



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.

GEOGRAPHIES THAT MATTER:

Pregnant bodies in public places

A thesis
submitted in fulfilment of the requirements for a
Doctorate of Philosophy in Geography
at the University of Waikato

by

ROBYN LONGHURST

University of Waikato

1996

© Robyn Longhurst, 1996

This thesis is copyright. Apart from fair dealing for the purpose of private study, research, criticism, or review, as permitted under the Copyright Act, no part may be reproduced by any process without the prior permission of the author.

ABSTRACT

This thesis has two objectives. First, I argue that there exists a dichotomy between mind and body and that the mind (rationality and masculinity) is privileged over the body (irrationality and femininity). This dichotomy underpins human geographical knowledge as it is currently constituted. I examine examples from time-geography, humanistic geography, medical geography and feminist geography in order to illustrate the ways in which the body is Othered. This Othering of the body in geography serves to marginalise certain individuals and groups, such as women, who are thought to be 'tied to their bodies' and, therefore, incapable of reason. It is a specific notion of knowing as disembodied that marginalises women in the production of geographical knowledge. A privileging of the mind over the body is one of the reasons why, despite feminist interventions, contemporary geography continues to be a largely masculinist discourse.

The second objective of this thesis is to contribute to the creation of a 'sexually embodied geography' that contests hegemonic, disembodied, masculinist geographies. I do this by focusing on pregnancy. Using spot observations, focus groups, individual interviews, indepth case-studies, a questionnaire and academic autobiography I conduct a study of the 'lived' geographies of 31 women who are pregnant for the first time and live in Hamilton, Aotearoa/New Zealand. Many of these women tended to withdraw from public places such as night clubs, bars, pubs, restaurants, cafés, and from public activities such as sport and paid employment during pregnancy. Two possible reasons for these pregnant women's withdrawal from public places during pregnancy are: first, that pregnant women are frequently popularly represented as being 'seeping', 'ugly', abject bodies who are not to be trusted in the public realms; and second, pregnant women are frequently represented as being emotional, irrational, and forgetful (read: 'hysterical') and, therefore, not to be trusted in public space.

This study offers an example of new possibilities in geography. It is a geography that focuses on the corporeal thereby displacing the tendency to privilege the mind as the dominant term in the mind/body dualism. Focusing on the sexed body may provide feminist geographers with one more way of challenging masculinism and raising questions of sexual difference in geography.

ACKNOWLEDGMENTS

Conducting academic work is a collective enterprise. Loved ones, friends, supervisors, colleagues, peers, students, research participants and acquaintances all play a role in the production of a doctoral thesis. Consequently, my debts to individuals are too numerous to list in full, but there are a number which in memory stand out.

Professor Richard Bedford, Dr Catherine Pelissier Kingfisher, Professor Evelyn Stokes and Professor Anna Yeatman supervised my dissertation. Professor Bedford superbly 'managed' all those matters - financial, administrative and teaching loads - that when dealt with effectively make the D Phil process run smoothly. He also provided useful academic advice. Dr Kingfisher offered critical rigour and exemplary supervision. Her depth of knowledge in the subject area vastly improved my understanding of the issues raised in this study. Professor Stokes assisted with editing drafts in the latter stage of the study. Professor Yeatman helped provide the motivation and academic support necessary to begin this project. She also generously continued her support and assistance after leaving the institution in which I was enrolled.

I am also much indebted to the many participants who took part in this study. Their stories provided the basis for the research. It was a privilege to be privy to their lives during pregnancy.

I also owe special thanks to my colleague and friend Robin Peace. Sharing the D Phil process with Robin made it a much more pleasurable and intellectually rewarding experience. Her contributions over the years have been much appreciated. Other friends and colleagues who also provided invaluable assistance, albeit at different times, and in different ways, include Lawrence Berg, John Campbell, Lex Chalmers, Mark Cleary, Susan Duncan, Kathie Gibson, Jane Gilbert, Julie Graham, Valerie Hazel, Peter Jackson, Lynda Johnston, Vicki Kirby, Wendy Lerner, Loretta Lees, Jacquie Lidgard,

Colin McLeay, Munro Morad, Karen Morin, Karen Nairn, Max Oulton and Yvonne Underhill-Sem.

