nineteenth and early twentieth century. As outlined in Chapter Three (see section 3.2.1), in the past pregnancy was an event which occurred regularly and which women accepted as part of the normal course of life.

Attendre un enfant est de l’ordre de nature. Dans la vie de la femme mariée d’autrefois, la grossesse revient selon un rythme plus ou moins régulier. (…) «Être grosse» est donc un état normal auquel la femme ne pense nullement à se soustraire. (Gélis, 1984: 107)

There is thus little need in this discourse to convince women to accept their pregnancies and be happy about them. However, as mentioned in Chapter Three (see section 3.2.1.3), in the late twentieth and twenty first centuries, women have a certain amount of control over the decision to become pregnant or not due to the widespread availability of contraception and abortion. The availability of birth control means that women have diverse life choices and mothering can become a “chosen activity” (De Marneffe, 2007: 673), as opposed to a natural event which simply occurs regularly in
the lives of women of a certain age. The absence of a discourse of pregnancy as a happy event from the two older texts is thus easily explained. The presence of this discourse in the two contemporary manuals is, however, largely due to the socio-cultural factors which have lead to choices with regard to pregnancy and motherhood, and reflects a desire to construct pregnancy and motherhood as sources of happiness and fulfilment for women. In Chapter Three (see section 3.3.3.3), it was also established that the ideal readers of these manuals are pregnant women or women hoping to become pregnant and there is thus a clear objective in this discourse to convince women to be happy about this event in their lives. The next section will demonstrate that feelings of unhappiness with regard to pregnancy are pathologised and thus positioned as outside the norm.

5.2.2 The Baby Blues – Unhappiness Requires Medical Attention

The topic of the “baby blues” is an important feature of the two contemporary pregnancy advice books. This topic is completely absent from the two older pregnancy books where there is no mention whatsoever of depression or the “baby blues”. The sections of these books dealing with the aftermath of the baby’s birth focus on practical matters such as dressing and feeding the baby, and the health and care of the mother. The emotional state of pregnant women only features in the discourse of these older texts in the context of discussions of their “nerves” or emotional instability during pregnancy (see section 5.2.3). The “baby blues” are thus a relatively new feature of the discourse of pregnancy and the analysis of this topic highlights an overwhelming discourse that pregnancy is a happy event and that any feelings of depression or emotional instability are caused by hormonal changes and require medical attention should they persist.
This discourse pattern is achieved in *What to Expect When You’re Expecting* through the use of statistics which construct the “baby blues” as a common occurrence amongst new mothers, the use of the pronoun “you”, interrogative structures and a knowing tone.

“I was sure I’d be thrilled once my baby was born. But I’m feeling down instead. What’s going on?”

It’s the best of times; it’s the worst of times. And it’s how an estimated 60 to 80 percent of new moms feel after childbirth. So-called baby blues appear (…) usually three to five days after delivery (…) bringing on unexpected sadness and irritability, bouts of crying, restlessness, and anxiety. Unexpected because – well, for one thing, isn’t having a baby supposed to make you happy, not miserable? It’s actually easy to understand why you’re feeling this way if you step back for a moment and take an objective look at what’s been going on in your life, your body, and your psyche: rapid changes in hormone levels (…); a draining delivery, followed by an exhausting homecoming, and all compounded by the round-the-clock demands of newborn care. (…) With such an overwhelming laundry list of challenges to confront (and don’t even get started on the laundry that’s on that list), it’s no wonder you’re feeling down. The baby blues will likely fade over the next couple of weeks as you adjust to your new life and start getting a little more rest. (…) If feelings of depression persist (lasting more than two weeks) or worsen and start interfering with your functioning, call your practitioner right away. (pp. 456-458)

“Feeling down” after having a baby is thus normalised in this discourse through the use of statistics to extend this phenomenon to “60 to 80 percent of new moms”. The negative interrogative structure “isn’t having a baby supposed to make you happy, not miserable?”", however, reminds the reader that the way they are supposed to feel at this time is “happy”. “Happy” is thus constructed as the way one is meant to feel, while the “baby blues” although common, are an obstacle which must be overcome to regain this happy state. In the sentence, “It’s actually easy to understand why you’re feeling this way if you step back for a moment and take an objective look at what’s been going on in your life”, a knowing tone is used together with the pronoun “you” to address new mothers and reassure them that this is normal. However, “baby blues” are pathologised through the listing of possible causes of “baby blues”. The primary
cause cited is that of “rapid changes in hormone levels” and it is followed by reasons such as a “draining delivery” and “an exhausting homecoming”. The pathologisation of the “baby blues” is heightened by the use of the imperative structure at the end of the extract instructing the reader to “call your practitioner” right away “if feelings of depression persist”. Women are thus positioned as in need of medical intervention if feelings of happiness do not return after the prescribed period of two weeks. It is, therefore, acceptable to feel “down” and overwhelmed for a short period due to plummeting hormone levels and fatigue, but anything more requires medical intervention.

Likewise in La Bible de votre grossesse, “le baby blues” is presented as a normal side effect of hormonal changes which once again requires medical attention if the condition persists. Here the discursive strategies used which realise this discourse pattern are the use of negative structures, statistics, the “voice of medicine”, sentence structure and nominalisations.

Votre enfant est enfin né, il est là près de vous. (...) Soudain, vers le 3ᵉ-4ᵉ jour tout bascule ; l’euphorie fait place aux pleurs abondants, votre humeur change d’une minute à l’autre pour un rien, une réflexion du personnel, une mise au sein laborieuse, un biberon non terminé, la voisine qui pleure… (...) C’est un phénomène que vous n’expliquez pas : « Je ne comprends pas ce qui se passe, j’ai tout pour être heureuse, mais… » Cet état émotionnel de grande vulnérabilité et de découragement, les professionnels qui vous rassurent le connaissent bien en suites de couches, c’est le baby-blues que l’on peut définir comme un état dépressif précoce, bénin et passager. (...) Selon les statistiques, le baby-blues survient chez environ 60% des femmes, quelque soit le mode d’accouchement ou la situation du couple. Il est plus ou moins intense, parfois fugace et vite oublié. (...) Pourquoi ? Les hormones. (...) Les hormones expliquaient vos troubles du premier trimestre (nausées, vomissements, etc.), leur taux n’a pas cessé de monter et brutalement dès que le placenta a été expulsé, leur taux chute en 48 heures environ. Ce bouleversement hormonal impressionnant perturbe votre équilibre émotionnel. (...) Un baby-blues très intense peut se prolonger par une dépression. (...) Quand les premiers signes de dépression se manifestent, la prise en charge psychologique, voire médicamenteuse, s’impose. (pp. 317-319)
The use of the borrowed word “baby-blues” from the English language, immediately suggests that this term is one which is known to the reader. In the sentence “Je ne comprends pas ce qui se passe, j’ai tout pour être heureuse, mais ...” the use of the adjective “heureuse” combined with the negative structure “je ne comprends pas” establishes being “heureuse” as the norm and feeling unhappy or upset as a source of confusion. The “voice of medicine” then intervenes to give this phenomenon a definition as “un état dépressif précoce, bénin et passager”. These adjectives highlight the fact that this diversion from happiness is a transitory state.

The reader is reassured as to the normality of this phenomenon through the use of statistics in the sentence “selon les statistiques, le baby-blues survient chez environ 60% des femmes”. Hormones are again cited as the main reason behind the emergence of “le baby-blues”. The interrogative word “pourquoi” is used on its own, followed by the one word answer “hormones”. The term “hormones” is then the subject of the following sentences thus positioning “hormones” and their level as the main protagonists in this scenario. Women are positioned in a passive role, with their “emotional balance” as the object of the sentence “Ce bouleversement hormonal impressionnant perturbe votre équilibre émotionnel”. Women are thus constructed as at the mercy of their hormones. Once again, any prolonged period of baby blues is represented as an event requiring medical intervention. In the sentence “la prise en charge psychologique, voire médicamenteuse s’impose”, the nominalisation “la prise en charge” backgrounds the personnel involved and presents intervention as a necessary step which is beyond human control.
This discourse pattern thus effectively suppresses any negative discourses with regard to pregnancy, childbirth and motherhood by pathologising any negative reactions to childbirth and motherhood. De Beauvoir’s (1949) view of maternity as oppression (see Chapter Three, section 3.3.1.3) thus has no place in this discourse, instead the romanticised discourse of motherhood prevails, as this pathologisation of unhappiness clearly supports the previous discourse pattern identified of pregnancy and childbirth as happy events. Therefore, while it is acknowledged that women may be unhappy or have conflicting emotions after having a baby, these feelings are constructed in discourse as transitory and in need of medical intervention should they persist. No account is taken of the fact that not all women may enjoy motherhood or feel happy about it.

5.2.3 Pregnant Women and Emotional Instability

In all four pregnancy advice books a discourse pattern emerges which constructs pregnant women as emotionally unstable and unreliable. The degree of emotional instability varies from one text to another but the overall pattern of women as emotionally unstable at this period of their lives is clearly present. It is, however, much more present in the two contemporary pregnancy advice books as women’s emotional state is a much stronger feature of these texts than the two older texts.

In *What to Expect When You’re Expecting*, this discourse pattern is achieved through the use of lexical items denoting instability, the use of lists, the metaphorical representation of emotional instability as heightened pre-menstrual symptoms, the backgrounding of pregnant women and the foregrounding of hormones and biological causes, and the use of adjectives such as “normal” and “common” to normalise
emotional instability. At the beginning of each chapter there is a section entitled “What You May Be Feeling”. In each chapter a number of “emotional symptoms” are listed, and the lexical choices here are ideologically significant. The following examples go in order from the first to the ninth month.

“Emotional ups and downs (like amp-dup PMS), which may include mood swings, irritability, irrationality, inexplicable weepiness.” (p. 123)
“Misgivings, fear, joy, elation – any or all.” (p. 172)
“A feeling you’re not quite together- you’re scattered, forgetful, drop things, have trouble concentrating.” (p. 201)
“Continued absentmindedness.” (p. 234)
“Some anxiety about the future.” (p. 265)
“Increasing absentmindedness.” (p. 310)
“Irritability and oversensitivity.” (p. 341)

The lexical items chosen to express how women feel during pregnancy construct the pregnant woman as not only anxious and weepy, but also irrational, forgetful, absentminded, oversensitive and irritable. This choice of lexical items presents the pregnant woman as emotionally unstable and not in possession of her normal emotional faculties. Nouns as opposed to adjectives are frequently used to describe these feelings and they are given as a list of symptoms, thus suggesting that they are an unavoidable and normal consequence of pregnancy. The idea that this unstable emotional state is brought on by pregnancy is heightened by the metaphorical representation of these “emotional ups and downs” as “amped up PMS”. This choice of metaphor immediately implies that these emotional issues have biological origins and thus cannot be avoided. A more detailed discursive construction of the emotional state of pregnant women occurs in a question and answer format in the chapter based on the second month.

“I know I should feel happy about my pregnancy-and sometimes I am. But other times, I feel so weepy and sad.”
They’re up- and they’re down. The very normal mood swings of pregnancy can take your emotions places they’ve never gone before, both to exhilarating highs and depressing lows. Moods that can have you over-the-moon one moment, down-in-the-dumps the next- and weeping inexplicably over insurance
commercials. Can you blame it on your hormones? You bet. These swings may be more pronounced in the first trimester (when hormonal havoc is at its peak) and, in general, in women who ordinarily suffer from marked emotional ups and downs before their periods (it’s sort of like PMS pumped up). Feelings of ambivalence about the pregnancy once it’s confirmed, which are common even when a pregnancy is planned, may exaggerate the swings still more. Not to mention all those changes you’re experiencing, the physical ones, the emotional ones, the logistical ones, the relationship ones - all of which can overwhelm your moods. (pp. 162-163)

In this extract, women’s emotional state during pregnancy is clearly defined using metaphors of “going up and down”. Women themselves are completely backgrounded in this extract with “moods” and “mood swings” the agents. It is “the very normal mood swings of pregnancy” which “take” emotions to “exhilarating highs and depressing lows”. “Moods” have pregnant women “over-the-moon one moment” and “down-in-the-dumps the next”. Moods and mood swings, therefore, are constructed as responsible for emotional highs and lows during pregnancy.

In the next section, the choice of lexis and grammar construct hormones as being in turn responsible for these mood swings. The interrogative structure “can you blame it on your hormones” is used to voice women’s concern as to the cause of this emotional phenomenon and the choice of the verb “blame” implies that these emotional highs and lows are an undesirable yet unavoidable aspect of pregnancy. The response to the question “you bet” is a word of reassurance to readers and again suggests that “the experts” have the answer. The “voice of medicine” is adopted to explain that these mood swings are the result of “hormonal havoc” and once again the analogy of “PMS pumped up” is used to recontextualise these emotional swings in biological terms. The adjectives “normal” and “common” are also chosen to normalise this emotional state and suggest that this is something experienced by all pregnant women. Feelings of ambivalence and physical, emotional, logistical and relationship changes are
described as elements which “exaggerate” and “overwhelm” these moods. The choice of these two verbs again reinforces the idea that the emotional highs and lows which occur during pregnancy are pre-existing and caused by biological changes. Emotional factors do not, therefore, cause this turmoil but merely contribute to it. Emotional instability is thus portrayed as a normal and unavoidable part of pregnancy.

In *La Bible de votre grossesse*, the question of emotional instability during pregnancy is also addressed. However, while like in *What to Expect When You’re Expecting*, pregnant women are constructed as full of doubts, anxiety, worry and mood swings, there is no explicit reference to this emotional state as being caused by hormones or other biological factors. Instead, emotional turmoil and instability are constructed as a normal reaction to such a life-changing event. The emotional state of women during pregnancy is constructed through the choice of lexical items denoting emotional fragility and the use of interrogative questions, and normalised through the use of the adjective “normal” and the pronoun “vous”.

Le test a confirmé vos doutes: vous êtes enceinte. (...) Vous vous demandez avec angoisse si votre désir d’être mère était réel. N’aviez-vous pas trop « rêvé » de cette grossesse avant de savoir ce qu’elle impliquerait comme bouleversements dans votre vie ? Serez-vous une bonne mère tout en restant une compagne-amante pour votre conjoint ? Ne vous inquiétez pas trop. Il est normal que toutes ces questions vous assaillent au début, surtout s’il s’agit d’une première grossesse. D’autres problèmes surgiroint au cours des mois. Ils seront d’ordre médical, psychologique, matériel, administratif. Nous tenterons ici de vous aider à y répondre avec bon sens et sérénité. **Ce mélange de joie, de crainte et d’émotion est tout à fait normal** devant cet événement considérable qui va complètement changer votre vie et celle de votre conjoint. (p. 162)

Pourant vous êtes toujours inquiète et nerveuse. (...) Vous êtes partagée entre l’euphorie et les idées noires. (p. 167)

Il vous arrive d’avoir beaucoup de craintes concernant votre grossesse. (...) Votre anxiété est toujours là, elle varie en fonction de votre état de fatigue ou de votre équilibre psychologique si sensible au monde extérieur (vous pleurez facilement). (p. 170)
The nouns “angoisse”, “craintes”, “anxiété”, the verbs “inquiéter” and “pleurer” and the adjectives “inquiète” and “nerveuse” are all used to characterise women’s emotional state during pregnancy. Pregnancy is described as a “mélange de joie, de crainte et d’émotion” and pregnant women as “partagée entre l’euphorie et les idées noires” and women who cry easily. The doubts and fears experienced by pregnant women are voiced using interrogative structures through questions such as “n’aviez-vous pas trop ‘rêvé’ de cette grossesse avant de savoir ce qu’elle impliquerait comme bouleversements dans votre vie ? ” and “Serez-vous une bonne mère tout en restant une compagne-amante pour votre conjoint ?”. This emotional state of “ups and downs” is normalised through the use of the adjective “normal” and the use of the pronoun “vous” to address women directly and reassure them that this emotional stage is normal.

