



THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

Research Commons

<http://researchcommons.waikato.ac.nz/>

Research Commons at the University of Waikato

Copyright Statement:

The digital copy of this thesis is protected by the Copyright Act 1994 (New Zealand).

The thesis may be consulted by you, provided you comply with the provisions of the Act and the following conditions of use:

- Any use you make of these documents or images must be for research or private study purposes only, and you may not make them available to any other person.
- Authors control the copyright of their thesis. You will recognise the author's right to be identified as the author of the thesis, and due acknowledgement will be made to the author where appropriate.
- You will obtain the author's permission before publishing any material from the thesis.

**Beyond the Bump: Women's Experiences of Body Image during
Pregnancy and in the Postpartum**

A thesis

submitted in fulfilment

of the requirements for the degree

of

Master of Social Sciences

at

The University of Waikato

by

ZOË LARGE

2016



THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

Table of Contents

List of Tables	v
List of Figures	vi
Abstract	vii
Acknowledgements.....	viii
Chapter One: Introduction	1
Chapter Two: Literature Review	3
The Nature of Body Image Dissatisfaction.....	3
What Influences Women’s Body Image?	5
Why is Body Image Important?.....	9
Pregnancy and Postpartum Body Changes	10
Body Image during Pregnancy and the Postpartum.....	11
<i>Legitimization of transgression from body ‘ideals’</i>	<i>12</i>
<i>No more ‘excuse’ to transgress ideals</i>	<i>17</i>
<i>Awareness of the temporary nature of transgression</i>	<i>19</i>
<i>Desire to reclaim the pre-pregnancy body</i>	<i>20</i>
<i>Awareness of functionality/focus on health</i>	<i>24</i>
<i>Loss of control.....</i>	<i>25</i>
<i>Facets of identity & transition to motherhood.....</i>	<i>27</i>
<i>Social interactions</i>	<i>30</i>
<i>Social comparisons</i>	<i>34</i>
<i>Body histories & pre-pregnancy attitudes</i>	<i>37</i>
Gaps in the Literature.....	43
Summary	45
Aims of this Study	46

Chapter Three: Method	47
Qualitative Approach.....	47
Recruitment Methods.....	48
Participants.....	50
Ethical Issues	52
<i>Anonymity, privacy or confidentiality of participants</i>	52
<i>Sensitivity to the culture of participants</i>	52
<i>Informed consent</i>	53
<i>Potential harm/distress to participants</i>	53
<i>Participants access to findings</i>	54
Procedure	54
<i>Participant recruitment</i>	54
<i>Facilitating the interviews</i>	55
<i>Transcription</i>	57
Thematic Analysis	58
Summary	61
Chapter Four: Findings	62
Theme One: Feeling Lucky, Proud, Excited, and Beautiful during Pregnancy.....	64
<i>Proud of the ‘bump’</i>	67
<i>Enjoying other changes, especially bigger breasts</i>	69
<i>‘Lucky’ not gaining too much weight</i>	70
Theme Two: Feeling Worried, Unhappy, Self-conscious, and Different during Pregnancy.....	71
<i>Changing in undesirable ways</i>	72
<i>Concern for the changing body</i>	75
<i>Feeling ‘chubby’ early on</i>	76
<i>Feeling out of place</i>	78

Theme Three: Discontent with the Postpartum Body	79
<i>Coming to terms with the body</i>	80
<i>Desire for change</i>	81
Theme Four: Images of Motherhood in the Postpartum	89
<i>Changes to self-image</i>	90
<i>Seeing changes as worthwhile</i>	92
Theme Five: The Influential Media	94
<i>Portrayal of idealized images</i>	94
<i>Unrealistic expectations</i>	96
Theme Six: Social Influences	98
<i>Other women’s experiences</i>	98
<i>Pregnancy as a public event</i>	102
<i>Partners as pillars of support</i>	105
<i>Personal histories</i>	107
<i>The work environment</i>	109
Summary	110
Chapter Five: Conclusion	115
Limitations & Strengths	119
Ideas for Future Research	122
References	125
Appendix A: Interview Guide	141
Appendix B: Research Poster	142
Appendix C: Recruitment Email	143
Appendix D: Social Media Release	144
Appendix E: Press Release	145

Appendix F: Consent Form.....	146
Appendix G: Information Sheet	147
Appendix H: Summary of Findings for Participants.....	149

List of Tables

Table 1. Demographic Characteristics of Participants.....	51
---	----

List of Figures

Figure 1. Main themes and subthemes as they relate to pregnancy or the postpartum. 63

Abstract

Body image is an important aspect of identity, with body image dissatisfaction related to many negative experiences such as depression and low self-esteem. Pregnancy is a time of rapid and substantial change for women's bodies, yet it is not well understood how body image is experienced either during pregnancy or in the postpartum. Given that body image dissatisfaction is more prevalent among women than men, it is important to consider this important life transition and the way body image may be experienced.

Sixteen semi-structured interviews were conducted among women either in late pregnancy or in the first year postpartum to explore their experiences of body image during and after pregnancy. Thematic analysis resulted in six major themes, which encapsulate the variety of experiences among women.

There is variation among women's experiences that is influenced by a range of other factors. Most women felt overall positively about their bodies during pregnancy, but there were some negative aspects and different experiences. In the postpartum, most women were dissatisfied with their bodies, although the importance of this differed. Factors that influenced the way women felt included the transition to motherhood, the media, and past/present social interactions.

This exploratory study provides insight into the way 16 women experienced body image through pregnancy and the postpartum to contribute to this relatively limited research area. Many areas for future study have been identified.

Acknowledgements

First, I would like to thank the 16 women who volunteered their time to take part in this research. It was a privilege to meet such an awe-inspiring range of women, who shared their experiences so openly with me.

Secondly, thank you to my two supervisors, Dr Carrie Barber and Dr Cate Curtis. The guidance, support, and critical feedback provided to me throughout this research project has been invaluable.

Thirdly, thank you to my family and friends for the encouragement and unconditional support you have provided me throughout this journey.

Finally, thank you to the University of Waikato for supporting my research with the Masters Research Scholarship and the Faculty of Arts and Social Sciences for the Masters Thesis Award.

Chapter One: Introduction

Body image is a multifaceted construct that represents individuals' perceptions of, and feelings towards, their physical appearance. It includes cognitions, emotions, and behaviour (Tiggemann, 2004). Judgment of, and satisfaction with, one's physical appearance, as well as the importance of one's physical appearance, are linked to various aspects of individuals' functioning including self-esteem and attitudes towards behaviour such as eating and exercise (Cash & Fleming, 2002; Tiggemann, 2004). In particular, Body Image Dissatisfaction (BID) occurs when an individual evaluates their body size, shape or particular parts negatively (Presnell, Bearman & Stice, 2004).

BID affects both men and women, although there are some differences in the aspects of the body they are dissatisfied with (Hoyt & Kogan, 2001), and women typically experience a higher prevalence of BID (Bucchianeri, Arikan, Hannan, Eisenberg & Neumark-Sztainer, 2013). This dissatisfaction with body image is of concern, as it has been associated with a range of negative experiences (Bucchianeri & Neumark-Sztainer, 2014; Neumark-Sztainer, Paxton, Hannan, Haines & Story, 2006).

Pregnancy is a time of substantial change for women's bodies, and has the potential to influence the way that body image is experienced. However, little is known about the way women experience body image during pregnancy and in the postpartum as research is limited in this area. Thus far, research is varied with evidence that women may adapt positively to some aspects of pregnancy, and negatively to others. In the postpartum, research suggests women are much more likely to be dissatisfied with their bodies than before pregnancy (Clark, Skouteris, Wertheim, Paxton & Milgrom, 2009a; Hodgkinson, Smith & Wittkowski, 2014;

Nash, 2015; Patel, Lee, Wheatcroft, Barnes & Stein, 2005; Rallis, Skouteris, Wertheim & Paxton, 2007). However, there is still some variation and evidence to suggest some women react positively in the postpartum. Due to the diverse and complex nature of body image during and after pregnancy, it is important to understand the factors that influence reactions to the changing body to enhance understanding of this period in women's lives.

This thesis will explore body image during pregnancy and in the postpartum. The concept of body image will be discussed with a critical review of the existing literature highlighting the need for further research, and explaining the aims of the current study. The qualitative methods used for this study will be described and justified, including the procedures that were followed for organising, facilitating, transcribing, and analysing the interviews. The six major themes that emerged during thematic analysis will be discussed in light of the previous literature to illustrate the myriad of ways women felt about their experiences. Finally, concluding comments will be given, limitations to the current study will be considered, and suggestions for future research will be made.

Chapter Two: Literature Review

This chapter will introduce research on the topic of body image, before discussing the specific literature on body image during and after pregnancy. It will begin by discussing the nature of BID including information on the prevalence of BID, what influences the development of BID and the importance of BID. Next, bodily changes that occur during pregnancy and the postpartum will be described. Subsequently, the complex nature of body image during and after pregnancy will be discussed. This will include analysis of the literature, and the factors that may influence body image positively or negatively during pregnancy and the postpartum. Factors that will be considered include ideals of feminine beauty, the temporary nature of pregnancy, desire to reclaim the pre-pregnancy body in the postpartum, awareness of functionality of the body, loss of control, identity and the transition to motherhood, social interactions, social comparisons, body histories and pre-pregnancy attitudes. Finally, the need for further research is assessed, and the aims of the current study are outlined.

The Nature of Body Image Dissatisfaction

BID is relatively common and has been described as “normative discontent” (Rodin, Silberstein & Striegel-Moore, 1984). Findings suggest that whilst both males and females experience BID, females report higher levels of BID than males across the literature (Bucchianeri et al., 2013). In a recent study of 24 countries/regions, girls were more likely to report BID than boys were. For example, the findings from the USA show a BID prevalence of 51% for girls, and 37.7% for boys (Al Sabbah et al., 2009). Both genders may become unhappy with overall weight and muscle tone, but the areas of the body that men and women are most dissatisfied with are likely to differ. Hoyt and Kogan (2001) found that men were most likely to be dissatisfied with chest, abdomen, and upper arms whereas

women were most likely to be dissatisfied with their abdomen, waist, thighs, and bottom.

Findings from the limited research conducted in New Zealand suggest that New Zealand women also experience high rates of BID (Fear, Bulik & Sullivan, 1996; Miller & Halberstadt, 2005; Talwar, Carter & Gleaves, 2012). A recent study found that a majority of both European and Māori participants would like to be a smaller size, 72% and 65% respectively (Talwar et al., 2012). Miller and Halberstadt (2005) required women to identify three figures, one which represents their *ideal* figure, one of which reflects the figure they *think* they have, and one which signifies the figure they *feel* they have. In this study, the young adult women chose a significantly larger figure for what they felt they had, compared to what they thought they had, and both of these figures were significantly larger than their ideal chosen figure.

Further, a qualitative study with four young women utilized a journal writing task along with in-depth interviews, and found that BID was often experienced daily (Curtis & Loomans, 2014). In this study, BID was viewed as normal; women frequently engaged in negative talk about their bodies with their female friends, were focused on obtaining the ideal figure, and they often used mirrors to analyze the aspects of their bodies they did not like. These young women were also often exposed to their mother's expressions of dissatisfaction with weight and shape. However, most of the research in New Zealand focuses on adolescents and young women, so it is unclear how these trends progress further into adulthood. Literature from other western countries suggest these levels of BID are maintained over the life-course (Tiggemann, 2004).

What Influences Women's Body Image?

Body image is thought to be subject to sociocultural influences (Cafri, Yamamiya, Brannick & Thompson, 2005; Lawler & Nixon, 2011; Stice & Shaw, 2002). It is argued that society places importance on attractiveness whereby women's worth is partly dependent on their appearance. This cultivates a culture where women self-objectify and evaluate themselves in terms of their appearance rather than other attributes (Grabe, Hyde & Lindberg, 2007; Hesse-Biber, Leavy, Quinn & Zoino, 2006). Thus, women are more likely to evaluate themselves in terms of their weight because low weight and thinness are key elements to feminine beauty in contemporary Western culture (Cafri et al., 2005; Lawler & Nixon, 2011).

Importance is placed on feminine beauty through the 'thin ideal' (McCarthy, 1990) that is portrayed in the media and reinforced in social interactions (Hesse-Biber et al., 2006; Lawler & Nixon, 2011). Harrison (2008) argues that ideals are emphasized through overrepresentation of ideal characteristics, and underrepresentation of non-ideal characteristics:

There are two ways to communicate the lean body ideal. One is to cast thinness in a positive light via both overrepresentation (i.e., excessive over presence) and associations with beauty and success (i.e., a positive context); the other is to portray fatness as abnormal (through underrepresentation or lack of presence) and bad (through association with a negative context). (Harrison, 2008, P. 171)

Evidence for emphasis on a thin ideal can be found in the results from content analysis of media. Content analysis of over a thousand characters (n=1018) from five episodes each of ten fictional prime time TV shows in the

USA from 1999-2000 found that 14% of women, and 24% of men were portrayed as overweight or obese. This was less than half of their actual prevalence in the overall population (Greenberg, Eastin, Hofschire, Lachlan & Brownell, 2003).

Attaining feminine beauty is often viewed as a sign of success (Grogan, 2008; Hesse-Biber et al., 2006), whereas deviation from ideals of feminine beauty are associated with discrimination and stigmatization (Wiles, 1994). Deviation is also associated with negative characteristics including laziness, unattractiveness, and a lack of self-discipline (Greenberg et al., 2003; Grogan, 2008; Hesse-Biber et al., 2006). Overweight people are more likely to be portrayed negatively in the media with evidence that overweight and obese females are portrayed on television as being less attractive, engaging less with romantic partners, and showing less physical affection (Greenberg et al., 2003).

The idealization of thinness leaves the majority of women vulnerable to feeling “abnormal” (Hesse-Biber, et al., 2006, p.216), and findings show that exposure to idealized images is associated with higher BID (Grabe, Ward & Hyde, 2008). Support for this association was found by Dittmar, Halliwell and Ive (2006) who exposed young girls (n=162) aged 5-8 to different sized dolls and found that those girls exposed to thinner ‘Barbie’ dolls expressed lower body esteem and higher desire to be thin than girls exposed to a larger ‘Emme’ doll, or no doll (Dittmar et al., 2006).

Furthermore, it is proposed that ideals may be reinforced in interactions with other people such as peers and parents (Ata, Ludden & Lally, 2007; Curtis & Loomans, 2014; Keery, van den Berg & Thompson, 2004; Lawler & Nixon, 2011), and through engagement in social comparisons (Leahey, Crowther & Mickelson, 2007; Rodgers, McLean & Paxton, 2015).

It appears that internalization of ideals, where ideals are embraced as a personal standard to be achieved, is important in the development of BID, (Grabe et al., 2008; Hesse-Biber et al., 2006; Morry & Staska, 2001; Thompson & Stice, 2001), as one's own shortcomings are highlighted (Rodgers et al., 2015). Indeed, the Tripartite Influence Model of Body Dissatisfaction (Keery et al., 2004) proposes that sociocultural influences including the media, peers, and parents influence the development of BID mediated by social comparison and internalization of a thin ideal.

The reason women exhibit more BID might be that they are more likely to adopt idealized images (Knauss, Paxton & Alsaker, 2007). In a New Zealand study, Miller and Halberstadt (2005) found that both men and women exhibited awareness that society values being physically attractive and thin, but women internalized these standards significantly more. However, it appears that different standards are internalized, with evidence that women internalize an ideal of thinness, whereas men internalize physical fitness and muscularity (Morry & Staska, 2001).

The experience of BID may then lead to engagement in behaviour to try to attain ideals of feminine beauty (Rodgers et al., 2015), such as through purchasing beauty products (Labre & Walsh-Childers, 2003), engaging in body modification practices, and engaging in weight loss efforts (Grogan, 2008). Indeed, weight loss has become normalized and is presented as a way to obtain the 'perfect' body (Grogan, 2008; Hesse-Biber et al., 2006; Morry & Staska, 2001). Content analysis shows an increase in weight loss features about diet and exercise in women's magazines from 1959 to 1988 (Wiseman, Gray, Mosimann & Ahrens, 1992), and evidence that women's magazines have as much as ten times more content aimed

at weight loss than do men's magazines (Anderson & DiDomenico, 1992). These studies are quite dated and trends could have changed in the time since they were published. However, a focus on weight loss can currently be seen in findings that 86% of women in Britain had dieted (Wykes & Gunter, 2005).

On the other hand, the prevalence of people who are overweight or obese has increased over time (Morrill & Chinn, 2004; Wang & Beydoun, 2007). A systematic review and meta-regression analysis of studies from 1990-2006 found that from the 1960s to 2004 the number of adults in the United States who were classified as obese increased from 13% of the adult population to 32%. Further, in 2007 66% of adults in the US were classified as overweight or obese (Wang & Beydoun, 2007). Thus, this increased focus on weight loss could be in response to the 'obesity epidemic' (Morrill & Chinn, 2004; Wang & Beydoun, 2007). Nevertheless, it still has important implications for the reinforcement of a thin ideal, particularly as this 'response' is focused more toward women.

It has also been suggested that body image is experienced differently by people of different cultures, particularly those from non-western cultures (Brewis, & McGarvey, 2000; Swami, Knight, Tovee, Davies & Furnham, 2007; Talwar et al., 2012). For example, Samoan attitudes may be more positive toward larger body sizes, as larger bodies signify higher social status and power through demonstrating affluence and access to resources such as food (Brewis & McGarvey, 2000). Thus, it is suggested that body size preference may be associated with socioeconomic development (Swami et al., 2007). It has been argued that areas with increasing socioeconomic status, such as certain parts of the South Pacific, demonstrate a shift in ideals toward slimness and away from traditional signs of social status. The improved socioeconomic conditions mean

that food shortages are less likely, and body size is less of an indicator of affluence (Swami et al., 2007). Swami and colleagues (2007) also suggest that development in the Pacific has led to an “influx” of western ideals of attractiveness, particularly through the media (Swami et al., 2007, p.222). This is an example of how women of different ethnicities around the world may experience body image differently, but it is unclear how this may relate to women in New Zealand as more research is needed.

In New Zealand, there has been limited research on the experience of body image among the indigenous Māori peoples. Ngamanu (2006) found no significant differences in BID or eating pathology between Māori and European women. Most recently, Talwar and colleagues (2012) also found that Māori and European women exhibited similar ideal body shapes, BID, and self-esteem. However, they did find that stronger connections to Māori identity were significantly associated with fewer weight concerns. More research on the impact of ethnicity and cultural affiliations is needed to understand how this may influence New Zealand women’s experiences, particularly Māori women.

Why is Body Image Important?

The prevalence of BID is concerning as it has been associated with many adverse outcomes, most notably disordered eating (Bucchianeri & Neumark-Sztainer, 2014; Grabe et al., 2008; Johnson & Wardle, 2005; Neumark-Sztainer et al., 2006); it was recently identified as one of the two predictors most important in the onset of eating disorders (Stice, Marti & Durant, 2011). Other negative outcomes include low self-esteem (Johnson & Wardle, 2005; Paxton, Neumark-Sztainer, Hannan & Eisenberg, 2006), obesity (Bucchianeri & Neumark-Sztainer, 2014), anxiety (Skouteris, 2012) and depressive symptoms (Bucchianeri &

Neumark-Sztainer, 2014; Johnson & Wardle, 2005; Paxton et al., 2006). These phenomena cost billions of dollars every year (Bucchianeri & Neumark-Sztainer, 2014). Given that BID appears to be a risk factor for these adverse outcomes, it is considered a public health concern that is important to address.

It has been proposed that BID remains stable over a lifetime, but that not all aspects of body image remain the same (Tiggemann, 2004). In a review of the literature on women's body image, Tiggemann (2004) explains that as women's bodies age, they diverge from the 'ideals' portrayed by media, but they are no more dissatisfied by this at an older age as it becomes less important to them. However, the studies included in Tiggemann's review were cross-sectional in design, so it is not clear whether the young people of today will in fact remain equally dissatisfied at an older age. It is important to consider the influences on body image over the life span, especially the experiences and challenges that can influence body image. In regards to this, pregnancy has been considered an important experience for women, as a time when they undergo immense changes to the appearance of their bodies.

Pregnancy and Postpartum Body Changes

Pregnancy is a time when the female body undergoes rapid and substantial changes. These changes occur over a 40-week period, divided into three trimesters. Although women differ, the most substantial and noticeable changes normally occur in the last two trimesters.

During this time women experience many changes to the body. These changes include weight gain, expanding breasts (up to 3 cup sizes), waist expansion, stretch marks, acne, prominent veins, swelling, faster growing hair and nails, thickening of hair, darkening areola, skin discoloration, darkening of line

from navel to pubic area, to name a few (Murkoff & Mazel, 2009). In terms of weight gain, women with a normal BMI are recommended to gain between 11 and 16kg over the course of pregnancy (Murkoff & Mazel, 2009; Skouteris, 2012). Those women who are overweight or obese are recommended to gain less, and underweight women are encouraged to gain more (Skouteris, 2012). This weight gain is needed to nourish the baby and create fat reserves for breastfeeding the baby in the postpartum. However, women do vary in the changes that they experience (Murkoff & Mazel, 2009).

During the postpartum period, the body continues to go through substantial changes. The uterus takes six weeks to reduce to pre-pregnancy size so the abdomen may still be expanded for some time after childbirth. Breasts may be enlarged throughout the breastfeeding period. Hair may shed rapidly. Stretch marks will begin to fade to a light silvery colour, and women will typically lose weight. The amount of weight lost will depend on the amount gained during pregnancy and other factors such as breastfeeding, calorie intake, and exercise (Murkoff & Mazel, 2009).

As this is a period of substantial change, it is important to explore ways in which body image may or may not change.

Body Image during Pregnancy and the Postpartum

Research so far has found variation in the way women react to bodily changes during pregnancy and in the postpartum. This subject appears to be relatively understudied, with limited research conducted during pregnancy, and even less research available that studies the postpartum period.

Women's responses to the physical changes of pregnancy seem to vary with some studies finding positive shifts in body image, and some more negative

reactions to the changing body. Findings from postpartum studies appear to be more consistent with support for the conclusion that women are more likely to be dissatisfied with their bodies in the postpartum period (Clark et al., 2009a; Hodgkinson et al., 2014; Nash, 2015; Patel et al., 2005; Rallis et al., 2007). However, there is still some evidence that body image may be positive or less important for many postpartum women. Given the diverse nature of findings, the following section will be given to discussing these findings and the factors that may influence the way women respond to their changing body during pregnancy and in the postpartum period.

Legitimization of transgression from body ‘ideals’

It has been proposed that during pregnancy there is a reduction in the perceived burden to attain ideals of feminine beauty, as weight gain and other changes are more accepted (Davies & Wardle, 1994). Thus, positive shifts or a lack of negative shifts in body image satisfaction, despite increasing weight and changing body shape could be attributed to pregnancy being a time when gaining weight and changing away from cultural ‘ideals’ is legitimized (Johnson, Burrows & Williamson, 2004). This is supported by most findings that pregnant women are satisfied with their body image, despite being a bigger size (Davies & Wardle, 1994; Duncombe, Wertheim, Skouteris, Paxton & Kelly., 2008; Fox & Yamaguchi, 1997; Wiles, 1994; Loth, Bauer, Wall, Berge & Neumark-Sztainer, 2011; Skouteris, Carr, Wertheim, Paxton & Duncombe, 2005). In a population based longitudinal study, using a modified version of the Body Shape Satisfaction Scale it was found that at one time point mean body image satisfaction was higher in pregnant women compared to non-pregnant women, which had a moderate effect size (0.32). Additionally, utilizing data from previous time points, further analysis of those women that were pregnant found that their body image

satisfaction increased significantly from pre-pregnancy to pregnancy (Loth et al., 2011). However, this study did not consider gestational stage so it is unclear at which point of pregnancy these women were more satisfied.

It is argued that women who are satisfied with their bodies during pregnancy may adopt realistic ideals for their larger pregnant body (Duncombe et al., 2008; Skouteris et al., 2005). This has been illustrated by findings from the use of figure rating scales that require women to identify what they 'currently look like' and what they would 'ideally like to look like'. The discrepancy between these figures is then interpreted as their degree of BID. Utilizing the Pregnancy Figure Rating Scale (PFRS) Skouteris, and colleagues (2005) found that women rate as their ideal bust, abdomen, and buttocks increases in size over the course of pregnancy along with increases in what they identify as their current size; suggesting that women adapt and accept their larger size body. Duncombe and colleagues (2008) also had similar results using the PFRS, except they found that women's ideal abdomen size was smaller than their current rated size in late pregnancy. This could indicate women expect to get larger during pregnancy, but there may be limits to how large they think they should 'ideally' get.

In contrast, Davies and Wardle (1994) used a figure rating scale not specific to pregnancy and found that pregnant women chose similar ideal figures to that of non-pregnant women, but that their rating of their current size was higher. Thus, pregnant women had a greater discrepancy between ideal and current figure ratings. This would usually indicate dissatisfaction with the body; however, this discrepancy was not associated with feelings of BID, as women did not express higher levels of concern (Davies & Wardle, 1994). This highlights a limitation in the use of figure rating scales. Asking women to indicate their 'ideal'

figure is not necessarily an accurate measurement of BID with their current body as women may be happy with their current size, but still identify an 'ideal' as different to the way they currently look. Davies and Wardle's (1994) findings differ to that of the PFRS used by Skouteris and Colleagues (2005), but the overall conclusion is the same; while women may get bigger in pregnancy this is not associated with higher levels of BID, which indicates women adapt and accept their larger size.