I must also thank the editors and anonymous referees from the journals *Area*, *Australian Geographical Studies*, *Gender, Place and Culture* and the *New Zealand Geographer*.

Finally, and most importantly, I am grateful to David Vincent for helping to maintain my body and soul during the period of this research. My appreciation must also go to Jan Longhurst and Colleen Longhurst without whose support it would have been much more difficult completing the thesis. I also want to posthumously thank Walter Longhurst who always encouraged me to study. To all who have assisted me, I offer my deep and lasting appreciation.

DEDICATION

For Benjamin and Jerome

TABLE OF CONTENTS

ABSTRACT	ii
ACKNOWLEDGMENTS.....	iii
DEDICATION	v
TABLE OF CONTENTS.....	vi
LIST OF FIGURES.....	x
CHAPTER I INTRODUCTION.....	1
THE MIND, MASCULINITY AND GEOGRAPHICAL KNOWLEDGE.....	1
CREATING A ‘SEXUALLY EMBODIED GEOGRAPHY’	7
CHAPTER OUTLINE.....	13
CHAPTER II THE BODY IN GEOGRAPHICAL DISCOURSE	17
WHAT IS THIS THING CALLED THE BODY?.....	17
VARIOUS APPROACHES TO UNDERSTANDING THE BODY.....	19
THE MIND/BODY DUALISM.....	25
THE BODY AS OTHER IN GEOGRAPHY.....	29
Time-geography.....	34
Humanistic geography.....	37
Medical geography	40
Feminist geography	42
COSTS OF A MIND/BODY DUALISM.....	46
POSSIBILITIES FOR SEXUALLY EMBODIED GEOGRAPHIES.....	49
CHAPTER III WHAT IS PREGNANT EMBODIMENT?	57
A SIMPLE ENOUGH QUESTION!.....	57
PROBLEMATISING PREGNANT EMBODIMENT.....	60
Carlo the pregnant man.....	61
Carrying a grand-child in utero	62
Pregnant virgins.....	62
Post-mortem pregnancies	64
‘We’ are pregnant.....	65
Phantom pregnancies.....	67

CULTURAL DIFFERENCE.....	68
Māori women.....	69
Pākehā women.....	71
BUT WHAT ABOUT THE ‘REAL’ PREGNANT BODY?.....	73
CONCLUSION.....	74
CHAPTER IV ‘DOING IT’: THE RESEARCH PROCESS.....	75
METHODS USED.....	76
Preliminary interviews.....	79
Spot observations.....	80
Indepth case studies.....	83
Individual one-time interviews.....	88
Refocusing groups.....	89
Questionnaire for midwives.....	98
ANALYSING DATA.....	99
Data reduction.....	99
Data displays.....	102
Conclusion drawing and verification.....	104
Conclusion.....	106
THE POLITICS OF REPRESENTATION.....	107
POSITIONING MYSELF IN THE RESEARCH.....	111
CONCLUSION.....	116
CHAPTER V EARLY CONFINEMENT?.....	117
SYMBOLIC MAPS DRAWN BY PREGNANT WOMEN.....	125
SPORT.....	137
Withdrawing from sport during pregnancy.....	138
Policing pregnant women’s behaviour in relation to sport.....	141
NIGHT CLUBS, BARS, PUBS, RESTAURANTS, CAFÉS.....	146
Physical/material discomforts.....	149
PAID EMPLOYMENT.....	152
The case of a pregnant barrister.....	163
Fetal protection policies: A possibility in Aotearoa/New Zealand?.....	166
SHOPPING: CENTREPLACE MALL.....	168
CONCLUSION.....	172