The reader is firmly positioned in this discourse as requiring reassurance from the experts with regard to their doubts and fears as to their pregnancy. The reader is then reassured that their emotional state is “tout à fait normal” especially if it is their first pregnancy, the implication being that inexperience leads to greater emotional instability. As in What to Expect When You’re Expecting, women are thus constructed as being in a fragile emotional state during pregnancy. In What to Expect When You’re Expecting, causality is established through discourse as having biological origins whereas here it is established simply as a normal reaction to “cet événement considérable qui va complètement changer votre vie et celle de votre conjoint” and which can be intensified by “fatigue” and “votre équilibre psychologique”. Both contemporary manuals, however, construct this emotional fragility as a normal and unavoidable aspect of pregnancy and create an overall
perception of pregnant women as vulnerable, fragile and emotionally volatile people. This discourse undeniably has traces of historical discourses of women as emotionally unstable and reinforces what Locke (2001: 17) refers to as “long-held stereotypical notions of ‘emotional female’ and ‘non-emotional male’”. Locke (2001: 17) further notes that “the construct of females as emotional is a taken for granted assumption which can be hard to undermine”. This “emotional” dimension to women is however, constructed as heightened by the emotions of pregnancy and pregnant women are clearly portrayed as emotionally unstable.

Traces of this discourse also feature in the two older pregnancy advice books. In *Candid Counsels to Expectant Mothers*, pregnant women are also constructed as prone to nervous or emotional outbursts through the choice of lexical items denoting this condition. However, through the use of imperative verbs and modality, women are empowered in this discourse to exercise control over their emotional state and are thus not positioned as victims of this emotional condition.

You can do an immense deal for yourself to shield your *nervous system* from wear and tear. This is very necessary during pregnancy for this condition often exerts a serious influence on the nervous system and causes with some people a good deal of depression of spirits and despondency, and with others a certain amount of irritability of temper. (…) Self-control and determination can do a lot for the expectant mother; so can the exercise of common sense. If she knows that she is of an excitable nature, and that her temper is not of the best, and that she is apt to “fly out” on the smallest provocation, she should do her best to “keep herself in hand.” She should try not to notice every little fault and failing in servants, children and household. (…) Remember that a fit of anger and over-excitement may bring on a premature confinement. This is a fact that should not be lost sight of. (pp. 25-26)

In this extract, the condition of pregnancy is constructed as causing a number of emotional symptoms including “depression of spirits”, “despondency” and “irritability of temper”. Women can become prone to “fly out” on the smallest of provocations. In this case, the condition of pregnancy is the subject of the sentence,
“exerting” and “causing” unfortunate influences on the nervous system and the emotions. Women are thus positioned as being at the mercy of this “condition” of “pregnancy” which has such a powerful influence on the nervous system.

However, unlike in the contemporary pregnancy books, women are not positioned as powerless victims of their emotions, instead there is a discourse of empowerment which appeals to women to exercise “self-control”, “determination” and “common sense”. Women who are naturally “excitable” in nature are clearly warned to “keep themselves in hand” through the use of the conditional sentence structure and the modal auxiliary “should”. Finally, in the last sentence the modal verb “can” is used to make an expert assumption about the medical implications of a fit of “anger and over-excitement” which “may bring on a premature confinement”. The use of the imperative verb “remember” at the start of this sentence suggests that this is something any pregnant woman should already know and thus be wary of. Therefore, while pregnant women are constructed as emotionally fragile, the choice of lexis and grammatical structures nevertheless implies that this is something which they can control by drawing on the appropriate resources of common-sense and self-control. A nervous disposition during pregnancy is thus not something to be indulged.

In *Hygiène de la grossesse*, there is little reference to women’s emotions during pregnancy. In the introduction, the pregnant woman is described as “un peu plus délicat, plus sensible” (p. 7). The reader is also warned of personality changes which may occur in the sentence “votre caractère change parfois, et souvent en moins bien” (p. 38). The adjectives “sensible” and “délicat” thus characterise a woman’s emotional state during pregnancy and she is warned that her character may take an
unfavourable turn at times, but otherwise this manual remains silent on the issue of women’s emotional state during pregnancy.

In both of the older pregnancy books, there is thus limited reference to emotions. This is a much stronger feature of the two contemporary pregnancy manuals, a factor perhaps due to a number of elements the close analysis of which is outside the scope of this thesis. In section 5.2.1, it was argued that this lack of emphasis is largely due to socio-cultural factors which led to a view of pregnancy as a natural event for women at this time. The availability of choices with regard to pregnancy and motherhood in contemporary times has led to a greater emphasis on the emotional side of pregnancy, and the influence of the “self-help” genre of literature (see Chapter Three, section 3.2.2.3) has also brought about the development of a wider discourse of pregnancy which encompasses all physical, lifestyle, mental and emotional dimensions. It is nevertheless interesting, that in all texts, pregnancy is constructed as having a strong influence on women’s emotional state. Pregnant women are by implication more emotionally fragile and vulnerable regardless of the origins of this emotional fragility. This construction of pregnant women further reduces their power in this discourse as it implies they are in need of protection and reassurance and that emotionally they are unreliable.

5.2.4 Summary

The above analysis reveals, therefore, that the overwhelming discourse which emerges is that of pregnancy as a happy and natural event for women, particularly in the two contemporary texts. Women are supposed to be happy about pregnancy and to perceive it not just as an exciting adventure but also as a deeply meaningful and
almost spiritual experience, thus affirming wider discourses which romanticise motherhood. Counter-discourses of fear, emotional turmoil and doubt are dominated by this discourse, and depression and the “baby blues” are pathologised in order to sustain the dominant discourse of happiness and fulfillment. The underlying sentiment is that women are to be happy about becoming mothers, and any feelings which divert from this norm are strongly countered in the discourse of these texts. In addition pregnant women are constructed as emotionally unstable during this period and thus disempowered and not in control of their mental and emotional state.

5.3 Body Image During Pregnancy

In this part of the chapter, the construction of women’s attitudes towards their changing bodies in this discourse will be examined. The theme of body image is present in all four books, although it is present to a lesser degree in Candid Counsels to Expectant Mothers and Hygiène de la grossesse. In the two contemporary pregnancy manuals, however, body image during pregnancy is a prominent theme. There are large sections of What to Expect When You’re Expecting and La Bible de votre grossesse which focus on issues such as weight gain during pregnancy, how to dress, hair care, skin care, beauty treatments, tanning, exercise, diet and women’s feelings about their changing bodies. The very presence of these themes immediately establishes body image as an important feature of how women feel about pregnancy and its effects on their bodies.

In the first section, conflicting discourses of the pregnant body as beautiful and unattractive will be examined, while in the second section, the “big is beautiful” discourse will be described and explained. The third section will focus on the topic of
“self-surveillance” and reveal how this discourse encourages women to preserve their beauty during pregnancy.

5.3.1 The Pregnant Shape, Beautiful or Unattractive?

In the two contemporary pregnancy advice books, there is a clear discourse which constructs the pregnant body firstly as an object to be viewed by others through the depersonalisation of the pregnant women, discursive positioning of the pregnant shape as the object in sentences, and the attribution of agency to other groups such as “spouses”. The pregnant body is also constructed as beautiful through the careful choice of lexical items and superlatives which represent the pregnant body in positive terms. However, the use of negation, overwording and non-recurring lexical items like “many” and “most” point to a counter-discourse of the pregnant body as unattractive.

In the eyes of many beholders, a pregnant woman isn’t just beautiful inside but outside as well. Many women and most spouses (…) consider the rounded pregnant silhouette the most lovely – and sensuous – of feminine shapes. *(What to Expect When You’re Expecting, p. 209)*

(…) most partners – find that pregnant shape the most sensual of all female forms. (p. 256)

De nos jours, la société semble redécouvrir la beauté des femmes enceintes, les magazines en témoignent. *(La Bible de votre grossesse, p. 116)*

(…) l’attente d’un enfant vous rend belle. (p. 113)

(…) vivre votre grossesse en beauté (…). (p. 113)

(…) la grossesse est vécue comme (…) l’accomplissement de la fémininité. (p. 115)

In these examples, a number of groups are mentioned: “beholders”, “most partners”, “many women”, “most spouses”, “la société”. Agency is clearly attributed to these groups and the female shape is the object of the verbs “find”, “consider” and “redécouvrir”. This sentence structure confers the power to decide what is beautiful and what is not upon the groups mentioned. Pregnant women are depersonalised in
these sentences. There is no explicit reference to pregnant women being beautiful, instead inanimate nouns such as “pregnant silhouette”, “feminine shape”, “female form”, and the nominalisation “la beauté des femmes enceintes” are used. The pregnant shape becomes almost separate from the women themselves, an abstract entity to be admired and appreciated thus echoing Bordo’s claim that representations of the body in Western culture usually construe it “as something apart from the true self (whether conceived as soul, mind, spirit, will, creativity, freedom (…) and as undermining the best efforts of that self” (Bordo, 1993: 5).

This discourse pattern which positions pregnant women as objects to be admired is part of a wider discourse which takes what Blood (2005: 37) describes as “the view of women’s bodies as an object of the gaze”. Blood (2005: 101) argues that in society women’s bodies are gazed at and judged, that they are up for discussion and display.

Within patriarchal society, women are labeled the ‘aesthetic’ sex. It is women’s bodies, not men’s, that are gazed at and judged (…). A woman’s body is still considered to be more central to her ‘identity’ than a man’s body is to his identity. An exaggerated importance is given to the physical appearance of women vis-à-vis men. (…) Women’s prospects for relationships and intimacy are deemed largely dependent on their physical attractiveness to men (…). In contemporary Western culture, women’s bodies are ‘up for’ discussion, dissection and display. (Blood, 2005: 101)

The above-mentioned examples reaffirm this discourse which positions women’s pregnant bodies as objects to be gazed at and judged.

The consensus of those “gazing” at the pregnant body appears on the surface to be one of admiration and appreciation of the pregnant shape. A conscious effort is made to construct the pregnant body as beautiful through the careful choice of adjectives such as “beautiful”, “sensuous”, “lovely”, “belle” and “feminine”, and the nouns “beauté” and “fémininité”. The use of superlatives such as “the most lovely”
heightens this construction of beauty. However, when these extracts are examined more closely and deconstructed, it becomes evident that there are ideological conflicts with regard to the beauty of the pregnant body, that another discourse of the pregnant body as unattractive is being contested. As already mentioned in Chapter Two, negation can frequently highlight intertextuality (see Chapter Two, section 2.5.3.4), and the first sentence clearly alludes to a discourse which suggests that pregnant women are not necessarily beautiful on the outside. There is also overwording (another indication of ideological conflict) in the second sentence with the use of three near synonyms to describe the beauty of the pregnant shape. This overwording also signifies a need to reassure women that they are not unattractive.

The most obvious indicator of an alternative discourse is, however, in the collocation of the lexical items “many” and “most” with the agent nouns “partners”, “spouses”, “beholders” and “women”, as this shows that not all members of the above-mentioned groups find the female pregnant body attractive. In addition, the use of the verb “redécouvrir” suggests society is rediscovering the beauty of pregnant women. It is thus obvious that society has also ignored the beauty of pregnant women in the past. While there is little reference to body image in the two earlier pregnancy manuals, those references which do exist are indicative of a strong discourse pattern constructing the pregnant body as “ungainly” and dismissing the need to preserve one’s appearance during pregnancy. The only reference to body image in Candid Counsels to Expectant Mothers is in a short section relating to how one should dress during the “expectant period”.

Once the figure begins to enlarge (…), you should abandon your usual corsets and procure maternity corsets. These are the greatest possible comfort to the woman who expects to have a baby. (…) The maternity corsets also – and this
without pressure – prevent a good deal of the ungainliness that so often accompanies the “expectant” condition. (pp. 22-23)

Don’t wear High Heels. – Once your figure begins to enlarge do not wear really high heels. You will find walking easier and safer in heels that are reasonably low and that are fairly broad so as to give support to the body. This is specially necessary if you have varicose veins. (p. 24)

The lexical items “enlarge” and “ungainliness” together with the metaphorical representation of the latter as an accompaniment to pregnancy, clearly construct pregnancy as an “ungainly” condition. There is no effort to construct the pregnant shape as beautiful or sensuous and the modal verb “you should abandon”, together with the imperative verb “do not wear” clearly instruct pregnant women how to dress during pregnancy. The lexical items “comfort” and the comparative adjectives “easier” and “safer” place comfort and safety as opposed to beauty as goals for the pregnant woman. Emphasis in this section is, therefore, on promoting the comfort of the expectant mother and reducing the “ungainliness” which accompanies the expectant condition. Beauty during pregnancy is not a priority in this discourse.

A similar discourse arises in Hygiène de la grossesse through the use of negation, declarative sentences and logical connectors.

Une femme enceinte n’est jamais grotesque; elle ne peut que mépriser les gens qui la trouveraient telle. Elle s’habille non pas pour l’agrément du monde extérieur, mais en vue de sa santé personnelle et de l’enfant qui habite en elle. (p. 59)

While there is a strong assurance that a pregnant woman is never grotesque, the use of the emphatic negative sentence structure “une femme enceinte n’est jamais grotesque” to convey this assurance shows a need to counter a strong discourse of the pregnant shape as unattractive. In the next clause, another negative structure occurs when she is told that “elle ne peut que mépriser les gens qui la trouveraient telle”, highlighting that there are people who find the pregnant shape unattractive. A third negative
structure reminds her she is not dressing “pour l’agrément du monde extérieur” but for the health of herself and her baby. The use of the connectors “non pas pour…” and “mais en vue de…” reject the idea of the pregnant woman as an “object of the gaze” and remind her to prioritise health over appearance. Nevertheless, the use of negation in this sentence together with the use of these connectors and the juxtaposition of the references to “les gens qui la trouvaient [grotesque]” and “[le] monde extérieur” implicitly suggests that it is not just certain people but the outside world in general which can find pregnant women “grotesque”.

In all four pregnancy manuals there are indicators of a discourse of the pregnant shape as unattractive. However, the lexical and grammatical choices made by the writers of the two contemporary manuals try to create a counter-discourse of the pregnant body as beautiful. There is no discourse pattern seeking to celebrate the beauty of the pregnant body in the two older pregnancy advice books. In *Candid Counsels to Expectant Mothers*, “ungainliness” is constructed as a necessary by-product of pregnancy and women are simply told to try to conceal this “ungainliness” as much as they can, while highlighting that comfort and safety during pregnancy are more important. In *Hygiène de la grossesse*, on the other hand, while health and safety are also constructed as the main priorities during pregnancy, women are nevertheless assured that they are not unattractive during pregnancy and not to dress for the approval of others who may find them so. From an intertextual point of view, the two older pregnancy books affirm traditional discourses of pregnancy which exempted pregnant women from the need to be beautiful during pregnancy and to conform to an idealised body shape. Harper and Rail (2011: 5-14) argue that the need to uphold a certain feminine ideal of a particular body shape is a feature of Western society of the
In our Western society of the last few decades, women have been expected to uphold a certain feminine ideal; (...) Conversely pregnancy has been considered a time when this surveillance is more relaxed. This is partly related to historical constructions of the pregnant body as requiring increased rest and less vigorous activity, for fear of harming the mother and foetus. Furthermore, the pregnant woman has been expected to focus inwardly on the foetus, rather than outwardly on her appearance. (2011: 5)

Traditionally, therefore, pregnant women were expected to focus inwardly on their babies and were exempt from preoccupations with their body image, a discourse which is upheld by the two older pregnancy manuals.

The two contemporary texts, however, seek to represent the pregnant body in more positive terms through the existence of a discourse celebrating the beauty of pregnancy and the prevalence of a discourse of self-surveillance which encourages women to uphold an ideal feminine body shape during pregnancy. These discourses are absent from the two older pregnancy books for the reasons mentioned above.