This idea of transgression being legitimized by pregnancy is also supported by evidence that bodily changes are viewed positively once it is clear they are due to pregnancy. A strong theme in the qualitative literature that has emerged is that women are more concerned with their bodies in early pregnancy, as they fear they may look 'fat' rather than pregnant (Bailey, 1999; Clark et al., 2009a; Hodgkinson et al., 2014; Johnson et al., 2004; Nash, 2012, 2014). This early stage has been referred to as 'in-betweenness' as the pregnancy is not visibly obvious (Nash, 2012, 2014). In this stage women might fear other people making the wrong assumptions about their weight gain (Earle, 2003), which may then have negative connotations such as being perceived as lacking self-discipline and control (Bailey, 1999; Earle, 2003; Nash 2012). In Bailey's (1999) study of thirty women in transition to motherhood, discourse analysis of interviews found that for some women, pregnancy becoming obvious was "welcomed as an 'excuse' or reason for any perceived lack of capability on their own part" (p.350). Thus, women might feel excused from being bigger when it is obviously due to pregnancy, as this is a legitimate time to be a bigger size (Johnson et al., 2004; Skouteris et al., 2005; Warren & Brewis, 2004; Wiles, 1994). Indeed, once the pregnancy develops with the emergence of a clear 'bump', these concerns cease

(Bailey, 1999; Clark et al., 2009a; Hodgkinson et al., 2014; Johnson et al., 2004; Nash, 2012, 2014).

This concept has also been illustrated in a quantitative study that assessed pregnant women's responses (n=128) to three questionnaires measuring body image and predictors at early/mid second trimester, late second/early third trimester, and late third trimester. It was found that women felt less fat at late pregnancy (32-39 weeks), than they did earlier in pregnancy, although these changes were relatively minor and the effect sizes were small (Skouteris et al., 2005). However, the study only recruited women after they had been pregnant for some time (16-23 weeks), so it could be that the study did not assess women's feelings early enough in pregnancy, when it is more ambiguous, to find a large discrepancy between early to late pregnancy. It is also difficult to determine exactly how body image may change across the course of pregnancy as many studies so far have taken measures at different points or are limited to measurements at just one time point.

The legitimization of the bigger body during pregnancy may also mean that overweight women feel better about their bodies and are less self-conscious (Fox & Yamaguchi, 1997; Wiles, 1994). For example, Fox and Yamaguchi (1997) found that among women (n=76) of various weights responses to both qualitative and quantitative questionnaires showed that 'overweight' women were more likely to experience a positive change in body image because pregnancy was perceived as liberating them from feelings of self-consciousness and pressure to lose weight. Additionally, Wiles' (1994) in-depth interviews revealed that overweight (>90kg) women (n=37) reported feeling less self-conscious and engaging more in activities that they previously would avoid due to their size,

such as swimming. However, in Fox and Yamaguchi's study overweight women still held more negative body image perceptions than 'normal' weight women later in pregnancy, despite a positive change in body image. In this way, pregnancy may have caused a positive shift, but may not have been enough to supersede negative body image associated with being overweight (Fox & Yamaguchi, 1997).

Pregnancy may be a time when it is considered acceptable to transgress from ideals of feminine beauty, but these ideals may not be completely dismissed. In a meta-synthesis, it was argued that some women feel differently about certain changes depending on how those changes relate to desirable beauty ideals; changes congruent with current beauty standards are considered more positively than those that are not (Hodgkinson et al., 2014). For example, many women in various studies enjoyed gaining bigger breasts (Bailey, 2001; Chang, Chao & Kenney, 2006; Earle, 2003; Fairburn & Welch, 1990; Johnson et al., 2004) due to the aesthetic value rather than function (Earle, 2003). In contrast, changes such as stretch marks (Chang et al., 2006) and acne have been considered more negatively (Hodgkinson et al., 2014).

There also appear to be limitations to the legitimization of transgression from ideals, as it is considered appropriate to gain weight, but only to a certain extent, with 'excessive' weight gain perceived negatively (Clark et al., 2009a; Fairburn & Welch, 1990; Johnson et al., 2004). Furthermore, weight gain in certain areas of the body may be considered more acceptable (Bailey, 1999; Earle, 2003). Earle (2003) found that some women perceived changes such as gaining weight in the abdomen and developing a baby 'bump' as more acceptable than other changes, such as weight gain in the arms and face. This may be because

weight gain in the abdomen is easily attributed to pregnancy, whereas weight gain in other areas may not be and so is more likely to result in feelings of BID (Hodgkinson et al., 2014).

In contrast to the suggestion that pregnancy is a time when ‘fatness’ is acceptable, Earle (2003) argues that whilst changes may be accepted as being necessary, this does not mean that they are readily embraced by *all* women. This notion was supported by Earle’s (2003) in-depth interviews with first-time mothers (n=19), which found that some women were still concerned with appearance during pregnancy. Similarly, in their qualitative phenomenological research with women (n=40), Bondas and Eriksson (2001) found that some women felt they looked “fat and ugly” (p.829). Thus, it appears women experience pregnancy differently with other factors potentially influencing the way women feel about their bodies.

No more ‘excuse’ to transgress ideals

It has been argued that body image concerns return in the postpartum period as women may feel they no longer have an ‘excuse’ to be bigger (Clark et al., 2009a; Rallis et al., 2007) and there is potential for other people to interpret the postpartum body as ‘fat’ rather than recently pregnant (Ogle, Tyner & Schofield-Tomschin, 2011).

This is supported by Rallis and colleagues (2007) who recruited women (n=79) who had participated in Skouteris and colleagues (2005) study (61.7% of original sample), and took measures at 6 weeks, 6 months and 12 months postpartum. They found that in the first year following the birth of a child women tend to feel fatter than they felt in pre-pregnancy and late in pregnancy, despite generally being smaller in the postpartum than they were late in pregnancy. This

suggests that during pregnancy women may feel ‘excused’ from ideals, but that this no longer applies in the postpartum (Rallis et al., 2007).

Women may feel they do not have a legitimate reason to be bigger in the postpartum as there is no obvious physical evidence of their recent pregnancy (Clark et al, 2009a). To illustrate this, Rallis and colleagues (2007) found that the ‘ideal’ body size that women chose in a figure rating scale decreases over the postpartum, from 6 weeks to 6 months, and then to 12 months postpartum (Rallis et al., 2007). This is in contrast to the finding that ideal figure sizes increase over the course of pregnancy (Skouteris et al., 2005).

Further, immediately after the birth, women may still feel excused and it may not be until a few months later that women begin to feel that their larger size is no longer tolerated (Rallis et al., 2007). This is supported by the findings that ideal figure ratings are still larger at 6 weeks postpartum than they were in pre-pregnancy, but that they then return to pre-pregnancy levels at 6 months postpartum. Additionally, BID increases over the initial postpartum period (Gjerdingen, Fonatine, Crow, McGovern, Center & Miner, 2009; Rallis et al., 2007). For example, Rallis and colleagues (2007) found that despite being smaller at 6 months postpartum than they were at 6 weeks postpartum, women tended to feel fatter at 6 months postpartum. Similarly, in a study of predictors of postpartum BID it was found that BID increased from 0-1 month postpartum to 9 months postpartum. This dissatisfaction was relatively low, but it still had a negative association to women’s wellbeing as they exhibited poorer mental health (Gjerdingen et al., 2009). However, it could be that poorer mental health led to feelings of BID.

Due to the limited amount of research available, and the different time points assessed by these studies it is unclear exactly how BID was experienced by women in the postpartum, and why. Negative feelings about the postpartum body may be due to fear of the social stigma and negative characteristics attributed to those considered overweight, including laziness (Hodgkinson et al., 2014), failure to be in control (Ogle et al., 2011), and lack of will power (Cunningham, 2002). For example, a study of heterosexual married couples (n=14) transitioning to parenthood who were interviewed during pregnancy (7-8th month) and in the postpartum (2-6 weeks), found that some women described delaying interacting with people to avoid facing any stigma associated with the extra weight they still carried (Ogle et al., 2011).

Awareness of the temporary nature of transgression

For some women changes during pregnancy may be experienced with fear for the future and apprehension about not regaining the pre-pregnancy body in the postpartum (Chang et al., 2006; Davies & Wardle, 1994; Earle, 2003; Fairburn & Welch, 1990; Seibold, 2004). Earle (2003) argued that, “The pregnant body is perceived as a temporary, or transient, one and rather than enjoying freedom from objectification many of the respondents were anticipating a return to their normal bodies” (p.250). Indeed, Fairburn and Welch (1990) found that in interviews with women (n=50) shortly after birth, 72% of respondents reported they were worried that they might not be able to get back to their pre-pregnancy weight. This may occur despite also experiencing pregnancy as a time when it is excusable to transgress from ideals of beauty, as Wiles (1994) found that many overweight women were aware that the acceptance of fatness during pregnancy was temporary and worried about their weight gain. All the women in the study who felt worse about their body during pregnancy did so because they considered that

excess weight gain was likely to leave them bigger in postpartum than before pregnancy and made them feel worse (Wiles, 1994).

Desire to reclaim the pre-pregnancy body

Pregnancy has been described as a “temporary distortion” of the body, where the “real or normal body often was viewed as lurking beneath the transitory façade of the maternal body, awaiting to be recovered after the birth” (Ogle et al., 2011, p.40). Thus, pregnancy could be understood as a time of loss, and the postpartum a period of reclamation (Upton & Han, 2003). Certainly, it is in the postpartum period that women report that they want to reclaim their body (Hodgkinson et al., 2014; Ogle et al., 2011; Upton & Han, 2003). The idea of the pregnant body being temporary has also been discussed by Nash (2015), whose photo voice study of women (n=12) during and after pregnancy found that women did not feel themselves in the postpartum period. Women often struggled to wear larger sized clothing, and considered fitting into clothes from their pre-pregnancy wardrobe a sign of success. The expectations that women have to return to their pre-pregnancy figure can cause distress (Hodgkinson et al., 2014) and fear of not being able to return to their previous shape/size (Ogle et al., 2011).

Clothing

It appears that clothing may influence women’s desire to return to their previous body shape, as they may want to fit back into their old clothes (Montgomery, Best, Aniello, Phillips & Hatmaker-Flanigan, 2013; Nash, 2015; Ogle et al., 2011; Patel et al., 2005). Ill-fitting pre-pregnancy clothes have been described as creating negative feelings toward the postpartum body, including depression (Montgomery et al., 2013) failure, disappointment, and loss (Nash, 2015; Patel et al., 2005).

Clothing choices available to women in the postpartum period may also affect women's desire to return to their pre-pregnancy bodies, as the clothing choices are restrictive (Upton & Han, 2003). For example, a participant in Upton and Han's (2003) research, which utilized qualitative interviews and ethnographic participation, explained that maternity clothing designed for the postpartum is designed to hide or cover the body. The authors then argue that this maternity clothing exerts social control through creating clothing in which "ideologies of what is acceptable and what is not are transmitted" (p.686). The desire to return to pre-pregnancy clothes may also be influenced by practical concerns, such as not wanting to purchase a new wardrobe (Ogle et al., 2011).

Social pressure via the media

It has been suggested that there is social pressure for women to return to their pre-pregnancy body size/shape in the postpartum period and lose the weight they gained during pregnancy (Hodgkinson et al., 2014; Upton & Han, 2003). Women who reclaim their pre-pregnancy bodies are "celebrated as successful, powerful women- women to be emulated, admired, and envied" (Cunningham, 2002, p.430). This can be seen in the media focus on postpartum women, which emphasizes reclaiming the pre-pregnancy body (Roth, Homer & Fenwick, 2012; Hine, 2013; Upton & Han, 2003) and presents slim postpartum celebrities as ideal standards (Chae, 2014; Hine, 2013). In contrast, those celebrities who retain weight are criticized, as Hine (2013) argues: "In post-partum discourse, the baby bump becomes 'the bulge'" (p.585).

A content analysis of stories about postnatal celebrities in Australia's three leading women's magazines from the first half of 2009, found that articles framed women's postpartum bodies as "unnatural and unhealthy" and as needing to

recover, or “bounce back” quickly to the way they were before pregnancy (Roth et al., 2012, p.131). Articles used persuasive language that glamorized the speed at which celebrities regained their figures. There were only two stories in which the post-pregnancy body was embraced as healthy and functional (Roth et al., 2012). Similarly, in another content analysis that assessed online articles, depictions of postpartum celebrities were found to present unrealistic periods for the average non-celebrity woman to return to her pre-pregnancy figure (Gow, Lydecker, Lamanna & Mazzeo, 2012). Strategies to lose postpartum weight are also often presented in the media alongside stories of celebrities’ postpartum weight loss (Cunningham, 2002). Yet, the portrayal of weight loss of celebrities is unrealistic, as engagement in weight loss for celebrities is different than it is for everyday women. Celebrities are able to spend time on their appearance, as it is central to their career, and they are able to afford support in the form of trainers, chefs and childcare (Chae 2014; Gow, et al., 2012). It is argued that this emphasis on a fast return to the pre-pregnancy body has an impact on readers, namely to encourage them to believe that they need to regain their pre-pregnancy figure in a short period of time, as such “extreme expectations” have been normalized (Roth et al., 2012, p.133).

However, there is a lack of research focused on the impact of pregnant and postpartum celebrities in the media. Current research is limited as it has not typically taken into account real women’s interpretation of media content and the associated impacts it may have. Only one study could be found that focused on the effect that celebrities in the media can have on postpartum Korean women (Chae, 2014). Chae (2014) found that interest in celebrities is positively associated with engagement in social comparisons and subsequent BID. This is discussed further in the section *Social comparisons*.

Expectations

Expectations women hold about their postpartum body may influence how they feel, as some women may hold unrealistic expectations about the postpartum (Clark et al., 2009a; Hodgkinson et al., 2014). For example, in their qualitative interviews with women in late pregnancy (n=10) and early postpartum (n=10), Clark and others (2009a) found that many women felt more negatively in the postpartum than they thought they would, and held expectations that their body would change back more quickly. However, women may be aware that their outlook for regaining their pre-pregnancy figure is improbable. Certainly, a meta-synthesis found that some women were aware that expectations they held for their postpartum body were unrealistic (Hodgkinson et al., 2014). In contrast, Ogle and colleagues (2011) conclude that women may be uncertain about the postpartum period, not knowing how long it will take, or how realistic their goals are.

Strategies & barriers

Desire to return to the pre-pregnancy body may then lead to engagement in “body projects” (Ogle et al., 2011, p.46) to change the body, such as diet and exercise (Upton & Han, 2003). However, in the limited literature available on weight loss in the postpartum period many women face barriers when attempting to lose weight (Carter-Edwards, Ostbye, Bastian, Yarnall, Krause & Simmons, 2009; Downs & Hausenblas, 2004; Groth & David, 2008; Montgomery et al., 2013; Montgomery et al., 2011). Important barriers include struggling to find time to exercise (Downs & Hausenblas, 2004; Montgomery et al., 2011), needing to look after children or find childcare, physical problems such as injury or disease (Groth & David, 2008; Montgomery et al., 2011), and finding it difficult to maintain motivation (Montgomery et al., 2011; Montgomery et al., 2013). Further, emotional, and practical support from family and friends has been identified as

either an important barrier or facilitator (Carter-Edwards, et al., 2009, Montgomery et al., 2011).

Awareness of functionality/focus on health

Some women may accept bodily changes more positively during pregnancy due to recognition of the functionality of the pregnant body, whereby changes are considered necessary, and health is prioritized over aesthetics (Clark et al., 2009a; Clark, Skouteris, Wertheim, Paxton & Milgrom, 2009b). The prioritization of health might be unique to pregnancy as women realise the importance of the task they are performing (Clark et al., 2009a). Bondas and Eriksson (2001) argue “Pregnancy assigns a special meaning to health promotion. The woman exists not only for herself but also for the baby” (p.836). Certainly, many of the women (n=30) in Bailey’s (2001) study of gender and embodiment in the transition to parenthood felt their body was for the baby. Further, other research has found that some women view the visible changes as a good sign that their baby is growing (Chang et al., 2006; Clark et al., 2009a; Clark et al., 2009b, Seibold, 2004) and accept the changes as necessary (Clark et al., 2009a; Duncombe et al., 2008).

Once the baby has been born, it is unclear whether women continue to have this functional outlook on the body, but it has been suggested that women may no longer appreciate the functionality of the body (Clark et al., 2009a). Clark and colleagues (2009a) found that whilst many women spoke of the pregnant body in a functional way, no women spoke of the postpartum body in similar functional terms. In contrast, Ogle and colleagues (2011) found that some women were proud of the function of the body in the postpartum, despite also holding feelings of worry and frustration. Additionally, for a few women this pride in the

function of the body was able to counteract their feelings of disappointment in the way their body looked in the postpartum (Ogle et al., 2011). Thus, it is likely that some women may appreciate the function of the body in the postpartum, whilst others may not. However, these findings could be limited by the researchers' interpretations as to what classifies as talking about the body in a 'functional' way. Nevertheless, more research is needed to understand more about this functional view of the postpartum body, as it is an important view that could help protect from negative feelings.

Loss of control

For some women the pregnant body is viewed with admiration and fascination, due to the function it is performing (Hodgkinson et al., 2014; Warren & Brewis, 2004). However, the functional changes of the body may result in feelings of a loss of control of the body (Bondas & Eriksson 2001; Carter, 2010; Hodgkinson et al., 2014; Warren & Brewis, 2004). In qualitative interviews with women (n=18) who had given birth, Carter (2010) found that women felt they did not have control over their body during pregnancy and childbirth. This included control over body size, shape, and sensations as well as emotional and cognitive control. This sense of a loss of control during pregnancy has the potential to be experienced as distressing, discomfoting, and unpleasant (Hodgkinson et al., 2014; Warren & Brewis, 2004). On the other hand, the loss of control may be experienced more positively for some who enjoy being able to let go of responsibility (Warren & Brewis, 2004) or feel it is in their best interest, such as when the body takes control during labor (Hodgkinson et al., 2014). A few women in Warren and Brewis's (2004) qualitative interviews (n=11) who expressed positive reactions to the loss of control were argued to "marvel at and wallow in their physicality – they were no longer able to be responsible for every

aspect of their bodies' demeanor, appearance, and shape" (Warren & Brewis, 2004, p.232).

Interestingly, despite the lived experience of a loss of control during pregnancy, the current cultural landscape expects women to assert control, as individual responsibility is assigned to pregnancy outcomes (Carter, 2010).

Carter (2010) conducted a social constructionist analysis of interviews with women (n=18) under various modes of care in the US and argued that,

The dominant cultural ideology in the US simultaneously constructs the childbearing body as out of control, particularly with regard to its size, shape, and boundaries, and potentially controllable by holding women individually responsible for the outcomes of their pregnancies. (Carter, 2010, p.1005)

Increased scrutiny of the pregnant body through comments from others and focus of medical professionals may contribute to the struggle for control that some women experience (Carter, 2010; Hodgkinson et al., 2014). Carter (2010) also suggested that the type of care a woman receives during pregnancy and childbirth may influence her experience and conceptualization of her body. Rather than conceptualising the body in terms of "control and domination", women who experienced pregnancy and childbirth with a midwife were more likely to view their bodies as "accommodating and collaborating" (Carter, 2010, p.1005). More research is needed, as it could be that women who chose midwifery already have this more accommodating view of their body.

Feeling out of control of the body appears to continue in the postpartum period where women are argued to be "at the whim of the individual body"

despite wanting to reclaim the pre-pregnancy body (Upton & Han, 2003, p.686). For example, participants in Clark and colleagues' (2009a) study felt that they should be in control in the postpartum period, despite their body still experiencing pregnancy related changes. Some women may feel frustrated with this loss of control, as they want to begin efforts to regain the pre-pregnancy body, but cannot do so yet (Clark et al., 2009a). This is usually because the body is still recovering or because the body is performing functions such as breastfeeding that may be negatively affected by efforts such as diet restriction (Ogle et al., 2011). Conversely, while feeling out of control may be frustrating, the lack of responsibility may also be protective. Ogle and colleagues' (2011) study assessed how concerns about the postpartum body are dealt with in marital relationships (n=14) and found that husbands often acknowledged the lack of control women have of their body. They did this as a way to reduce women's anxieties around the appearance of the postpartum body. In this way, husbands were reminding their wives that they were not responsible for the way they looked.

Facets of identity & transition to motherhood

Body changes during pregnancy may influence women to feel more feminine and womanly (Bailey, 2001) as pregnancy is seen as a "confirmation of womanhood" (Hodgkinson et al., 2014, p.8). This may influence women to develop a positive sense of gendered identity (Bailey, 1999). This sentiment may also continue in to the postpartum period for some women, as Patel and others (2005) found one woman in their study was proud of the "womanliness" of her postpartum body (p.353).

The transition to motherhood and associated feelings of femininity may be incongruent with other roles, in particular sexual attractiveness and working

identity (Bailey, 2001; Hodgkinson et al., 2014). The role transition during pregnancy may cause conflict, as the changing body contradicts ideals of feminine beauty, yet is necessary for successful “mothering” (Chang et al., 2006, p.151), with women struggling to meet the ideals of both their identity as a mother, and that as a sexual woman. For example, it has been suggested that during pregnancy women are desexualized (Bailey, 2001; Johnson et al., 2004) and viewed as “functional producers of the next generation” (Johnson et al., 2004, p.368). In fact, Nash (2012) discussed one participant who expressed that she felt like she was viewed as an “incubator” (p.249). Women may then feel less attractive during pregnancy than they did prior to pregnancy (Skouteris et al., 2005). It is argued then, that many of the contradictory findings in studies are a reflection of “the very real contradictory reactions pregnant women have to their bodies when the changes that indicate healthy infant development (good mothering) oppose the physical ideals of femininity and sexual attractiveness they have held for most of their lives” (Chang et al., 2006, p.152).

Furthermore, the obvious nature of body changes during pregnancy may cause women to feel that they will be viewed differently at work, with their femininity becoming obvious for the first time in their career (Bailey, 1999). Women who feel more masculine at work may even consider motherhood to be detrimental to their career because they fear being seen as ‘mothers’ who move their attention into motherhood, rather than remaining dedicated workers (Hodgkinson et al., 2014).

Women may also struggle with the loss of the pre-pregnancy self and the emergence of a new self as a mother (Patel et al., 2005; Upton & Han, 2013). During pregnancy, women may feel their identity is altered (Upton & Han, 2013)

and the postpartum body may feel unfamiliar (Nash, 2015). Bailey (1999) contends that the transition to motherhood does not involve a loss of identity, but rather involves a refraction of identity whereby different aspects of identity develop and come to the fore. Nash (2015) argued that dressing in the postpartum period might influence this experience of identity, as women cannot wear clothes that they used to wear pre-pregnancy making them less able to control their image and identity. Furthermore, wearing larger size clothing, or “comfortable” clothes associated with motherhood could be viewed as incongruent with pre-pregnancy identity and social status (Nash, 2015, p.30).

The transition into motherhood may also influence how important body concerns are to women, as they may undergo a reprioritization of body image below other concerns (Clark et al., 2009a; Ogle et al., 2011; Patel et al., 2005). For example, some women in Clark and colleagues’ study (2009a) described not having time to worry about their appearance, as other demands that come with being a mother took precedence using up most of their time and energy. Ogle and colleagues (2011) also found that body image could be prioritized below motherhood as several women described being unable to restrict their diet to lose weight, as they needed to breastfeed. This is described as implicitly prioritizing the child’s needs over body projects to reclaim the pre-pregnancy figure (Ogle et al., 2011). This may mean that while women experience BID in the postpartum, it may not be that important to them. For example, in Walker’s (1998) longitudinal survey of new mothers (n=227), 40% of women expressed some satisfaction with the body, and while the majority expressed dissatisfaction 40% of this dissatisfaction was mild and only 8% actually exhibited distress about their weight.

To understand how women prioritize feelings about their body in relation to other aspects of life and motherhood, Jordan, Capdevila, and Johnson (2005), conducted a study using Q methodology. Women (n=20) who had children no older than 3 years were asked to sort a series of statements into a grid, where they were able to prioritize statements they felt most positively about. Analysis then involved assessing where each statement had been placed in relation to the other statements. In their analysis, Jordan and colleagues (2005) found that body image concern was varied across five different narratives; other factors such as family, stress, and other changes that accompany motherhood were identified as being associated with women's body image concerns. Body image was not a concern at all, or was very low rated in most of the narratives as family or children were prioritized. However, BID was important in two narratives. *Family centered* mothers were dissatisfied with their bodies, but still felt their children were more important. *Stressed* mothers were unhappy with their bodies, as well as being unhappy more generally with other aspects of their lives (Jordan et al., 2005).

Thus, it appears other factors in women's postpartum lives influence whether they are concerned with their body image, and how important this concern is in relation to other aspects of their lives. Indeed, Clark and others (2009a) found that 8 of 10 of their postpartum participants did not link body concerns to negative changes in mood, despite all women expressing dissatisfaction with their bodies.

Social interactions

Sociocultural factors are also likely to influence the way that women feel about their bodies during pregnancy. These factors include teasing about appearance, support from others, and pressure to be small. In quantitative studies

small to moderate effect sizes have consistently been demonstrated for these factors (Fuller-Tyszkiewicz, Skouteris, Watson & Hill, 2012).

Support & reactions of others

Support from others such as family and friends has been found to help women adapt positively to the changes they experience (Fuller-Tyszkiewicz et al., 2012; Seibold, 2004). In particular, support from mothers (Seibold, 2004) and partners have been highlighted as important in women's experience of pregnancy (Chang et al., 2006; Hodgkinson et al., 2014; Nash, 2012), and the postpartum (Hodgkinson et al., 2014; Ogle et al., 2011).

Partners

Partners' reactions have the potential to influence whether women feel attractive (Hodgkinson et al., 2014). Ogle and colleagues' (2011) interviews with married heterosexual couples in the postpartum found that husbands' reassurances and encouragement were perceived by wives as affirming and supportive. In particular, reminding their wives that they had just given birth and were not responsible for the way they looked helped to reduce women's anxieties.

On the other hand, a lack of support or understanding could have an adverse effect on women's feelings. This did not come up often in the literature, but there were a few cases where negative reactions from partners were found to cause distress (Seibold, 2004) and negatively influence self-esteem (Nash, 2012). For example, in Nash's (2012) study one wife spoke about how her husband's dissatisfaction with her postpartum body made her feel as though she needed to lose weight to be confident in her appearance again.

There is also potential that women may be concerned about the reactions of their partner, which may cause distress, as Chang and colleagues (2006) found

that women were often worried about the way their husband would react to their changing body. However, this was the only study that addressed this experience in more than a single case, so more research is needed on this aspect before any conclusions can be made.