CHAPTER VI “MATTER OUT OF PLACE”	176
“MODES OF SEEPAGE”.....	179
Fluidity and viscosity.....	180
PREGNANT WOMEN’S BODY FLUIDS	183
Waters breaking.....	185
A ‘show’ appears.....	186
Morning sickness.....	186
Fluidity of breasts.....	191
“UGLY BODIES”	194
Abjection.....	194
PREGNANT BODIES AS UGLY AND ABJECT	196
Images of ugliness, fatness and disability abound.....	198
Sexy in swimwear?.....	200
Sick and fainting men.....	202
ATTEMPTS TO CONTROL AND CONTAIN PREGNANT BODIES	204
The fetus as public property.....	205
Bodily zones.....	209
In a ‘condition’.....	211
Dietary regimes.....	216
PLACENTA - CHANGING DISCOURSES	220
CONCLUSION	225
CHAPTER VII PREGNANT WOMEN: HYSTERICIS OF THE 1990S?	226
EMOTIONAL ERUPTIONS	228
PREGNANT WOMEN AS IRRATIONAL	230
FORGETFULNESS	233
COMMENTS FROM MIDWIVES	235
Midwives agree - pregnant women do “go nuts”.....	236
Hormones and endorphins.....	237
PREGNANCY AS NATURAL	239
Natural childbirth.....	241
Representations of Māori women as natural.....	243
IN NEED OF ADVICE?	246
Hamilton Birth Exposition.....	246
Advice from colleagues, family, friends and loved ones.....	249
New Zealand Plunket Society.....	251
CONCLUSION	257

CHAPTER VIII CONCLUSION.....	259
MINDING THE BODY IN GEOGRAPHY	259
A GROWING AREA OF RESEARCH.....	261
SEXUALLY EMBODYING GEOGRAPHY.....	265
APPENDIX A: Questionnaire filled in by pregnant women	270
APPENDIX B: Profile of participants' general characteristics	272
APPENDIX C: Profile of participants' ages	274
APPENDIX D: Profile of participants' ethnicities	275
APPENDIX E: Profile of participants' household incomes.....	276
APPENDIX F: Instructions placed on the inside cover of the jottings book	277
APPENDIX G: Letter given to pregnant women asking for their involvement in a focus group	278
APPENDIX H: Letter and questionnaire sent to midwives	280
REFERENCES CITED	282

LIST OF FIGURES

1.1 THE CONFLATION OF NATURE, WOMAN AND THE BODY Source: Porteous 1990: <i>Landscapes of the Mind</i> , Toronto, University of Toronto Press	4
1.2 MAP SHOWING LOCATION OF HAMILTON, AOTEAROA/NEW ZEALAND Source: Max Oulton, Cartographer, Department of Geography, University of Waikato.....	11
2.1 WANKERS' WORLD Source: <i>Metro</i> , June 1993, p 138.....	55
5.1 WHAT WORKS AT WORK Source: Sutherland 1989: <i>Pregnant and Chic</i> New York, Workman Publishing, p 68-69.....	120
5.2 DEMI MOORE: THESE PHOTOS SHOCKED - BUT WHY? Source: <i>New Zealand Women's Weekly</i> , August 1992, p 5.....	122
5.3 JOANNA PAUL - 'HEAVILY' PREGNANT Source: <i>New Spirit</i> , August 1994, p 6.....	123
5.4 SARAH'S SYMBOLIC MAPS OF HER LIFEWORLDS BEFORE PREGNANCY AND AT 16 WEEKS PREGNANT	127
5.5 KATIE'S SYMBOLIC MAPS OF HER LIFEWORLDS BEFORE PREGNANCY AND AT 34 WEEKS PREGNANT	128
5.6 MOANA'S SYMBOLIC MAPS OF HER LIFEWORLDS BEFORE PREGNANCY AND AT 32 WEEKS PREGNANT	129
5.7 SONYA'S SYMBOLIC MAPS OF HER LIFEWORLDS BEFORE PREGNANCY AND AT 36 WEEKS PREGNANT	130
5.8 DOROTHY'S SYMBOLIC MAPS OF HER LIFEWORLDS BEFORE PREGNANCY AND AT 40 WEEKS PREGNANT	131
5.9 MARGARET'S SYMBOLIC MAPS OF HER LIFEWORLDS BEFORE PREGNANCY AND AT 39 WEEKS PREGNANT	132