5.3.2 Big is Beautiful

In What to Expect When You’re Expecting and La Bible de votre grossesse there is a very specific discourse pattern which persuades pregnant women to be positive about their new larger shapes. As mentioned in the previous section, this discourse pattern is absent from the two older texts. This discourse of “big is beautiful” is evident in the use of specific verbs to encourage women to be positive about their bodies, the use of humour and metaphor, and the choice of lexical items to refer to the pregnant body which denote sexiness. The following examples are from What to Expect When You’re Expecting.
When you’ve watched your weight your whole life, watching the numbers on the scale creep up can be unnerving – and maybe a little depressing too. (p. 209)

Embrace those new curves. (p. 209)

(...) celebrate the pregnant belly. (p. 212)

(...) the added inches you’re seeing are all legitimate by-products of pregnancy. (p. 210)

Relish being rounder. (p. 209)

Enjoy the pounds you pack on. (p. 210)

And there’s an important difference between pounds added for self-indulgent reasons (...) and pounds gained for the best and most beautiful of reasons: your child and its support system growing inside you. (p. 209)

(...) there’s no reason to feel “fat” – just pregnant. (p. 210)

(...) nothing flattering about the muffin-top look, especially when those buttons keep popping. (p. 210)

(...) your breasts more enticing than ever. (p. 255)

(...) breasts that are extra big. (p. 255)

(...) your watermelon-size abdomen. (p. 256)

(...) your bulging belly seems to loom as large and forbidding as a Himalayan mountain. (p. 256)

(...) the new curves you’re sprouting and the bigger-than-life breasts you’re likely sporting, all of which can make you feel like one sexy mama. (p. 185)

The over-stuffed sausage look is never in style, after all. (p. 211)

Women are told to “embrace those new curves”, to “relish” being rounder”, to “enjoy the pounds you pack on” and to “celebrate the pregnant belly”. The verbs “embrace”, “relish”, “enjoy” and “celebrate” all construct positive reactions. Weight gain is legitimated in this discourse as a necessary part of pregnancy through the collocation of references to extra weight and a legitimate explanation for this. Women are reminded that “added inches” are “a legitimate by-product of pregnancy” and that these are “pounds gained for the best and most beautiful of reasons: your child and its support system growing inside you”. While the expressions “added inches” and “pounds gained” have negative connotations, they are immediately justified firstly through the adjective noun collocation “legitimate by-product” and secondly through the double use of superlative forms “the best and most beautiful of reasons”. In terms of humour, specific lexical items and metaphors are chosen to exaggerate weight gain during pregnancy. The use of the term “belly” for example, instead of alternatives
such as “bump”, “abdomen”, or “tummy” has negative and humorous connotations of largeness. The accompanying adjective “bulging” exaggerates this effect. The metaphorical representations of the pregnant bump as a “watermelon”, a “muffin”, an “over-stuffed sausage” or a “Himalayan mountain” construct the pregnant shape as an enormous one but in a humorous way. Benwell (2002: 170) points out that humour is a highly effective linguistic device which can be used to encourage people to accommodate social change.

The pregnant body is also constructed as sexually attractive through the choice of lexical items denoting sexiness such as “curves” which has connotations of voluptuousness and attractiveness. The adjectives chosen to describe the pregnant woman’s breasts such as “enticing” and “bigger-than-life” deliberately construct the woman’s breasts as sexy during pregnancy. The metaphorical representation of the pregnant woman as “one sexy mama” also contributes to this effect. There is thus a clear discourse pattern which encourages women to be positive and embrace their changing shapes. Negative feelings are countered through the use of humour and metaphor, and pregnant women are encouraged to view their pregnant bodies as sexy.

In La Bible de votre grossesse, the “big is beautiful discourse” is also evident but to a much lesser degree. The use of adjectives such as “superbe”, “épanouie” and “belle”, together with the noun “beauté” construct the pregnant body as beautiful but the use of the adverb “autrement” together with the adjective-noun collocation “nouvelle approche” construct this type of beauty as different to the norm.

Tous les magazines féminins vous montrent des femmes enceintes superbes et épanouies. On vous dit souvent que la grossesse vous va bien mais vous n’êtes pas toujours convaincue. (…) Oui, l’attente d’un enfant vous rend belle « autrement ». Apprenez à vous occuper de vous au rythme des changements
The opening sentence of this extract places the description of a pregnant woman who is “superbe” and “épanouie” within the context of women’s’ magazines. This implies that such beauty during pregnancy exists only in the pages of such magazines. The author’s assertion that pregnancy makes you beautiful “autrement”, preceded by the word “oui” gives the impression that an answer to a question is being given. While there is no explicit question, we can infer that the question is as to whether pregnant women really are beautiful. This assertion is subsequently followed by an imperative sentence telling the reader to look after themselves in accordance with the changes “imposés” on their body during pregnancy. The final sentence suggests that to be beautiful in pregnancy is dependent on following “une nouvelle approche” which is subsequently outlined in the following pages and deals with issues such as showering, taking baths, choosing appropriate clothes, looking after one’s skin and hair and so on.

In *La Bible de votre grossesse*, the changes to one’s shape and body during pregnancy are thus constructed as changes imposed by pregnancy and the subsequent set of instructions relating to the care of one’s appearance (see section 5.3.3) suggest that one can be beautiful during pregnancy if one makes a substantial effort. However, the “big is beautiful” discourse is not present to the same extent as in *What to Expect When You’re Expecting* where women are strongly encouraged to view their changing bodies in a positive way. This discourse pattern affirms wider discourses which celebrate the beauty of the pregnant body. Harper and Rail (2011: 5) argue that “representations of the pregnant body in popular culture are now common-place as celebrities are featured in magazines during pregnancy and again shortly after giving
Demi Moore’s appearance as a naked pregnant object in the August 1991 edition of the magazine *Vanity Fair* is perhaps the best known example of the celebration of the pregnant body in the popular media. Harper and Rail (2011: 5), however, argue that this celebration of the pregnant body increases the expectation that “pregnant women uphold a ‘yummy mummy’ body by managing to be attractively dressed, well groomed, and fit throughout pregnancy and the postpartum period” (2011: 5). In the next section, it will become evident that this expectation which is a product of the positive representation of the pregnant body in discourse is very much in evidence in the two contemporary pregnancy manuals.

### 5.3.3 Self-Surveillance

In both contemporary manuals, there is a very strong discourse pattern which insists that women preserve their beauty and appearance in the face of the threat posed to their bodies and beauty by pregnancy. Despite the existence of a strong discourse of “big is beautiful” in *What to Expect When You’re Expecting*, there is an implicit contradictory discourse which suggests that women need to take care of their bodies in order to minimise the negative effects imposed by pregnancy. This discourse is achieved through the use of negation, comparative structures, modality and logical connectors which background the discourse of “big is beautiful” in favour of a discourse which equates beauty with thinness and the lack of items such as “swollen ankles” and “varicose veins”.

Watching your weight gain isn’t the only way to give your appearance an edge. Exercise will definitely help, too, by ensuring that the weight you do gain ends up in all the right places. (p. 210)

You’ll like your mirror image better, too, if you get a hairstyle that’s slimming, pamper your complexion, and experiment with new makeup routines (the right techniques can take pounds off your pregnancy-rounded face (...). (p. 210)
Big is beautiful when you’re expecting, but that doesn’t mean you can’t try some tricks of the trim. With the right fashion choices, you can highlight your belly while slimming your overall silhouette. (p. 211) (…) minimise attention to the spots that you might be less inclined to want to show off, such as those swollen ankles. (p. 211)

In the first example, the negative sentence structure combined with the use of the word “only” immediately invokes a discourse of women wanting to be slim, of wanting to give their appearance “an edge”. By stating that watching weight gain “isn’t the only way” to give their appearance an edge, an immediate assumption is made that women are already pursuing other ways of looking beautiful. Likewise in the second example, in the sentence “You’ll like your mirror image better too if you get a hairstyle that’s slimming…” by modalising the sentence with the verb “will”, an idea of categorical prediction is conveyed, and it is assumed firstly that all women are concerned with their mirror image, and secondly that a good mirror image corresponds to a slimming hairstyle, a nice complexion and a slim face as opposed to a “pregnancy rounded face”. The notion of beauty corresponding to thinness is thus normalised in this discourse. In the third example, the first clause espouses the “big is beautiful” discourse but the use of the connector “but” together with the negative structures “that doesn’t mean you can’t try some tricks of the trim” backgrounds this discourse in favour of a discourse of the trim. In the second sentence, the use of the adjective “right” when describing fashion choices, immediately establishes the idea of a slim overall silhouette as desirable. In the last example “minimise attention to the spots that you might be less inclined to want to show off, such as those swollen ankles”, the imperative structure “minimise attention to” clearly instructs women to hide aspects of their appearance such as swollen ankles. While the use of the modal verb “might” normally conveys possibility as opposed to obligation, in this sentence the connotations are very much of probability as opposed to possibility. The adjective
“right” is used in three places in the above extracts to refer to weight gain in “right places”, the “right techniques” for make-up and the “right fashion choices”. The use of this adjective suggests there is a “right” way for women to look and the above analysis clearly shows that this look is a “slim” one.

In these extracts, weight gain during pregnancy is thus reformulated as something about which women are not necessarily happy and need to control. There is a direct contradiction between the “big is beautiful” discourse which encourages women to embrace the extra pounds, and the above extracts which eschew this idea in favour of the pursuit of looking “trim”. In each of the above-mentioned examples, there is an underlying assumption that women want to be slim and that pregnant women should adopt beauty regimes and fashion choices which make them look as slim as possible.

This discourse pattern is even more evident in La Bible de votre grossesse and here imperative verbs, pronoun choices, transitivity and non-recurring lexical items such as “disgracieuse” and “précautions” construct pregnant women as fighting against the threat pregnancy poses to their beauty.

Pour certaines femmes la grossesse est vécue comme la perte de leur féminité et de leur beauté. Pour d’autres, c’est au contraire l’accomplissement de la féminité. Pour toutes des précautions simples sont à prendre pour maintenir votre capitale beauté (p. 115).

Rien n’est plus triste qu’une future mère qui se «laisse aller». (p. 113)
Occupez-vous de vous et de votre beauté. (p. 177)
Protégez votre peau et votre joli teint de femme enceinte. (p. 116)
Nous espérons que vous avez pris les devants au début de votre grossesse pour prévenir l’arrivée imprévisible (hélas !) des vergetures disgracieuses. (p. 215)
Très vite après votre accouchement, vous éprouverez le désir d’être une jolie maman. (p. 143)

The imperative structures such as “occupez-vous de (...) votre beauté”, and “protégez votre peau” clearly encourage women to take care of their appearance. The explicit
negative statement that “rien n’est plus triste qu’une future mère qui se «laisse aller»” clearly supports this discourse. Agency within this sentence is, however, very unclear. Who thinks that it is sad to see a pregnant woman “let herself go”? Is it the authors, is it society, is it other women? In this case it is reasonable to assume that the author of this manual is drawing on an ideological assumption that women must preserve themselves in order to please societal expectations. In the second last example above, the pronoun “nous” is used when expressing the view that it is hoped the reader has taken care to avoid the emergence of stretch marks. It is unlikely that this pronoun refers to the authors of this manual alone, but rather that the inclusive “we” is being used thus making an implicit authority claim on behalf of the authors and society in general (see Chapter Two, section 2.5.3.4). The collocation of adjective “disgracieuse” with the noun “vergetures” reinforces the idea of a societal disapproval with the notion of a pregnant woman who does not take care of her appearance in order to minimise the negative effects imposed by pregnancy on her body. Precautions are thus to be taken in order to maintain one’s beauty. In the sentence “Pour toutes des précautions simples sont à prendre pour maintenir votre capital beauté”, the choice of the word “précautions” again suggests that one is working against a negative or oppressive force and that one’s beauty must be preserved in the face of this invisible threat. The passive structure in this sentence obfuscates both the origins of the threat and the precautions to be taken in order to preserve one’s beauty. We can only infer that the threat in question is pregnancy and that society is imposing upon women the need to preserve their beauty. The final example is testament to the fact that in this discourse, an assumption is made that all women want to be “joli”.
From an intertextual point of view, this discourse wider affirms discourses which construct women’s bodies as flawed and the pursuit of beauty and self-improvement as necessary goals for women. Blood’s (2005: 64) discourse analysis of the construction of body image in women’s magazines reveals that the overwhelming focus of these magazines on themes of personal change and self-improvement constitute a discourse of femininity where “a woman’s body is regarded as permanently flawed and always in need of remedial work”. Magazines are dominated by images of perfect, idealised bodies and normalise these bodies as a desirable goal. Advertising discourse also suggests that “women are supposed to adorn and beautify their bodies” as it “sets body standards to live up to and tries to manipulate recipients into thinking that their bodies are less than perfect” (Motschenbacher, 2010: 130-131). Women are thus normatively required to take care of their bodies and to engage in disciplinary practices which conform to this normative idea.

In the above examples, the pregnant body is constructed as “flawed” through the focus of these sections on self-improvement. Pregnant women are thus advised to hide swollen ankles, adopt new make-up techniques, make the right fashion choices, protect their skin, prevent stretch marks and control weight gain, in an effort to be beautiful and to conform to an idealised and normative view of the female body. This type of self-surveillance is described by Bartky (1988: 81) as a necessary by-product of a patriarchal society.

The woman who checks her make-up half a dozen times a day to see if her foundation has caked or her mascara has run, who worries that the wind or the rain may spoil her hairdo, who looks frequently to see if her stockings have bagged at the ankle or who, feeling fat, monitors everything she eats, has become, just as surely as the inmate of the Panopticon, a self-policing subject, a self committed to a relentless self-surveillance. This self-surveillance is a form of obedience to patriarchy. It is also the reflection in the woman’s consciousness of the fact that she is under surveillance in ways that he is not,
that whatever else she may become, she is importantly a body designed to please or excite. There has been induced in many women, then, in Foucault’s words, a ‘state of conscious and permanent visibility that assures the automatic functioning of power’.

This idea of “self-surveillance” therefore, has its roots in Foucauldian theories of “the gaze” which he argues, plays a vital role in ensuring we discipline ourselves in accordance with the norms of society.

(...) there is no need for arms, physical violence, material constraints. Just a gaze. An inspecting gaze, a gaze which each individual under its weight will end by interiorizing to the point that he is his own overseer, each individual thus exercising this surveillance over, and against himself (Foucault, 1977: 155).

This discourse further sustains Foucault’s argument that power relations come into being through the actions of individuals as they discipline themselves in accordance with dominant norms and ideals (Foucault, 1990: 201). By disciplining themselves in accordance with societal norms which favour thinness and conformity with an idealised body, pregnant women are subjecting themselves to hidden power relations which position them as objects of “an inspecting gaze” and under patriarchal control.

5.3.4 Summary

It is thus evident that there are conflicting discourses of the pregnant shape as beautiful and unattractive in the discourse of pregnancy advice literature. In the two contemporary texts, while indicators of a discourse of the pregnant shape as unattractive exist, they are countered by a dominant discourse of the pregnant body as beautiful. However, in the two older texts, there is no such discourse pattern which celebrates the beauty of the pregnant body, as traditionally pregnancy was seen as a time when women were expected to focus inwardly on their babies and were exempt from preoccupations with their body image. The theme of body image is thus not as
prominent in the two older manuals. In the two contemporary texts, on the other hand, there is a strong discourse pattern which encourages women to view their changing bodies in a positive way. However, this celebration of the pregnant body also increases the expectation that pregnant women take care of their bodies in order to minimise the negative effects imposed by pregnancy. There is thus a strong discourse of self-surveillance which is based on an underlying assumption that women want to look beautiful. The pregnant body is constructed in this discourse as “flawed” and pregnant women are advised to engage in disciplinary practices of self-surveillance in order to conform to an idealised and normative view of the female body. By disciplining themselves in this way, women are yielding to hidden power relations which position them as objects of a gaze and under patriarchal control.

5.4 Conclusion

The objective of this chapter was to establish how women’s emotions during pregnancy, and their attitudes both to their pregnancies and to their changing bodies are constructed in the discourse of pregnancy advice literature.