It was interesting to note that Ogle and colleagues' (2011) study found that husbands often desired that their wife return to an approximation of her pre-pregnancy figure, yet they kept these sentiments to themselves as they did not want to hurt their wife. This suggests that husbands may realise the impact that their reactions have on their wives, and act supportive despite any contrary feelings they may have. It is unclear if this is a common theme among husbands as research is limited, and most research on experiences of body image does not include husbands or partners. For example, in a study of Turkish women (n=440) in the first year postpartum it was found that 79.1% of women felt their husbands had a positive attitude toward their postpartum body. However, there was no direct assessment of husbands' attitudes (Erbil, Senkul, Basara, Saglam & Gezer, 2012). Thus, husbands' 'real' attitudes could be an area for future study, as Ogle and colleagues' findings warrant more exploration.

General others- family, friends & strangers

Multiple studies have found that women experience reactions from others, such as friends, family, and strangers throughout pregnancy. These reactions include comments about the size and shape of the body, which are not usually considered appropriate outside of pregnancy (Upton & Han, 2003). Such comments are sometimes enjoyed (Hodgkinson et al., 2014; Johnson et al., 2004), but other times considered intrusive (Bailey, 2001; Johnson et al., 2004). Women often also experience others wanting to touch their pregnant abdomen (Upton &

Han, 2003). This increased attention can leave women feeling like they have become ‘public property’ (Bailey, 1999; Hodgkinson et al., 2014) or a “public spectacle” (Nash, 2014, p.249). This can have a range of impacts from annoyance and embarrassment, to worrying about whether their pregnancy is developing properly (Bondas & Eriksson, 2001). Clark and colleagues (2009a) found that even one negative comment is able to have a substantial impact. It is also suggested that teasing can negatively influence body image; however, it appears to be a relatively uncommon occurrence (Fuller-Tyszkiewicz et al., 2012; Skouteris et al., 2005).

In contrast, in the postpartum period it has been argued that the body is no longer as public (Upton & Han, 2003). However, the postpartum body may attract the attention of others, as public ideologies and social expectations exist for women to get their pre-pregnancy body back (Upton & Han, 2003; Hodgkinson et al., 2014). Indeed, this may influence women’s desire to regain their pre-pregnancy body in the postpartum. This was discussed earlier in the section *Desire to regain the pre-pregnancy body*.

Health professionals

During pregnancy, comments and advice from medical professionals may also influence feelings about the body, for the positive or the negative (Wiles, 1994). Some say pregnancy and childbirth have become “medical events” (Johnson et al., 2004, p.370) whereby health professionals control what is considered normal and where weight gain is considered a risk factor for adverse outcomes (Nash, 2012). Weight is often a focus in medical checkups, and recommendations are given to women around suitable weight gain (Nash, 2012; Wiles, 1994). This increased scrutiny of the pregnant body contributes to a

struggle for control that some women may experience (Carter, 2010), although this may depend on the type of medical care received. This was discussed earlier in the section *Loss of control*.

Most research has not discussed the direct influence of other people in the postpartum, except husbands, so little is known about how postpartum women experience reactions of other people, whether they receive comments about their shape/size and how they may respond to such comments. One study focused on women with different degrees of eating disorder pathology (Patel et al., 2005) and found that women reacted differently to experiences with other people, depending on whether they had an eating disorder, were at risk of developing an eating disorder, or were in a comparison group with no concerns. In particular, women at risk of an eating disorder were more sensitive, and women with an eating disorder were more likely to view experiences negatively. Further, some women in Ogle and colleagues' (2011) study reported that they avoided interacting with other people altogether until they had lost weight, as they wanted to avoid perceived stigma associated with still being overweight.

Thus, it appears interactions with others may have the potential to influence women's experiences, depending on the how the interaction occurs, and how it is perceived. However, research is limited and further analysis of this topic would be beneficial.

Social comparisons

Social comparisons occur when women compare themselves to other women, whether upwards to women they consider being 'better', or downwards to women they consider being 'worse' (Leahey et al., 2007). It is argued that upwards comparisons are often associated with negative feelings as women feel

they are inadequate, whereas downward comparisons are associated with positive feelings (Leahey et al., 2007).

Social comparisons may play a role in the way women feel about their bodies, as they compare their pregnancy to that of other women (Bondas & Eriksson, 2001; Chang et al., 2006; Nash, 2012; Skouteris et al., 2005). In particular, women may compare the size of their body to other women's bodies to try to ascertain if they are developing 'normally', if they are big enough, and if their baby is likely to be healthy (Bondas & Eriksson, 2001; Chang et al., 2006). Women may then become anxious if they think they are too 'small' compared to other women (Bondas & Eriksson, 2001). It has also been suggested that engagement in social comparisons may be associated with greater salience of body image, as Skouteris and colleagues (2005) found that engaging in body comparisons in early pregnancy was a significant predictor of considering weight and shape as more salient in late pregnancy (Skouteris et al., 2005). However, it may be that those who consider body image more salient are already more likely to engage in social comparisons, or that another factor influences both.

In particular, social comparisons with sisters are argued to be influential in the development of pre-pregnancy body image, and could be influential during pregnancy, with findings that women may compare their weight gain to that of a sister (Nash, 2012). Nash (2012) argues this is due to sisters being more realistic comparison targets than others such as celebrities.

Little research could be found that assessed social comparisons in the postpartum period. However, in their analysis of predictors of postpartum BID, Rallis and colleagues (2007) did find that tendency to engage in social comparisons at one-year postpartum predicted body image of different kinds

including feeling fat; strength and fitness; and the salience of weight and shape. However, they did not assess how women were making comparisons and to whom these comparisons were made.

Celebrity/Media

It is proposed that comparison to images in the media has an effect on body image concerns, particularly if pregnant women compare themselves to celebrities in the media (Krisjanous, Richard and Gazley, 2014). In this vein, literature on body image has found non-celebrity women tend to compare themselves to women in the media, and that if these comparisons are upwards they are associated with stronger internalization of ideals of thinness and increased BID (Engeln-Maddox, 2005). Research focusing on pregnancy and postpartum is limited, but one such study found that pregnant women who were interested in the lives of pregnant celebrities were more likely to worry about their own weight gain (Krisjanous et al., 2014). Indeed, pregnant celebrities are often a focus in the media, with their pregnant bodies presented to be evaluated (Sha & Kirkman, 2009) in a process that has been referred to as “bump watching” (Krisjanous et al., 2014, p.760). Yet, these celebrities’ pregnant bodies do not represent the norm, as they tend to only gain weight in their ‘bump’ (Hine, 2013; Krisjanous et al., 2014), but are utilized as a source of comparison to help women determine what to expect in their pregnancy (Krisjanous et al., 2014; Sha & Kirkman, 2009).

Similarly, in the postpartum women may compare themselves to post-pregnant celebrities in the media. As discussed earlier in the section *Desire to regain the pre-pregnancy body* the media presents images of slim postpartum celebrities as ideal standards. These celebrity women become role models for

normal, everyday women and influence expectations for the postpartum body (Chae, 2014; Roth et al., 2012). It is argued then, that media may influence women's BID as they engage in social comparisons with these celebrities, as well as other non-celebrity women (Chae, 2014). For example, Chae (2014) surveyed Korean women (n=345) in the first year postpartum and found a positive association between interest in postpartum celebrities and social comparison behaviour which is then positively associated with BID. Further, these relationships were mediated by public self-consciousness, the tendency to wonder what others think of you. This suggests that celebrity media may potentially be more damaging to women who worry more about what others think of them (Chae, 2014). This study focused on Korean women so should be interpreted with caution, although Chae (2014) does argue that postpartum celebrity culture in Korea is very similar to that of western cultures.

Research is very limited in this area, and more research would be beneficial to determine the way the media may affect women, their engagement in social comparisons, and their subsequent experiences of body image throughout pregnancy and the postpartum.

Body histories & pre-pregnancy attitudes

Pre-pregnancy attitudes or concerns about weight and shape may continue throughout pregnancy and the postpartum, and influence the way women experience their body image (Devine, Bove & Olson, 2000; Duncombe et al., 2008; Fairburn & Welch, 1990; Skouteris et al., 2005). For example, Skouteris and colleagues' (2005) findings support the idea of stable body image across pregnancy, with body image early in pregnancy predicting body image at later pregnancy, and with pre-pregnancy body image being the strongest predictor of

body image during pregnancy. Rallis and colleagues' (2007) extension of the study by Skouteris and colleagues (2005) also found that previous body image was the strongest predictor of BID in the postpartum.

In further support of this notion, multiple interviews (n=36), exploring how women experience weight and lifestyle changes through pregnancy and the first year postpartum, found that pre-pregnancy attitudes and behaviour have a strong influence on postpartum habits (Devine et al., 2000). Weight, diet, and physical activity attitudes were organized into four trajectories; "relaxed maintenance" "exercise" "determined" and "unhurried" (p.570). As the majority of participants resumed pre-pregnancy trajectories in the postpartum Devine and colleagues, (2000) concluded that:

Women's body weight, diet, and physical activity trajectories across pregnancy and the postpartum period demonstrated a striking pattern of continuity and momentum in behaviors and attitudes across a major life transition. (P.577)

However, a subgroup of four women did diverge from their trajectory in the postpartum. These women's attitudes and behaviour changed in the first postpartum year, but were almost back to pre-pregnancy levels by the end of the year. In contrast, a further four women diverged from their trajectory completely.

Thus, body histories may influence the way changes are perceived during pregnancy, as well as the postpartum. Indeed, Nash (2012) argues that a history of successful weight loss may influence whether bodily changes are experienced as frightening or as liberating in early pregnancy. Further, in Nash's (2012) study women who gained weight in excess of an amount previously lost experienced guilt. However, many studies have not considered pre-pregnancy attitudes, which

makes it difficult to determine how attitudes may continue or change during pregnancy and the postpartum.

Disordered Eating

A history of disordered eating may also have an impact on the way body shape changes are experienced throughout pregnancy. It is suggested that women with a prior eating disorder may be more concerned and anxious about gaining weight during pregnancy (Earle, 2003; Swann, Holle, Torgersen, Gendall, Reichborn-Kjennerud & Bulik, 2009; Ward, 2008). For example, in the Norwegian mother and child cohort study it was found that among the pregnant women in the study (n=35,929) those with an eating disorder (n=2,187) were more concerned about gaining weight during pregnancy (Swann et al., 2009).

On the other hand, it has been found that disordered eating symptoms improve during pregnancy (Clark & Ogden, 1999; Crow, Agras, Crosby, Halmi & Mitchell., 2008; Davies & Wardle, 1994; Micali, Treasure & Simonoff, 2007; Rocco, Orbitello, Perini, Pera, Ciano & Balestrieri, 2005; Ward, 2008). Some have suggested this is due to a decrease in concern about weight (Clark & Ogden, 1999; Davies & Wardle, 1994; Micali et al., 2007). In a large community-based cohort study (n=12, 254) Micali and colleagues (2007), argue that symptoms of eating disorder are still present in pregnant women with recent (n=57) and past (n=395) histories of eating disorder, though at lower levels than pre-pregnancy. In particular, shape and weight concerns improve in women with a recent eating disorder, but remain higher than women without an eating disorder. Reasons for the improvement in symptoms are unclear, it could be that symptoms improve due to the unique time of pregnancy where motherhood is prioritized, where women face increased support, and less demands (Rocco et al., 2005).

In contrast, a questionnaire based study of postpartum women (n=454) of whom 11.5% reported a history of eating disorder found no differences between women with a history of ED and controls in regards to feelings towards the pregnant body (Larsson & Andersson-Ellstrom, 2003).

It has also been suggested that eating disorders may be related to the way women adapt to their maternal bodies in the postpartum period (Patel et al., 2005). In their interviews with women who had differing degrees of eating disorder symptomology Patel and associates, (2005) found that all mothers felt negatively about their appearance, but that the level of distress they experienced was associated with their degree of symptomology. For example, many mothers expressed a sense of loss of youth in their descriptions of their changed maternal body, but how they dealt with this loss of identity and emergence of a new identity differed. Women with no concerns resolved feelings of loss through a change in priorities, with their infant put ahead of themselves. Women at risk of developing an eating disorder struggled more with changing their priorities and expressed some concern over their new maternal appearance. Finally, women with eating disorders appeared to reject their new maternal appearance and expressed strong desires to return to their pre-pregnancy appearance (Patel et al., 2005). Thus, degree of eating disorder pathology may influence whether women struggle to adapt to their changed maternal appearance and the extent to which they wish to regain their pre-pregnancy figure. However, this study only included participants from 2-6 months postpartum. Given that other studies have suggested BID changes during the postpartum (Gjerdingen et al., 2009; Rallis et al., 2007) it is unclear whether these views would continue or change, particularly in the group with no concerns at this time point.

It is unclear how eating disorders may affect the experience of body image throughout pregnancy and the postpartum, as limited research focuses specifically on this particular issue. Most research thus far focuses on the course of eating disorders throughout pregnancy and postpartum, without a specific focus on assessing the way body image is experienced. This makes it difficult to ascertain how trends in body image and eating disorders are related during this time. Especially in the postpartum period where only one study could be located (Patel et al., 2005).

Depression

A history of depression may also influence the experience of body shape change during pregnancy. Body image during pregnancy and the postpartum has been associated with symptoms of depression. Research suggests an inverse relationship with lower levels of body image *satisfaction* (higher BID) associated with higher levels of depressive symptoms (Clark et al., 2009b; Downs, DiNallo & Kirner, 2008; Duncombe et al., 2008; Rallis et al., 2007; Rauff & Downs, 2011; Silveira, Ertel, Dole & Chasan-Taber, 2015; Skouteris et al., 2005; Sweeny & Fingerhut, 2013). However, there is evidence to suggest this relationship may be bidirectional.

Some research has focused on the relationship between depression and the onset of body image concerns during pregnancy (Downs et al 2008; Skouteris et al 2005) and the postpartum (Rallis et al., 2007; Clark et al., 2009b; Gjerdingen et al., 2009b). For example, Downs and colleagues (2008) found that among pregnant women (n=230) depressive symptoms in the first trimester were associated with lower levels of body image *satisfaction* at subsequent trimesters. Additionally, a longitudinal study of women (n=116) that took measures at two

time points during pregnancy (17-21 weeks, 32-35 weeks) and at three points in the postpartum (6 weeks, 6 months, 12 months), found that depressive symptoms in late pregnancy (32-35 weeks) predicted BID at 6 weeks postpartum and feeling fat up to 12 months postpartum (Clark et al 2009b). However, in a meta-analysis it is argued that the research findings on the association between depression and the subsequent development of BID are less consistent than the findings are for the relationship between body image concerns and the following onset of depression (Silveira et al., 2015).

Many studies have found a relationship between BID and the onset of depression. This association has been found during pregnancy (Duncombe et al., 2008; Rauff & Downs, 2011). For example, Rauff and Downs (2011) study of women (n=151) who completed measures in all three trimesters of pregnancy found that higher body image *satisfaction* at earlier trimesters was associated with higher body image *satisfaction* (lower BID) and less depressive symptoms at later trimesters. In addition, this association has been found in the postpartum period (Downs et al 2008; Sweeny & Fingerhut, 2013). Indeed, in a recent systematic review of the literature by Silveira and colleagues (2015) it was found that BID was consistently associated with the onset of depressive symptoms in prenatal and postnatal periods, although these associations were weak.

It is difficult to gain an understanding of these relationships as many of these studies used differing measures to assess depression or body image attitudes and often took measures at different time points (Silveira et al., 2015). These relationships will become clearer as more research is conducted in the area. It must also be highlighted that these studies suggest a relationship and cannot

confirm that this relationship is causal. It could be that another factor influences both depression and BID.

Body Mass Index (BMI)/ Weight

It has been suggested that actual weight may play a role in women's experiences of body image, with some evidence that women who gained more weight during pregnancy experienced worse body image attitudes (DiPietro, Millet, Costigan, Gurewitsch & Caulfiend, 2003; Rallis et al., 2007). Similarly, in the postpartum, there is evidence to suggest that higher weight is related to greater BID and distress (Gjerdingen et al., 2009; Jenkin & Tiggemann, 1997; Walker, 1998). However, no conclusions can be made about exactly how weight may affect body image as findings have been inconsistent (Fuller-Tyszkiewicz et al., 2012; Skouteris et al., 2005). For example, Walker (1998) conducted a longitudinal survey of women (n=227) and found that higher pre-pregnancy BMI and greater weight gain during pregnancy were associated with distress about weight in the postpartum. This distress was then related to higher BID, but there were discrepancies. For example, when looking at individual cases weight related distress was experienced by a variety of different sized women, ranging from normal to obese (Walker, 1998). Thus, considering the existing findings, it cannot be assumed that weight is related to feelings of BID or distress, but more research would be beneficial.

Gaps in the Literature

The research on body image during pregnancy and in the postpartum typically has culturally restricted samples from western countries with middle-class women who are well educated, Caucasian and in long-term relationships. This is similar to the sample recruited for this study, but it does make

understanding body image during and after pregnancy more holistically difficult, as it is unclear how experiences may differ across different groups of people, and in different parts of the world.

Further, as will have become apparent throughout this review, the time points at which measures are taken differ across studies. This is helpful in suggesting different experiences at specific periods, but with the limited amount of research available it is difficult to compare findings and draw conclusions around experiences of body image at various points during gestation or postpartum. Some studies are also restricted to measures taken at just one time point, which may mean relying on retrospective reporting of either pre-pregnancy attitudes and behaviour or their earlier experiences of pregnancy/postpartum. Additionally, many studies did not formally assess or discuss pre-pregnancy attitudes and behaviour, which makes it hard to determine the extent of influences on body image.

The variety of findings may also be influenced by the range of different measures that were used across studies. Some studies use body image measures that are specific to, or adapted for pregnancy or the postpartum, yet others use general measures of body image. In some cases authors considered their reliability for use with pregnant/postpartum women, but other times not. Clark and colleagues (2009a) argue that the use of general measures of body image in quantitative studies so far is inappropriate, as these measures focus on aesthetics aspects of appearance, but the body is experienced as more than just aesthetic during pregnancy. Factors such as focusing on health; realizing changes are temporary; accepting some changes more than others; and considering aspects of femininity and motherhood are involved in the experience of body image during

pregnancy (Clark et al., 2009a). These factors have been discussed more across the qualitative literature.

Finally, this is a slowly developing research area, so many studies included in this literature review are quite dated, and the cultural landscape may have changed over time.

Summary

As discussed, there has been a wide range of findings in regards to the way women experience body image during pregnancy and in the postpartum. Overall, studies have suggested that some women are able to adapt well to bodily changes during pregnancy, whereas other women react more negatively. Furthermore, the same women may react positively to some aspects, and negatively to others. This diversity in findings suggest that women react to changes depending on a wide range of other factors, not limited to aesthetics. However, it is hard to draw any conclusions about these factors due to a lack of research, and the wide range focuses, designs, and measurements in the existing research.

The potential for BID is concerning as it is associated with a range of negative health outcomes such as depression, low self-esteem, anxiety, obesity, and unhealthy eating restraint. These outcomes then have the potential to influence fetal development during pregnancy and child development during the postpartum (Skouteris, 2012). Therefore, understanding the factors that influence whether women adapt positively or negatively to pregnancy and the postpartum is important.

There is an absence of research based in New Zealand, so research such as this study will help to broaden understanding of this period of substantial change in New Zealand women's lives. It could also contribute to the development of

knowledge to inform prevention and intervention to help foster positive body image, and in turn positive outcomes.

Aims of this Study

This research aims to explore experiences of body image during and after pregnancy among a group of New Zealand women. The study has two focuses:

1. What do women think and feel about changes to their body shape/size during pregnancy?
2. What do women think influences how they feel about their body? What are their perceptions of the factors that influence their body image?

Chapter Three: Method

This chapter details the methods used for this research study. The chosen qualitative approach is described and justified. The process of recruiting participants is explained and demographic information about participants included in the study is described. Ethical issues that were considered in this research are outlined. Procedures that were followed for organising, facilitating, transcribing, and analysing the interviews are discussed.

Qualitative Approach

A qualitative research design was chosen for in-depth information to be sought regarding women's experiences of body changes and body image during pregnancy and in the postpartum. Taking a flexible qualitative approach meant women were able to share their unique experiences and to introduce new ideas and meanings (Rubin & Rubin, 2012). By interviewing women using a semi-structured interview guide (Appendix A), I was able to gain insight into how each woman felt about changes to her body and why. Additionally, the process of talking about the topic itself helped encourage the participants to think about things that they had not thought about before, creating new ideas (Curtis & Curtis, 2011).

The theoretical perspective taken in this analysis was one of critical realism to "acknowledge the ways individuals make meaning of their experience and, in turn, the ways the broader social context impinges on those meanings" (Braun & Clarke, 2006, p.81). With this in mind, it was understood that whilst there was interaction and the creation of knowledge in the interview, the participants still came to the interview with their own histories and understandings (Curtis & Curtis, 2011).

As is the nature of qualitative research, the findings from this specific group of participants' can provide an in-depth insight into personal experience, in this case, body image. This means the findings may also be used for "analytic generalization" (Yin, 2011, p.100) whereby the emergent ideas may contribute to the logical development of ideas, concepts, theories and hypotheses which may be applied and tested in similar contexts (Yin, 2011).

Participants were chosen purposively with the intention of gaining a range of participants, to provide a variety of perspectives to create a rich pool of information to understand experiences of body image during and after pregnancy (Thomas & Hodges, 2010). Recruitment material advertised for women who either were in their third trimester of pregnancy (at least 27 weeks) or had had a baby in the last 12 months. These target criteria helped to access pregnant women in the midst of experiencing physical changes of pregnancy, as well as women who had given birth who would have experiences of both pregnancy and the postpartum fresh in their minds. The advertised criteria also specified that participants should be at least 18. The primary researcher chose to focus the research on adult participants as the issues and experiences of adolescent pregnancy might be different from those of adults.

Recruitment Methods

The participants were invited to take part in the research through research posters (Appendix B), emails (Appendix C), social media (Appendix D), and a press release (Appendix E). Firstly, a research poster was put up in the School of Psychology at the University of Waikato, was given to the organizer of an antenatal class to share, and was emailed to community organisations including the Waikato Family Centre and Hamilton Central Plunket Clinic.

Secondly, the administrators of community pages on Facebook were contacted through Facebook Messenger and sent a research poster that they were asked to share on the pages for which they were responsible. These Facebook pages were: Mum to Mum Waikato, New Mums n Bubs Waikato, Farming Mums NZ, Hamilton Stay at Home Mums, Hamilton Mothers Group, Mum 2 Mums Tauranga, Solo Mums in Tauranga, Young Mums Playgroup Tauranga, Tauranga Mums Social Group, Tauranga Mums & Mums to be, Young Mums & Mums to be, Mums/Mums to be Advice & Support. These groups were identified through a Facebook search with combinations of the keywords: Hamilton, Waikato, Tauranga, Bay of Plenty, Mums, New Mums, Mothers, and Mums to be.

Thirdly, the research poster was shared through my own social networks on Facebook, with a post that summarized the research and asked people to share the research with anyone they knew who may fit the criteria.

Finally, a press release (Appendix E) was created with the help of the Marketing and Communications Coordinator for the Faculty of Arts and Social Sciences at Waikato University, which was published on the university website and sent to the Waikato related media contacts that were held on file.

As a result, 41 women expressed their interest in the study, and subsequently 16 women were included in the study, 5 pregnant women and 11 postpartum women. The 25 women who were not interviewed included one who did not meet the criteria as her child was 3 years old, 2 who were not located within the area I could travel to, 4 who did not respond to follow up contact, and 18 who made contact after the interviews had been completed. After the 16th interview, it was decided that the project had reached a point of data saturation whereby the same general themes were coming up in subsequent interviews and

further interviews were not giving any significantly new insights (Curtis & Curtis, 2011). The study could have benefited from the inclusion of more pregnant women. However, it was difficult to recruit women who were in the last stages of pregnancy and all the women who contacted me who were pregnant were included in the study.

Participants

Sixteen women were included in the study. All except one of these women met the advertised criteria. The woman who differed from the criteria had given birth 14 months previously, rather than within 12 months. However, it was felt she could still be included in the study as she had still given birth recently, had experienced pregnancy and postpartum six times and was eager to share her experiences.

The women who participated were aged 18-38. The majority of the women who participated identified as NZ European/Pakeha/Caucasian. Two women identified with multiple ethnicities. The women were well educated with a range of different levels of education beyond secondary school from polytechnic diplomas to graduate degrees. Most participants were also either pregnant or postpartum with their first child. Participants also engaged in a range of occupations with the majority of women engaged in full time work. This information is presented in Table 1.

Table 1. Demographic Characteristics of Participants.

	Pregnant (n=5)	Postpartum (n=11)
<u>Age</u>		
18-22	1	3
23-27	1	0
28-32	2	6
33-38	1	2
<u>Mean Weeks Gestation (range)</u>	31.6 (27-38)	
<u>Mean Months Postpartum (range)</u>	6.3 (1-14)	
<u>Ethnicity</u>		
NZ Euro/Pakeha/Caucasian	4	8
New Zealander'	1	1
Maori	0	1
Samoan	1	1
English	0	1
<u>Highest Education</u>		
Polytechnic	1	5
Part undergraduate	0	2
Undergraduate	1	3
Graduate	3	1
<u>Number of Children</u>		
First child	4	7
Second child	1	2
Third child or more	0	2
<u>Primary Occupation</u>		
Professional	3	3
Service industry	0	2
Primary industries	0	1
At home	1	3
Studying	1	2

Ethical Issues

The research materials and procedure gained ethical approval from the School of Psychology Human Research Ethics Committee at the University of Waikato and was conducted under the supervision of two psychology lecturers. The research followed the *Code of Ethics: For Psychologists Working in Aotearoa/New Zealand* (NZ Psychological Society, 2002). In order to conduct an ethical study there were a number of considerations, described below.

Anonymity, privacy or confidentiality of participants

Participants were informed what would happen to their information and guaranteed that they would remain anonymous. Therefore, anything they said that could personally identify them was altered or removed. By guaranteeing anonymity, it was hoped they would share more openly and honestly about their experience.