5.10 DENISE’S SYMBOLIC MAPS OF HER LIFEWORLDS BEFORE PREGNANCY AND AT 32 WEEKS PREGNANT	133
5.11 KERRY’S SYMBOLIC MAPS OF HER LIFEWORLDS BEFORE PREGNANCY AND AT 39 WEEKS PREGNANT	134
5.12 LARGE POSTER DISPLAYED AT THE BIRTH EXPOSITION HAMILTON GARDENS PAVILION 31 APRIL - 2 MAY 1993	139
5.13 DOROTHY HOLLINGS - ‘PREGNANT LAWYER SUFFERS DISCOMFORT IN COURT DRESS’ Source: <i>The Press</i> , Christchurch, 28 May 1994.....	164
6.1 PREGNANT WOMAN IN A COLLECTORS’ ‘TOY’ SHOP IN BRUSSELS, BELGIUM, 1994 Source: Photograph by Sally Haughton	197
7.1 PHOTOGRAPHS OF HAMILTON BIRTH EXPOSITION HAMILTON GARDENS PAVILION 31 APRIL - 2 MAY 1993.....	248

Chapter I

INTRODUCTION

THE MIND, MASCULINITY AND GEOGRAPHICAL KNOWLEDGE

In this research I argue that the mind/body dualism¹ underlies, and is integral to, the production of human geography² as it is currently constituted. The mind/body dualism is a presumption, or a foundation, upon which geographical knowledge is constructed. However, not only are the mind and body conceptualised as a dualism in geography but the divisions between mind and body are gendered/sexed. The mind (reason and rationality) has long been associated with masculinity while the body³ (emotion and irrationality) has long been associated with femininity (Lloyd 1993). The discourses⁴ of

¹ Elizabeth Grosz (1989, *xvi*) explains that when a continuous spectrum is divided into discrete self-contained elements which exist in opposition to each other, this is known as a dualism, dichotomy or binary. "Dualism is the belief that there are two mutually exclusive types of 'thing' . . . that compose the universe in general and subjectivity in particular" (Grosz 1994a, *vii*), for example, white/black, good/bad, rich/poor, light/darkness, physical/mental, mind/body. I discuss dualisms in more depth in Chapter II.

² From this point on in the text I use the term 'geography' but I am actually referring specifically to 'human geography'. Peter Haggett in Johnston et al. (1986, 205) suggests that: "The internal logic of geographical study has tended to split the field into two parts: 'physical geography' and a geography of human creations termed 'human geography'". For definitions of the terms 'human geography' and 'geography' (since a definition of 'human geography' cannot be divorced from the problems of defining the term 'geography' itself) see Johnston et al. (1986, 175-178 and 205-207).

³ In much recent feminist work on embodiment (for example, Bordo 1989; Braidotti 1989, 1991; Butler 1990, 1993; Gallop 1988; Gatens 1988, 1991a, 1991b, 1991c, 1991d, 1992; Grosz 1987, 1988, 1989, 1990, 1992, 1993, 1994a, 1994b, 1995; Haraway 1990, 1991; Irigaray 1985a, 1985b; Kirby 1987, 1991, 1992; Riley 1988; Young 1990a, 1990b) authors are quick to point out that there is, of course, no one body - *the* body is a masculinist illusion. There are only bodies in the plural. Much discussion focuses on the complex processes through which female and male bodies are differentiated. Bodies are *sexed*. Moira Gatens (1991a, 82) explains that "the metaphor of a human body is a coherent one, but of course it's not. At least I have never encountered an image of a *human* body. Images of human bodies are images of either men's bodies or women's bodies" (emphasis in original).

⁴ The notion of discourse is complex, mainly because there exist many conflicting and overlapping interpretations from a range of disciplinary and theoretical standpoints (see Fairclough 1992). Basically, however, two general understandings of discourse can be identified. First, in linguistics, discourse tends to refer to examples of either written or spoken language. Second, in social theory, discourse tends to be understood in broader terms. Although social theorists recognise the centrality of language to understanding discourse, they use the term to refer to ways of structuring knowledge and

geography in various and complex ways assert a division between abstract, rational Man and embodied, emotional Woman.⁵ Of course, in 'reality', both men and women 'have bodies' but the difference lies in that men are thought to be able to pursue and speak universal knowledge, unencumbered by the limitations of a body placed in a particular time and space/place,⁶ whereas women are thought to be closely bound to the particular instincts, rhythms and desires of their fleshy, located bodies.