The analysis has revealed first of all that the overwhelming discourse which emerges is that women are to be happy about pregnancy. This discourse is achieved predominantly through the use of metaphor and lexical items from the semantic fields of happiness, wonder and awe, and also through sentence structure which establishes women’s joy at their pregnancies as a categorical truth. This discourse affirms wider discourses which romanticise motherhood and which construct motherhood as natural. Alternative discourses of fear, uncertainty and doubt with regard to pregnancy are thus dominated. This discourse of pregnancy as a happy event is, however, more
prominent in the two contemporary pregnancy manuals as the two older texts were produced at a time when pregnancy was simply regarded as part of the normal course of life. Account is also taken of the fact that at the time the contemporary texts were produced, that women have more choice with regard to whether to become mothers or not and thus the use of discursive devices to persuade women to be happy about their pregnancies is more easily explained. In general, the overall discourse pattern which emerges is that pregnancy and motherhood are sources of happiness and fulfilment for women.

This discourse is supported by another discourse pattern which pathologises feelings of unhappiness with regard to pregnancy, thus positioning these feelings as outside the norm. Feelings of depression or emotional instability are presented as caused by hormonal changes and in need of medical attention should they persist. This discourse pattern is largely achieved through the use of statistics, pronouns, interrogative structures, negation, a knowing tone, sentence structure and nominalisations. Effectively, this discourse pattern suppresses any negative discourses with regard to pregnancy, childbirth and motherhood by pathologising any negative reactions. The analysis has also revealed that pregnant women are constructed as emotionally unstable and unreliable through the use of lexical items denoting instability, metaphor, the backgrounding of pregnant women and the foregrounding of biological causes and discursive strategies to normalise emotional instability. However, while in the two contemporary texts, women are positioned as victims of this unavoidable emotional instability, in *Candid Counsels to Expectant Mothers*, it is implied that this is something that they can control. In a general sense, however, emotional fragility is portrayed as a normal and unavoidable aspect of
pregnancy and creates an overall perception of pregnant women as vulnerable, fragile and unstable, particularly in the two contemporary texts. This discourse reinforces historical discourses of women as emotionally volatile and thus positions them as powerless over their emotional state.

The analysis of the topic of body image has shown that the topic of body image is a far more prominent theme in the two contemporary texts due to historical perceptions of pregnancy as a time for focussing inward on the baby as opposed to outward on one’s appearance. Despite the existence of conflicting discourses of the pregnant body as beautiful and unattractive, the dominant discourse which emerges is one which celebrates the beauty of the pregnant body and positions pregnant women as objects to be admired and judged. Women are encouraged to embrace their changing bodies through the use of specific lexical items such as verbs like “embrace” and “enjoy” and other items denoting beauty. Metaphor, humour and collocations are also used to achieve this effect. This celebration of the pregnant body must also take account of widespread representations of the pregnant body in popular culture which increase the expectation that women maintain their appearances during pregnancy.

The presence of a discourse of self-surveillance which is realised through the use of negation, comparative structures, modality, transitivity and pronoun choices is also evident. This discourse affirms wider discourses which construct women’s bodies as flawed and the pursuit of beauty and self-improvement as necessary goals for women. By ensuring pregnant women discipline themselves in accordance with society’s “gaze”, power relations which position women as objects of this gaze come into effect.
The above analysis has thus revealed important power relations at play. The discursive construction of pregnancy as a happy event and the pathologisation of unhappiness effectively positions pregnancy and motherhood as sources of ultimate fulfilment for women, thus normalising motherhood as a necessary goal for women. Traditional, essentialist views of maternity as a key element in women’s gender identities are thus affirmed. The construction of women as emotionally unstable clearly places pregnant women in a position of vulnerability and fragility and contributes to an overall construction of pregnant women as powerless and in need of surveillance or protection. The analysis of body image reveals contradictory discourses of the pregnant body as beautiful and as flawed, with a general discourse emerging which suggests that women can be beautiful during pregnancy if they engage in disciplinary practices which will help them to conform to an idealised body shape. Pregnant women are thus constructed as objects of society’s gaze, objects to be admired but also judged, and are, therefore, once again at the mercy of hidden power relations. As in Chapter Four, power is, however, once again produced by hegemonic means. Motherhood is firmly positioned as the ultimate goal for women through the romanticisation of the experiences of pregnancy, childbirth and motherhood, thus convincing women that it will contribute to their own happiness. Pregnant women are also constructed as powerless with regard to their emotions and thus in need of medical advice and support. However, this emotional instability is presented in discourse, at times as produced by hormones or else as a simply unavoidable aspect of pregnancy. When constructed as needing to engage in “self-surveillance” to maintain their appearances and beauty during pregnancy, once again this is presented as in their interests and of benefit to them, by drawing on assumptions that all women want to be beautiful anyway.
The analysis of women’s emotions and attitudes to pregnancy and their changing bodies thus provides clear evidence of hegemonic power relations. Pregnant women are ultimately constructed as a vulnerable and powerless social group who must happily embrace traditional gender roles as mothers. Those who are unhappy with this role must seek medical assistance. However, women are also positioned as objects of society’s “gaze” and must discipline themselves in accordance with society’s view of how they should look.
CHAPTER SIX

Textual Constructions of Masculinity and Femininity

6.1 Introduction

The objective of this chapter is to examine specific constructions of masculinity and
femininity in the discourse of pregnancy advice literature. In Chapter Three, it was
established that the pregnancy texts which form the basis of this analysis are essentially
heteronormative in nature (see section 3.3.3.3), and that the producers of these texts are
presupposing that their readers are mostly in heterosexual married relationships. It was also
highlighted that this domestic situation is constructed in the discourse of these texts as the
most appropriate situation in which to become pregnant and start a family. This
heteronormative dimension to the texts means that the analysis in this chapter is thus
essentially an analysis of constructions of gender identity in a heterosexual context.

This chapter will focus on discursive constructions of masculinity and femininity and will
concentrate in particular on the discursive positioning of pregnant women in relation to their
male partners in order to uncover any power asymmetries embedded in this discourse. The
analysis in this chapter will thus focus on discourses relating to fatherhood, housework and
sexual intercourse, as within each of these three areas, both genders are referred to
extensively. The presence of references to both genders is vital, as masculinities and
femininities are frequently constructed and defined in relation to each other. De Klerk
(1997: 144) reminds us that “masculinity does not exist in isolation from femininity – it will
always be an expression of the current image men have of themselves in relation to women”.
Van Aertselaer (1997: 165) also argues that masculinity is dependant on femininity for
“identity maintenance”, that “women are absolutely essential in their supportive role of providing regular assurance of men’s primal position”. The above-mentioned topic areas represent the areas of discourse within which discursive constructions of masculine and feminine identities are most evident. The analysis of the subject positioning of both sexes in relation to each other in the discourse of pregnancy advice literature will thus highlight the ways in which this discourse constructs and reinforces masculine and feminine identities.

In the first section, discourses of fatherhood will be examined. The absence of fathers from the two older pregnancy advice books will be addressed, and the discourse patterns which emerge from the analysis of the two contemporary pregnancy books will be outlined. In *What to Expect When You’re Expecting*, a discourse of “get involved and be a man” emerges as the dominant discourse of fatherhood, while in *La Bible de votre grossesse*, the discourse pattern which emerges is one which we have called the “you’re already in charge, no need to be a ‘potiche’” discourse. The lexical and grammatical patterns which realise these discourse patterns will be identified and these discourses will be interpreted and explained within the framework of discourse processes and socio-cultural context outlined in Chapter Three. In the second section, discourses relating to housework will be addressed and the discourse pattern of “housework is women’s work” described, interpreted and explained in line with the methodological framework established in Chapter Two. In the third and final section, the topic of sexual intercourse will be considered. Discourses which affirm the male sexual drive discourse and legitimate male sexual intemperance will be reviewed, together with discourses which construct pregnant women as sexual objects of male desire. This chapter will thus uncover the way in which the discourse of pregnancy advice literature positions pregnant women in relation to their partners and ultimately upholds hegemonic masculinity.
6.2 Fatherhood

In this section, the discourse of fatherhood will be closely examined. This part of the analysis will focus predominantly on the two contemporary manuals as there is little reference to fathers in *Candid Counsels to Expectant Mothers* and *Hygiène de la grossesse*. In these texts, fathers are mentioned predominantly with regard to sexual intercourse during pregnancy, a topic which will be addressed in section 6.4. The absence of fathers from all other sections of these pregnancy books clearly constructs their role during pregnancy and childbirth as non-existent once conception has been achieved. In *Hygiène de la grossesse*, the only other reference to fathers which emerges is in the context of telling the reader that should they go into labour before time, husbands are of little use in this situation.

Quand l’accouchement arrive avant le terme prévu, vous êtes seule ou à peu près, car le mari compte bien peu dans ces cas et même ne peut que vous gêner. (p. 195)

The lexical item “seule”, qualified by “ou à peu près” is used to portray the pregnant woman who goes into labour ahead of time, and this is linked to an explanation using “car”, that husbands are of little use. The verbal structure “compter peu” is used to characterise men’s contribution to childbirth, and the stronger verb “gêner” constructs them as an annoyance in such situations. Pregnancy and childbirth are thus constructed as female affairs in the two older texts, a fact which can be explained by looking at the social conditions surrounding pregnancy which were outlined in Chapter Three (see section 3.2). Historically pregnancy and childbirth were “an overwhelmingly female concern” (Beech and Phipps, 2004: 64) and it was regarded as improper for men to be present at the birth of a child. Childbearing was perceived as women’s work and men had little involvement in pregnancy, labour and delivery. It is evident from the discourse of these two texts that traditional perceptions of male involvement were still very much to the fore in the early twentieth century.
Fathers feature much more prominently, however, in the two contemporary pregnancy manuals thus immediately constructing their role as more significant in contemporary times. Since the discourses of fatherhood which emerge in *What to Expect When You’re Expecting* and *La Bible de votre grossesse* are quite different, these two manuals will be examined separately in this section.

6.2.1 Fatherhood in *What to Expect When You’re Expecting*

In *What to Expect When You’re Expecting*, there is a chapter of the book devoted to, and addressed directly to fathers. It is interesting here to begin by applying a macrostructural analysis and to look at the topics and themes addressed in this section in order to determine what global meanings can be assigned to this discourse (Van Dijk, 2001b: 101-102)

(...)

topics represent what a discourse ‘is about’ globally speaking, embody most important information of a discourse, and explain overall coherence of text and talk. They are the global meaning that language users constitute in discourse production and comprehension, and the ‘gist’ that is best recalled by them.

Thirteen topics are dealt with in the Chapter *Fathers are expectant too*. Two of these deal with sexual relations during and after pregnancy, yet occupy eight of the nineteen pages that make up this chapter. Two topics are to do with coping with the symptoms or mood swings of the pregnant mother, four deal with the anxieties and fears of the father with regard to the birth, life changes, feeling left out and becoming a father. The remaining topics address the father’s feelings about breastfeeding, bonding, sympathy pregnancy symptoms, mood swings and dreams during their partner’s pregnancy. The dominant topics are, therefore, sexual relations during pregnancy, anxiety and how to cope with or support the pregnant woman. The above-mentioned topics are significant as they immediately indicate that the primary concern for fathers is constructed as relating to sexual intercourse, a topic which will be dealt with in section 6.4. The remaining topics indicate there are two main discourses which must be considered in this section: the first acknowledges fathers’ fears, anxieties and feelings of
helplessness at this time, and the second seeks to help them to negotiate their identities and roles which are undergoing change in the face of pregnancy and fatherhood. The overall discourse which emerges is one which can be termed “get involved and be a man”. This discourse is achieved firstly by drawing on the semantic fields of “loneliness” and “helplessness” which construct pregnancy as an event from which men feel isolated and, secondly through the use of transactive imperative verbs, modal auxiliaries, lexis, pronouns, humour and metaphor, which reinstate fathers in a position of agency and responsibility.

6.2.1.1 Discourses of “Helplessness” and “Anxiety”

The lexical and semantic fields of “loneliness” and “helplessness” feature strongly in the discourse of fatherhood in *What to Expect When You’re Expecting*. Fathers are described as feeling “helpless” (p. 473), and standing “helplessly” by and watching (p. 473), “feeling shut out” (p. 475) or feeling “like they’re on the outside looking in” (p. 475). It is acknowledged that “normal father-to-be feelings” (p. 475) include “loneliness”, “being left out” and “feelings of exclusion” (p. 480) as well as “anxiety” and “jealousy” (p. 474). The choice of these nouns, adjectives and adverbs together with the metaphors of “being on the outside looking in” or “shut out”, construct pregnancy as an event from which men feel isolated and threatened. In addition these feelings are normalised in this discourse through the use of lexical items such as “many” or “just about all” which are collocated with the word “fathers”.

Many fathers-to-be feel like they’re on the outside looking in, and that’s not surprising. (p. 475)
For just about all expectant fathers, pregnancy is a time of intense feelings (p. 480).

The sentiment of feeling threatened and isolated by pregnancy is thus extended to all men.

The origins of this discourse of fatherhood can probably be explained by reverting to the historical social conditions already alluded to in section 6.2 surrounding pregnancy and childbirth, where men had little involvement in childbearing, and pregnancy and childbirth
were an exclusively female affair. Men’s involvement in pregnancy and childbirth is thus a relatively recent phenomenon coinciding with what Benwell (2002: 149-174) termed the era of the “new man” in the 1980s. Masculine identity has been subjected to several discursive reformulations in recent times and traditional constructions of masculinity have been challenged. Benwell (2002: 149-174) further argues that different constructions of what it means to be a man are emerging all the time. He refers to several contradictory constructions of masculinity, such as the aforementioned 1980s’ construction of the “new man”, the phenomenon of “new laddism” and traditional hegemonic masculinity (2002: 149-174). The discourse of “helplessness” which emerges from the analysis is thus indicative of a challenge to masculine identity as men seek to find their “place” and identity in the world of pregnancy and childbirth. This discourse of “helplessness” is, however, countered by another discourse which seeks to help fathers to find their place and to empower them.

6.2.1.2 “Get Involved and Be a Man”

Feelings of helplessness are immediately quelled using specific lexical devices such as transactive imperative verbs, modal auxiliaries, lexis, pronouns, humour and metaphor, which reinstate expectant fathers in a position of agency and responsibility. Fathers-to-be are thus told to “actually do something” (p. 473), to “take steps to help her feel better” (p. 473), to “step up to the plate and get involved” (p. 475), to “get an education” (p. 476), “get in touch with your nurturing side” (p. 475) and “make contact with your baby” (p. 476). The use of transactive imperative verbs also positions the father in a dominant role as they position the father-to-be as the agent and the pregnant woman as the object in verbal constructions.

 Fill her gas tank (…). (p. 473)
 Fetch her foods that quell her quesies (…). (p. 473)
 Encourage her to eat small meals throughout the day (…). (p. 473)
 (…) pick up the slack. And your slacks. (p. 474)
 Buy her a body pillow (…). (p. 474)
 Surprise her with flowers (…). (p. 479)
The pregnant woman is thus implicitly constructed as requiring reassurance and supervision from her male partner. These gendered constructions are reinforced by lexical items which clearly position fathers as “Heads of Family”, and pronoun choices. In the example below, the choice of vocabulary items such as the adjectives “essential” and “invaluable” and the nouns “member” and “nurturer” reposition the expectant father in a role of responsibility. The collocation of the adjective “natural” and the verb to “protect” construct the father as the natural protector and “Head of the Family”.

As a dad, you’re not only an essential member of your baby-making team, but an invaluable nurturer of both your pregnant spouse and your unborn offspring. (p. 472)

It’s only natural to put your expectant wife and baby-to-be first and to try to protect them at all costs. (p. 479)

In both examples, the pregnant woman is backgrounded through the use of the possessive pronoun “your”. She is referred to as “your pregnant spouse” and “your expectant wife” thus reinforcing the construction of the father as “Head of the Family”.

Humour and irony are also used to help men to adapt to their new identity as expectant fathers who are involved in their partners’ pregnancies. Humour is a strategy frequently adopted in writing for men when seeking to help them to adapt to a new identity. Benwell (2002: 149-174) in his analysis of men’s magazines, frequently refers to the use of humour and irony to enable hegemonic masculinity to accommodate social change.