Sensitivity to the culture of participants

It was important to be sensitive to the culture of participants, especially if that differed to my own. In particular, I (the primary researcher) needed to respect the rights of Maori (NZ Psychological Society, 2002) and ensure that none of the questions or procedures would be harmful, distressing, or offensive to any Maori participants. In order to make sure this study was culturally sensitive; supervision was consulted throughout the development of the interview materials and schedule. Additionally, the cultural sensitivity of the project was assessed by the members of the School of Psychology ethics committee who gave the project ethical approval.

Informed consent

At the start of the interview, participants were given a consent form (Appendix F) and an information sheet (Appendix G) which they had already been emailed prior. I checked their understanding by verbally going over some of the points, including anonymity, right to refuse to answer any questions, how they could modify their transcripts, and limits to when they could withdraw from the study. All participants were invited to ask any questions at any point. Confirming that participants understood the research process aided in minimizing the risk of distress to participants (Morse, Niehaus, Varnhagen, Austen & McIntosh, 2008).

Potential harm/distress to participants

Talking about one's body can be a sensitive topic, particularly if women experience dissatisfaction or distress about their body. To help mitigate the risk of participants experiencing distress during the interview, it was necessary to ensure participants understood the research process, as discussed above. A list of available community services was also provided on the information sheet (Appendix G) (Morse et al., 2008). It was essential to remain observant during the interview so that if a participant became distressed they could be offered a break or to stop the interview to reduce the potential harm. This occurred on one occasion, so the participant was offered a break and reminded that she could skip questions or end the interview. This participant then chose to skip the question due to the sensitive nature of her answer, and continued with the rest of the interview. However, I remained vigilant for any further signs of distress, and reminded her of the list of community services provided on the information sheet.

Participants access to findings

Participants who indicated they would like to see the research findings on their consent form were sent a summary of the findings (Appendix H) in order to “value and respect their contribution” (NZ Psychological Society, 2002, p.19).

Procedure

Participant recruitment

Initially when participants began making contact through email, Facebook, phone or text I organized to send them the information sheet and consent form so they could find out what participation in the study involved. At this point women were encouraged to read the materials and ask any questions, then make contact again to organize an interview. This process worked well for some participants, but others did not make further contact to organize an interview. In these cases, one week after sending the materials, a follow up email, text, phone call or message was sent to these women to ask if they had read it, had any questions, or if they would like to organize an interview. Some women chose to organize an interview after reading the information. However, other women had not read the information. Therefore, at this point I explained the key information (either through text or on the phone) including anonymity, how long it would take, that they do not have to answer all the questions, and that it would be audio recorded and typed with a chance to modify anything they said. After explaining these to the participants, they were happy to organize an interview.

After a few interviews, the process was changed slightly so that when I sent the research materials I also explained the key points to each potential participant in the body of the email so they did not have to read the attached materials to get the information. Providing the key information in the body of the

email appeared more effective than expecting them to download a document. However, participants were strongly encouraged to read the more detailed information sheet attached before attending the interview.

Interviews were organized to take place at a time and location convenient to the participant. Eight took place at participants' homes, five took place in a private room at the university, and three took place in a café. Many of the participants were new mothers and their babies were present in the interview. When organizing the location I made sure it was private so that no one could overhear what we were talking about, and that it was easy to see each other and talk (Davies, 2010).

Facilitating the interviews

The interviews were semi-structured and followed a flexible interview guide (Appendix A). Body image can be a sensitive topic, so individual interviews gave women the opportunity to share their unique personal experiences privately with me. The semi-structured nature of the interviews meant they were not restricted to a set of predetermined questions, rather questions could be altered, asked in a different order, or new questions could be created to follow interesting points as they arose (Rubin & Rubin, 2012; Smith & Bowers-Brown, 2010). This flexibility allowed for a greater understanding of the participant's experience and for a more natural flow of conversation as questions could be asked as the participant spoke about a particular topic (Smith & Bowers-Brown, 2010). This meant the interviews were more conversational in nature, and differed between participants.

Despite the interviews being conversational, I still had a role to play in directing the interview. The nature of qualitative interviews means that each

interview will differ from the next, as each participant has a different story to tell and interacts with the interviewer in different ways. In particular, the characteristics of the interviewer including sex, ethnicity, clothing and agreeableness, can have an effect on what participants chose to share (Davies, 2010). In addition, the way the interviewer and participant interact actively influences the knowledge that is produced in the interview (Curtis & Curtis, 2011). This interaction effect can be reduced by trying to respond neutrally (Davies, 2010) though it can never truly be removed.

In order to encourage women to share their experiences openly and honestly a good relationship was maintained throughout the interview by creating rapport. I made sure the participant was comfortable, showed interest in their answers, and encouraged them to share their experiences (Curtis & Curtis, 2011; Leech, 2002). I asked one question at a time, allowed the participants' answers to guide the direction of the interview, tried not to give biased responses, and decided during the interview when to probe and follow interesting lines of thought (Yin, 2011). It was essential to make comfortable eye contact, smile, lean toward the participant (Davies, 2010), and to not appear as either too knowledgeable, or as too uninformed (Leech, 2002). The structure of the interview guide created also helped to establish rapport and encourage participants to share information with easy demographic questions at the beginning, progressing to sensitive questions throughout the interview (Leech, 2002). The majority of the schedule was made up of open questions that called for elaborate answers that meant in-depth, detailed information could be gathered (Curtis & Curtis, 2011).

Transcription

Interviews were primarily recorded using a voice recorder, and a back-up recording made on an iPhone. Interviews were recorded so that they could be transcribed. Notes were taken directly after the interview in case both recordings failed (Czarniawska, 2014), but verbatim transcriptions of the recording were used in the analysis as they are not subject to researcher bias in selecting what to record or problems with memory recall (Davies, 2010). Recording the interview meant that I could be attentive and not interrupt the flow of conversation by pausing to take notes (Davies, 2010). Despite not intending to pause for notes, on a couple of occasions notes were quickly taken when the participants used non-verbal cues or said something in a particular way, such as sarcastically, that may not have been clear on the audio.

Verbatim transcripts were chosen rather than interview summaries, where the researcher takes notes and writes out the gist of the interview. This method would have lacked detail (Smith & Davies, 2010) and would have been much more subject to researcher bias, as it is up to the interviewer to determine what was important at the time of the interview. Important points and themes could be missed completely as the researcher may not deem it important at the time, but at the time of data analysis, it could have become a significant theme.

The speech was typed out verbatim and anonymised, but not every utterance of the participant or interviewer was recorded in text. Fillers such as 'um' and 'you know' and false starts to sentences were removed as they did not contribute to the answer.

The transcription also had a column to make note of the way things were said, and any nonverbal cues. This helped to base the analysis on the way in which

things were said as Curtis and Curtis (2011) argue it is necessary to keep track of what participants actually mean. For example, whether participants are being sincere, or sarcastic. This helped to reduce the bias inherent to transcriptions which, by reducing the interview to only words do not accurately reflect the interview in its entirety, including non-verbal cues, mental states, unspoken understandings, and cultural influences (Kowal & O'Connell, 2014). An original copy of the recording was also kept for the duration of the research to be able to refer to the original audio and in case any questions about the transcription arose.

After the transcripts were finished, they were proofread and sent to participants within 2 weeks. Participants were given 2 weeks to review their interview and modify it by changing, adding, or removing anything. They were told if they did not make contact to change anything their interview would be used 'as is'. They were also reminded they would have up to a month after their interview to withdraw. No participants made any changes to their transcripts, but sending the transcripts to the participants was an important way of continuing to seek consent throughout the research process.

Thematic Analysis

Thematic analysis explored themes and patterns across the entire set of data. A theme represents a pattern that is observed within the data set. It may be prevalent and present in every interview to varying degrees, or it may be less prevalent, but provide an important insight into a certain aspect of the research area (Braun & Clarke, 2006). In this way, I let the information guide the direction of the interpretation, rather than having an idea of the themes and ideas and then looking for them. This is referred to as an inductive approach whereby the themes

and ideas come from the data itself (Braun & Clarke, 2006; Curtis & Curtis, 2011; Rubin & Rubin, 2010).

This analysis aimed to provide an in-depth overview of the entire data set, to explain the main themes that are present and provide a general understanding of the topic. This approach was chosen as the research topic is not one that is widely studied, and so a general understanding will be useful, rather than any somewhat specific focus (Braun & Clarke, 2006).

In the process of identifying themes it is vital to be aware of the role of the researcher (Braun & Clarke, 2006); while we can attempt to approach an issue in as neutral a way as possible it is not realistic to expect that the perspective of the researcher can be removed (Rubin & Rubin, 2012). The perspective of the researcher is imbedded in the identification of themes, which are subjective to their experiences and opinions. Thus, the themes were not present in the data itself (Braun & Clarke, 2006) and there could be many other ways of analyzing the data from different theoretical perspectives (Roulston, 2014).

Thematic analysis took place using the six phases described by Braun and Clarke (2006) and involved consulting with supervision, until the final analysis was decided. The six phases were:

First, “Familiarizing yourself with your data” (p.87) involved reading through all the data and starting to think about patterns and themes (Braun & Clarke, 2006).

Second, “Generating initial codes” (p.88) involved creating words or phrases to identify parts of the transcript that were meaningful or appeared to be a part of a pattern across the entire information set (Braun & Clarke, 2006).

Third, “Searching for themes” (p.89) meant looking at the data again more broadly, to see how the codes fit together under broader themes, using mind maps to start organizing the codes together to think about how the codes related to one another (Braun & Clarke, 2006). One potential problem with this step is that there is a risk a research may look for themes in the data to fit with preconceived ideas. In order minimize this risk I looked through the transcripts for contradictions to the current codes/themes I had, and also tried to be aware of any potential subjectivity I had (Roulston, 2014).

Fourth, “Reviewing themes” (p.91) meant rereading the entire set of coded transcripts to decide if the set of themes was an adequate reflection of the entire data set. This step involved some un-coding, recoding and altering of themes (Braun & Clarke, 2006).

Fifth, “Defining and naming themes” (p.92) involved analyzing what had been coded for each theme, to create a description or explanation of the theme that accurately represented the coded information. This also involved refining the scope of each theme. This was also the point at which the names for the themes were decided (Braun & Clarke, 2006).

Sixth “Producing the report” (p.93) involved writing the results chapter for the final thesis. This meant explaining the themes and using segments of text from the original transcripts to exemplify themes, to provide a logical account of the data gathered by justifying how it all fit together and what it meant (Braun & Clarke, 2006). This required going beyond exactly what was said by participants to analyse, interpret the information (Braun & Clarke, 2006), and develop arguments (Roulston, 2014).

Summary

This chapter has discussed the overall qualitative approach and the specific methods and procedures used in this study. Procedures were carefully followed to ensure an ethical study was conducted, and to help make sure that quality insights were gained from the participants. The individual semi-structured interviews with 16 women were useful in collecting a wealth of information about a specific group of women. This will help to broaden understanding of body image, and contribute to the development of theories and hypothesis about how women experience bodily changes during pregnancy and in the postpartum. The findings of this research are presented, and discussed in light of previous literature in the next chapter.

Chapter Four: Findings

The women in this study had varying attitudes towards their bodies. There were positive and negative attitudes expressed towards both the pregnant body, and the postpartum body. These reactions seemed to depend on different experiences and influences, with many women describing feeling both positively about some aspects and negatively about others. Six main themes and eighteen subthemes emerged from the analysis of the data. The first and second themes arose from the way women expressed feeling about their bodies during pregnancy. The third and fourth themes developed from the way women expressed feeling about their bodies in the postpartum period. The fifth theme describes the influence of the media and the sixth theme describes the social influences that were described when women explained why they felt the way they did about their bodies during pregnancy and the postpartum. The structure of the main themes and subthemes can be seen in Figure 1. This chapter will discuss these themes and illustrate the myriad of ways women felt about their experiences. The themes are discussed in light of the previous literature throughout, and pseudonyms are used to protect the privacy of participants.

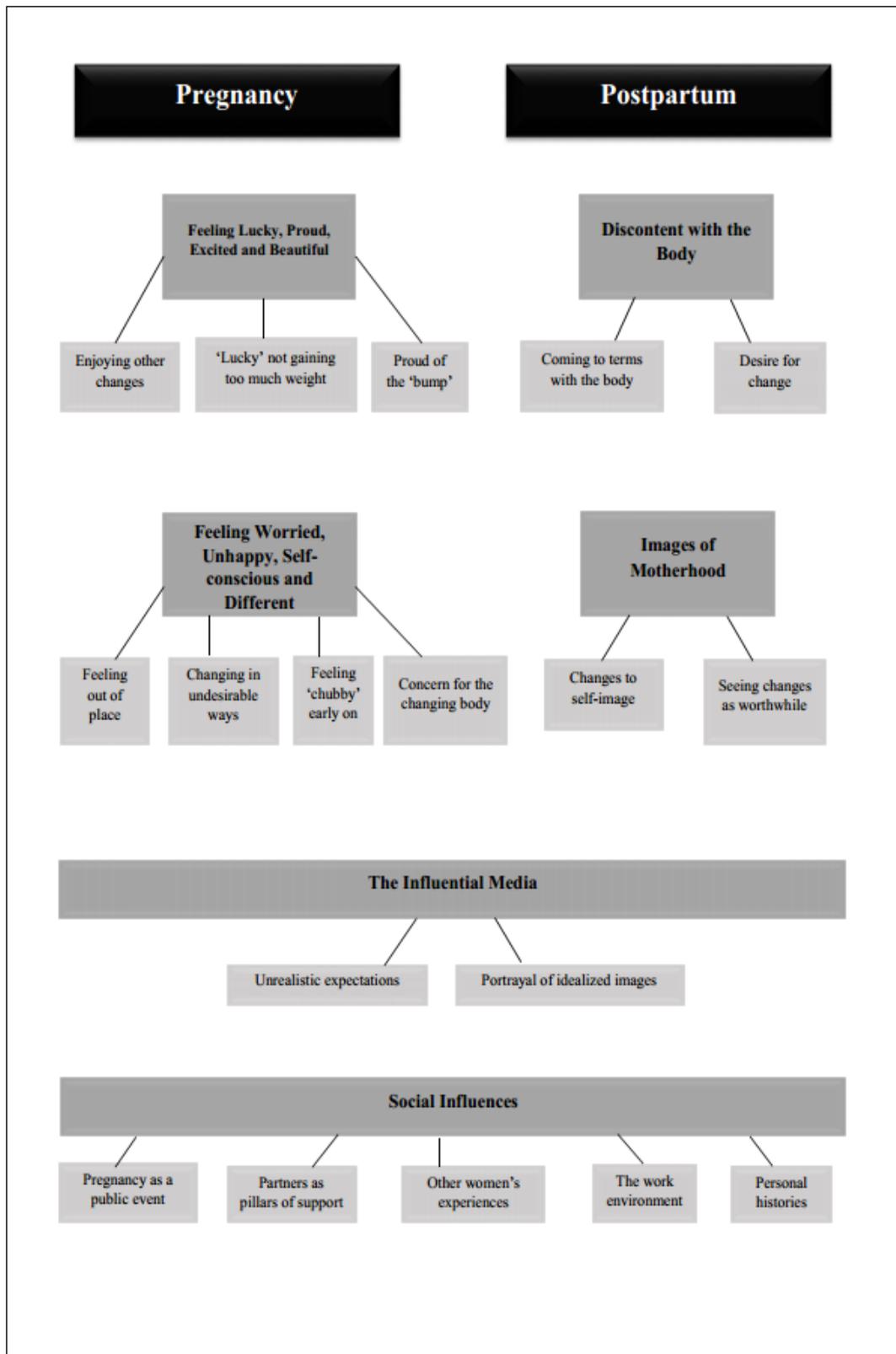


Figure 1. Main themes and subthemes as they relate to pregnancy or the postpartum.

Theme One: Feeling Lucky, Proud, Excited, and Beautiful during Pregnancy

Most women in this study felt overall positively about their bodies during pregnancy. Most of the women who expressed positive sentiments did not experience immense changes during pregnancy, such as perceived ‘excessive’ weight gains, with the exception of one who described feeling that she gained a large amount of weight, but was so happy being pregnant that she did not care. Positive attitudes that the women expressed included that they felt proud, excited, and beautiful; that they felt less concerned about their body during pregnancy than they had been before; that they loved their baby bump; and that they were glad not to put on too much weight.

Many women in this study, including both those who were currently pregnant and those who had given birth, described feeling excited and proud of their bodies during pregnancy.

Angela, whose second baby was four weeks old, expressed how much she enjoyed being pregnant:

I felt quite good being pregnant; body image wise it was quite nice. Big round belly. It is kind of hard to explain, but you just feel beautiful and healthy. (Angela)

Pregnancy was described as a purposeful and transient time, where growth and getting bigger was a positive sign that made women feel proud of their changing body. Sharon, who was nearing the end of her first pregnancy at 35 weeks, said:

It's quite beautiful. It's a natural part of a woman's body, being pregnant. So that's something that I'm quite proud

of...What you're doing is pretty amazing, growing another life so actually the growth is positive. If you weren't growing then it would be something to be concerned about. So being bigger than you usually are is something to be proud of. That you're growing another little life, rather than worrying about the way you look. (Sharon)

This purposeful change also meant that some women became less concerned about the appearance of their body. When describing why they felt happier or less concerned, women described pregnancy as a time when your body was able to change, it was supposed to change, and that the change could be considered a healthy sign. For Heather this meant she was less worried about her weight and shape:

I was always kind of focused on going to boot camp and trying to lose weight and things, and then once I got pregnant it was like that wasn't relevant anymore. So I still focused on eating healthy as much as I could when I wasn't throwing up and was trying to think about what I was putting in my body, but I was never concerned about getting bigger because I knew it was all about him... so I think my mind-set shifted and I wasn't suddenly worried about whether my thighs were too big, or the rest of me was too big, because I was too excited about the fact that my belly was getting bigger. (Heather)

This was especially the case for Evelyn, who had a history of anorexia nervosa, and described her body changing as a liberating experience for her

because it forced her to change and she began focusing more on eating properly for her baby:

Almost overnight, I have lost that worry about what I'm eating. It's what stays down. If I'm hungry, I eat. I suppose I'm putting myself second and thinking I need to make sure I'm eating meat and calcium, things like that. So I think my concern about my body has dropped significantly to what it was. (Evelyn)

For Nancy, after struggling to conceive, the function of growing a baby gave her such excitement and joy that she felt happy throughout pregnancy despite feeling that she had put on a lot of weight. In a way, the joy of pregnancy overshadowed any negative changes she experienced in her body:

I was huge, but I don't know, I was so happy to be pregnant I don't think I really cared. (Nancy)

These findings are similar to what has been discussed in previous literature whereby some women react positively to the changes during pregnancy as they are aware of the functionality of the body and view the changes as positive signals that their baby is growing (Chang et al., 2006; Clark et al., 2009a; Clark et al., 2009b; Seibold, 2004). During this time health is prioritized (Clark et al., 2009a; Clark et al., 2009b), changes are accepted as necessary (Clark et al., 2009a; Duncombe et al., 2008), and the body is viewed as existing for the baby (Bailey, 2001; Bondas & Eriksson, 2001). Women accepted the inevitability of body changes. This was obvious in the participants who were happy and proud of their pregnant bodies and were prioritizing the health of their unborn child over worrying about their appearance. This suggests that body image and the reaction

to bodily changes during pregnancy is not limited to the aesthetic value of those changes.

The finding that this theme was prominent for a participant with a history of an eating disorder is similar to previous research that has found symptoms of eating disorders improve over the course of pregnancy (Clark & Ogden, 1999; Crow et al., 2008; Davies & Wardle, 1994; Micali et al., 2007; Rocco et al., 2005; Ward, 2008). However, it contrasts with some studies that have found that women with histories of eating disorders may still be concerned about weight gain (Earle, 2003; Swann et al., 2009; Ward, 2008).

Proud of the ‘bump’

Most of the women, including some who felt more negatively about their pregnancy, expressed that they enjoyed their growing ‘baby bump’. The majority of women who enjoyed their pregnancy abdomen described loving the bump, feeling proud of it, and being excited to see it growing. It was described as being beautiful and special, as their “*little person*” (Judith) was inside it. However, it took a few women a bit of time before they enjoyed their pregnant abdomen, as they described feeling that they looked overweight rather than pregnant in the early stages of pregnancy. This is described in more detail under *Theme Two: Feeling worried, unhappy, self-conscious, and different during pregnancy*.

Some of the women enjoyed showing off their bump, with one woman wishing her bump had shown sooner, as she was proud and excited to be pregnant and wanted to share that with other people:

I think I was probably a bit disappointed that I didn't look pregnant when I felt pregnant and I didn't look pregnant so therefore people didn't naturally assume that I was and it

was something that I was quite excited about and quite proud of so I probably would have wanted to get bigger sooner. (Nicole)

This is similar to the finding by Nash (2012) who argues that an obvious bump signifies pregnancy and makes it recognisable to other people. Having a clear bump makes it easier to interact with people, as there is no longer the ambiguity around whether someone is pregnant or just overweight. Further, there is a lot of growth and change occurring inside the maternal body and the external physical evidence of pregnancy helps women to feel pregnant, whereas a lack of such obvious physical change can undermine feeling pregnant (Nash, 2012).

Another woman, who gave birth 2 months prematurely, said she picked clothes that would show off her bump and would have liked to see her “*gorgeous bump get bigger*” (Amanda). However, after experiencing their pregnancies both of these women argued that while they would have liked to get bigger for aesthetic reasons, at the same time they were happy not to as they avoided the physical discomfort of being large.

Furthermore, it appears that the growing bump is perceived positively as it is associated with the growing baby and the weight gain in this area is excused, as Shirley explained:

It's like you've got a tummy, but you've got an excuse, you've got a baby you're growing a human you're awesome. (Shirley)

This positive reaction to the changing body, along with the finding that many women were no longer as concerned about their appearance during

pregnancy could also provide support for the idea that pregnancy is a time when gaining weight and changing away from cultural ideals is legitimized (Johnson et al., 2004).

Enjoying other changes, especially bigger breasts

In addition to the baby bump, other changes described positively included less hair falling out/thicker hair, faster growing nails and larger breasts. Changes to hair and nails were mentioned by only a few women and not much emphasis was placed on these changes. They were mentioned in passing as a ‘bonus’, whereas most women emphasized the way they enjoyed gaining larger breasts, particularly if they felt they had small breasts before pregnancy.

I've always had small boobs, so it was quite nice to have them bigger. (Sharon)

A few women who commented on their larger breasts described them neutrally, usually because they already felt they were an adequate size prior to pregnancy. None of the women reported feeling negatively.

I was okay in that area so that didn't faze me much. (Jennifer)

Many women in previous studies have also expressed enjoying their bigger sized breasts (Bailey, 2001; Chang et al., 2006; Earle, 2003; Fairburn & Welch, 1990; Johnson et al., 2004). However, the way women in this study felt about their breasts appeared to depend on their pre-pregnancy attitudes. This is similar to previous findings (Chang et al., 2006; Fairburn & Welch, 1990), and could suggest that whether some changes are perceived positively, negatively, or neutrally, depends on pre-pregnancy attitudes. Furthermore, this finding also

provides support for the suggestion that some beauty standards are maintained during pregnancy, as changes that are congruent with idealized feminine beauty (ample breasts) are enjoyed (Hodgkinson et al., 2014; Johnson et al., 2004). It seems that women enjoyed their bigger breasts due to their aesthetic value, rather than any focus on the functionality of the breasts. This is in contrast to the reasons women stated feeling positive about their growing abdomen which were more related to functionality, purpose, and health. This suggests that some aspects of body image may be related to appearance, but not all.

‘Lucky’ not gaining too much weight

A few of the participants felt good about their pregnant body because they felt they had not gained a lot of weight and described this as being ‘lucky’. This is in contrast to other positive feelings about the body changing as this is focused more on the body *not* changing. For example, Jennifer was very pleased with her weight:

I think to be honest I was quite lucky for me individually. I obviously put on weight for him, but I think I only put on baby weight. The rest of me stayed the same I noticed... to be honest I was real happy with that. (Jennifer)

Similarly, Amanda also felt lucky to gain weight only in her abdomen and breasts:

The rest of me I didn't notice change, my arms and legs and things I didn't notice get much bigger, my face didn't get much bigger it was very much stomach and breasts that changed. So, I guess lucky in a lot of ways. (Amanda)

Pregnancy has been discussed as a time when women are excused from societal expectations of thinness (Johnson et al., 2004); however, this finding supports the suggestion that some societal expectations of ideal feminine beauty still operate within the pregnancy period (Hodgkinson et al., 2014). Feeling 'lucky' not to gain 'too much' suggests that these women managed to avoid changing in undesirable ways, which provides support for the assertion that women perceive some certain bodily changes as more acceptable than others (Bailey, 1999; Earle, 2003; Johnson et al., 2004). This 'baby weight' or the 'bump' was considered acceptable weight gain and viewed positively in light of the rest of the body remaining the same. This also suggests there are limits to the amount of weight that may be acceptably gained during pregnancy with 'excessive' weight gain vilified. This has also been found in previous research (Clark et al., 2009a; Fairburn & Welch, 1990; Johnson et al., 2004).

The use of the term 'lucky' also implies a sense of a lack of control over the way the body would change during pregnancy. Indeed, previous research has highlighted that some women experience feelings of a loss of control of the body (Bondas & Eriksson, 2001; Carter, 2010; Hodgkinson et al., 2014; Warren & Brewis, 2004).

Theme Two: Feeling Worried, Unhappy, Self-conscious, and Different during Pregnancy

The minority of women in this study who viewed their pregnant body mostly negatively described experiencing immense changes in their bodies, describing themselves as having gained an excessive amount of weight 'all over' as well as their bigger abdomen. However, other factors and experiences influenced many of the participants to feel worried, unhappy, self-conscious, or

different, illustrating the varying and contrary ways women feel during pregnancy.