In this research I argue that what has constituted knowledge in geography is that which appears to be rational, reasonable, public, cultural, productive, masculine and of the mind. Geography has tended to exclude from its scientific and philosophical discourse

social practice (Fairclough 1992). Barnes and Duncan (1992, 8 cited in Berg 1995, 85) characterise discourses as "frameworks that embrace particular combinations of narratives, concepts, ideologies and signifying practices, each relevant to a particular realm of social action".

In this research I use the term discourse in its broad sense drawing on the work of Michel Foucault (for example, 1970, 1977, 1980, 1985, 1986). "Foucault analysed the ways in which apparently objective and natural structures in society, which privilege some and punish others for non-conformity, are in fact 'discourses of power'" (Bullock et al. 1988, 232). Berg (1995, 85-86) explains that: "One key aspect to Foucault's notion of discursive power is that such power is not just *repressive* in the sense that it prevents action or controls existing agents and outcomes, but that it is also *productive* in that it creates new actions, events, agents and outcomes" (emphasis in original). Another important idea associated with discursive power is that it operates everywhere rather than just through specific agents. This includes at the level of the body.

Throughout this text I also use the term 'discursive constraints'. By this I mean constraints or controls that are produced through sets of unspoken and/or unwritten rules which govern and produce behaviours in specific geographical and temporal contexts. Discursive constraints can operate without external 'force', in fact, subjects often monitor their own behaviour in order to conform to dominant discourses. A number of feminists have written about the self-monitoring subject (see Cooper 1994 and Weedon 1987 on discourse and feminism).

⁵ At some points in this research I discuss Woman (and note I am using the singular here) as though she were an essential, monolithic, universal Being. This carries with it the danger of confining and reinstating her to predetermined, fixed, masculinist notions of what or who Woman might be (for example, someone who is tied to her body) (see Rose 1993a, 11-14). In this way I risk reiterating phallogocentric discourses which conflate Woman and the body. Yet in attempting to avoid the category 'Woman' at all costs there are other risks. By only employing the term 'women' (in the plural) and never making reference to Woman only the differences between women will be emphasised. In denying all of the qualities associated with Woman, it is difficult to know what could unite women as feminists. Yet, perhaps unification is not a necessary basis for political action. This is currently a contentious issue (see Gibson-Graham 1995; Soja and Hooper 1993).

⁶ See Gillian Rose (1993a) for an account of some of the differences that she perceives between geographies of (transparent) space and geographies of (feminised) place.

that which is thought to be unknowable, irrational, unreasonable, private, natural, reproductive, feminine and of the body.

Yet another dualism that underpins contemporary geography is the dualism between culture and nature (see Fitzsimmons 1989; Rose 1992). This dualism, I believe, is inextricably linked to the mind/body dualism. It is perhaps surprising, therefore, that although to date a number of geographers, such as Margaret Fitzsimmons and Gillian Rose, have focused on the dualism between culture and nature, there still exists no sustained critique of the mind/body dualism in geography. This is despite the fact that geographers have a long history of conflating nature and the body (of Woman). For example, the frontispiece to Douglas Porteous's (1990) chapter on 'Bodyscape' offers readers an abstract drawing which can be read as a mountainous landscape and/or as women's naked bodies (see Figure 1.1). Similarly, Rose (1993a, 88) notes that Stoddart's (1986) "celebration of geography's exploration and fieldwork tradition similarly conflates the exploration of Nature with the body of Woman; for example, his frontispiece is an eighteenth-century engraving representing Europe, Africa and America as three naked women" (see also Rose 1992). Surely, therefore, work needs to be done in geography, not only on the culture/nature dualism, but also on the role played by the mind/body dualism and the connections between these binary pairs.

Deconstructing not only the nature/culture dualism but also the mind/body dualism may help to reveal further geography's 'masculinism'.⁷ In this research I attempt to examine the mind/body dualism in relation to a number of sub-disciplinary areas within geography - time-geography, humanistic geography, medical geography and feminist geography. I argue that the body is not simply excluded or absent (while the mind is

⁷ For a definition of the term 'masculinism' see Gillian Rose (1993a). In short, Rose (1993a, 4) claims that "geography is masculinist". She adopts the term from Michéle Le Doeuff (1991, 42 cited in Rose 1993a, 4) who describes 'masculinist' as "work which, while claiming to be exhaustive, forgets about women's existence and concerns itself only with the position of men".