Humour and irony (...) are thus chiefly employed in making these necessary adaptations and additions to masculine identity palatable and congruous with a more traditional model. (2002: 170)

Advice to men is thus given in a humourous way throughout this section and metaphors from the lexical fields of sport, cars and lads also try to recontextualise the process of becoming a father in terms which draw on areas stereotypically associated with masculinity. For
example, sporting metaphors such as “getting off the bench” and “getting into the game” are used.

Don’t wait for an invitation to get you off the bench. Your spouse has a lot on her mind (and a lot to get off her chest), and it’s up to you to get into the game. (p. 475)

This discourse pattern clearly shows that masculine identity is being reformulated in this discourse. While men’s feelings of helplessness when confronted with a traditionally female domain are acknowledged, this discourse is immediately countered by another more empowering discourse which seeks to provide them with a new identity as expectant fathers who are actively involved in their partners’ pregnancies.

6.2.1.3 Hegemonic Masculinity

The presence of the two contradictory discourses of “helplessness” and “get involved and be a man” in What to Expect When You’re Expecting is firstly indicative of an ideological conflict between becoming a father and upholding traditional masculinity. This ideological dilemma is manifested in explicit terms in the following example from a section relating to dreams fathers have during their partners’ pregnancies. The lexical items “macho” and “manliness” together with the metaphors of “scoring a touchdown” or “driving a race car” draw on discourses of “laddism” and traditional masculinity. However, the lexical item “nurturer” which is collocated with the noun “fear” and the verb “chip away” highlight the threat to this manliness imposed by thoughts of impending fatherhood.

Uncharacteristically macho dreams – scoring a touchdown or driving a race car – can communicate the subconscious fear that becoming a nurturer will chip away at your manliness. (p. 480)

There is thus clearly a conflict in this discourse between becoming a father and upholding traditional masculinity. However, while men’s fears, helplessness and anxiety are acknowledged in this discourse, the counter-discourse of male empowerment which repositions men in a position of agency and responsibility and which backgrounds pregnant
women and positions them as in need of protection and reassurance, upholds traditional male hegemonic values. Connell (1995: 77) argues that hegemony is a “historically mobile relation” that it seeks to reaffirm patriarchal privilege by any way that is acceptable to social norms. While traditionally pregnancy and childbirth were female affairs, in current times, there is an expectation that men will be involved in their partners’ pregnancies and be present at the birth. This change in social conditions poses a threat to traditional masculinity and thus creates a need for hegemonic masculinity to adapt to current social norms.

Talbot (1997: 186) argues that “whilst the legitimacy of its dominant forms may be under threat, the stability of hegemonic masculinity may well lie in its flexibility”. In the case of *What to Expect When You’re Expecting*, hegemonic masculinity retains its power by presenting the need for men to get involved in their partners’ pregnancies as a means of retaining a “Head of the Family” and “protector” role, despite the fact that this engagement in pregnancy also contradicts traditional ideas of masculinity. Contradictory discourses are thus blended in such a way as to produce a very coherent text and in the words of Talbot (1997: 186), “it is precisely the capacity to blend such seemingly contradictory discourses that might enable hegemonic masculinity to withstand the risk of larger, more disruptive structural changes”. Men are thus constructed as “Heads of Family” and needing to take charge in the discourse of *What to Expect When You’re Expecting*, and pregnant women are clearly positioned as objects of their protection and reassurance.

**6.2.2 Fatherhood in La Bible de votre grossesse**

In *La Bible de votre grossesse*, there is also a very clear discourse which seeks to uphold hegemonic masculinity. However, it takes a very different form to the “Get involved and be a man” discourse identified in *What to Expect When You’re Expecting*. A macrostructural
analysis of the topics and themes addressed in the area of fatherhood in the discourse of *La Bible de votre grossesse* reveals that there is no specific section of the book devoted to fathers. Instead, three pages are devoted to a discussion of the role of the father and focus predominantly on telling the reader to be aware of fathers’ anxieties about their new roles and how to help them to negotiate this transition. Fathers once again feature prominently in the section of the book relating to sexual intercourse during pregnancy and this will be discussed in section 6.4. The dominant topics relate, therefore, to masculine identity and focus in particular on the negotiation of a new identity for men as fathers. The analysis of the discourse patterns in this area has highlighted an initial discourse pattern of threatened masculinity, where pregnancy is simultaneously constructed as visible proof of virility and as a threat to men’s identities. A subsequent discourse pattern which positions men in a “Head of the Family” role can be identified, but this time this role is not constructed as one which requires them to get involved in their partners’ pregnancies. Instead, hegemonic masculinity is preserved by reaffirming pregnancy and childbirth as predominantly female affairs and instead constructing material responsibilities as the means for men to retain their identities and power.

### 6.2.2.1 Threatened Masculinity

Firstly, as in *What to Expect When You’re Expecting*, there is a discourse of threatened masculinity. Pregnancy is initially constructed as an affirmation of virility and fertility through lexis and collocations. However, the father is subsequently positioned in the role of a mere spectator on this nine month journey, through the choice of the lexical items “spectateur” and “accompagnateur”. A discourse suggesting that men must find their place as a man and a father within this social arrangement is then achieved through the use of modality, lexis and negation.
Oui, il dit qu’il est heureux et conforté dans sa virilité et sa fécondité. Pourtant, maintenant tout se passe en dehors de lui, il n’y peut plus rien. Il est le spectateur et l’accompagnateur de ces 9 mois à venir. (p. 131)

Chaque père doit trouver sa place dans le trio. Il ne s’agit pas d’être seulement l’accompagnant dévoué, gentil et patient, il s’agit de trouver sa vraie place d’homme et de père responsable. (p. 131)

In the first example, the adjectives “heureux” and “conforté” are chosen to describe the expectant father’s reaction to this visible proof of his manhood. The choice of the adjective “conforté” implies that infertility can be a source of anxiety to men. The collocation of the nouns “virilité” and “fécondité” immediately creates associations of manliness and fertility. Pregnancy is, therefore, constructed as a visible assertion of manliness for men. However, the following sentence situates this empowering experience as limited to conception only, by positioning the father as the “spectateur” and “accompagnateur” on this 9 month journey and describes the experience of pregnancy as one which is occurring “en dehors de lui”. These lexical choices are thus in direct contrast to the previous sentence and construct pregnancy as a disempowering experience for men. However, in the second example, men are told that they must find their place as a man and as a father within this new social arrangement. In the sentence “Chaque père doit trouver sa place dans le trio”, the use of the modal verb “devoir” constructs the negotiation of this new role of father as an absolute obligation, and the adjective “chaque” normalises this expectation by extending it to all fathers. Negation is subsequently used to counter the previous discourse of the father as companion and spectator on this journey. He is told that it is not enough to be “dévoué”, “gentil” and “patient”, instead a more “manly” role awaits. Fathers are to discover their true role as a man, their “vraie place d’homme” which is constructed as being linked with the idea of a responsible father, “père responsable”, through the collocation of these two nouns. The notion of a “père responsable” is has thus strong associations of masculinity. As in What to Expect When You’re Expecting, while this discourse pattern acknowledges that men can feel “helpless” or
“on the outside”, even threatened during pregnancy, it nevertheless asserts the need for them to find a more empowering role and identity in order to counter this threat to their masculinity. In *What to Expect When You’re Expecting*, this threat was countered by a discourse pattern telling men to get involved in their pregnancies and in this way to reassert themselves as in control. In *La Bible de votre grossesse*, however, the discourse pattern which emerges also positions men in a “Head of the Family” role but unlike in *What to Expect When You’re Expecting*, this role is constructed as based on material responsibilities as opposed to involvement in day-to-day aspects of pregnancy.

### 6.2.2.2 Fathers as “Heads of Family”

The father is constructed as occupying a “Head of the Family” and “protector” role primarily though the use of interrogative structures in a series of questions in which the man who has just learned he is to become a father questions his ability to fulfill this role.

> Par cette annonce, la femme désigne l’homme comme père et c’est toujours un grand bouleversement, surtout la première fois. C’est alors que les questions et les contradictions surgissent; les interrogations sont multiples: sera-t-il un bon père ? Aura-t-il toujours sa place d’amant auprès de sa femme ? Saura-t-il faire face à ses nouvelles responsabilités matérielles ? Et la liberté d’avant, sera-t-elle perdue ? Comment agrandir la maison, habiller, nourrir, éduquer une famille qui s’agrandit ? Comment faire face au chômage et aux situations instables avec un seul salaire ? Est-ce que l’enfant sera normal ? Ma femme va-t-elle supporter la grossesse et l’accouchement ? Met-elle sa santé en danger ? (p. 131)

The use of interrogative structures here is quite effective in a number of ways. While initially it appears as though the father is voicing a large number of doubts with regard to his new role, the very existence of these questions immediately positions him in a “Head of the Family” role where he must take on all of the family worries. The first question “sera-t-il un bon père” immediately raises the question of what a “good father” is and this ideal father figure is constructed through the questions which follow. His responsibilities appear to be primarily material (“Saura-t-il faire face à ses nouvelles responsabilités matérielles”?). He is
thus responsible for home improvements, dressing, feeding and educating a growing family (“Comment agrandir la maison, habiller, nourrir, éduquer une famille qui s’agrandit ?”) A good father is also the sole breadwinner, who must negotiate periods of economic instability on a single salary (“Comment faire face au chômage et aux situations instables avec un seul salaire ?”). This suggests that the pregnant woman, once she has had her baby will be financially dependent on her partner. The father is also constructed as protector of his family who fears for the safety of mother and baby (“Est-ce que l’enfant sera normal ? Ma femme va-t-elle supporter la grossesse et l’accouchement ? Met-elle sa santé en danger ?”) The father is thus clearly constructed as chief worrier and “Head of the Family” while the pregnant woman is positioned as the object of his concern and protection.

6.2.2.3 “No Need to Be a ‘Potiche’”

While in *What to Expect When You’re Expecting*, the discourse of male empowerment was evident when men were told to take control of their partner’s pregnancy and get involved, in *La Bible de votre grossesse*, pregnancy and childbirth are constructed as a predominantly female affair in which men do not need to get involved. This discourse pattern is realised through the use of imperative forms, hypothetical statements, expressive modality, negation and lexis.

Mais ne comptez pas sur eux [les hommes] pour être présents à chaque visite ou à chaque cours. S’ils sont présents comme des potiches, mal à l’aise, ce n’est pas souhaitable. Peu d’hommes participent aux cours de préparation à l’accouchement; les horaires ne sont pas pratiques et les hommes ne s’y sentent pas toujours à l’aise. La présence d’un ou deux hommes dans un groupe de femmes ne facilite pas les échanges entre femmes. Ne forçons pas les réticences des pères en exigeant leur présence à toutes les étapes de la grossesse. C’est une tendance qui nous semble excessive (p. 132).

It is clear from the imperative structure at the start that pregnant women are being addressed directly and told not to rely on their partners to attend appointments and classes with them. In the next sentence a hypothetical situation is envisaged using “si” of men present “comme
des potiches” and “mal à l’aise”. The lexical items “potiches” and “mal à l’aise” immediately construct men’s presence at these events as inappropriate. The use of the quantifier “peu” to refer to “peu d’hommes” who attend childbirth classes, implies that those who do attend are in a small minority and that this is thus something outside the norm of what men do. Once again the expression “être à l’aise” is invoked to explain why men are rarely present. There is no explanation, however, of why men may feel ill at ease in these situations but it is clear that the writers feel strongly about this issue as expressive modality is evident through the choice of the imperative structure “ne forçons pas les réticences des pères en exigeant leur présence à toutes les étapes de la grossesse” and the use of the pronoun “nous” (“c’est une tendance qui nous semble excessive”). There are a large number of negative structures in this extract which would suggest that the writer is struggling against a counter-discourse which suggests that men be involved in all aspects of pregnancy and childbirth. Instead in this extract the “réticences” of fathers are legitimated and normalised. Those that get involved are “des potiches” and “real men” are not at ease in these situations.

6.2.2.4 The Preservation of Masculinity

The overall discourse which emerges in La Bible de votre grossesse is thus, that while pregnancy can be a visible proof of male virility and fertility, it is also an event which threatens masculine identity and imposes upon men the need to negotiate a new identity which preserves their masculinity. This identity is discursively constructed as a “Head of the Family” identity which imposes upon men the responsibility to provide for and protect their families. Pregnancy and childbirth remain female affairs thus reaffirming historical discourses which also construct them as a female preoccupation. It is thus implied in this discourse that “real men” are concerned with material responsibilities and do not need to get
involved in the pregnancy itself. Hegemonic masculinity is upheld through the reinstatement of men as protectors and “Heads of Family”.

6.2.3 Summary

The analysis of discourses of fatherhood in both manuals has revealed above all a desire to uphold hegemonic masculinity. In the case of What to Expect When You’re Expecting, hegemonic masculinity retains its power by presenting the need for men to get involved in their partners’ pregnancies as a means of retaining a “Head of the Family” and “protector” role while in La Bible de votre grossesse, men are also constructed as protectors and “Heads of Family” but this time through traditional means such as ensuring financial stability and providing for their families. In both instances, pregnancy is constructed as a threat to masculine identity and men are positioned as unsure, helpless and in need of negotiating new identities as expectant fathers which empower them and enable them to preserve their “manliness”. They are thus repositioned in discourse in positions of agency and responsibility while pregnant women are constructed as passive recipients of their protection and reassurance. Gender identities are thus clearly defined and discourses of fatherhood once again position women as subject to the power and control of yet another social group, this time their male partners. Hegemonic masculinity is upheld and patriarchal privilege reaffirmed in a manner acceptable to the social norms of contemporary society, as on a superficial level, this discourse pattern appears to be encouraging men to look after and help their pregnant partners. Power over women continues to be exerted by hegemonic means as again, the control of their male partners is discursively constructed as of benefit to them.
6.3 Housework

The treatment of the topic of housework is significant in its construction of masculine and feminine identities, particularly in sections of the pregnancy manuals which consider men’s involvement in household tasks. The analysis of these sections clearly reveals that traditional assumptions with regard to housework as women’s work are reinforced through specific lexical and grammatical choices in all four pregnancy manuals. While this is to be expected in *Candid Counsels to Expectant Mothers* and *Hygiène de la grossesse*, it is surprising to find a similar discourse pattern in the two contemporary pregnancy manuals.

6.3.1 Housework is Women’s Work

Housework is also clearly constructed as women’s work in the discourse of *What to Expect when You’re Expecting*. In the chapter devoted to expectant fathers, it is suggested that fathers perform a number of household tasks in an effort to “help” their pregnant partner. However, the use of a number of non-recurring items such as the imperative verb “beat her to…”, the connector “even if…” and the expression “go the extra yard” imply that the completion of such tasks by men is the exception rather than the norm.

> So pick up the slack. And your slacks. And the trail of socks and sneakers in the hallway. **Beat her to** the vacuuming and the dusting and the laundry and the toilet cleaning. (…) Encourage her to watch your cleanup routine from a fully reclining position on the sofa (**even if** that’s always been your favorite position). (p. 474)

**Go the extra yard.** That is, go to the laundry room, (…) to the supermarket on Saturday, to the dishwasher to unload… you get the picture. (p. 482)

The tasks suggested include vacuuming, dusting, laundry, cleaning and tidying. However, the use of the imperative verb “beat her to…” suggests that traditionally, the woman would be the one to carry out such tasks. Likewise the suggestion that the pregnant woman recline on the sofa while her partner cleans up is immediately followed by a sentence which clarifies that this would traditionally have been the male position with regard to domestic work.
Doing laundry, going to the supermarket and emptying the dishwasher is collocated with the expression “go the extra yard” which again indicates that the performance of these jobs by men is outside the normal realm of men do.

The analysis thus reveals a hidden discourse pattern which clearly constructs housework as women’s work and reaffirms traditional discourses of women as primary homemakers. Although on a superficial level it appears as though this discourse is encouraging male involvement in the home, it nevertheless constructs as natural that women are ultimately responsible for housework. Men are required merely to “help” or “go the extra yard” during pregnancy. Their natural or normal role is to watch from a “fully reclining position on the sofa”.