Changing in undesirable ways

Participants who felt negatively overall about their pregnant bodies described their pregnancies in unfavorable terms due to the changes. They explained that their feelings towards their bodies had quite a lot of impact on their lives as they were more self-conscious, less confident, and did not want to be seen. One participant even described herself as “*disgusting*” (Shirley).

In particular, some women felt this way because they believed they had put on an excessive amount of weight. At the end of her pregnancy, Kimberly explained how badly she was feeling about her substantially bigger body:

I hate it. I hate it. I talk about it all the time. I don't think it's fun at all. You just think about it all the time... I definitely don't cry about it, but just getting up in the morning and seeing that you've got a puffy face and going to have a shower, and we have a massive mirror in there, and it's just like 'aww gosh, my hips, my thighs, my boobs! Just everything is supersize!' I just can't wait to be able to get rid of all of that, it sucks. You just don't even feel like yourself because you're so different. (Kimberly)

Joan, who felt quite negatively about the weight she gained during pregnancy, explained that she still liked her bump, but did not like everything else changing:

Actually didn't mind the bump especially when it started poking out because then you can say that you're pregnant. I guess it's everything else that kind of bothered me, getting bigger because you see ladies that are stick thin and just have a bump, but I wasn't one of those. (Joan)

Other than gaining weight, some of the women felt quite negatively about changes to the skin including stretch marks and pigmentation. Elizabeth explained:

I got pigmentation, skin pigmentation changes in my face and it was really really obvious. So that was real hard, no amount of make-up would cover that. So that kind of stops you going out a bit. (Elizabeth)

A few women in this study also did not like their baby bump during their pregnancy. This included Jennifer, who was so happy to be pregnant that she generally did not mind her body changing, but did not like her bump because it did not form nicely:

I kind of just imagined any tummy you had would stretch over baby and you'd have a nice round belly- it's not like that at all. (Jennifer)

Shirley enjoyed her abdomen, but only with her first child, as she gained a lot of weight with her second child leaving her feeling “terrible”.

These comments suggest that some expectations may exist around how the pregnancy ‘bump’ should look, and that the pregnant body is concerning when it does not meet these expectations. This may be influenced by the portrayal of

pregnant bodies in the media that tend to gain weight only in the abdomen, although only one participant in this study talked about this, which is discussed further in the theme *The influential media*.

The changes that were considered undesirable support the idea that there is variation in the way that women experience pregnancy (Clark et al., 2009a), and is similar to other findings that some women do not enjoy their pregnant bodies (Bondas & Eriksson, 2001; Earle, 2003). The finding that some changes are considered undesirable, whereas others are considered more positively (*Theme one*), suggests that a significant part of the variation in women's feelings may be due to the different experiences that women have, as not all women undergo the same bodily changes. For example, Shirley who enjoyed her first pregnancy, but not her second due to the different changes that she experienced with each pregnancy.

The participants who experienced their pregnant body negatively also expressed ways in which they were self-conscious and hid their undesirable pregnant bodies in different ways. Women mentioned not going out as often, avoiding people, wearing looser clothes, and refusing to take photos. Similarities can be drawn between this finding and the finding that women in the early stages of pregnancy would not take photos, as they felt they looked overweight (Nash, 2014), although women in this study were hiding their pregnancies at a later stage. This seems similar to what Nash (2014) describes as the "rejection of an unfamiliar identity" (p.246), whereby women did not want to be seen or recorded in their pregnant state as they felt it was not who they really were.

Concern for the changing body

Most of the women in this study expressed some sort of apprehension or worry about how the body was going to change during pregnancy, particularly concern for gaining weight or stretch marks. This led many of the women to try staying active, eating healthy and using beauty products to try preventing unwanted changes.

For example, Patricia did not want to put on too much weight and so tried to moderate her eating so she did not gain a lot of weight:

It was my goal the whole time I was pregnant to not be like 'I'm eating for two people'. I tried to make sure that I didn't be like 'I'm pregnant so I can eat whatever I like the whole time!' because I didn't want to have to work it all off afterwards. So I tried to eat healthy... A lot of people when they are pregnant put on weight and never ever lose it again, and that's them for life. I was really scared of that and I didn't want that to happen to me. (Patricia)

While Jennifer did not mention deliberately doing anything to prevent putting on weight, she did assert that putting on lots of weight was something she was worried about while she was pregnant:

It is quite a scary thing going into pregnancy for your first time, you're like 'Shit, I'm gonna be big!' and that's not a nice thing for women to think about I suppose. (Jennifer)

This concern also led to monitoring of the pregnant body for one participant, who described weighing herself every day to determine whether she

was putting on an appropriate amount of weight and altering her behaviour if she felt she was gaining too much. Thus, it could be that for some women focusing on weight gain was helpful as they then kept an eye on their diet, exercise, and/or weight and this resulted in them enjoying their pregnancy. This suggests that monitoring of the pregnant body and careful control of diet or exercise could be a strategy that is effective for some women to prevent excessive weight gain and promote positive body image during pregnancy.

Overall, this concern for the changing body suggests that while appearance concerns decrease for many women during pregnancy, some women worry about the way their body is going to change during pregnancy and whether it will change in acceptable or unacceptable ways. Therefore, even though some women report that they are satisfied with their body during pregnancy they still describe being quite preoccupied or worried about the issue of body image and bodily change. Indeed, it has been found that during pregnancy women may experience anxiety about their bodily changes, usually because they fear they will be unable to reclaim the pre-pregnancy body in the postpartum period (Change et al., 2006; Davies & Wardle, 1994; Earle, 2003; Fairburn & Welch, 1990; Seibold, 2004). It is unclear whether the participants in this study were worried about specifically reclaiming the pre-pregnancy body, but they certainly expressed not wanting to be larger in the postpartum.

Feeling ‘chubby’ early on

Some women were quite concerned with the changes in their body in the initial stages of pregnancy. They felt that they were gaining weight, but that the pregnancy bump was not obvious, so thought they looked ‘fat’ rather than pregnant. This meant they were concerned by their weight gain at first, because

they felt they looked like they had gained weight for no reason. They were worried that people might think they were lazy or no longer looking after themselves by becoming overweight. However, once the bump was obviously a pregnant bump, they enjoyed it.

For the first couple of months like I say it was a bit hard because it just looked like I was getting fat. When you're thin and pregnant there's a bump and that's it, when you're larger and pregnant then it just looks like you're getting fat for a while and then the bump comes out. It took a while for me in terms of image, it took a while for me to really feel pregnant because it took a while to be really visible. When I looked in the mirror for a while it was just big, but then when it really popped out it was like 'oohhhh!'. (Jessica)

While I was pregnant it was fine when no one could see, but when I started to show it sort of just looked like I was fat and I was sort of concerned everyone would just think I had put on some weight and got a bit chubby, but after that stage when you can actually see a proper bump I felt okay. (Judith)

This finding is similar to that found across the previous literature which has been referred to as 'in-betweenness' (Nash, 2012, 2014). Women in the earlier stages of pregnancy fear looking overweight, as their weight gain is ambiguous. Yet, once it is clear they are pregnant, they are no longer worried (Bailey, 1999; Clark et al., 2009a; Hodgkinson et al., 2014; Johnson et al., 2004; Nash, 2012, 2014). Women may experience BID in this stage as they worry about the negative

connotations that have been associated with being considered overweight, such as having a lack of restraint and control (Bailey, 1999; Earle, 2003; Nash, 2012). For example, two participants explained that they feared others would think they had gained weight because they were lazy or that they could not be “bothered” (Judith). This also supports the idea that pregnancy is a time when women are excused from ideals of feminine beauty because once their pregnancy became obvious their concern ceased (Johnson et al., 2004).

Feeling out of place

Two women who were currently pregnant explained that they felt odd being pregnant in some places. These places included pubs/clubs, pools, and the gym. This was because they felt that their pregnant body did not fit in, as it was different to other peoples in those places.

I don't want to use the word abnormal because that sounds like it is negative, but I feel like I'm different. (Sharon)

It was discussed that the pregnant body does not belong in the gym, because there are negative opinions regarding exercising while pregnant and the pregnant body changes in ways opposite to how bodies are meant to change at the gym:

It seems sort of like a taboo to go to the gym or to work out and do strenuous exercise when you're pregnant, I don't know, no one else was doing it and everyone else works hard to get skinny or smaller or fitter and you're there slowly going slower, slowly getting bigger so I don't know, it was weird, I felt quite odd. (Heather)

Further, the pregnant body was described as out of place in a club because it is not “sexy” or “hot” (Sharon). The idea that a pregnant body is not sexually attractive is consistent with the finding that pregnancy is a time when women’s bodies may be desexualized (Bailey, 2001; Johnson et al., 2004), as women feel less sexual (Bailey, 2001), and are reduced to their reproductive functions (Johnson et al., 2004; Nash, 2012). However, only one participant spontaneously expressed feeling this way. It would be interesting to follow up on the question of whether other women felt different sexually during pregnancy.

The idea that places were experienced differently was only mentioned by these two participants, but similarities can be drawn to Hodgkinson and colleagues’ (2014) findings that women often consider motherhood incongruent with other roles in their life, particularly their sexual identity. Feeling out of place is not something that has been discussed in the previous literature, making it a relatively new finding. It would be interesting to focus more on this in another study to find out how women may experience places differently due to their changing perspective of their body.

Theme Three: Discontent with the Postpartum Body

In contrast to pregnancy, where most women felt positively about their bodies, in the postpartum period the majority of the women in this study expressed some BID. This is similar to findings in previous research that women are more likely to be dissatisfied in the postpartum period (Clark et al., 2009a; Hodgkinson et al., 2014; Nash, 2015; Patel et al., 2005; Rallis et al., 2007). Further, all women who had experienced the postpartum expressed some sort of desire for change, whether it was to lose weight, get fitter, or tone the body. Thus, they all wanted some improvement in the way they looked, even the small

minority of women who reported being satisfied and confident in the way they looked.

Coming to terms with the body

Many women explained that their body was different in the postpartum period. Some women could explain the changes such as smaller breasts, less flat abdomen, less toned thighs, less strength, more weight, or stretch marks. However, others described that their shape was just different somehow as clothes fit differently, but they could not pinpoint exactly how it had changed.

I think my shape has changed in some ways, but I can't finger point exactly what that is. It is just definitely different since having him. (Amanda)

In terms of these changes and feeling different, some of the women reported that they felt more self-conscious and would cover up more, or avoid showing certain areas in public. Judith, who felt very self-conscious about her smaller breast size, would avoid swimming because she did not want to be seen:

I just don't feel as confident in the way I look. Just the way my body is it's not what it was and it's not me. (Judith)

For some women, these changes occurred despite efforts to prevent changes from happening. Patricia, despite emphasizing that her baby made the changes worthwhile, still held negative attitudes towards her stretch marks:

It is something I'm always going to have now which I tried not too. I used Bio Oil constantly because I didn't want it to happen, but it did. (Patricia)

She also avoided wearing clothes that would expose them:

I definitely can't wear anything, I won't wear anything that will show where I have my stretch marks or anything either because nobody wants to see that, and I feel like that is something that could get a negative reaction too so I'd rather not show them. (Patricia)

These changes in the postpartum were experienced differently by different women, so some aspects that bothered some did not bother others. For example, Jessica did not care about her stretch marks, but she did care about losing strength and tone.

More than weight gain I'm also having to deal with a lack of strength, muscle strength that I'm having to work with. So while I may have been bigger I was always athletic. It may be a little less about getting bigger and more about just the whole change for my body that's kind of led me to feel a bit down on the body shape and that sort of thing. I know some mothers come out really, really, proud of their bodies once they've given birth and I guess I'm proud, I pushed the thing out, but at the same time it's like 'Aw'. (Jessica)

Desire for change

Associated with this BID in the postpartum was the desire to have the pre-pregnancy body back, or to be smaller than pre-pregnancy, which was prevalent among the women interviewed. Many of these women were attempting to change their bodies through various strategies. Aspects of the pre-pregnancy body that

women wanted to reclaim included flat abdomens, toned thighs, and perky breasts. Most often women stated they generally wanted to lose weight.

Many of the women who expressed a desire to change their postpartum body wanted their pre-pregnancy body back, as they were happy with the weight/shape/appearance of their bodies before pregnancy. For example, Kimberly who put on a lot of weight following her first childbirth and was currently pregnant:

Can't wait to just be done with babies and can focus a little bit more on getting back to where I was. (Kimberly)

A few of the women were unhappy with their bodies before pregnancy and were already trying to lose weight. Pregnancy still seemed to have an influence on these women though, as they felt their body was changed by the pregnancy. Jessica described how she was carrying fat rather than muscle in the postpartum that prompted her to want to lose weight again:

I'm back at weight watchers trying to lose weight and so that does tie a lot into my body image and the acknowledgement that I'm overweight and need to lose the weight, and that's been heightened by the way my body has changed with the pregnancy, because before there was a lot more muscle, now there's jiggles. (Jessica)

Most of these changes were described as being desired for aesthetic reasons, but a couple of the women also described wanting to be fitter and healthier, so they could be active and keep up with their child.

I want to be healthy for her, to be able to run around and do things so for me that means getting the extra weight off. I don't know that I would have an issue with my body image as such because I've always struggled with weight up and down, but it's just one of those things you just want to be healthy, be able to do those things that parents do and run around and play games. (Nancy)

This desire for change was also present for most of the pregnant women who were interviewed, who expressed a desire to get their body back after pregnancy. For example, Sharon who was 35 weeks pregnant with her first child, was looking forward to getting her body back in the postpartum:

I would like to get back into shape as soon as I can. Just because I actually like exercising and I liked my body before. (Sharon)

However, one pregnant participant was not concerned about getting her body shape back, but did want to get fit and healthy again.

In this way, the pregnant body is seen as temporary, as a return to the pre-pregnancy body is desired. This is similar to Ogle and colleagues' (2011) findings that couples often viewed pregnancy as a temporary period of alteration as the "real or normal body often was viewed as lurking beneath the transitory façade of the maternal body, awaiting to be recovered after the birth" (Ogle et al., 2011, p.40). Indeed, the desire to reclaim the pre-pregnancy body is a strong theme that has emerged in previous studies of body image in the postpartum period (Hodgkinson et al., 2014; Ogle et al., 2011; Upton & Han, 2003).

Prioritization/importance

The desire for change was described as being of varying importance to the women. For a majority of the participants, body image and the desire to return to their pre-pregnancy figure or to improve on their pre-pregnancy figure was important. For a few women this was associated with distress, whereas for others it was not as distressing because it was not a top priority. For a minority of the women, body image was not described as being important.

For a few women, body image was described as a top priority, as they experienced distress about the way their body looked and desperately wanted to return to 'normal'.

I'd quite like to be how I was. It is something I think about often. If I could change it I would. It's not one of those things that I'm like 'Oh yeah that's okay I can live with it'. I'd rather not live with it. (Judith)

Just mentally I'm like 'I need to get back to where I was' for myself and I don't want to be one of the fat wives. (Kimberly)

I weigh myself every day now, and it's okay if I stay the same, but if I go up oh my god. I just think 'Oh my god, I shouldn't have had that extra piece of toast!!'. (Shirley)

Shirley even described the way this distress influenced her postpartum depression:

I just think it contributed a lot to my postnatal depression. I think that's probably one of the biggest things. I think it's

made me quite insecure. I've lost a little bit of confidence.

(Shirley)

Similarly, previous research has found an inverse relationship between body image satisfaction and postpartum depression, although it is unclear whether it is causal (Clark et al., 2009b; Downs et al., 2008; Duncombe et al., 2008; Rallis et al., 2007; Rauff & Downs, 2011; Silveira et al., 2013; Skouteris et al., 2005; Sweeny & Fingerhut, 2013).

For most other women, getting into shape was important to them, but not their top priority and their discontent did not appear to be distressing.

I would say after 2 months after having him then I started thinking about it a lot more because I wanted to be back where I was. So I would say they are definitely quite important to me, but then again it's not my main priority.

(Patricia)

I'd say probably an eight on the scale of one to ten...not the most important thing, but still quite up there. (Elizabeth)

In this regard, body change efforts were not a top priority because women were more focused on the needs of their child. Two women also described how they chose to focus on 'health' rather than 'looks' as they did not want to model distress around body image to their daughters. For example, when asked how important body image was to her Joan admitted that it was quite important to her, although she did not want it to be:

I'm quite careful not to talk about it too much or be too obsessive about it in front of her because I don't want her to have negative body image. (Joan)

Body image did not appear to be very important to a small minority of the women, as they described still being happy and confident in the way they looked even though they expressed some desire for change.

I mean yeah, sure, in a perfect world I would love to be toned and small, just like I did before I was pregnant, but it's just not important. I've got other things I would rather focus on. (Amanda)

I have little things that I don't like about myself afterwards, but I'm not determined enough to change it. I'm happy enough to just go 'Oh yup, sweet!'. (Angela)

Feelings about the body are often prioritized depending on other factors in women's lives, such as family, stress, and other changes that occur due to motherhood (Jordan et al., 2005). In particular, the prioritization of motherhood may mean that BID has less of an impact. Certainly, in this study body image was described as being important as it was described as affecting self-esteem and confidence, but only appeared to be distressing to a few women who expressed very strong desires to change their bodies in the postpartum. These findings are consistent with those of Walker (1998) who found that whilst a majority of women expressed dissatisfaction with their body, only a small minority (8%) actually exhibited distress.

Strategies & barriers

Varieties of methods were reported for trying to change the postpartum body. Such methods to return to the pre-pregnancy body have previously been described as “body projects” (Ogle et al., 2011, p.46). Strategies included activities like walking and attending the gym, as well as changes in diet such as trying to eat healthier, or restricting food intake. One woman who felt very negatively about her smaller breasts wanted enhancement surgery. Two women described being careful about how they utilized these strategies for change in front of their child, as they wanted to set a good example and did not want to encourage body image concerns; These were the women who emphasized focusing on health, rather than looks, to reduce the importance placed on body image, described earlier in this theme.

When talking about strategies to change their bodies, many of the women described barriers that made it hard for them. The most prevalent barrier to losing weight for this group of women was the need to care for their baby or other children. Many of the women mentioned that it was hard to get childcare to look after their baby so they could go out and exercise and they mentioned having to consider the baby’s routine and other factors when taking the baby with them to exercise.

Weather is a big thing because it is coming into winter now too so taking him out in the cold for a walk is one reason.

Him being so young he’s still learning a routine so it’s like I might get him in the car halfway to where we are going, and then he’s screaming because he is hungry, and needs to go to bed. I think for the first few months I’m trying to be at

home quite often to get us both in a good routine, and get to know him properly. Then maybe we will be able to start going out, and doing things when he is old enough to handle the whole day. So that could be a big reason why I'm not making those changes. (Jennifer)

For one woman, looking after her two children meant she was unable to exercise and described strictly restricting her diet to lose weight instead, which she argued was unhealthy:

I'm like 'Oh shit I've got to lose weight, haven't got time to exercise, well I just won't eat as much' and that's not good for me mentally. I probably need to eat more. (Shirley).

However, whilst needing to care for their child was described as a barrier, it was also considered a very important priority:

Once she's here the first priority is just her. (Nancy)

Other barriers included struggling to find the motivation and/or energy, as well as being unable to set time aside for exercise when wanting to meet other commitments, such as study and spending time with family.

Studying takes up quite a bit of time and then when I'm not at uni I like to spend all my time with my daughter because I don't like to be away from her too much. Also, I'm tired. So tired all the time so I have to motivate myself to go. (Joan)

A few women also mentioned breastfeeding as a significant barrier to efforts to lose weight, as they were unable to restrict their diets because it

influenced their milk supply. This was quite difficult for some who wanted to start losing weight.

I tried and my milk supply just dropped really quickly so I had to stop. It means you kind of have to stay the way you are for a while. I would like to have lost weight by now, but it can't be my main priority at the moment. It's definitely hard because you want to do something, but you just can't quite yet. (Elizabeth)

The barriers discussed by participants in this research are similar to those identified in previous research that has explored weight loss struggles in the postpartum period. These barriers include; lack of time (Downs & Hausenblas, 2004; Montgomery et al., 2011), childcare needs (Groth & David, 2008; Montgomery et al., 2011), and struggling to be motivated (Montgomery et al., 2011; Montgomery et al., 2013).

Childcare was described as a barrier, but it was also considered a priority above that of efforts to lose weight. Certainly, it is argued that many women undergo a reprioritization of body image below that of the demands of motherhood (Clark et al., 2009a; Ogle et al., 2011; Patel et al., 2005). However, in this case the prioritization of motherhood may be experienced as frustrating as body image is still considered very important.

Theme Four: Images of Motherhood in the Postpartum

Some of the women also explained a general change in attitude towards the postpartum body, with a change in the way that women viewed themselves, now viewing themselves as 'mothers'.

Changes to self-image

Jessica described that her body shape had changed and a strong theme in her interview was that she felt more womanly. She explained that that by engaging in activities so consistent with womanhood she felt much more feminine:

I'm breastfeeding and have really been successful in breastfeeding. I've had no problems what so ever. That fact has, I think, changed the way I see my body. I see it as much more feminine. (Jessica)

This increased sense of femininity has been found in previous work by Bailey (1999, 2001) and similarities can be drawn to the argument that women may experience different aspects of their “gendered identity” (Bailey, 2001, p.112). Further, in their meta-synthesis of qualitative studies Hodgkinson, and colleagues (2014) identified that pregnancy might be an assurance of femininity for some women.

Jessica’s transition to motherhood also influenced the way she presented her body to help to make a distinction between her different life roles as ‘student’ and ‘mother’.

I'm having to see a much clearer delineation between mother and student. So, while I never used to wear make-up I now wear make-up every day I come to university and every day that I'm at home with my daughter I don't because I'm at home with my daughter, but it allows me to see myself as slightly separating those two roles... It's like readying myself for an academic environment, and then

separating myself from the home environment or the mothering role. (Jessica)

For this participant, her role as mother appeared to be distinct and separate from her role as a student. Similarly, Hodgkinson and colleagues (2014) argue that motherhood may be considered incompatible with other roles in a woman's life including that of a wife, a sexual woman, and a worker. This participant's delineation between mother and student could therefore be understood as an attempt to create a distinction, to operate independently in those two roles. No other participants commented on this.

This transition to motherhood meant that some women began to dress differently. Jessica, who felt much more womanly, began dressing in more feminine clothing:

I feel a lot more feminine and so my self-image is a lot more feminine... so the clothes that I chose and the make-up and the hair and that sort of thing is more feminine as a sort of reflection of that. (Jessica)

For some other women, a change in style was the result of wanting to dress more 'appropriate' to the way they believed a mother should dress.

Probably won't go back to how I used to dress because it probably won't be very suitable for someone with a kid to dress the way I used to. (Stephanie)

Now that I'm a mum maybe I shouldn't be wearing some of that. (Amanda)

In terms of the specific way their dress had changed, two participants explained that they did not think they should expose too much of themselves. One stated that she felt she should not wear things too short and another explained that she felt she should generally cover up more. When asked why she would cover herself more now she was a mum, Joan responded:

I just worry about what people will think of me and it just feels inappropriate unless it's really hot or on a beach or something. (Joan)

This was an interesting finding, although it was only mentioned by a few participants, it does suggest that expectations around suitable appearance of a 'mother' as opposed to just a 'woman' may exist. The only other mention of dressing for motherhood was in Nash (2015) in which some of the women described that comfortable, loose clothing was associated with motherhood. It is unclear exactly why the women in this study felt they should dress differently; they did not seem to know themselves. Determining the influences on the way women chose to dress in the postpartum could be an area for future study. Future research could also explore whether there might be other aspects of women's lives that they feel they need to change to be more 'appropriate' for their new role as a mother.

Seeing changes as worthwhile

Many of the women, when speaking about negative aspects of their postpartum body, expressed that while it was important, they did not mind the bodily changes because it was worthwhile to them to create their baby. Therefore, while women were bigger than they had been, or their abdomen was not as flat as it used to be, or they had stretch marks, their baby made it worthwhile to them.

In the end you get a baby out of it and that kind of trumps everything. (Joan)

Patricia, who did not put on ‘too much’ weight and gained some stretch marks, spoke of those changes:

I guess I’m not as upset as I would be if I hadn’t had a baby because I know that there’s a reason why it happened. I don’t like it, but it doesn’t bother me as much as it maybe would if I hadn’t had Jordan. (Patricia)

Shirley, who was very distressed about her body both during pregnancy and in the postpartum and had attempted to lose weight, felt her baby made it easier to deal with her body changes:

It’s definitely challenging, but I think what gets me through it is looking at my kids and thinking ‘They are so amazing’ and so in some respects I think I don’t really care because, like my stretch marks, to me they remind me every day of what I went through to have this baby and it was so worth it. There are some positives I guess. (Shirley)

Similarities can be drawn between this finding and previous research that has found women often reprioritize their body image below that of their new role as a mother. Body image is less important than the new baby is and has less impact in the postpartum period (Clark et al., 2009a; Ogle et al., 2011; Patel et al., 2005). However, in this study, body image was still very important to the participants, but the baby helped them to cope. In this way, their child helped to dampen their negative feelings about their bodily changes.

Theme Five: The Influential Media

A few women explained that they felt ‘the media’ influences the way they feel about their bodies. It was described as influencing the way they felt they should look, through the portrayal of idealized images and as guiding their expectations for their postpartum body, particularly through the representation of models and celebrities who present unrealistic standards. The media included social media, internet, TV, and magazines.

Portrayal of idealized images

When speaking about the media women described feeling like it encourages women to look a certain way, by portraying certain images of women.

I think in general that’s the good looking image these days.