A similar discourse pattern emerges in “La Bible de votre grossesse” where again it becomes clear who the “real homemaker” really is. In this instance, this discourse pattern is achieved through the use of the present tense and passive structures to present as a universal truth, the fact that men can only be relied upon to perform a very specific range of tasks. Non-recurring lexical items such as the verbs “aider” and “compter” and the adverbs “simplement” and “activement” further reinforce the construction of men’s involvement in household tasks as marginal, and women’s position as primary homemakers.

Un père peut être tout aussi concerné par votre grossesse en ayant un comportement apparemment indifférent. Certains sont simplement présents. On peut compter sur eux pour aider aux tâches ménagères, peindre, bricoler, préparer la chambre de l’enfant ou s’occuper activement des autres enfants. (p. 132)

Here, once again a list of tasks to be performed by men during pregnancy is given and men’s role within the home is constructed in a very specific way. Firstly, the use of the present tense in statements such as “certains sont simplement présents” and “un homme peut être tout aussi concerné par votre grossesse (…)” gives this section an air of categorical truth which is
difficult to argue with. This effect is accentuated by the use of the passive structure “on peut compter sur eux....” which is used to precede the list of tasks suggested. The choice of a passive structure in this context backgrounds the pregnant woman and presents as a universal truth the fact that men can only be counted upon to perform a very specific range of tasks. This idea of limited reliability during pregnancy is also conveyed through the use of the adverb “simplement” and the lexical choice of the verb “compter”. Three of the five tasks listed could be described as traditionally masculine activities such as painting, doing DIY and getting the room for the baby ready. With regard to household tasks the verb “aider” is used. The writer could have used the verb “faire” but instead chose the verb to help, thus reminding us of who is really in charge of “les tâches ménagères”. As already mentioned, the pregnant woman is backgrounded in this sentence but it is implied that it is she who is responsible for the domestic tasks in question. In terms of looking after other children, the adverb “activement” is used. Why didn’t the author just say “s’occuper des autres enfants”, why clarify exactly which aspect of child care men are to engage in? This lexical choice echoes Lazar’s (2002) and Sunderland’s (1997) findings of fathers constructed in parenthood discourses as occupying popular entertainer roles while mothers perform basic care-giving functions (see Chapter One, section 1.4.2). Housework is thus firmly established as women’s responsibility.

In *Candid Counsels to Expectant Mothers*, there is only one reference to fathers in the entire manual outside of the section devoted to sexual intercourse during pregnancy. This reference is in connection to the pregnant woman’s cleanup of the house prior to the arrival of the nurse, and once again the pregnant woman is positioned as the primary homemaker and caregiver within the home through the use of the adjective “quite right”, the lexical item “of
course” and the collocation of the modal verb “ought” with the verb “help” when referring to her husband’s contribution.

On no account do a big job of cleaning just before your confinement. This is often done by a woman who cannot afford a charwoman’s help so as to have the house in “spick-and-span” order when the nurse arrives. She is quite right to want to have the house nice and clean, of course, but her husband ought to give help with it. Tell him I said so, if he does not think of this himself. (p. 34)

In this extract, it is thus asserted that it is appropriate and natural for a woman to “want to have the house nice and clean” before the nurse arrives. The use of the affirmative declarative sentence “she is quite right to…” together with the lexical items “of course” legitimate women’s roles as homemakers by referring to value assumptions which position women in this role, thus using a legitimation strategy termed “moral evaluation” by Van Leeuwen and Wodak (1999: 108) and explained in Chapter Two (see section 2.3.3). The sentence “her husband ought to help with it” incorporates two significant lexical items, the deontic modal auxiliary “ought to” and the verb “help” both of which again suggest that the performance of this clean-up by a man is very much the exception as opposed to the norm. This view is reinforced by the following sentence “Tell him I said so, if he does not think of this himself”, thus constructing it as a task which would not automatically come to the mind of the father-to-be in question. Housework is clearly constructed as the responsibility of women. While women are warned not to over-exert themselves during pregnancy, housework is said to provide just the right amount of exercise.

Over-fatigue of any sort is injurious to the mother-to-be. All kinds of light housework give very good exercise, and may be safely undertaken so long as it is done in fresh airy rooms. (pp. 28-29)

Don’t be afraid of doing your housework. If your health is good and your doctor has not, for any special reason, forbidden exertion, housework will do you good, not harm, provided you do not work too hard at it. (p. 34)

While over-fatigue is constructed as “injurious”, pregnant women are assured using the lexical fields of “harm” and “safety” that housework is “safe”, “good” and will not cause
In *Hygiène de la grossesse*, an even stronger discourse emerges with regard to housework. Not only is it constructed as women’s responsibility, but failure to complete household tasks during pregnancy is represented as injurious to one’s health through the use of modality, negation, hypothetical phrases, tense choices, pronouns and semantic relations which link the abandonment of household duties with distress and danger to one’s pregnancy.

Il est certain qu’une jeune femme, dans une position intéressante qui ne fait que son ménage, peut et doit continuer. Ne soyons pas trop exigeant. Si elle abandonne tous les soins de son foyer, tout ira de mal en pis ; elle regrettera son état si spécial ; le père de l’enfant trouvera toutes ses habitudes changées, lui fera des reproches, et les regrets s’aggraveront. Et une femme enceinte ne doit jamais déplorer sa condition ; ce serait très fâcheux pour la grossesse actuelle ; ce le serait encore bien plus pour les grossesses possibles de l’avenir (pp. 117-118).

In the above example modality is deontic. Housework is something that a young pregnant woman can and should do, and the verbs “pouvoir” and “devoir” are clearly used to this effect. The first sentence is preceded by the expression “il est certain que (…)” thus achieving expressive modality and confirming the writer’s commitment to this statement. The use of the first person plural form of the imperative in the negative form, together with the choice of the adjective “exigeant” (“ne soyons pas trop exigeant”) gives the impression that an act of kindness is being bestowed upon the pregnant woman by allowing her to continue doing her housework during pregnancy. In the subsequent sentences a hypothetical scenario is described in which the pregnant woman abandons the care of her home. The choice of the verb “abandonner” constructs this act as one of recklessness, and the reader is warned of the dire consequences that will follow (“tout ira de mal en pis”). Four consequences are outlined and the use of the future tense constructs them as absolute certainties. It is thus certain that the abandonment of housework will cause the pregnant woman to regret her pregnancy, be the subject of reproach from her husband thus intensifying
her regrets. It is interesting to look at agency in the sentence “le père de l’enfant trouvera toutes ses habitudes changées, lui fera des reproches” as here the father is clearly the subject of the sentence and the pregnant woman the object. She is also backgrounded here as she is referred to only by using the possessive pronoun “ses” and the indirect object pronoun “lui”. By not completing household tasks she becomes the object of her husband’s reproach, and her resulting distress is constructed as having serious implications not just for her current pregnancy but also for future pregnancies. The abandonment of housework is thus constructed as having treacherous implications for obstetric health in general. The semantic relations between sentences and clauses in the above example are significant. The idea of the abandonment of housework is introduced by the conditional conjunction “si”, and the consequences of this action are introduced using the phrase “tout ira de mal en pis”. Semicolons and the additive conjunction “et” are subsequently used to systematically link the abandonment of household duties, distress and danger to current and future pregnancies.

6.3.2 Summary

Housework is thus clearly constructed in all four manuals as a task for which women are responsible. In the two contemporary texts men are positioned as “helpers” during pregnancy thus affirming women’s position as primary homemakers. Historically women were expected to be responsible for home and family, and this discourse is clearly evident in the two older texts. However, it is surprising to see this discourse perpetuated in the two contemporary pregnancy manuals albeit in a subtle manner.
6.4 Sexual Intercourse during Pregnancy

The topic of sexual intercourse represents a very interesting source for the study of the construction of gender identity in this discourse. It is a topic dealt with at length in the two contemporary pregnancy manuals and to a lesser degree in the earlier pregnancy books. In all four pregnancy texts, a discourse pattern emerges which positions sexuality as a natural and almost uncontrollable male instinct thus affirming the male sexual drive discourse. Women on the other hand are positioned as the objects precipitating male sexual urges. In the two contemporary pregnancy manuals, women are also clearly constructed as sexual objects of male desire. These two discourse patterns will be analysed in detail in the sections below.

6.4.1 Male Sexual Drive Discourse

This discourse pattern is present in all four pregnancy texts. In *What to Expect When You’re Expecting*, the topic of sexual intercourse occupies a particularly central role in the chapter devoted to fathers, more so than anywhere else in the book, thus immediately constructing sexual intercourse as a primarily male preoccupation. The male sexual drive discourse is subsequently reaffirmed predominantly through the use of humour, irony and metaphor in this area of discourse. The following examples occur in the Chapter entitled “Fathers are Expectant Too”.

Feel lucky that you’re getting lucky so often. (p. 477)
Don’t expect a sexual nightcap for your efforts (...). (p. 474)
(...?) always be a good sport while you’re waiting for your ship to come in. (p. 478)
You think she’s not interested, so you subconsciously put your urges on ice. (p. 479)
(...?) not only will making love to your wife do her no harm, but it can do her a world of good (...). (p. 480)

Wait for the green light.
Warm her up before you start your own engine. (...) Go as slowly as she needs you to, making sure she’s fully charged on foreplay before you hit the road.
Stop for directions. The road map of what feels good and what doesn’t may have changed.
Put her in the driver’s seat.
In the first example, the wordplay on the word “lucky” is humorous, but is also indicative of an underlying assumption that men are permanently interested in sex, and that it is natural they should be delighted if it occurs on a frequent basis. In the second and third examples, the imperative verbs “don’t expect” and “always be” warn men not to expect too much sex during pregnancy, thus suggesting that regular sex is something to which they feel they are entitled and normalises sexuality as a natural male instinct. This is particularly evident in the third example where men are told to be “good sports” while “waiting for [their] ship to come in”. Metaphors from the lexical fields of “sport”, “drinks” and “cars” are used throughout this section. These are areas stereotypically associated with masculinity and from an intertextual point of view, draw on discourses of “ladism” to recontextualise advice regarding sexual conduct in traditionally “masculine” terms. Men are told to “be a good sport”, not to expect “a sexual nightcap” for their efforts, to put their urges “on ice”, to “wait for the green light”. These examples are part of a discourse telling men to cap their “natural sexual urges” and be patient, but by implying the need to “control” these urges, they affirm the male sexual urge as an almost uncontrollable force. In the fourth example, the male reader is reminded that making love to their pregnant partners will do them “no harm” and in fact “do her a world of good” thus legitimating their entitlement to sexual intercourse. Women are clearly positioned as the objects of men’s sexual desire, a position clearly evident in the examples where sexual intercourse during pregnancy is metaphorically represented as driving a car. This metaphor masks important power relations in this section as by positioning the father-to-be as the driver, he is clearly placed in a position of control in this scenario. He is the one who needs to “wait for the green light”, “stop for directions” and “hit the road”. It is also suggested that he “put her in the driver’s seat” thus implying that the
driver’s seat is traditionally occupied by men. Within this metaphorical representation, the pregnant woman appears to be occupying the role of the car (the object) – changing from a “two-seater” to a “semi” - apart from the one instance where she is allowed into the “driver’s seat”. Agency is, therefore, attributed to the father-to-be and the pregnant woman is constructed as a mechanical entity in a passive role, thus affirming her position as the object.

This discourse is part of a much wider discourse of sexuality and reinforces the male sexual drive discourse which in Talbot’s (1997: 182) view positions men as “observers, assessors and natural predators on women”. Talbot (1997: 182) argues that this discourse is a biological discourse which asserts that sexuality is a natural instinct for men which they cannot always control.

Of course, male sex-drive discourse is itself grounded in a biological discourse, according to which sexuality constitutes a natural male instinct, and is, therefore, uncontrollable.

Hollway (1984: 231) further explains that the key tenet of this discourse is that “men’s sexuality is directly produced by a biological drive, the function of which is to ensure reproduction of the species.” She further argues that this discourse also constructs women’s sexuality by constructing women as its object.

The position for women in this set of meanings is as the object that precipitates men’s natural sexual urges. (1984: 233)

Men are thus “expected to be sexually incontinent and out of control – ‘it’s only natural’”, (1984: 232) and in order to attract men, women tend to take up the object position. This discourse is clearly affirmed in the above-mentioned examples which represent male sexual urges as uncontrollable, men as natural predators and women as the objects and precipitators of this desire.
This discourse pattern is very much in evidence in the two older texts. In *Candid Counsels to Expectant Mothers*, the only significant reference to fathers occurs in connection to sexual intercourse during pregnancy. Here, two conflicting discourses emerge, one which is highly critical of men who insist on sexual intercourse during pregnancy thus threatening their wives’ welfare, and another which legitimates this constant desire for sexual intercourse by constructing it as an unfortunate but irreparable aspect of male human nature and temperance, thus once again invoking the “male sexual-drive discourse”. These discourses are realised through the use of negative adjectives such as “selfish” and “unpleasant”, non-recurring lexical items such as “protection”, “welfare” and “sexual intemperance”, modal auxiliaries and semantic relations which legitimate men’s lack of self-restraint.

The ideal state of things, no doubt, would be the husband’s continence during his wife’s pregnancy, but, unfortunately, human nature is not always absolutely in tune with the ideal. Some men will not practise self-restraint. (p. 69)

A wife’s best wisdom is, as far as possible, to keep her husband from temptations away from home. She should try to study his temperament, for which, perhaps he is not altogether to blame, as our temperaments are to some extent an hereditary legacy. She should endeavour to make allowance for this. But when all is said and done we have to face the unpleasant fact that selfish and sensual men often put their pleasure before a wife’s welfare. In such a case she should call in the advice of a doctor, if she knows one she can trust. She must have protection from what Professor Arthur Thomson calls the “Sexual Intemperance” of her husband. (p. 69)

Abstinence from sexual intercourse during pregnancy is described as “the ideal state of things” and it is clear that the author views it as potentially injurious to the “welfare” of the pregnant woman. She is constructed as requiring “protection” from her partner’s “sexual intemperance”. The discourse critical of men is manifested through the use of specific negative adjectives to describe men who have sexual intercourse with their wives during pregnancy. The adjectives “sensual” (used here in a negative sense) and “selfish” are used specifically to refer to men who “put their pleasure before a wife’s welfare” and this in turn is described as an “unpleasant” fact of life. Pregnant women are constructed as requiring
“protection from” the “sexual intemperance” of their husbands. The use of the modal auxiliaries in the sentences “she should call in the advice of a doctor” and “she must have protection from (...)” construct protection from the sexual advances of their husbands as an imperative during pregnancy, but simultaneously attribute control in this area to the medical profession. While the pregnant woman is the subject of the verbs, thus initiating the process, she is very much a passive agent in this scenario.

However, despite the existence of this discourse which is highly critical of these men who “will not practice self-restraint”, this lack of self-restraint is legitimated through various lexical and grammatical choices. This legitimation is particularly evident when the semantic relations between sentences and clauses are examined. Fairclough (2003: 87) highlights the importance of focusing on meaning relations between sentences and clauses when elucidating issues such as legitimation and the analysis below is drawing on Fairclough’s (2003: 89-91) distinction of main semantic relations which are marked by the contrastive conjunction “but”, the causal conjunction “as”, hypotactic relations between clauses, adverbs, specific lexical items and the use of explanatory logic.

The ideal state of things, no doubt, would be the husband’s continence during his wife’s pregnancy, but, unfortunately, human nature is not always absolutely in tune with the ideal. (p. 69)

The above example consists mainly of statements of fact. The lexical items “ideal state of things”, “the ideal” and “human nature” illustrate the ideological conflict here between an ideal and an unpleasant reality. However, it is the use of the contrastive conjunction “but” which firstly draws attention to the legitimation procedures at work as it signals that an explanation is about to follow. Its collocation with the adverb “unfortunately” acknowledges that the explanation in question, while true, may not be what the reader wishes to hear. The declarative statement “human nature is not always absolutely in tune with the ideal”
represents the explanation offered and attributes responsibility to our imperfect human nature. The collocation of the adverbs “unfortunately”, “not always”, and “absolutely” within this clause represent men’s lack of self-restraint as something not ideal but unavoidable. This type of legitimation is clearly a form of rationalisation as it is legitimation by reference to what Van Leeuwen and Wodak (1999: 105) term “the facts of life” and is “established in some form of common sense” (see Chapter Two, section 2.3.3).

Therefore, while there is a discourse which is highly critical of men’s lack of control over their sexual urges, male sexual intemperance is nevertheless clearly legitimated as “natural” although not ideal. This discourse is echoed in Hygiène de la grossesse where an entire chapter is devoted to the dangers of sexual relations during pregnancy. Here too a discourse constructing sexual intercourse during pregnancy as injurious for mother and baby, and reproving men who engage in such is evident through the choice of adjectives such as “impardonnable” and “coupable” and the recurring lexical item “danger”. However, once again there are traces of the male sexual drive discourse in the use of lexical items such as “pauvre”, “impatience” and “contre nature”, superlatives, sentence structure, metaphor and modality.

Et votre mari? Que deviendra-t-il pendant ce temps, que le calendrier indique assez long, que l’impatience fera trouver plus long encore à votre pauvre conjoint. Que votre mari attende lui aussi, c’est très simple. (…) Je m’attire ses foudres ; mais je ne crains pas de dire que sachant ce qu’il sait, s’il a lu ce chapitre, il serait impardonnable, et qui plus est, coupable de se risquer. Un avortement n’est jamais sans danger pour la femme ; un accouchement avant terme présente toujours des dangers pour l’enfant. (…) Vous me direz, Madame, qu’il est contre nature que pendant des mois un mari ne remplisse pas le devoir conjugal. C’est le gros écueil, je le sais. Mais ce n’est que de l’honnêteté de la part du mari ; en agissant autrement, il fait le travail de Pénelope, qui défaisait le soir la tapisserie qu’elle avait faite le jour; et Pénelope le faisait dans un but louable et matrimonial !!! (pp. 112-113)

Sexual intercourse is clearly discouraged during pregnancy and strong language is used to reprove men who wish to continue a sexual relationship during pregnancy. The adjectives
“impardonnable” and “coupable” are used in this context and the lexical item “danger” is also repeated twice to remind the reader of the dangers to mother and baby. The writer also acknowledges that his advice is going to attract anger from the husbands in question (“Je m’attire ses foudres”). However, the need for such strong language clearly implies that men have difficulty controlling their urges, thus affirming an important principle of the male sexual drive discourse. Another trace of the male sexual drive discourse is in the choice of the adjective “pauvre” to refer to the husband who must wait for such a long time before having sexual intercourse with his wife. The use of the superlative “plus long encore” to describe the length of the period of abstinence reproduces the idea that it is very difficult for men to abstain.

In this clause, it is the noun “impatience” as opposed to the man, which is the agent. It is “impatience” which renders the period of waiting so long for the “poor” husband. This syntactic structure legitimates the notion of male sexual intemperance as it suggests that it is the biological condition as opposed to the man himself who cannot abstain from sexual intercourse. In the sentence “Vous me direz, Madame, qu’il est contre nature que pendant des mois un mari ne remplisse pas le devoir conjugal”, the writer has an imaginary conversation with the reader in which he anticipates her reaction to his admonitions. The choice of the term “contre nature” is significant for two reasons. Firstly, the choice of the term per se legitimates the notion of the constant male desire for sexual intercourse, and secondly the use of this term in the context of the reader’s response also normalises women’s acceptance of the male sexual drive discourse. This is further legitimated through the metaphorical representation of sex as fulfillment of marital duties (“un mari ne remplisse pas le devoir conjugal”). Not only is it natural that men permanently desire sexual relations due to their biological drive, but it is also in fact a duty or a responsibility. The next metaphor
used is that of Penelope from Greek mythology who wove her tapestry by day and unraveled it by night as its final completion meant that she had to choose a suitor to succeed Ulysees. By engaging in sexual intercourse during pregnancy, men are represented metaphorically as Penelope unraveling a tapestry (the baby) already made. The author is thus trying to recontextualise the notion of marital duty by reconstructing duty as abstinence as opposed to the opposite. However, despite such strong directions to the husbands in question, responsibility for refusing sexual advances is constructed firmly as the pregnant woman’s responsibility.

Vous vous refuseriez avec horreur à toutes les manoeuvres abortives que l’on vous proposerait (…). (p. 113)
Toute femme enceinte doit refuser le rapprochement sexuel pendant toute la durée de la grossesse. (p. 114)

In both sentences, the pregnant woman is clearly the agent. In the first sentence she is addressed directly using the pronoun “vous” and in the second “toute femme enceinte” is the subject of the verb. Modality is also clear, the conditional tense is used to express obligation in the first sentence and the verb “devoir” is used in the second. The choice of the verb “refuser” is significant as it constructs both “les manoeuvres abortives” and “le rapprochement sexuel” as things likely to occur, but which the pregnant woman must refuse. Thus, while the idea of sexual advances by men is normalised (due to men’s incapacity to control their urges), the responsibility to refuse is attributed to women in this discourse.

6.4.2 Summary

It is thus evident that the male sexual drive discourse is very much present in the discourse of pregnancy advice literature. This discourse is part of a much wider discourse of sexuality and in pregnancy advice literature, men are clearly constructed as being at the mercy of uncontrollable sexual urges. Women, on the other hand, are the objects and precipitators of
this sexual desire. In the two older pregnancy texts, while sexual intercourse is discouraged during pregnancy and men chastised for maintaining sexual relations with their wives during pregnancy, their inability to abstain from sexual intercourse is legitimated as a natural part of their biological condition. In *Candid Counsels to Expectant Mothers*, women are to seek help from the medical profession to protect them from husbands who insist on sexual intercourse, whereas in *Hygiène de la grossesse*, the women themselves must refuse all advances from their husbands during pregnancy. Men themselves are constructed as powerless with regard to these “natural” sexual urges. It is up to others to stop them. In *What to Expect When You’re Expecting* this discourse of sexuality is also present. However, while the male sexual drive discourse is manifested in a very explicit way in the earlier pregnancy manuals, it is disguised in *What to Expect When You’re Expecting* using humour, irony and metaphor. On a superficial level, it appears as though men are being told simply to be patient and to be considerate of the wishes of their pregnant partners, but when the discourse of this text is examined more closely it becomes evident that their position as natural sexual predators is being reaffirmed, and that pregnant women are clearly the objects and precipitators of these urges.

### 6.5 Women as Sexual Objects of Male Desire

The male sexual discourse is supported by another discourse which constructs pregnant women as sexual objects of male desire. This discourse is, however, largely absent from the two older pregnancy texts, as while the topic of sexual intercourse features in these manuals, it is only within the context of its threat to the foetus and the need to refuse male advances during this time (see section 6.4). However, in the two contemporary pregnancy texts, a discourse pattern emerges which clearly positions women not just as sexual objects of male desire, but as needing to feel desired.
6.5.1 The Sexualisation of the Pregnant Body

In both *What to Expect When You’re Expecting* and *La Bible de votre grossesse*, women’s pregnant bodies are repeatedly sexualised through the use of lexical items and collocations which construct the female pregnant body as sexy, desirable and a source of entertainment for men.

For some couples, pregnant breasts (full, firm, and possibly larger than life) are favorite toys that can’t get enough play time. (*What to Expect When You’re Expecting*, p. 257)

On top (...) of that are the new curves you’re sprouting and the bigger-than-life breasts you’re likely sporting, all of which can make you feel like one sexy mama. (p. 185)

(...) breasts that are extra big and extra fun to touch. (p. 255)

For your partner, too, the engorgement of your genitalia may increase pleasure. (p. 256)

Your libido may be getting a lift just from liking what you see; many men find the roundness, fullness, and ripeness of the pregnant form surprisingly sensual, even extra erotic. (p. 478)

(...) she’s as turned off by her new roundness as you are turned on by it (what you see as a sexy round bottom, she may see as a big fat ass). (p. 478)

Beaucoup d’hommes sont fascinés par les transformations “palpables” et visibles de votre corps. (...) Vos seins épanouis ne sont plus les mêmes, ni dans leur aspect, ni dans leur sensibilité. (...) Si vous aviez des petits seins, vous êtes fière de votre nouvelle poitrine, c’est un nouvel atout sexuel. (*La Bible de votre grossesse*, p. 129)

Desirable femininity is clearly associated with a specific body shape during pregnancy; a curvy body and big breasts. The metaphorical representation of breasts as “favorite toys” that require “play time” and are “extra fun to touch” clearly defines the female body as a source of entertainment for men. The adjectives “full”, “firm”, “larger-than-life”, “bigger than life”, “big” and “épanouis” are all used to describe pregnant breasts and the collocation of these adjectives with references to “fun”, “toys” and “play time” clearly construct big breasts as a desirable aspect of femininity. In the French example, it is explicitly stated that larger pregnant breasts are “un nouvel atout sexuel” and the use of the present tense when saying “vous êtes fière de votre nouvelle poitrine” establishes women’s pride in their new chest (their new sexual asset) as a categorical truth thus legitimating their position in discourse as
objects of sexual desire. The nouns “roundness”, “fullness” and “ripeness” are used to describe the “pregnant form” and they co-occur with the adjectives “sensual” and “erotic” thus constructing the pregnant body as possessing a sexual and erotic dimension. The use of the terms “one sexy mama” and “a sexy round bottom” also construct the pregnant woman as a kind of sexual plaything. Once again, it is important to note that this discourse is part of a wider discourse of sexuality and clearly supports the male sexual drive discourse through its clear positioning of women as sexual objects of male desire and sexual playthings.

6.5.2 Women Need to Feel Desired

In other parts of the manual this construction of women as sexual objects is legitimated by suggesting that women may feel less desirable during pregnancy and in fact need to feel desired. This discourse pattern is achieved through the use of non-recurring lexical items, negation, interrogative structures and metaphor.

And not only will making love to your wife do her no harm, but it can do her a world of good by filling her increased needs for physical and emotional closeness, and by letting her know that she’s desired at a time when she may be feeling her least desirable. (What to Expect When You’re Expecting, p. 480)

Chaque femme réagit à sa façon devant les changements de son image corporelle. C’est souvent là une réelle difficulté. Certaines se trouvent laides, sans aucun pouvoir de séduction, incapables de donner ou d’éprouver du plaisir ; c’est très déstabilisant. D’autres, découvrent leurs nouvelles rondeurs et aiment leur corps de mère qu’elles savent mettre en valeur avec une volupté nouvelle et parfois inattendue. (La Bible de votre grossesse, pp. 127-128)

In the extract from What to Expect When You’re Expecting, the use of negation in the first sentence is highlighting intertextuality. The “harm” referred to in this sentence relates to historical discourses that sexual intercourse during pregnancy could cause miscarriage. However, the colloquial expression “it can do her a world of good” is a message of reassurance to the father that it is acceptable to have sexual intercourse during pregnancy. Sexual relations during pregnancy are constructed as something required to fill a need of
“physical and emotional closeness” and allowing her to feel desired. This discourse positions women as needing to feel “desired”.

In *La Bible de votre grossesse*, the first sentence asserts that each woman reacts in her own way to changes in her body image during pregnancy. However, the lexical and grammatical choices in the sentences which follow clearly construct this reaction as dependent on male attitudes to her body and its desirability. There is first of all a clear reference to the discourse of the pregnant shape as unattractive when the adjective “laide” is used to describe how some women feel during pregnancy. The subsequent clause links this feeling of ugliness to seductive power and the ability to give and receive sexual pleasure. (“Certaines se trouvent laides, sans aucun pouvoir de séduction, incapables de donner ou d’éprouver du plaisir;”) Desirable femininity is linked to a specific body shape and the key terms “rondeurs” et “volupté” are used to construct this shape. Positive feelings about body image during pregnancy are clearly linked to women’s perceptions of being desired and this discourse is quite explicit in the following sentences which succeed the above passage.

Le regard et les réactions du père sont déterminants : “Va-t-il continuer à me désirer, va-t-il tenter de faire semblant ou va-t-il tout simplement s’abstenir et s’écarter ?” C’est la crainte d’être abandonnée de beaucoup de femmes enceintes. (p. 128)

The reaction of a pregnant woman’s partner to her body is constructed as crucial through the choice of the adjective “déterminant”. Interrogative structures are used to voice pregnant women’s concerns as to their desirability during pregnancy, will they continue to be desired by their partners or will they either pretend to desire them or simply “s’abstenir” and “s’écarter”. As a response to this question, it is acknowledged that this “crainte d’être abandonnée” is common amongst many pregnant women. The metaphor of abandonment is thus clearly associated with lack of sexual desirability thus affirming Hollway’s (1984: 241) argument that attracting a man can be constructed as a defining feature of femininity in
discourse, and that keeping him means continuing to be attractive to him. In this discourse of sexuality women once again occupy a passive role, as objects of male sexual desire. Agency in the above example is attributed to men who take up the active role through the distribution of pronouns (“Va-t-il continuer à me désirer?”). Men are thus once again discursively positioned as in control, whereas pregnant women are constructed not just as objects of sexual desire, but also as needing to feel desired.

6.5.3 Summary

As already mentioned, there is no sexualisation of the pregnant body and no reference to women’s need to feel desired in the two older pregnancy texts. In the previous section (section 6.4), the analysis of these manuals revealed that male sexual intemperance was legitimated in these texts, and thus arguably the discourse of women as sexual objects of male desire is implicit in this legitimation despite the fact that it is not openly discussed. The analysis of the representations of this discourse in the two contemporary pregnancy manuals clearly shows that the pregnant body is recontextualised in this discourse as voluptuous and sexy, and women are positioned in this discourse not only as objects of male desire, but also as in need of feeling desirable. The positioning of pregnant women in this manner is again demonstrative of the powerlessness and lack of agency attributed to them in the discourse of pregnancy advice literature.
6.6 Conclusion

The aim of this chapter was to examine textual constructions of masculinity and femininity in order to identify how gender identity is constructed in the discourse of pregnancy advice literature, and to uncover any important power relations hidden in this area of discourse. The topics of fatherhood, housework and sexual intercourse were selected on the basis that these are the areas of discourse in which both genders feature most prominently.

The analysis of discourses relating to fatherhood revealed first of all that fathers are largely absent as social actors in *Candid Counsels to Expectant Mothers* and *Hygiène de la grossesse*, featuring only in sections relating to sexual intercourse during pregnancy. Their absence from these texts clearly indicates that pregnancy and childbirth remained overwhelmingly female affairs in the early twentieth century. Fathers’ roles were limited to conception. In the two contemporary pregnancy advice books, despite the existence of a discourse invoking the helplessness and fragmented identity of men as they approach fatherhood, there is nevertheless clearly an effort to empower them through the choice of vocabulary items and grammatical structures which seek to reposition expectant fathers as protectors and “Heads of Family”. While in *What to Expect When You’re Expecting*, fathers are encouraged to get involved in pregnancy and take care of their pregnant partners, in *La Bible de votre grossesse* they are constructed as traditional protectors and providers for their families and involvement in pregnancy is not for “real men”. Despite this difference, in both contemporary pregnancy manuals, pregnant women are constructed as passive recipients of the reassurance and protection of their male partners in discourses of fatherhood. The discourse of contemporary pregnancy advice literature thus upholds hegemonic masculinity and is reaffirming patriarchal privilege in a way which is acceptable to the social norms of contemporary society, by presenting men’s control over women as of benefit to them.
The analysis of discourses of housework clearly reveals that traditional assumptions with regard to housework as women’s work are reinforced in all four pregnancy texts. Historically women were expected to be responsible for home and family, and this discourse is clearly evident in the two older texts. However, in the two contemporary texts men are positioned as “helpers” during pregnancy thus subtly affirming women’s position as primary homemakers. It is surprising to see this discourse perpetuated in the two contemporary pregnancy manuals, but it nevertheless clearly positions pregnant women as responsible for the home.