To not have excess skin or a flat stomach. It’s all in the magazines or on TV. What everyone is aiming to be I suppose. (Jennifer)

This included being smaller, having a flat abdomen, and being curvy. When asked what she thought influenced the way she thinks about her body, Amanda said:

I think part of it comes from images online and in media. I have seen photos of women with curves and fantastic bodies and I do aspire to look like that. I also see images of women who are fit and strong and I think that would be awesome. (Amanda)

These images in the media can be disheartening for postpartum women who feel they will not be able to look that way. In particular, during one interview

a TV was playing in the lounge of the participant's home and she gestured to the screen where Ellie Guilding was singing and dancing in clothing that left her midriff on display:

...even if you look at this girl she's got her tummy out on TV and I sit there and it reminds me. It's like rubbing salt in the wound. You're exhausted, haven't slept in weeks and then you're just like 'I'll never be like that again'. (Shirley)

General discussion of body image concerns among women has identified exposure to the media as having a large influence on women's evaluations of their body. In particular, it is argued that emphasis of a 'thin ideal' (McCarthy, 1990; Hesse-Biber et al., 2006; Lawler & Nixon, 2011) and the negative connotations associated with being overweight (Greenberg et al., 2003; Grogan, 2008; Hesse-Biber et al., 2006), may cause women to internalize thin ideals as standards (Grabe et al., 2008; Hesse-Biber et al., 2006; Morry & Staska, 2001; Thompson & Stice, 2001). This may then leave women vulnerable to feeling different and dissatisfied (Grabe et al., 2008), if they view themselves as failing to meet such standards (Rodgers et al., 2015). These standards appear to have influenced the women in this study.

When speaking about the media, women were usually referring to idealized images of non-pregnant women. However, one participant observed that the media also portrays certain images of pregnancy explaining there is an ideal pregnancy figure in the media, with maternity models in advertisements appearing to be very slim with just a small baby bump.

It also seems like there is an ideal pregnancy figure, because if you ever see a pregnant women in an

advertisement or if you go onto ASOS they have a maternity wear range, and all the women in that have the perfect 5 months pregnant little cute bump. Some of them barely look pregnant and they're all stick thin, then they've just got this cute little bump and otherwise they look exactly the same. I actually think that's pretty unrealistic. Even the ideal pregnancy body is still skinny with a bump. (Sharon)

Media studies have also argued that the portrayal of pregnant bodies is unrealistic, as they do not represent 'normal' pregnancy. Rather, women in the media tend to have weight gain that is confined to the abdomen (Hine, 2013; Krisjanous et al., 2014).

Unrealistic expectations

Quite a few women also felt that media specifically created expectations for women to return to their pre-pregnancy shape after pregnancy.

There's the latest one about that model mother who took photos of her running in her bikini 2 piece with the pram and it was an advertisement for the pram, but do we really need to see that? The whole discourse around mothers and your post baby body, the media influence, there is that, you know: 'they can bounce back why don't you', or 'she's a mother of X number why don't you look like that'. That kind of dialogue is frustrating. (Jessica)

The depiction of celebrities was identified as creating unrealistic and unobtainable expectations to return to pre-pregnancy figures.

The celebrities they always look amazing the whole time they're pregnant and then after they're pregnant they just look exactly the same straight away. That's definitely very unrealistic and that kind of makes other people think that happens straight away and then they don't understand because they haven't been pregnant and had a baby.

(Patricia)

A few of the women specifically used Princess Katherine as an example and the way she looked after her pregnancy as influencing their expectations.

In media studies, it has been argued that reclaiming the pre-pregnancy body is emphasized in the coverage of postpartum celebrities (Roth et al 2012; Hine et al., 2013; Upton & Han, 2003). Women who manage to reclaim their pre-pregnancy bodies are presented as ideal, successful women (Cunningham, 2002), whereas those who do not are vilified (Hine, 2013). Quick postpartum weight loss is glamorized (Roth et al., 2012). Yet, it is contended that this presents unrealistic influences for women (Gow et al., 2012) who then compare themselves to celebrities and hold unrealistic expectations in the postpartum period, believing that they should lose their pregnancy weight rapidly (Chae, 2014; Roth et al., 2012).

Women in this study appear to recognize the influence the media has on their desire to change their postpartum body and that the portrayal of women in the media is unrealistic. There is a lack of research on the impact that media images actually have on women in the postpartum period to compare findings. However, one study in Korea (Chae, 2014) found women who were more

interested in celebrities in the media would engage more in social comparisons, which was then associated with BID.

Theme Six: Social Influences

Many social interactions influenced women's feelings about their bodies both during pregnancy and in the postpartum. These will be discussed in this section.

Other women's experiences

Quite a few women in this study described the experience of other women in their lives and the way these other women's experiences guided the way they felt about pregnancy. This included feeling concerned about weight gain because they knew someone who had gained a lot of weight, as well as utilizing sources of comparisons to guide expectations.

Some women expressed feeling concerned that they would end up overweight like someone they knew, from physically witnessing the person gain weight, or through conversations with others.

For example, Angela witnessed her sister-in-law put on a lot of weight:

My thing is as long as I don't get up like my sister-in-law who put on heaps of weight. Apparently, she was a 10 at her 21st birthday; she had a kid when she was 24-25 and now she's about a 16 I think, and as long as I don't end up like that. That is my big fear. (Angela)

Patricia also witnessed many other women gain weight during pregnancy and was scared that would happen to her:

I guess because I've seen it happen to other people. A lot of people when they are pregnant put on weight and never ever lose it again, and that's them for life. I was really scared of that and I didn't want that to happen to me.
(Patricia)

Comparisons to other women's experiences seemed to help guide women's expectations, using other women as a source of information as to how they may experience pregnancy and the postpartum. For example, Patricia utilized her sister as a source of comparison in the postpartum and formed expectations based on her sister's speedy return to her pre-pregnancy figure:

I thought that post baby things would go back to normal a lot quicker, because my sister had her baby and she's really sporty and has already been really thin her whole life and 2 weeks later you couldn't even tell she had had a baby and I definitely wasn't like that. I still had a belly for a while so my expectations were definitely high with that. (Patricia).

Social media was also identified as a source of social comparisons, with participants seeing images of their friends online. Joan saw images of her friends getting fitter and losing weight and this encouraged her to want to do the same, while Nicole spoke of the pregnant women she saw on Facebook and the way she would compare herself to them, to determine whether she was developing normally:

People would post pictures of themselves at 36 weeks, 37 weeks, 38 weeks and I think I would look at that and go 'oh

how am I tracking?' In terms of, maybe not belly size, but whether they had put on weight in other areas. (Nicole)

These comparisons have the potential to cause distress, particularly if the comparison is unfavorable. For example, Kimberly had one child and was late in pregnancy with her second, but felt very negatively about herself. She explained that she compared herself to her sisters and felt abnormal and frustrated:

*I have got 2 sisters and one of them you can't even tell she's had 4 kids she is like *gestures a narrow line with hands* I think I compare as well so I'm just like 'I shouldn't be like this because she is like that!' type thing. My sister is a size 8 and stayed like that through 4 kids so it's really annoying. (Kimberly)*

Comparisons were made, but many women also acknowledged individuality and realized that they may have a different experience:

I know there are lots of things that can change. I suppose because I've not been through it before I don't really have any impressions. I've seen lots of people that seem to have gained a lot of weight afterwards and I've seen people that a month later are back in the gym. They're back going for walks and you think 'Woah, they don't really look like they've been pregnant at all!' So I don't know. It's one of these things where I'm curious to see what happens, but I don't have any preset ideas. (Evelyn)

Social comparisons have been identified as influential in the development of body image satisfaction and dissatisfaction. Previous research has found that women often compare their pregnancy to other women's (Bondas & Eriksson, 2001; Chang et al., 2006; Nash, 2012; Skouteris et al., 2005). Comparisons are utilized for women to determine how they are developing during pregnancy and whether their experiences are 'normal' and healthy (Bondas & Eriksson, 2001; Chang et al., 2006). A few women in this study appeared to utilize other women's experiences to assess how they were developing, but for others these comparisons influenced their expectations and concerns about the way their body had changed, or the way it was going to change. In this way, comparisons to other women's experiences may influence how women aspire to look during pregnancy and the postpartum, with deviations from these aspirations able to cause distress.

Women in this study often mentioned friends and family as sources of comparison, but comparisons were also made with women in the media, such as Princess Katherine. The finding that a few participants compared their experiences to that of a sister or relative is similar to the findings from Nash (2012), who argues that sisters provide more realistic targets for comparisons than celebrities do. In the present study, both sisters and celebrities were used as points of comparison, but comparisons to sisters seemed to be considered more realistic. When women commented about celebrities they often did so with awareness that the image they were comparing to was unrealistic and idealized. On the other hand, with sisters it seemed as though the comparisons were more relevant, whether they felt they would not obtain their sisters 'achievement' of a fit and thin ideal, or were using their sister as a cautionary model to try to avoid.

Pregnancy as a public event

Many women described the impact that other people had on their experience of pregnancy or the postpartum. Pregnancy was described as a public event, where women felt that family, friends, colleagues, and strangers, would focus on their pregnancy and make comments about their body. Pregnancy was described as a time when women became “*public property*” (Evelyn), as other people felt it was appropriate to remark on the body, when at other times it would be “*off limits*” (Patricia).

Quite early on, when I first started to show, I remember thinking this would be really difficult being pregnant if you were someone who was quite shy or someone who was not really outgoing, because it's so obvious that you're pregnant. It's such a public thing. All of a sudden, you go from no one commenting on your body to everyone looking at you and offering their opinion about how you look. So I remember thinking even from really early on, pretty much as soon as you tell people that you're pregnant then they start making comments about “oh you look really great” or “you look really big” or “you look really small” or something. It's sort of public whether you want it to be or not. (Sharon)

Comments from other people were sometimes wanted and enjoyed. For example, Nicole, who did not show until later in pregnancy, wished she were bigger sooner so that people could tell that she was pregnant and she could share her experience.

However, women sometimes found comments from other people invasive and frustrating. They had the potential to make women worry about their size, or to feel abnormal and self-conscious. In particular, Shirley experienced complications with her pregnancy causing her to gain weight, which attracted a lot of comment from other people that she did not like:

People don't realise, if I counted it I probably got asked 500 times "Are you sure you're not having twins?" or "Are you sure you got your dates right?" and it just makes you feel like you are a freak, or that you're doing something wrong because you are so big that there will be something wrong with your baby. So I felt terrible. I just didn't want people to see me. I got admitted to hospital a week before I was due because of such high risk. I had to keep walking a bit, so I'd walk up and down the corridors and I would hear the midwives. They would come in and check on me and stuff and then they would go back to their little station and you'd hear them. I would walk past and they would be like "Oh my god she's so massive she's going to blow any second!" and it's kind of funny, but it gets to you after a while. You're just like 'oh my god'. The first 10 times was okay, but the next 5000 times It's just like 'oh' so I was really conscious. (Shirley)

For a couple of participants, comments from others were considered strange if they were incongruent with their experience of their body.

I wouldn't say it's not nice, but it was sort of odd when you feel massive and they're like "Oh you're not actually showing that much". (Heather)

These findings are similar to what has been found in previous research, as women feel the body becomes the focus of public attention (Bailey, 1999, 2001; Hodgkinson et al., 2014; Nash, 2014, p.24). Similarly, some women have expressed enjoying this (Hodgkinson et al., 2014; Johnson et al., 2004) and others find it intrusive (Bailey, 2001; Johnson et al., 2004). Comments from others have been shown to have negative impacts, particularly on women worrying about their pregnancy development (Bondas & Eriksson, 2001). Clark and colleagues (2009a) also identified that negative comments were one of the most important experiences that lead to lowered mood and to women feeling that they had put on too much weight. Furthermore, Nash (2012) also suggests that women's feelings about their weight may be associated with comments from other people and cues they may have put on too much weight. Additionally, in this study comments were considered negatively if they did not coincide with women's own opinions of their body. This is a unique finding, but it could be proposed that these comments invalidate women's own experience of their body.

Yet, in the postpartum, it is argued that the body is no longer as public (Upton & Han, 2003). Similarly, in this study one participant asserted, "*no one really cares how you look after you've had a baby*" (Elizabeth). Fewer women spoke about comments from others in the postpartum period, although there were some that did. Some shared positive and encouraging comments they received from friends and family. Angela received one negative comment from her sister

who told her she was still “*quite big*”, but argued that everyone else had been very supportive:

Post pregnancy would just be that one comment from my sister, but otherwise people are really nice, like comments I've had from this pregnancy so far people come in and they're like “Oh my gosh you look really good!”. (Angela)

Other women shared concern about their postpartum weight because they were worried about the expectations of other people. One participant worried that others might think she should have already lost her pregnancy weight, while another spoke negatively about the strong focus that her family and friends exhibited over her body shape in the postpartum:

It's one thing that everyone comments on. All your friends come around and they say “Can't believe how good you're looking for just having a baby” or something. Are they just saying that because that's what they think I want to hear? Then you have the other friends that are commenting that can't believe that I've still got my tummy. Then you know family were saying “Hey you need to lose the weight”. It's always a big thing. (Shirley)

Thus, it seems public scrutiny of the body may also be experienced in the postpartum, contrary to Upton and Han's argument (2003).

Partners as pillars of support

Partners were highlighted by a vast majority of the women as having a strong impact on the way they experienced their bodies. Partners were described

as being supportive, by helping women to adapt and cope positively with the changes they experienced both during pregnancy and in the postpartum:

I have a very very supportive boyfriend who always told me that I was pretty and looked nice and stuff the whole time I was pregnant. Whereas, if you didn't have that positive reinforcement all the time you might start to think down on yourself because it is a completely different way to what you normally are. (Patricia)

The women who felt more negatively about their bodies during pregnancy also described having supportive partners who helped them to feel better about themselves. For these women supportive partners may help dampen feelings of BID, but this was not enough to override their negative feelings. For example, Shirley explained:

I think it stopped me from jumping off a bridge, but it didn't make me feel good. (Shirley)

Of the four women who did not mention partners as being a strong source of support, one was single, two said their partners had not said anything, and one explained that she felt her husband was not happy and worried that he might cheat on her again:

I'd like him to be happier and he would be less likely to go looking around again. We've been there done that, but she was 8 years older than me and a lot bigger than me and had no children. So that does concern me too about the way

I look and if it would make him go wandering again because he is looking for better. (Judith).

This finding is similar to findings by Ogle and colleagues (2011), that husbands' reassurances and support were considered positively and helped to reduce women's anxieties. Similarly, husbands who express negative reactions to the body have been shown to influence self-esteem (Nash, 2012). In this case, a negative reaction from a partner led to anxieties around continued infidelity. These findings suggest that partners may help foster positive body image during pregnancy and the postpartum. However, there has been little research on this topic.

Personal histories

A few women mentioned their personal histories as having an impact on the way they felt about their pregnant and postpartum bodies. Several women described family environments and upbringing as having an impact on their attitude towards their body. For example, when Kimberly was asked what she thought influenced her negative feelings about her pregnant body she responded:

I'd definitely say, childhood, super fit, super skinny, super slim, whatever. Teenage years put on quite a bit of weight and was teased by my dad. So I think that had kind of like a negative effect on me and how you're supposed to look and blahblah. Just getting those little comments from him and stuff like that. So I think that has had quite a fair bit to play on the fact that I'm just really cautious of how I look and how other people would perceive me as well as how I would perceive myself. So, yeah I think that is a major

factor, but I worked really hard to get to the weight I was before I was pregnant. (Kimberly)

Whereas a couple of other women attributed a positive upbringing that did not value appearance as helping them to adapt positively to their pregnant bodies. As Angela explained:

It's not like I have parents who would say that I'm overweight or I need to work on things. I was never picked on for those reasons that would influence; it hasn't had a negative influence on me. (Angela)

Pre-pregnancy attitudes also influenced the way women reacted to their increased breast size. This was discussed earlier under *Enjoying other changes, especially bigger breasts*.

This suggests that these women's personal histories influenced their attitudes towards their body shape and weight, which influenced the way they were able to adapt to changes to their body. The women who previously considered body image salient were more likely to be concerned about their weight change, whereas those who did not consider their appearance as important adapted without being as concerned. However, only a few women mentioned their history as having an impact. Similarly, in previous research pre-pregnancy attitudes have been highlighted as very important to the experience of weight and shape changes during pregnancy and the postpartum (Devine et al., 2000; Duncombe et al., 2008; Fairburn & Welch, 1990; Skouteris et al., 2005).

The work environment

The work environment was identified by a few participants as having an impact on their experience of body image in the postpartum. In particular, these participants wanted to ‘prove’ themselves at work, to show they were still capable, to avoid being judged as different and less effective due to their new role of motherhood. For one participant, her corporate work environment caused her to feel a lot of pressure to lose weight, because she wanted to be the size she was before pregnancy when she returned to work:

I've got an email saying "Hey we want you to come away for 2 days at work in 4 weeks' time". They want to promote me, so that's a huge thing, so that is really cool, but it's like 'Oh my god I can't go in 4 weeks' time looking like a mum!' I have to be in a power suit. I have to look the part. I have to act the part and really I feel like a Heffalump. So that puts a lot of pressure on and I don't know if that's just me putting it on myself, but I know because all our executives are men at the moment, there's probably one female, and so you know what they say and I don't want to be that person that they're like "Oh my god Shirley has really let herself go since she had a baby". (Shirley)

Another participant, Jessica, did not feel she needed to lose weight; she felt she needed to present herself as “*together and collected*” at work to prevent judgment:

Now I do feel like I have to present myself much more together and collected just so that I feel more put together

in contrast to when I'm just at home. That's the big thing. That's the big change. My clothes are much tidier, my presentation is much tidier, not my desk, but everything else is versus what it used to be. I never used to care as much, now I do and the only thing that is different is the pregnancy and being a mother. I feel like when I'm here at work, almost to stave off any criticisms of trying to work and be a mother I need to be together, well presented, that sort of thing. Then when I'm at home it is exercise pants and a T-shirt type thing. (Jessica)

The idea that women may feel differently at work due to becoming a mother has been described before (Bailey, 1999). It is argued that women may be judged harshly as their femininity becomes obvious in the “genderless sphere of work” (Bailey, 2001, p.123) and women may be seen as less dedicated to their work roles as their attention may be relocated to the home (Hodgkinson et al., 2014).

Summary

Six key themes emerged when women spoke about their experiences of body image during pregnancy and in the postpartum.

Theme one, *Feeling lucky, proud, excited, and beautiful during pregnancy* described aspects of pregnancy that some women enjoyed. Women described being able to appreciate the function of the body and prioritize the health of their baby, leaving them less concerned about their physical appearance. Some women were able to enjoy the pregnancy ‘bump’ as weight gain in this area was excused and women felt lucky as their body changed in acceptable ways that they were

able to appreciate. This suggests social ideals of feminine beauty may be relaxed or less important during pregnancy, particularly as women's focus turns more toward health and excitement for the growing baby. However, ideals may still operate and there may be limitations around the extent of changes that women experience as positive, as lower levels of weight gain were considered more acceptable and bigger breasts were appreciated for their aesthetic value, although this did depend on pre-pregnancy attitudes.

Theme two, *Feeling worried, unhappy, self-conscious and different during pregnancy* described aspects of pregnancy that women did not like. Women who thought they gained an excessive amount of weight felt self-conscious and often tried to hide their bodies. Women were concerned about weight gain that was not confined to the abdomen, or their baby bump when it did not form the way they expected. Women often expressed apprehension and anxiety around the way the body would change during pregnancy, fearing excessive weight gain and other negative changes such as stretch marks. The early stages of pregnancy were influenced by women's fear that they would be mistaken as fat rather than pregnant. This suggests there may be some expectations around how the body should change during pregnancy, with some changes viewed negatively and considered unacceptable. Further, pregnancy may be a time when changing away from cultural ideals (thinness) is legitimized, but only to a certain extent. The pregnant body was also considered out of place in some locations, causing two women to feel they did not fit in, suggesting that motherhood may be considered incongruent with some activities.

Theme three, *Discontent with the postpartum body* described the way women were more dissatisfied in the postpartum, with all women expressing some

desire to alter and improve their bodies in some way. Most women engaged in strategies to change the body, either to focus on certain areas or for more general weight loss. Strategies included exercise, diet changes, and even surgery. Barriers faced by women trying to alter their postpartum bodies included childcare, lack of motivation and energy, struggling to find the time, and needing to breastfeed. Many women wanted to reclaim their pre-pregnancy bodies as they were satisfied with the way they had looked; some pregnant women were even thinking forward to get their body back in the postpartum. Some women were not happy with their bodies before pregnancy and continued wanting to improve their appearance. A minority of women expressed content with their bodies, whilst still describing a desire for improvement. Discontent with the postpartum body and desire to change the body were described as being important to most women, but only a few women exhibited distress. Motherhood was often prioritized over strategies to alter the body. This suggests that whilst discontent in the postpartum was important to many women, the demands of motherhood took precedence.

Theme four, *Images of motherhood in the postpartum* described the way that women's self-image and sense of identity changed in the postpartum, with one woman feeling more feminine and as though she needed to separate the different roles she had. A few other women described feeling that they needed to change the way they presented themselves, to be more appropriate as a 'mother'. This suggests there are different expectations around suitable appearances of a mother. Motherhood was also described as helping women to cope with the negative aspects of body change in the postpartum, as women felt their baby made the changes worthwhile.

Theme five, *The influential media* highlighted the way that women were able to identify the influence of idealized images in the media, and the unrealistic expectations they create. Women felt that images portrayed on a variety of media platforms set standards of the way women should look, through the portrayal of thin models and celebrities. These unrealistic expectations appeared to be disheartening to postpartum women. One woman also identified the portrayal of pregnant women in the media as being idealized and unrealistic. Many women described that the portrayal of postpartum celebrities in the media was unrealistic. This suggests women are aware of the influence that the media can have on their desire to look a certain way, and their expectations for pregnancy and the postpartum.

Theme six, *Social influences* discussed the impact that others have on women's experiences of pregnancy. Women often utilized other women's experiences and engaged in comparisons to guide their aspirations for their pregnant and postpartum bodies, with deviations from these targets able to cause distress. Many women described pregnancy as a public event with other people often commenting on their body, which was enjoyed by some, but considered invasive by others. Fewer women spoke about their body as public in the postpartum, but a few women did experience comments towards their body and felt that other people influenced their expectations for their postpartum body. Partners were described by most women as being an important source of support, able to help women to adapt positively to the body changes they experienced during pregnancy and in the postpartum. Women's upbringing and pre-pregnancy attitudes were described by a few women as influencing the way they adapted to pregnancy. A few women described their work environment as having an impact on their desire to return to pre-pregnancy weight, or to present themselves

professionally in the postpartum as they wanted to prove they were still capable at work despite becoming a mother. This suggests that the social environment and reactions of other people have the potential to influence whether women adapt positively to the bodily changes that accompany pregnancy and the postpartum.

Chapter Five: Conclusion

This research aimed to explore what women think and feel about changes to their body during pregnancy and the postpartum, and to explore what factors women think influence these feelings and perceptions of their body. Previous research has identified many different factors that may influence the way women feel about their bodies during these periods. These identified factors were related to a wide range of feelings about body image, both positive and negative, and many that were not limited to aesthetics. A critical review of the literature uncovered many gaps and limitations in the current research, highlighting the importance of seeking women's understandings of their experiences of body image.

Sixteen semi-structured interviews were conducted with women in the third trimester of pregnancy or the first year postpartum. Thematic analysis was used to identify six main themes and eighteen subthemes to encapsulate the varieties of experiences and influences. Women described a diversity of experiences and emotions about body image, varying in part due to differences in the physical changes they experienced, and in their personal reactions to those changes, reflected in the variety of themes found in the data.

Many of the women in the current research had an overall positive reaction to the pregnant body; this is similar to some previous findings that women can adapt positively to the bodily changes of pregnancy due to their appreciation of the function the body is performing (Chang et al., 2006; Clark et al., 2009a; Clark et al., 2009b; Seibold, 2004). Deviations from societal ideals appear to be acceptable and legitimized at this time, particularly weight gain in the abdomen once it is obviously due to pregnancy. The concern that women exhibited about

looking overweight rather than pregnant in early pregnancy was consistent with previous research (Bailey, 1999; Clark et al., 2009a; Hodgkinson et al., 2014; Johnson et al., 2004; Nash, 2012, 2014); it suggests bodily change becomes acceptable once it is clear it is due to pregnancy, as opposed to being overweight, with all its negative connotations. However, some standards of ideal feminine beauty may be maintained during pregnancy, as the women in this study expressed concern about the way the body would change, readily embraced changes congruent with feminine beauty, and only accepted weight gain to a certain extent. Indeed, the participants who felt most negatively about their bodies during pregnancy were the women who experienced perceived excessive weight gains or other changes not consistent with ideals of feminine beauty.

One woman with a history of an eating disorder also felt positively about her pregnant body. She described feeling less concerned about her appearance; this was consistent with some of the clinical literature on eating disorders during pregnancy (Clark & Ogden, 1999; Crow et al., 2008; Davies & Wardle, 1994; Micali et al., 2007; Rocco et al., 2005; Ward, 2008). However, it is unclear how eating disorders and body image are related during pregnancy and the postpartum, as more research is needed in this area.

The idea that pregnant women may feel out of place in certain locations such as the gym and clubs was a relatively new finding to this study; no other research on this topic spoke about women's experiences of place. This theme emerged spontaneously in the current study in two interviews, perhaps because it was more salient for these women. It is not clear whether this is an emerging issue, or one peculiar to this place and time for New Zealand women, or a product of the focus of these interviews, but it merits further exploration.

Discontent with the postpartum body and the finding that most women desired at least some improvement to their appearance supports the previous body of literature that BID is much more likely in the postpartum period (Clark et al., 2009a; Hodgkinson et al., 2014; Nash, 2015; Patel et al., 2005; Rallis et al., 2007). Women attempting to change the body in the postpartum experienced barriers, such as finding childcare, motivation, energy, time, and needing to breastfeed, consistent with those barriers identified in previous research (Downs & Hausenblas, 2004; Groth & David, 2008; Montgomery et al., 2011; Montgomery et al., 2013). The desire for improvement, or reclamation of the body in the postpartum was of varying importance as body image was prioritized differently among women. This was also revealed in some previous research findings (Clark et al., 2009a; Jordan et al., 2005; Ogle et al., 2011; Patel et al., 2005), and suggests that BID is not always associated with distress, but that the way it is experienced depends on other factors. Indeed, some women described a long-term change in attitude toward their body, alongside their transition to motherhood.

The idea that motherhood is incongruent with some other roles such as sexuality and work has been discussed in other studies (Hodgkinson et al., 2014; Bailey, 2001), and was apparent in the findings of the current research, although the idea that mothers should dress ‘appropriately’ to being a mother was interesting and warrants more investigation. Motherhood also meant that some aspects of the postpartum body such as retaining weight, losing tone, and having stretch marks, were easier to cope with as they were seen as worthwhile to many of the women. Similarly, several other studies have described a reprioritization of body image below that of motherhood (Clark et al., 2009a; Ogle et al., 2011; Patel et al., 2005).

The media was described by some women as influencing standards of beauty and creating unrealistic expectations in the postpartum period. Previous content analysis of media also highlights the unrealistic standards portrayed by the media (Gow et al., 2012), but it is unclear exactly how this influence operates, particularly as findings from the current study suggest women may be quite conscious of media portrayals and know the images are unrealistic. In particular, women in the present study expressed awareness of the unrealistic nature of celebrity images when describing their comparisons to celebrity targets. Conversely, comparisons to sisters were considered more relevant. In the current study, women's experiences and engagement in social comparisons helped them to assess their development, and create expectations as to how the body might change. This was consistent with some previous research (Bondas & Eriksson, 2001; Chang et al., 2006).

Pregnancy was experienced as a public event, but women differed in the way they reacted. Indeed, previous research has found that women experience increased scrutiny of the pregnant body, which some women enjoy and some do not (Bailey, 2001; Hodgkinson et al., 2014; Johnson et al., 2004). Findings from this research also suggest women continue to experience comments from others and social expectations to lose weight in the postpartum. Partners were identified as helping women to cope with changes and dampen feelings of BID. Research is limited on the influence of partners, but initial findings from other studies also suggest that partners may play an important role in positive adaptation to bodily changes during pregnancy and the postpartum (Nash, 2012; Ogle et al., 2011).

Pre-pregnancy attitudes have been highlighted as being important in women's reactions to their changing bodies in some studies (Devine et al., 2000;

Duncombe et al., 2008; Fairburn & Welch, 1990; Skouteris et al., 2005), although many other studies did not consider pre-pregnancy attitudes. In this study, personal histories and pre-pregnancy attitudes were only identified by a few participants, but those who described pre-pregnancy body image as more salient were more likely to be concerned about their body.

Findings from this research along with that of previous studies suggest that body image during pregnancy and in the postpartum is not limited to aesthetics; rather women also experience the functionality of the body more acutely and the transition to motherhood influences the way the body is viewed and experienced.

Limitations & Strengths

Firstly, this research is limited by the retrospective reporting of pregnancy and pre-pregnancy. All women interviewed recalled information about their experiences before pregnancy and many recalled their experiences of pregnancy from the perspective of the postpartum. It is argued that retrospective reporting is limited as it is influenced by the current reality (Skouteris et al., 2005). For example, in their research, Skouteris and colleagues (2005) emphasize that the experience of pregnancy itself may mean that women's view of pre-pregnancy becomes distorted. This may also mean that views of pregnancy may become distorted by the postpartum. However, it would not have been possible to conduct a longitudinal study that followed women from pre-pregnancy to postpartum due to time and budget constraints.

The women in this study were also interviewed at different stages, which was both a strength and a limitation. The pregnant women were all relatively similar, being interviewed in the third trimester; however, women in the postpartum varied a lot. These women were interviewed from as early as 1 month

postpartum, to as late as 14 months postpartum. This may have affected the results, as different influences may have been more salient at different times. Further, there was a mixture of both multiparous and primiparous women, who may experience body image differently, although there did not appear to be systematic differences in the themes among these diverse women.

Next, interviewer effects may have had an impact on the information that was gathered. The characteristics of the interviewer may have influenced what the participants chose to share (Davies, 2010) and thus, the knowledge created in the interview (Curtis & Curtis, 2011). The interviewer was a female in her early twenties who had never been married and was nulliparous, this may have limited the information gathered as it meant that women chose not to share certain experiences. On the other hand, it could have improved the information gathered as the respondents may have felt the interviewer would be relatively uninformed and chose to share their experiences in richer detail.

Stronger or unusual views may have been encountered than what is typical, as the participants who chose to take part may have done so because the topic was of particular salience to them, because they feel particularly strongly about it, or because they feel their experience was abnormal. In addition, the actual interviews may have been influenced by social acceptability, whereby women may have said things to the interviewer because they felt it was what they *should* think or feel.

This study does not intend to be generalizable, and the sample was not intended to be representative. However, the hypotheses and logical inferences that can be drawn from the findings are limited, as the group of women who participated in the study was homogenous and restricted to mostly women who

were white, well-educated, middle-class, and in heterosexual relationships. As such, this limits the applicability of findings, which may not be as relevant to women of other socioeconomic status, ethnicity, and sexual orientation. However, the findings are comparable to previous research as the majority of studies conducted have the same restricted samples in culturally similar western countries, such as the USA, UK, and Australia. The New Zealand context is still likely to differ so this study may provide some unique insights.

Finally, as with all research, this research is limited by the researcher's perspective (Yin, 2011). The primary researcher was a young adult conducting the research as part of her postgraduate study. She therefore had limited experience with conducting research and the project was dependent on her interview skills, data gathering ability, and her interpretation of the information from a critical realist stance. However, two experienced researchers did supervise and help guide the project.

Despite these common limitations, this research has contributed new material gleaned from in-depth interviews. This material is able to provide insight into the experience of body image among New Zealand women, where research is scarce. Through recruiting women in various stages of motherhood, it is able to provide understanding of experiences both during pregnancy and in the postpartum. Although specific to this group, it is likely that the findings are at least somewhat reflective of similar women, as a variety of recruitment methods were used and interviews were conducted until the data saturation point was reached.

This study also took the notion of body image broadly, asking questions that were open and did not assume that body image was restricted to weight and

appearance. Women were open and able to talk about sensitive subjects and feelings that were not limited to aesthetics or negative reactions. This openness and broad understanding of body image may have influenced the interesting findings that others had not heard about such as place, motherhood, and clothing.

As long as these limitations are considered, and the findings understood within this context, this research is still able to provide rich insights to contribute to the development of knowledge in this area.

Ideas for Future Research

Through the process of conducting this research, it has become apparent that there is a need for more research on a variety of different topics, particularly research based in New Zealand. For example, there is a lack of research on the prevalence of BID among men and women in New Zealand and it would be beneficial for future research to explore this.

Future research should continue to explore the way women view their bodies during pregnancy and the postpartum, particularly research that considers pre-pregnancy attitudes, and if possible follows the same women through pregnancy and the postpartum. In particular, qualitative and quantitative insights into the association between depression and body image during and after pregnancy would be beneficial, to find more out about whether BID can be causal in the development of depression. Research on the impact of body image disturbance during pregnancy on eating behaviour and preexisting eating disorders would also be valuable.

The media has been identified in previous research as having a strong influence on the development of body image among women. The women in this study also identified the media as having a strong influence on the way they felt

about their bodies. However, current research has focused more on analysis of media content rather than exploring women's reactions to the media. Future research that examines women's responses to material in the media would be useful, particularly research that focuses on pregnant and/or postpartum women.

Finally, a few unique findings in this study warrant further exploration. These include women's experiences of different places throughout pregnancy and postpartum, the influence of partners, and the nature of changes to women's lives when they become mothers, such as experiences of sexuality, clothing choices, and behaviour they deem 'appropriate'. Future research should endeavour to find out more about these issues.

Overall, findings from this study and those from previous research suggest that pregnancy is a time when ideals of feminine beauty are relaxed, allowing women to react positively to bodily changes due to pregnancy once it is obvious they are pregnant. However, ideals do still appear to operate to some extent as some changes are considered more acceptable than others are. In the postpartum, body image tends to be a lot more negative, but the importance of this BID depends on other priorities in women's lives. Women differ in the way they react to changes, and this depends on a plethora of other factors, including individual differences in the actual changes they experience. Some factors encourage positive adaption to bodily changes, whereas other factors influence negative reactions.

This research has explored the diverse experiences of 16 women kind enough to share their experiences. The insight into the way body image was experienced and the factors to which these women attributed their feelings will help to broaden understanding of the way women experience body image during

pregnancy and in the postpartum. This exploratory study has illustrated the complexity in women's experiences of body image and identified many gaps in the current research. It is hoped that this research will encourage others to conduct more research in this area to enhance understanding of such an important period of change in women's lives.

References

- Al Sabbah, H., Vereecken, C.A., Elgar, F.J., Nansel, T., Aasvee, K., Abdeen, Z., Ojala, K., Ahluwalia, N., & Maes, L. (2009). Body weight dissatisfaction and communication with parents among adolescents in 24 countries: international cross-sectional survey. *BMC Public Health*, *9*(1), 52-62. doi: 10.1186/1471-2458-9-52
- Anderson, A.E., & DiDomenico, L. (1992). Diet vs. shape content of popular male and female magazines: a dose-response relationship to the incidence of eating disorders? *International Journal of Eating Disorders*, *11*(3), 283-287. doi: 10.1002/1098-108X(199204)11:3<283::AID-EAT2260110313>3.0.CO;2-O
- Ata, R.N., Ludden, A.B., & Lally, M.M. (2007). The effects of gender and family, friend and media influences on eating behaviors and body image during adolescence. *Journal of Youth and Adolescence*, *36*(8), 1024-1037. doi: 10.1007/s10964-006-9159-x
- Bailey, L. (1999). Refracted selves? A study of changes in self-identity in the transition to motherhood. *Sociology*, *33*(2), 335-352. doi: 10.1017/S0038038599000206
- Bailey, L. (2001). Gender shows: First-time mothers and embodied selves. *Gender and Society*, *15*(1), 110-129. doi: 10.1177/089124301015001006
- Bondas, T., & Eriksson, K. (2001). Women's lived experiences of pregnancy: a tapestry of joy and suffering. *Qualitative Health Research*, *11*(6), 824-840. doi: 10.1177/104973201129119415
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101. doi: 10.1191/1478088706qp063oa

- Brewis, A.A., & McGarvey, S.T. (2000). Body image, body size, and Samoan ecological and individual modernization. *Ecology of Food and Nutrition*, 39(2), 105-120. doi: 10.1080/03670244.2000.9991609
- Bucchianeri, M.M., Arikian, A.K., Hannan, P.J., Eisenberg, M.E., & Neumark-Sztainer, D. (2013). Body dissatisfaction from adolescence to young adulthood: findings from a 10-year longitudinal study. *Body Image*, 10(1), 1-7. doi: 10.1016/j.bodyim.2012.09.001
- Bucchianeri, M.M., & Neumark-Sztainer, D. (2014). Body dissatisfaction: an overlooked public health concern. *Journal of Public Mental Health*, 13(2), 64-69. doi: 10.1108/JPMH-11-2013-0071
- Cafri, G., Yamamiya, Y., Brannick, M., & Thompson, K. (2005). The influence of sociocultural factors on body image. A meta-analysis. *Clinical Psychology: Science and Practice*, 12(4), 421-433. doi: 10.1093/clipsy.bpi053
- Carter, S.K. (2010). Beyond control: body and self in women's childbearing narratives. *Sociology of Health & Illness*, 32(7), 993-1009. doi: 10.1111/j.1467-9566.2010.01261.x
- Carter-Edwards, L., Ostbye, T., Bastian, L.A., Yarnall, K.S., Krause, K.M., & Simmons, T. (2009). Barriers to adopting a healthy lifestyle: insight from postpartum women. *BMC Research Notes*, 2(1), 161-164. doi: 10.1186/1756-0500-2-161
- Cash, T.F., & Fleming, E.C. (2002). The impact of body image experiences: development of the body image quality of life inventory. *International Journal of Eating Disorders*, 31(4), 455-460. doi: 10.1002/eat.10033

- Chae, J. (2014). Interest in celebrities' post-baby bodies and Korean women's body image disturbance after childbirth. *Sex Roles, 71*(11-12), 419-435. doi: 10.1007/s11199-014-0421-5
- Chang, S., Chao, Y., Kenney, N.J. (2006). I am a woman and I'm pregnant: body image of women in Taiwan during the third trimester of pregnancy. *Birth, 33*(2), 147-153. doi: 10.1111/j.0730-7659.2006.00087.x
- Clark, M., & Ogden, J. (1999). The impact of pregnancy on eating behaviour and aspects of weight concern. *International Journal of Obesity, 23*(1), 18-24. doi: 10.1038/sj.ijo.0800747
- Clark, A., Skouteris, H., Wertheim, E.H., Paxton, S.J., & Milgrom, J. (2009a). My baby body: a qualitative insight into women's body-related experiences and mood during pregnancy and the postpartum. *Journal of Reproductive and Infant Psychology, 27*(4), 330-345. doi: 10.1080/02646830903190904
- Clark, A., Skouteris, H., Wertheim, E.H., Paxton, S.J., & Milgrom, J. (2009b). The relationship between depression and body dissatisfaction across pregnancy and the postpartum: a prospective study. *Journal of Health Psychology, 14*(1), 27-35. doi: 10.1177/1359105308097940
- Crow, S.J., Agras, W.S., Crosby, R., Halmi, K., & Mitchell, J.E. (2008). Eating disorder symptoms in pregnancy: a prospective study. *International Journal of Eating Disorders, 41*(3), 277-279. doi: 0.1002/eat.20496
- Cunningham, H. (2002). Prodigious bodies: pop culture and post-pregnancy. *Michigan Quarterly Review, 41*(3), 428-454.
- Curtis, B., & Curtis, C. (2011). *Social research: A practical introduction*. London, UK: Sage.
- Curtis, C., & Loomans, C. (2014). Friends, family, and their influence on body image dissatisfaction. *Women's Studies Journal, 28*(2), 39-56.

- Czarniawska, B. (2014). *Social science research: From field to desk*. London, UK: Sage.
- Davies, J. (2010). Preparation and process of qualitative interviews and focus groups. . In L. Dahlberg & C. McCaig (Eds.), *Practical research and evaluation: A start-to-finish guide for practitioners* (pp.126-144). London, UK: Sage.
- Davies, K., & Wardle, J. (1994). Body image and dieting in pregnancy. *Journal of Psychosomatic Research*, 38(8), 781-799. doi: 10.1016/0022-3999(94)90067-1
- Devine, C.M., Bove, C.F., & Olson, C.M. (2000). Continuity and change in women's weight orientations and lifestyle practices through pregnancy and the postpartum period: the influence of life course trajectories and transitional events. *Social Science & Medicine*, 50(4), 567-582. doi: 10.1016/S0277-9536(99)00314-7
- DiPietro, J.A., Millet, S., Costigan, K.A., Gurewitsch, E., & Caulfield, L.E. (2003). Psychosocial influences on weight gain attitudes and behaviors during pregnancy. *Journal of the American Dietetic Association*, 103(10), 1314-1319. doi: 10.1016/S0002-8223(03)01070-8
- Dittmar, H., Halliwell, E., & Ive, S. (2006). Does Barbie make girls want to be thin? The effect of experimental exposure to images of dolls on the body image of 5 to 8 year old girls. *Developmental Psychology*, 42(2), 283-292. doi: 10.1037/0012-1649.42.2.283
- Downs, D.S., DiNallo, J.M., & Kirner, T.L. (2008). Determinants of pregnancy and postpartum depression: prospective influences of depressive symptoms, body image satisfaction, and exercise behaviour. *Annals of Behavioral Medicine*, 36(1), 54-63. doi: 10.1007/s12160-008-9044-9

- Downs, D.S., & Hausenblas, H.A. (2004). Women's exercise beliefs and behaviors during their pregnancy and postpartum. *Journal of Midwifery and Women's Health, 49*(2), 138-144. doi: 10.1016/j.jmwh.2003.11.009
- Duncombe, D., Wertheim, E.H., Skouteris, H., Paxton, S.J., & Kelly, L. (2008). How well do women adapt to changes in their body size and shape across the course of pregnancy? *Journal of Health Psychology, 13*(4), 503-515. doi: 10.1177/1359105308088521
- Earle, S. (2003). "Bumps and boobs": fatness and women's experiences of pregnancy. *Women's Studies International Forum, 26*(3), 245-252. doi: 10.1016/S0277-5395(03)00054-2
- Engeln-Maddox, R. (2005). Cognitive responses to idealized media images of women: the relationship of social comparison and critical processing to body image disturbance in college women. *Journal of Social and Clinical Psychology, 24*(8), 1114-1138. doi: 10.1521/jscp.2005.24.8.1114
- Erbil, N., Senkul, A., Basara, G.F., Saglam, Y., & Gezer, M. (2012). Body image among Turkish women during the first year postpartum. *Health Care for Women International, 33*(2), 125-137. doi: 10.1080/07399332.2011.603977
- Fairburn, C.G., & Welch, S.L. (1990). The impact of pregnancy on eating habits and attitudes to shape and weight. *International Journal of Eating Disorders, 9*(2), 153-160. doi: 10.1002/1098-108X(199003)9:2<153::AID-EAT2260090204>3.0.CO;2-8
- Fear, J.L., Bulik, C.M., & Sullivan, P.F. (1996). The prevalence of disordered eating behaviours and attitudes in adolescent girls. *New Zealand Journal of Psychology, 25*(1), 7-12.

- Fox, P., & Yamaguchi, C. (1997). Body image change in pregnancy: a comparison normal weight and overweight primigravidas. *Birth, 24*(1), 35-40. doi: 10.1111/j.1523-536x.1997.00035.pp.x
- Fuller-Tyszkiewicz, M., Skouteris, H., Watson, B., & Hill, B. (2012). Body dissatisfaction during pregnancy: a systematic review of cross-sectional and prospective correlates. *Journal of Health Psychology, 18*(11), 1411-1421. doi: 10.1177/1359105312462437
- Gjerdingen, D., Fontaine, P., Crow, S., McGovern, P., Center, B., & Miner, M. (2009). Predictors of mothers' postpartum body dissatisfaction. *Women & Health, 49*(6), 491-504. doi: 10.1080/03630240903423998
- Gow, R.W., Lydecker, J.A., Lamanna, J.D., & Mazzeo, S.E. (2012). Representations of celebrities' weight and shape during pregnancy and postpartum: a content analysis of three entertainment magazine websites. *Body Image, 9*(1), 172-175. doi: 10.1016/j.bodyim.2011.07.003
- Grabe, S., Hyde, J.S., & Lindberg, S.M. (2007). Body objectification and depression in adolescents: the role of gender, shame, and rumination. *Psychology of Women Quarterly, 31*(2), 164-175. doi: 10.1111/j.1471-6402.2007.00350.x
- Grabe, S., Ward, L.M., & Hyde, J.S. (2008). The role of the media in body image concerns among women: a meta-analysis of experimental and correlational studies. *Psychological Bulletin, 134*(3), 460-476. doi: 10.1037/0033-2909.134.3.460
- Greenberg, B.S., Eastin, M., Hofschire, L., Lachlan, K., & Brownell, K.D. (2003). Portrayals of overweight and obese individuals on commercial television. *American Journal of Public Health, 93*(8), 1342-1348. doi: 10.2105/AJPH.93.8.1342

- Grogan, S. (2008). *Body Image: Understanding Body Dissatisfaction in Men, Women and Children* (2nd ed). East Sussex, England: Routledge
- Groth, S.W., & David, T. (2008). New mothers' views of weight and exercise. *The American Journal of Maternal Child Nursing*, 33(6), 364-370. doi: 10.1097/01.NMC.0000341257.26169.30
- Harrison, K. (2008). Adolescent body image and eating in the media: trends and implications for adolescent health. In P.E. Jamieson & D. Tomer (Eds.), *Changing Portrayal of Adolescents in the Media Since 1950* (pp.165-197). New York, NY: Oxford University Press.
- Hesse-Biber, S., Leavy, P., Quinn, C.E., & Zoino, J. (2006). The mass marketing of disordered eating and eating disorders: the social psychology of women, thinness and culture. *Women's Studies International Forum*, 29(2), 208-224. doi: 10.1016/j.wsif.2006.03.007
- Hine, G. (2013). The changing shape of pregnancy in New Zealand women's magazines: 1970-2008. *Feminist Media Studies*, 13(4), 575-592. doi: 10.1080/14680777.2012.655757
- Hodgkinson, E.L., Smith, D.M., & Wittkowski, A. (2014). Women's experiences of their pregnancy and postpartum body image: a systematic review and meta-synthesis. *BMC Pregnancy and Childbirth*, 14(1), 330-340. doi: 10.1186/1471-2393-14-330
- Hoyt, W.D., & Kogan, L.R. (2001). Satisfaction with body image and peer relationships for males and females in a college environment. *Sex Roles*, 45(3), 199-215. doi: 10.1023/A:1013501827550
- Jenkin, W., & Tiggemann, M. (1997). Psychological effects of weight retained after pregnancy. *Women & Health*, 25(1), 89-98. doi: 10.1300/J013v25n01_06

- Johnson, S., Burrows, A., & Williamson, I. (2004). 'Does my bump look big in this?' The meaning of bodily changes for first-time mothers-to-be. *Journal of Health Psychology, 9*(3), 361-374. doi: 10.1177/1359105304042346
- Johnson, F., & Wardle, J. (2005). Dietary restraint, body dissatisfaction and psychological distress: a prospective analysis. *Journal of Abnormal Psychology, 114*(1), 119-125. doi: 10.1037/0021-843X.114.1.119
- Jordan, K., Capdevila, R., & Johnson, S. (2005). Baby or beauty: a Q study into post pregnancy body image. *Journal of Reproductive and Infant Psychology, 23*(1), 19-31. doi: 10.1080/02646830512331330965
- Keery, H., van den Berg, P., & Thompson, J.K. (2004). An evaluation of the tripartite influence model of body dissatisfaction and eating disturbance with adolescent girls. *Body Image, 1*(3), 237-251. doi: 10.1016/j.bodyim.2004.03.001
- Knauss, C., Paxton, S.J., & Alsaker, F.D. (2007). Relationships amongst body dissatisfaction, internalisation of the media body ideal and perceived pressure from media in adolescent girls and boys. *Body Image, 4*(4), 353-360. doi: 10.1016/j.bodyim.2007.06.007
- Kowal, S., & O'Connell, D.C. (2014). Transcription as a crucial step of data analysis. In U. Flick (ed.), *The sage handbook of qualitative data analysis* (pp.64-78). London, UK: Sage.
- Krisjanous, J., Richard, J.E., & Gazley, A. (2014). The perfect little bump: does the media portrayal of pregnant celebrities influence prenatal attachment? *Psychology and Marketing, 31*(9), 758-773. doi: 10.1002/mar.20732
- Labre, M.P., & Walsh-Childers, K. (2003). Friendly advice? Beauty messages in web sites of teen magazines. *Mass Communication and Society, 6*(4), 379-396. doi: 10.1207/S15327825MCS0604_3

- Larsson, G., & Andersson-Ellstrom, A. (2003). Experiences of pregnancy-related body shape changes and of breast-feeding in women with a history of eating disorders. *European Eating Disorders Review, 11*(2), 116-124. doi: 10.1002/erv.497
- Lawler, M., & Nixon, E. (2011). Body dissatisfaction among adolescent boys and girls: the effects of body mass, peer appearance culture and internalization of appearance ideals. *Journal of Youth and Adolescence, 40*(1), 59-71. doi: 10.1007/s10964-009-9500-2
- Leahey, T.M., Crowther, J.H., & Mickelson, K.D. (2007). The frequency, nature, and effects of naturally occurring appearance-focused social comparisons. *Behavior Therapy, 38*(2), 132-143. doi: 10.1016/j.beth.2006.06.004
- Leech, B.L. (2002). Asking questions: techniques for semi-structured interviews. *PS: Political Science and Politics, 35*(4), 665-668. doi: 10.1017/S1049096502001129
- Loth, K.A., Bauer, K.W., Wall, M., Berge, J., & Neumark-Sztainer, D. (2011). Body satisfaction during pregnancy. *Body Image, 8*(3), 297-300. doi: 10.1016/j.bodyim.2011.03.002
- McCarthy, M. (1990). The thin ideal, depression and eating disorders in women. *Behaviour Research and Therapy, 28*(3), 205-214. doi: 10.1016/0005-7967(90)90003-2
- Micali, N., Treasure, J., & Simonoff, E. (2007). Eating disorders symptoms in pregnancy: a longitudinal study of women with recent and past eating disorders and obesity. *Journal of Psychosomatic Research, 63*(3), 297-303. doi: 10.1016/j.jpsychores.2007.05.003

- Miller, E., & Halberstadt, J. (2005). Media consumption, body image and thin ideals in New Zealand men and women. *New Zealand Journal of Psychology, 34*(3), 189-195.
- Montgomery, K.S., Best, M., Aniello, T.B., Phillips, J.D., & Hatmaker-Flanigan, E. (2013). Postpartum weight loss: weight struggles, eating, exercise and breast-feeding. *Journal of Holistic Nursing, 31*(2), 129-138. doi: 10.1177/0898010112464120
- Montgomery, K.S., Bushee, T.D., Phillips, J.D., Kirkpatrick, T., Catledge, C., Braveboy, K., O'Rourke, C., Patel, N., Prophet, M., Cooper, A., Mosley, L., Parker, C., & Douglas, G.M. (2011). Women's challenges with postpartum weight loss. *Maternal and Child Health Journal, 15*(8), 1176-1184. doi: 10.1007/s10995-010-0681-9
- Morrill, A.C., & Chinn, C.D. (2004). The obesity epidemic in the United States. *Journal of Public Health Policy, 24*(3/4), 353-366. doi: 10.1057/palgrave.jphp.3190035
- Morry, M.M., & Staska, S.L. (2001). Magazine exposure: internalization, self-objectification, eating attitudes, and body satisfaction in male and female university students. *Canadian Journal of Behavioural Science, 33*(4), 269-279. doi: 10.1037/h0087148
- Morse, J.M., Niehaus, L., Varnhagen, S., Austin, W., & McIntosh, M. (2008). Qualitative researchers' conceptualizations of the risks inherent in qualitative interviews. In N. K. Denzin & M.D. Giardina (Eds.), *Qualitative inquiry and the politics of evidence* (pp.195-217). Walnut Creek, CA: Left Coast Press Inc.
- Murkoff, H., & Mazel, S. (2009). *What to Expect When You're Expecting*. Sydney, Australia: Harper Collins Publishers