With regard to the topic of sexual intercourse during pregnancy, all four of the pregnancy books legitimate male sexual intemperance and in the older pregnancy manuals sexual intercourse is constructed as injurious to the foetus. Women are positioned as those responsible for refusing the advances of their husbands who are sexually out of control, and are encouraged to invoke the help of the medical institution to “protect” them if necessary. The two contemporary pregnancy manuals also legitimate the male sexual drive discourse and men’s position as natural sexual predators is reaffirmed while pregnant women are positioned as the objects and precipitators of these urges. While this discourse is explicitly present in the two older texts, in the two contemporary texts, it is disguised using humour, irony and metaphor. Women are also clearly constructed as sexual objects of male desire in *What to Expect When You’re Expecting* and *La Bible de votre grossesse*, through the sexualisation of the pregnant body and the positioning of pregnant women as “needing to feel desired”. While this discourse pattern is absent from the two older texts, women’s position as objects of male desire is nevertheless implicit in the male sexual drive discourse identified in these texts.
The analysis of this chapter has thus revealed that pregnant women are again positioned as subject to the power and control of others. They are discursively constructed as recipients of reassurance, help and comfort from their male partners, as objects of sexual desire and as primary homemakers in the domestic sphere. Power and control are thus exerted by men who are positioned in discourse as protectors, “Heads of Family” and sexual predators. These patriarchal power asymmetries are clearly evident in the discourse areas examined in this chapter and are indicative of the repression of pregnant women as a social group. However, as already outlined, power is achieved by hegemonic means in this discourse as the control of men over pregnant women is consistently presented in the two contemporary texts as being of benefit to women. Gender roles appear to be reformulated in the discourse of contemporary pregnancy advice literature, but yet they maintain and perpetuate the patriarchal ideals which are so explicit in the two older texts. As already mentioned, Talbot (1997: 186) argues that “whilst the legitimacy of its dominant forms may be under threat, the stability of hegemonic masculinity may well lie in its flexibility”. This chapter provides clear evidence that the recontextualisation of fathers’ roles, sexual conduct and traditional roles within the home in the discourse of pregnancy advice literature is simply a means to reaffirm patriarchal privilege by another more socially acceptable means.
Conclusion

The objective of this thesis was to analyse how gender identity is constructed in the discourse of pregnancy advice literature. It further aimed to explore whether pregnant women are repressed in this discourse and should this hypothesis be confirmed, to uncover the societal power asymmetries and hierarchies which sustain this repression. The research found that gender identity is constructed in a very specific way in the discourse of pregnancy advice literature, that women are consistently positioned as subject to the control of others, and that traditional assumptions with regard to women’s roles in the home and family are reinforced in this discourse. The hypothesis that women are repressed in this discourse was thus confirmed and the discursive strategies used to uphold the power relations involved were identified.

Chapter One situated this critical analysis in its disciplinary base of language and gender studies, aligning it to a cluster of contemporary studies focussing on constructions of gender identity in discourse. It was, however, emphasised in this chapter that the diachronic and bilingual nature of the analysis differentiated it from existing studies in the field of language and gender. By incorporating French texts this study has addressed the paucity of French research in this area and demonstrated that the discourse patterns identified are not unique to the English language. The diachronic dimension has also enabled us to show that historical repressive discourse patterns with regard to women can be reformulated and reinforced in contemporary discourse using a variety of discursive strategies. As a piece of research, this study has thus made a strong and unique contribution to the field of language and gender.
Chapter Two established the methodological approach taken to this study as critical discourse analysis and justified this choice of methodological model in light of the overall objectives of the thesis and the theoretical principles outlined in Chapter One. In particular, the view of discourse as a form of social practice, shaping and constructing identities and social structures was a strong factor influencing the choice of methodology. It was highlighted that CDA represented an approach which was neither objective nor neutral and that this would enable us to approach the texts from a feminist standpoint, and to explore whether these texts incorporated a discourse seeking to dominate women. The justification for the use of this standpoint was compounded by recent calls by Holmes (2011), Coates and Pichler (2011) and Mills and Mullany (2011) to revive feminist awareness in the field of language and gender research and to rediscover the political voice of research in this field.

Chapter Three outlined the social and discursive framework for the interpretation and explanation of the texts by identifying key socio-cultural, historical and institutional factors framing the experiences of pregnancy and childbirth. It was highlighted that the two older texts were influenced by social conditions in which the dangers of childbirth were very real, and in which medical supervision was perceived as the only means of averting these dangers. The two contemporary texts, however, were framed by social conditions in which conflicting ideological views of pregnancy and childbirth as medical and natural events abounded. The consideration of the role of pregnancy advice literature demonstrated that while the two older texts would have only been read by a limited sector of society, the two contemporary texts would have been widely read, due to an increasing reliance on self-help literature and the professionalisation of motherhood. The exploration of the discourse processes
involved revealed that the discourse of pregnancy advice literature was part of much wider discourses of motherhood, femininity, pregnancy and childbirth while the analysis of the institutional context of the production and interpretation of the texts emphasised that the producers of these texts represented the medical institution, and were thus in a position of power over their readers.

The focus of Chapter Four was on the ways in which power relations between the medical institution and pregnant women were reproduced and challenged in the discourse of pregnancy advice literature. It was revealed that the very existence of the medical institution placed it in a position of power not just through its access to the production of forms of discourse such as pregnancy advice literature, but also due to the fact that institutions produce the binary roles of expert in authority and client who must conform to its norms. This chapter also demonstrated how the power and control of the medical profession over pregnant women was achieved through the use of discursive strategies such as “expert” and “friendly” voices, the use of question and answer formats, the application of legitimation practices and the use of persuasive devices such as statistics, transitivity and apparent statements of fact. Pregnant women were thus lead to consent to medical intervention and to accept the dominance of the medical institution as normal. Power was clearly achieved through hegemonic means. An overall discourse of control emerged from the analysis of four main discourse patterns in this chapter. Women were constructed as in need of education about pregnancy and childbirth and thus initiated into the world of medicalised pregnancy and childbirth. They were advised to reject all advice except their doctor’s , thus attributing exclusive control to the medical profession. In addition, pregnant women were discursively constructed as in need of medical supervision and it was
asserted that women must relinquish control during childbirth. By affirming that the discourse of pregnancy advice literature reproduced the power of the medical institution over women, this chapter contributed to the confirmation of the hypothesis that women are repressed in this discourse, and established the medical profession as one of the key societal institutions contributing to this repression.

Chapter Five examined the construction of women’s emotions during pregnancy and their attitudes both to their pregnancies and to their changing bodies in the discourse of pregnancy advice literature. The overwhelming discourse which emerged from this analysis was that of pregnancy as a happy event, and this was supported by another discourse pattern pathologising feelings of unhappiness with regard to pregnancy. These discourses were more prominent in the two contemporary texts as the two older manuals were produced at a time when pregnancy was simply regarded as part of the normal course of life. These discourse patterns ultimately constructed pregnancy and motherhood as necessary goals and sources of fulfilment for women, thus again achieving power over women through hegemony by convincing them that pregnancy and motherhood would contribute to their happiness. This chapter also established a dominant discourse pattern which celebrated the beauty of the pregnant body and positioned pregnant women as objects to be admired and judged. (This topic of body image was a far more important theme in the two contemporary manuals due to historical perceptions of pregnancy as a time for focussing inward as opposed to outward.) However, it was highlighted that this celebration of the pregnant body increased the expectation that pregnant women maintain their appearance and an overall discourse of self-surveillance was clearly identified in both contemporary texts. The pursuit of beauty was clearly constructed as a necessary goal for women.
and by ensuring pregnant women disciplined themselves in accordance with society’s
gaze, it was argued that women were positioned as powerless objects who must
comply with society’s norms. Once again, power was achieved through hegemony by
drawing on assumptions that all women want to be beautiful and presenting the need
to engage in “self-surveillance” as in women’s interests.

Chapter Six examined constructions of masculinity and femininity in the chosen texts
through the consideration of the topics of fatherhood, housework and sexual
intercourse. It was demonstrated that fathers were largely absent as social actors in
the two older texts, as pregnancy and childbirth remained largely female affairs at the
beginning of the twentieth century. In both contemporary texts, a discourse pattern
emerged invoking the helplessness and fragmented identity of men as they
approached fatherhood. However, a counter-discourse also emerged which sought to
reposition them as protectors and Heads of Family. Pregnant women on the other
hand, were constructed as passive recipients of their reassurance and protection thus
indicating that the discourse of contemporary pregnancy advice literature was
effectively upholding hegemonic masculinity and reaffirming patriarchal privilege in
a manner acceptable to current social norms. The analysis of discourses of housework
revealed that traditional assumptions of housework as women’s work were reinforced
in all four pregnancy texts by affirming women’s position as primary homemakers. In
terms of discourses relating to sexual intercourse, in all four books, the male sexual
drive discourse was reinforced and male sexual intemperance legitimated. Pregnant
women were positioned as the objects and precipitators of male sexual urges, and in
the two contemporary texts, they were also constructed as sexual objects of male
desire through the sexualisation of the pregnant body and the construction of women
as “needing to feel desired”. The analysis of this chapter thus revealed that pregnant women were again positioned as subject to the power and control of others, in this case by men who were positioned in this discourse as protectors, Heads of Family and sexual predators. While on a superficial level, it appeared as though gender roles were being reformulated in the two contemporary texts, on closer analysis it became evident that patriarchal ideals were being maintained and perpetuated by other more socially acceptable means.

To return to the original research question of how gender identity is constructed in the discourse of pregnancy advice literature, it is evident that a very clear construction of women and their identity has emerged from this analysis. The analysis of the discourse of the two older texts has shown that constructions of gender identity are very much in accordance with the social conditions of the time. Women are clearly positioned in traditional gender roles with pregnancy and motherhood presented as part of the normal course of natural events for women. Traditional roles within the home are maintained in this discourse through the significant absence of fathers from the texts and the assumption that women are responsible for housework and mothering. Traditional views of sexuality are also perpetuated in this discourse through the construction of men as natural predators and the legitimation of male sexual intemperance. Women on the other hand are constructed as not just the precipitators of these urges, but as responsible for refusing the advances of their husbands during pregnancy due to historical associations between sexual intercourse and miscarriage. Medical supervision during pregnancy is also presented in these texts as the only means to avert serious danger to mother and baby during childbirth, thus affirming historical associations between childbirth and mortality. The
positioning of women as under the control of the medical profession is thus clearly evident. Women are, therefore, constructed in the two older texts as subject to the control of the medical profession, and as occupying traditional roles of mothers, homemakers and sexual partners within the family. The discourse of these older texts clearly affirms traditional views of gender identity and the analysis highlights the powerlessness and passivisation of women in this discourse, thus confirming the hypothesis that the discourse of pregnancy advice literature represses and controls women. However, when the social and discursive contexts of these two older texts are taken into account, the repressive nature of the discourse patterns identified is not surprising. It is, however, surprising to see the perpetuation of some of these same discourses in the two contemporary texts, despite the fact that in many instances they have been reformulated in an effort to make them more acceptable to social norms.

This study has revealed that in the two contemporary texts, women are also positioned as under the control of the medical profession. However, unlike in the older texts, this is not done by explicit references to mortality in childbirth and threats should medical supervision be rejected. Instead compliance with medical regimes is achieved through persuasion and consensus. The analysis has shown that women are constructed as in need of education and supervision with regard to pregnancy and childbirth, and medical intervention is normalised and presented as of benefit to women. Women are thus persuaded to accept the dominance of the medical institution and to comply with its norms, rites and practices. It is also evident from the analysis that traditional gender roles within the family are maintained in the discourse of the two contemporary texts. Pregnant women are positioned in discourses of fatherhood as passive recipients of the protection and reassurance of
their partners who are simultaneously constructed as Heads of Family and protectors. The study also highlighted that views of housework as women’s work are sustained and perpetuated in discourse by presenting men’s “help” and contribution as outside the norm of what men usually do. In addition, traditional views of motherhood as natural for women are evident in this discourse by encouraging women to embrace traditional and romanticised views of pregnancy and motherhood as “ultimate fulfilment”. Happiness during pregnancy is very much presented as the norm and unhappiness is pathologised as requiring medical assistance. Traditional gender roles of women as mothers and homemakers are thus implicitly reinforced in this contemporary discourse. With regard to sexuality, the male sexual drive discourse is once again in evidence with women positioned as sexual objects of male desire and precipitators of male sexual urges. It is clear from the analysis that the beauty of the pregnant body is also celebrated and women are positioned as objects of society’s “gaze”, in need of self-surveillance practices in order to conform to society’s view of how they should look. The object position and passive role attributed to women is intensified by discourse patterns representing pregnant women as emotionally unstable, volatile and fragile.

As already mentioned in the Introduction to this thesis, the diachronic dimension to the analysis is a key feature of this analysis and it is evident that some of the discourse patterns identified in the two contemporary pregnancy books bear a striking similarity to those identified in the two older texts. The difference lies in the way in which these discourses are achieved through language. In Chapter Two, it was argued that one of the main functions of CDA is to identify the ways in which discourse reproduces and challenges power in society (see Chapter Two, section 2.3.5). Van Dijk (2001a: 353)
reminds us that “CDA focuses on the ways discourse structures enact, confirm, legitimate, reproduce, or challenge relations of power and dominance in society”. Power and dominance over women (in this case pregnant women) is reproduced in the two contemporary texts through largely hegemonic means. The analysis has demonstrated that discursive strategies such as humour, metaphor, sentence structure, pronoun choice, collocations, transitivity and so on are used to mask important power relations in the texts by normalising women’s powerlessness and lack of control during pregnancy and childbirth, by presenting the control of the medical profession and their male partners as in their interests and beneficial to them, and by encouraging women to embrace traditional views of motherhood in the belief it will contribute to their happiness and fulfilment. Women are thus lead to consent to the control and dominance exerted over them by society, fathers and the medical profession in the belief that this is in their interests, that it will make them happier.

The analysis of the construction of gender identity in the discourse of pregnancy advice literature clearly confirms the hypothesis outlined in the Introduction to this thesis that women are repressed in this discourse. The bilingual dimension to the analysis confirms that this repression is present both in English and French discourse. In addition, we can conclude that this power and control over women is achieved though a complex set of discursive strategies which consistently position women as in need of supervision and protection, and an equally complex set of discourse patterns which incite pregnant women to embrace traditional roles as wives, mothers, sexual partners and objects of beauty in society. It can be concluded, therefore, that the discourse of pregnancy advice literature is effectively perpetuating traditional and repressive gender hierarchies through its reformulation of gender identity using the
discursive strategies and discourse patterns outlined in this thesis. Mills and Mullany (2011: 24) emphasise that “language is used as a tool to constrain, coerce and represent women and men in oppressive ways, and producing linguistic analyses within socio-cultural contexts can reveal some of the mechanisms of how this takes place”. This thesis has clearly revealed that the discourse of pregnancy advice literature is used as a tool to repress women and to maintain traditional gender hierarchies. The fact that this is masked in contemporary discourse by hegemony does not in any way diminish the repressive nature of this discourse.

Litosseliti and Sunderland (2002: 19) emphasise that CDA is “concerned not only with social injustice, power and power struggles, but also with exposing the often subtle role of discourse in the construction and maintenance of injustice, inequality and domination”. The primary contribution of this thesis to the field of language and gender research lies in its denaturalisation of the discourse of pregnancy advice literature and its exposure of power relations within this discourse which ultimately reveal that repressive historical discourse patterns with regard to women are being reformulated yet reproduced in contemporary discourse. The bilingual nature of the analysis means that the contribution of this study to the field of language and gender is not restricted to research in English. Instead it is addressing the lack of research in this area in French (highlighted in Chapter One) and is thus strengthening language and gender as a field of study in the French language. At a future date it would also be worth exploring women’s reactions to these discourses in an ethnographic study in order to find out if women resist, challenge or accept these dominant discourses. However, the value of this study does not merely lie in its contribution to its academic field. It is also argued that there is an imminent need for language and gender
researchers to reassert their research in a form of “social activism” (Holmes and Meyerhoff, 2003: 14) and for feminist linguists to make a contribution to “social transformation” (Holmes, 2011: 606). This thesis has established that the discourse of pregnancy advice literature is contributing to the control and repression of women and it has thus also identified an important need for social transformation in this area.


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