- Nash, M (2012). Weighty matters: negotiating 'fatness' and 'in-betweenness' in early pregnancy. *Feminism & Psychology*, 22(3), 307-323. doi: 10.1177/0959353512445361
- Nash, M. (2014). Picturing mothers: a photovoice study of body image in pregnancy. *Health Sociology Review*, 23(3), 242-253. doi: 10.1080/14461242.2014.11081977
- Nash, M. (2015). Shapes of motherhood: exploring postnatal body image through photographs. *Journal of Gender Studies*, 24(1), 18-37. doi: 10.1080/09589236.2013.797340
- Neumark-Sztainer, D., Paxton, S.J., Hannan, P.J., Haines, J., & Story, M. (2006). Does body satisfaction matter? Five year longitudinal associations between body satisfaction and health behaviors in adolescent females and males. *Journal of Adolescent Health*, 39(2), 244-251. doi: 10.1016/j.jadohealth.2005.12.001
- Ngamanu, R.E. (2006). Body image attitudes amongst Maori and Pakeha females (Master's thesis). Available from University of Waikato Research Commons.
- NZ Psychological Society. (2002). *Code of ethics: For psychologists working in Aotearoa NZ*. Wellington, NZ: Author.
- Ogle, J.P., Tyner, K.E., & Schofield-Tomschin, S. (2011). Jointly navigating the reclamation of the "woman I used to be": negotiating concerns about the postpartum body within the marital dyad. *Clothing & Textiles Research Journal*, 29(1), 35-51. doi: 10.1177/0887302X10394170
- Patel, P., Lee, J., Wheatcroft, R., Barnes, J., & Stein, A. (2005). Concerns about body shape and weight in the postpartum period and their relation to

- women's self-identification. *Journal of Reproductive and Infant Psychology*, 23(4), 347-364. doi: 10.1080/02646830500273657
- Paxton, S.J., Neumark-Sztainer, D., Hannan, P.J., & Eisenberg, M.E. (2006) Body dissatisfaction prospectively predicts depressive mood and low self-esteem in adolescent boys and girls. *Journal of clinical child & Adolescent Psychology*, 35(4), 539-549. doi: 10.1207/s15374424jccp3504_5
- Presnell, K., Bearman, S.K., & Stice, E. (2004) Risk factors for body dissatisfaction in adolescent boys and girls: a prospective study. *International Journal of Eating Disorders*, 36(4), 389-401. doi: 10.1002/eat.20045
- Rallis, S., Skouteris, H., Wertheim, E.H., & Paxton, S.J. (2007). Predictors of body image during the first year postpartum: a prospective study. *Women & Health*, 45(1), 87-104. doi: 10.1300/J013v45n01_06
- Rauff, E.L., & Downs, D.S. (2011). Mediating effects of body image satisfaction on exercise behaviour, depressive symptoms, and gestational weight gain in pregnancy. *Annals of Behavioral Medicine*, 42(3), 381-390. doi: 10.1007/s12160-011-9300-2
- Rocco, P.L., Orbitello, B., Perini, L., Pera, V., Ciano, R.P., & Balestrieri, M. (2005). Effects of pregnancy on eating attitudes and disorders: a prospective study. *Journal of Psychosomatic Research*, 59(3), 175-179. doi: 10.1016/j.jpsychores.2005.03.002
- Rodgers, R.F., McLean, S.A., & Paxton, S.J. (2015). Longitudinal relationships among internalization of the media ideal, peer social comparison, and body dissatisfaction: implications for the tripartite influence model. *Developmental Psychology*, 51(5), 706-713. doi: 10.1037/dev0000013

- Rodin, J., Silberstein, L. R., & Striegel-Moore, R. H. (1984). Women and weight: a normative discontent. In *Nebraska Symposium on Motivation: Psychology and Gender* (pp. 267–307). Lincoln, NE: University of Nebraska Press.
- Roth, H., Homer, C., & Fenwick, J. (2012). “Bouncing back”: how Australia’s leading women’s magazines portray the postpartum ‘body’. *Women and Birth*, 25(3), 128-134. doi: 10.1016/j.wombi.2011.08.004
- Roulston, K. (2014). Analysing interviews. In U. Flick (ed.), *The sage handbook of qualitative data analysis* (pp.297-312). London, UK: Sage.
- Rubin, H.J., & Rubin, I.S. (2012). *Qualitative interviewing: The art of hearing data* (3rd ed.). Thousand Oaks, CA: Sage.
- Seibold, C. (2004). Young single women’s experiences of pregnancy, adjustment, decision-making, and ongoing identity construction. *Midwifery*, 20(2), 171-180. doi: 10.1016/S0266-6138(03)00057-3
- Sha, J., & Kirkman, M. (2009). Shaping pregnancy: representations of pregnant women in Australian women’s magazines. *Australian Feminist Studies*, 24(61), 359-371. doi: 10.1080/08164640903074936
- Silveira, M.L., Ertel, K.A., Dole, N., & Chasan-Taber, L. (2015). The role of body image in prenatal and postpartum depression: a critical review of the literature. *Archives of Women’s Mental Health*, 18(3), 409-421. doi: 10.1007/s00737-015-0525-0
- Skouteris, H. (2012). Pregnancy: Physical and Body Image Changes. In T.F. Cash (Ed.), *Encyclopedia of Body Image and Human Appearance* (Vol.2, pp.664-668). London, UK: Elsevier.
- Skouteris, H., Carr, R., Wertheim, E.H., Paxton, S.J., & Duncombe, D. (2005). A prospective study of factors that lead to body dissatisfaction during

pregnancy. *Body Image*, 2(4), 347-361. doi:

10.1016/j.bodyim.2005.09.002

Smith, M., & Bowers-Brown, T. (2010). Different kinds of qualitative data collection methods. In L. Dahlberg & C. McCaig (Eds.), *Practical research and evaluation: A start-to-finish guide for practitioners* (pp.111-125). London, UK: Sage.

Smith, M., & Davies, J. (2010). Qualitative data analysis. In L. Dahlberg & C. McCaig (Eds.), *Practical research and evaluation: A start-to-finish guide for practitioners* (pp.145-158). London, UK: Sage.

Stice, E., Marti, C.N., & Durant, S. (2011). Risk factors for onset of eating disorders: evidence of multiple risk pathways from an 8-year prospective study. *Behaviour Research and Therapy*, 49(10), 622-627. doi: 10.1016/j.brat.2011.06.009

Stice, E., & Shaw, H.E. (2002). Role of body dissatisfaction in the onset and maintenance of eating pathology: a synthesis of research findings. *Journal of Psychosomatic Research*, 53(5), 985-993. doi: 10.1016/S0022-3999(02)00488-9

Swami, V., Knight, D., Tovee, M.J., Davies, P., & Furnham, A. (2007). Preferences for female body size in Britain and the South Pacific. *Body Image*, 4(2), 219-223. doi: 10.1016/j.bodyim.2007.01.002

Swann, R.A., Holle, A.V., Torgersen, L., Gendall, K., Reichborn-Kjennerud, T., & Bulik, C.M. (2009). Attitudes towards weight gain during pregnancy: results from the Norwegian Mother and Child Cohort Study (MoBa). *The International Journal of Eating Disorders*, 42(5), 394-401. doi: 10.1002/eat.20632

- Sweeny, A.C., & Fingerhut, R. (2013). Examining relationships between body dissatisfaction, maladaptive perfectionism, and postpartum depression symptoms. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 42(5), 551-561. doi: 10.1111/1552-6909.12236
- Talwar, R., Carter, J.D., & Gleaves, D.H. (2012). New Zealand female body image: what roles do ethnicity and body mass play? *New Zealand Journal of Psychology*, 41(1), 69-75.
- Thomas, D.R., & Hodges, I.D. (2010). *Designing and managing your research project: Core knowledge for social and health researchers*. London, UK: Sage.
- Thompson, J.K., & Stice, E. (2001). Thin-internalization: mounting evidence for a new risk factor for body-image disturbance and eating pathology. *Current Directions in Psychological Science*, 10(5), 181-183. doi: 10.1111/1467-8721.00144
- Tiggemann, M. (2004). Body image across the adult life span: stability and change. *Body Image*, 1(1), 29-41. doi: 10.1016/S1740-1445(03)00002-0
- Upton, R.L., & Han, S.S. (2003). Maternity and its discontents: “getting the body back” after pregnancy. *Journal of Contemporary Ethnography*, 32(6), 670-692. doi: 10.1177/0891241603257596
- Walker, L.O. (1998). Weight-related distress in the early months after childbirth. *Western Journal of Nursing Research*, 20(1), 30-44. doi: 10.1177/019394599802000103
- Wang, Y., & Beydoun, M.A. (2007). The obesity epidemic in the United States—gender, age, socioeconomic, racial/ethnic, and geographic characteristics: a systematic review and meta-regression analysis. *Epidemiologic reviews*, 29(1), 6-28. doi: 10.1093/epirev/mxm007

- Ward, V.B. (2008). Pregnancy plus: eating disorders in pregnancy. *British Medical Journal*, 336(7635), 93-96. doi: 10.1136/bmj.39393.689595.BE
- Warren, S., & Brewis, J. (2004). Matter over mind? Examining the experience of pregnancy. *Sociology*, 38(2), 219-236. doi: 10.1177/0038038504040860
- Wiles, R. (1994). I'm not fat I'm pregnant: the impact of pregnancy on fat women's body image. In S. Wilkinson & C. Kitzinger (Eds.) *Women and health: Feminist perspectives*. London: Taylor & Francis Ltd
- Wiseman, C.V., Gray, J.J., Mosimann, J.E., & Ahrens, A.H. (1992). Cultural expectations of thinness in women: an update. *International Journal of Eating Disorders*, 11(1), 85-89. doi: 10.1002/1098-108X(199201)11:1<85::AID-EAT2260110112>3.0.CO;2-T
- Wykes, M., & Gunter, B. (2005). *The Media and Body Image*. London, England: Sage.
- Yin, R.K. (2011). *Qualitative research from start to finish*. New York, NY: The Guilford Press.

Appendix A: Interview Guide

Interview Schedule

So first I just want to ask some general questions, so I can get to know a little bit about you before we start of the main topic:

- How far along are you in your pregnancy? Or how old is your baby?
- Do you have any other children? How old are they?
- How old are you?
- How do you describe your ethnicity?
- Do you work? What do you do?
- What was your highest level of education?

Now I'd like to move onto the focus of my research. The questions that I am going to ask you are about your experiences during your pregnancy (and after), particularly the changes in your body size and shape- and how you felt about those changes.

Changes to body:

1. In what ways did your body shape change during pregnancy?
How would you describe the changes to your body during pregnancy?
2. How did you feel about your body shape changing during your pregnancy?
How did you feel about how your body looked?
How much did you care? Did this impact you in any way?
3. What factors do you think influence how you feel about your body?
If multiple pregnancies- has the way you feel changed over different pregnancies?
4. Has your changing/changed body shape had any other impacts on you?
 - o Have the changes in your body changed the way you dress? Why? Is your personal style different?
 - o Do you feel differently about yourself because of the changes?
I.e. do you feel differently about your body or yourself in general now than before you were pregnant?
If given birth: How about when you were pregnant?
5. Since giving birth have you been doing anything to change your body? If so what and why?
 - o How important are your efforts to change your body? Why? What factors do you think influence how important these efforts are to you?
Are you trying to return to your prepregnancy weight/shape? Is this important to you?

Reaction of Others:

6. Did other people react to your changing body? How did that make you feel/how did you react to that?
Think about what other people may have said to you or what you thought other people might be thinking
What about your partner(s), how did they react and how did that make you feel?

Other:

7. What advice would you give to someone just in the beginning of her first pregnancy about this whole issue? How about to someone who has just given birth?
8. Is there anything else you would like to share about your experience of your body changes during pregnancy?

Appendix B: Research Poster



Pregnant? Baby under one?

I'm a masters student at the University of Waikato and I'm conducting research on how women feel about changes to their body during and after pregnancy.
I will be interviewing and want to talk to you!
To participate you will need to be:

- In the last trimester of pregnancy OR have given birth in the last 12 months
- Aged over 18
- Have an hour or so free to meet with me and talk
- Be willing to talk to me about your experiences of body shape

**For more info contact Zoe on 0220800963 or
zal2@students.waikato.ac.nz**

Zoe 022 0800963 zal2@students.waikato.ac.nz								
--	--	--	--	--	--	--	--	--

Appendix C: Recruitment Email

Hi there,

I'm a masters student at the University of Waikato and I'm conducting research on how women feel about changes to their body during and after pregnancy. I will be interviewing women and would love it if you could share my research poster and information sheet with women who you think would meet the criteria.

To participate they will need to be:

- In the last trimester of pregnancy OR have given birth in the last 12 months
- Aged over 18
- Have an hour or so free to meet with me and talk
- Be willing to talk to me about experiences of body shape

Attached is a copy of my research poster and information sheet if you would like to share that.

Thanks!

Zoe Large
0220800963
zal2@students.waikato.ac.nz

Appendix D: Social Media Release

Hi everyone,

I'm doing my masters research on how women feel about changes to their body due to pregnancy. I will be interviewing women and would love it if you or anyone you know would like to participate!

I'm after women who are in the last trimester of pregnancy OR have given birth in the last 12 months. Participants must be over 18 and have about an hour free to talk to me, they also need to be willing to talk to me about their experiences of body shape during and after pregnancy.

If you or anyone you know is interested please contact me either through Facebook, mobile 0220800963 or email zal2@students.waikato.ac.nz and you will be sent more information.

If you could share this on your page that would be awesome 😊

Appendix E: Press Release

Media Release



13 July 2015

Women's experiences of body image during and after pregnancy

Pregnancy is a time of massive change for women's bodies that has the potential to cause either great happiness or distress for some women.

University of Waikato Masters student Zoe Large is conducting research which looks at women's experiences of body image during and after pregnancy

"Some research has been conducted on the way women feel about their bodies during and after pregnancy, and findings have been variable. Some women are positive about the changes to their body, some negative and others experience mixed emotions over the course of pregnancy and the postpartum," says Ms Large.

"Whilst many women have reported being happy with the changes to their bodies, there is a potential for significant distress for women who are dissatisfied with their body image and who may experience problems with depression, anxiety, low self-esteem and unhealthy eating," she adds.

For Ms Large, this potential highlights the importance of conducting in-depth research in this area and to explore the way women experience their body image during pregnancy and in the postpartum period.

"There is a particular need to conduct this research in New Zealand, as little research has been conducted in a New Zealand context before," she says.

Ms Large is studying towards her Master of Social Sciences, majoring in Psychology, in the Faculty of Arts & Social Sciences, under the supervision of Drs Carrie Barber and Cate Curtis. She is seeking research participants who are at least 18 years old and either in the last trimester of pregnancy (or will be soon) or who are in the first year of their baby's life.

Participants need to be located in the Waikato area and participation is completely anonymous.

"Participants will need to meet with me for an hour or so at a place that is convenient to them and participate in an interview, where I will ask them to share their experiences about the changes they went through during pregnancy, how they felt about their body and the factors they think influenced that," she says.

To find out more or if you would like to be involved with this research, please contact Zoe Large on 022 080 0963 or at zal2@students.waikato.ac.nz.

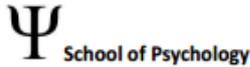
Media inquiries – Not for publication:

Rebecca Robinson | Marketing and Communications Coordinator
Faculty of Arts & Social Sciences | University of Waikato | rrob@waikato.ac.nz | 07 838 4608

Follow us on



Appendix F: Consent Form



CONSENT FORM

Research Project: Women's experiences of body shape during and after pregnancy

Please answer the following questions. Tick (✓) the appropriate box for each point.	YES	NO
1. I have read the Information Sheet and understand it.		
2. Any questions that I have, relating to the research, have been answered to my satisfaction. I understand that I can ask further questions about the research at any time during my participation.		
3. I know that taking part in this study is voluntary and I can withdraw up until one month after my interview.		
4. During the interview, I understand that I do not have to answer questions unless I am happy to talk about the topic. I can stop the interview at any time, and I can ask to have the recording device turned off at any time.		
5. I wish to view the transcript of the interview If yes, I understand that I will have two weeks after receiving my transcript to request any changes.		
6. I know that my participation in this study is anonymous so that anything I say which will identify me personally will not be used in the report.		
7. I know who to contact if I have any questions about the study.		
8. I agree to the interview being audio-recorded.		
9. I wish to receive a copy of the findings.		

Declaration by participant:

When I sign this consent form, I will retain ownership of my interview, but I give consent for the researcher to use the interview for the purposes of the research outlined in the Information Sheet. I understand that my identity will remain confidential in the presentation of the research findings.

Participant's name (Please print):

Signature:

Date:

Send my transcript and/or the summary of research findings to:

Member of research team:

Researcher's name/Signature/Date):

This research project has been approved by the Psychology Human Research Ethics Committee of the Faculty of Arts and Social Sciences. Any questions about the ethical conduct of this research may be directed to the convenor of the Psychology Research and Ethics Committee James McEwan (jmcewan@waikato.ac.nz; 07 838 4466 ex 8295.

Appendix G: Information Sheet

Information Sheet

You are invited to take part in a research project aimed at exploring how women feel about changes in their body during/after pregnancy, and the factors that influence the way they feel.

Women who are at least 18 years old, and in the last trimester of pregnancy or the first year of their baby's life are eligible to participate. All you have to do is meet up with me for an **hour or so** (depending on how much you have to share!) and participate in an interview at a place that mutually agreed upon. I'll have some questions for you, but it really is a chance for you to share your experiences about the changes you went through during pregnancy in the shape/size of your body: how you felt about your body and the factors you thought influenced that.

This interview will be audio-recorded and transcribed. If you would like to see the transcript of your interview, you will be sent this transcript within **two weeks**, and you will have **two weeks** to send it back to me with any changes or withdraw from the study. Therefore, with or without viewing a copy of your transcript you will have **one month** from your interview to withdraw from the study. If you do choose to withdraw the information you provided will be destroyed immediately.

Participation is completely **voluntary**. You do not have to answer all the questions in the interview and you may stop the interview at any point. Your participation is also anonymous. This means I will remove anything from your transcript that will personally identify you, your name will not be associated with your transcript and I will not use any information in the final report that will identify you as a participant (such as your name, address etc). Research data will be stored securely; any research materials that cannot be made anonymous (such as personal contact details and consent forms) will be kept **confidential** and only accessible by me and my supervisors at the University of Waikato.

The information you provide me, i.e. everything you talk about in the interview, will be analysed along with other information collected from other participants, and used to form a final thesis that will be submitted to the University of Waikato. This thesis may then be further disseminated by the University of Waikato and research articles may be developed from this thesis. If you would like to see a summary of the findings of the report, you may indicate so on your consent form.

Researcher: Zoe Large zal2@students.waikato.ac.nz 0220800963

Supervisors:

Dr Carrie Barber cbarber@waikato.ac.nz 07 8384466 ex 6685

Dr Cate Curtis ccurtis@waikato.ac.nz 07 8384466 ex8669

This research project has been approved by the Psychology Human Research Ethics Committee of the Faculty of Arts and Social Sciences. Any questions about the ethical conduct of this research may be sent to the convenor Dr James McEwan, jmcewan@waikato.ac.nz, 07 838 4466 ex6472.

Resources for Families

- **Waikato Family Centre** www.waikatofamilycentre.co.nz 07 834 2036 *“The Waikato Family Centre offers a free, friendly and helpful family support for any family/whanau with a child under 24 months of age. Trained and experienced staff can provide personal help and advice on a number of parenting concerns.”*
- **Perinatal Mental Health Service** www.waikatodhb.govt.nz 07 858 0924 *“provides early detection, identification and intervention of emotional and psychosocial difficulties in the perinatal period up to two years. They also see women who had a traumatic birth and those who have lost a baby.”*
- **Lifeline** www.lifeline.org.nz 0800 543 354 *is a telephone counselling service, it is free and available to call 24/7.*
- **Plunket** www.plunket.org.nz, **Plunketline:** 0800 933 922 *“is New Zealand’s largest provider of support services for the development, health and wellbeing of children under 5. Plunket works together with families and communities, to ensure the best start for every child.”*
- **Pregnancy Counselling Service** 0800 PREGNANT (0800 773 462) *“offer a 24/7 telephone counselling service for anyone with a pregnancy or abortion related issue. They available to call or email anytime to discuss your concerns, offer possible avenues of help, meet in person (if you wish) and make referrals as needed”*
- **Kirikiroa Family Services Trust** www.family-start.org.nz 07 848 0008 *“offer a home-based visiting service that is child centered, family focused and strength based... to improve the health, social and educational outcomes for baby. If you are in your 2nd trimester of pregnancy or have a child younger than 12 months you can enter the programme.”*
- **Mothers Matter** www.mothersmatter.co.nz *is a New Zealand based website that aims to provide relevant information for families living with postnatal depression and anxiety. The site also provides information regarding available health and support systems.*
- **Hauora Waikato Maori Mental Health Services** 07 839 9916 *“A kaupapa Maori organisation which provides mental health services to all in the community. Services include sub-acute rehabilitation and education, early intervention for first time psychosis, child and adolescent services.”*
- **Women’s Refuge** 0800 REFUGE (0800 733 843) **New Zealand** *“provide 24 hour support, advocacy and accommodation for women and their children experiencing family violence.”*
- **Family Services Directory** www.familyservices.govt.nz/directory/ *a helpful online tool to find family services in your area.*

This research project has been approved by the Psychology Human Research Ethics Committee of the Faculty of Arts and Social Sciences. Any questions about the ethical conduct of this research may be sent to the convenor Dr James McEwan, jmcewan@waikato.ac.nz, 07 838 4466 ex6472.

Appendix H: Summary of Findings for Participants

Beyond the Bump: Women's Experiences of Body Image during Pregnancy and in the Postpartum.

This research aimed to explore what women think and feel about changes to their body during pregnancy and the postpartum, and to explore what factors women think influence these feelings and perceptions of their body. Sixteen semi-structured interviews were conducted among women either in late pregnancy or in the first year postpartum. Thematic analysis resulted in six major themes, which encapsulate the variety of experiences among women. Women described a diversity of experiences and emotions about body image, varying in part due to differences in the physical changes they experienced, and in their personal reactions to those changes, reflected in the variety of themes found in the data.

Many of the women in the current research had an overall positive reaction to the pregnant body; this is similar to some previous findings that women can adapt positively to the bodily changes of pregnancy due to their appreciation of the function the body is performing. Deviations from societal ideals appear to be acceptable and legitimized at this time, particularly weight gain in the abdomen. However, women may exhibit concern in early pregnancy suggesting bodily change becomes acceptable once it is clear it is due to pregnancy. Some standards of ideal feminine beauty may be maintained during pregnancy, as the women in this study expressed concern about the way the body would change, readily embraced changes congruent with feminine beauty, and only accepted weight gain to a certain extent. Indeed, the participants who felt most negatively about their bodies during pregnancy were the women who experienced perceived excessive weight gains or other changes not consistent with ideals of feminine beauty. One woman with a history of an eating disorder also felt positively, and less concerned about her body during pregnancy; this was consistent with some of the clinical literature on eating disorders during pregnancy. However, it is unclear how eating disorders and body image are related during pregnancy and the postpartum as more research is needed in this area.

Discontent with the postpartum body and the finding that most women desired at least some improvement to their appearance supports the previous body of literature that BID is much more likely in the postpartum period. Women attempting to change the body in the postpartum experienced barriers, such as finding childcare, motivation, energy, time and needing to breastfeed, consistent with those barriers identified in previous research. The desire for improvement, or reclamation of the body in the postpartum was of varying importance as body image was prioritized differently among women.

The idea that pregnant women may feel out of place in certain locations such as the gym and clubs was a relatively new finding to this study. It is not clear whether this is an emerging issue, or one peculiar to this place and time for New Zealand women, or a product of the focus of these interviews, but it merits further exploration. The idea that motherhood is incongruent with some other roles such as sexuality and work has been discussed in other studies, and was apparent in the findings of the current research, although the idea that mothers should dress 'appropriately' to being a mother was interesting

and warrants more investigation. Motherhood also meant that some aspects of the postpartum body were seen as worthwhile to many of the women.

The media was described by some women as influencing standards of beauty and creating unrealistic expectations in the postpartum period. Previous content analysis of media also highlights the unrealistic standards portrayed by the media, but it is unclear exactly how this influence operates, particularly as findings from the current study suggest women may be quite conscious of media portrayals and know the images are unrealistic. In particular, women in the present study expressed awareness of the unrealistic nature of celebrity images when describing their comparisons to celebrity targets. Conversely, comparisons to sisters were considered more relevant. Women's experiences and engagement in these social comparisons helped them to assess their development, and create expectations as to how the body might change. This was consistent with some previous research.

Pregnancy was experienced as a public event, but women differed in the way they reacted. Indeed, previous research has found that women experience increased scrutiny of the pregnant body, which some women enjoy and some do not. Findings from this research also suggest women continue to experience comments from others and social expectations to lose weight in the postpartum. Partners were identified as helping women to cope with changes and dampen feelings of BID. Research is limited on the influence of partners, but initial findings from other studies also suggest that partners may play an important role in positive adaptation to bodily changes during pregnancy and the postpartum.

Pre-pregnancy attitudes have been highlighted as being important in women's reactions to their changing bodies in some studies. In this study, family histories and pre-pregnancy attitudes were only identified by a few participants, but those who described pre-pregnancy body image as more salient were more likely to be concerned about their changing body.

Findings from this research along with that of previous studies suggest that body image during pregnancy and in the postpartum is not limited to aesthetics; rather women also experience the functionality of the body more acutely, and the transition to motherhood influences the way the body is viewed and experienced. This exploratory study has captured the complexity in women's experiences of body image and identified many gaps in the current research. If you would like to read about the findings in more detail you can access the full thesis in the University of Waikato research commons which can be accessed by following this link: [*Link to be inserted*](#)

Thank you for giving up your time to participate in this project and sharing your experiences so openly with me. It is hoped that this research will encourage others to conduct more research in this area to enhance understanding of such an important period of change in women's lives.