Figure 1.1 The conflation of nature, woman and the body



Source: Porteous 1990: *Landscapes of the Mind*, Toronto, University of Toronto Press

present) in these various geographies, but rather that the body is treated as Other⁸ to the mind.

The Othering of the body in geography serves to marginalise certain individuals and groups, that is, those groups who are thought to be 'tied to their bodies' and, therefore, incapable of reason. Included here, for example, are people who are constructed as physically weak, disabled, ugly, frail, diseased, homosexual, sexually deviant, criminal, degenerate, elderly, black, poor, working class, unemployed and so on. In other words, almost anyone except young, heterosexual, white, bourgeois, able-bodied men are objectified and constructed as belonging on the side of the body as opposed to the mind.

The privileging of modern reason, rationality, transcendent visions, neutrality and disembodiment within geography has also led to the exclusion and devaluation of women. While it is perhaps questionable to single out a category such as women, (since categories such as women, homosexual, elderly and so on are not mutually exclusive and gender is not necessarily the most salient base of oppression - see Yeatman 1993, 228-245) it is nevertheless, the category that I want to focus on, if not exclusively single out, in this research.⁹

⁸ I use the term Other in this instance to refer to Jacques Lacan's (1981) concept of the Other. The Other

. . . refers essentially to the SYMBOLIC order of language and speech, [it] does not have a single meaning; it allows for more than one reading, and must be rigorously distinguished from the concept of other - with a small 'o' - which designates the relation to the specular other, the other who resembles the self, an imaginary relation which originates in what LACAN in 1936 called 'The mirror stage', and which describes the relation of the child to his image" (Marie-Claire Boons-Grafé in Wright 1992, 296 capitals in original).

In opposition to this specular other, Lacan proposed the Symbolic Other which he paired with the Subject. Lacan (1981, 309 cited in Wright 1992, 298) defined the Other in 1955 as "the place where is constituted the I who speaks with the one who hears". Lacan linked this notion of Other to 'lack'. (For a fuller definition of Other see Elizabeth Wright's 1992 excellent dictionary *Feminism and Psychoanalysis*; see also de Beauvoir 1953 on the role played by women as Other in psychic and social life.)

⁹ Although I focus on the category 'women', I want to acknowledge that there may be very little to unify women as a group. Perhaps women do not constitute a unified essential corporeality which effects

Feminists, including Grosz (1993, 1995), Gatens (1988), Bordo (1986), Butler (1990, 1993) and Probyn (1987, 1993) have already written at some length on the correlation between women and the body, and the violence that this inflicts on women. However, these arguments have yet to be applied in any sustained way to geography. Rose (1993a, 1993b) argues that it is possible that there is something in the very claim to 'knowing' (see Harding 1987, 1991) in geography which tends to exclude women as producers of knowledge. In this research I explore the possibility that it is a specific notion of knowing, and of knowledge, as *disembodied* that marginalises women in the production of geographical knowledge. Therefore, it is useful to examine the mind/body dualism in geography. It is possible that a privileging of the mind over the body is one of the reasons why, despite feminist interventions into the discipline over the last 15-20 years, contemporary geography continues to be a largely masculinist discourse (see Rose 1993a, 3-4).

This is a summation of the critique that I level at geography in Chapter II. It brings me to the first aim of the research, that is, to examine the connections between masculinity, the mind (reason) and geographical knowledge. In order to do this I draw on some of the arguments used in feminism, poststructuralism and philosophy which connect the masculine disavowal of the body to powerful claims to rationality and to know(ledge). I do not intend to disavow reason, rationality or claims to know, nor to cede them totally to masculinism. Rather, I want to open up for discussion the costs of rationalism - of privileging the mind over the body - as it exists within specific sub-disciplinary areas of geography and to suggest that reason and corporeality - the mind and the body - are inseparable categories.

solidarity between them (see Footnote 5 on Woman and women). Yet, I do not want to let go of the category 'women'. Rosemary Hennessy (1993) makes an interesting argument for the need to name social totalities and to address the complex ways in which subjectivities are differentiated.

CREATING A 'SEXUALLY EMBODIED GEOGRAPHY'

Yet I want to do more than critique the discipline of geography. I also want to begin to conceptualise a new geography which is founded on an understanding of subjects¹⁰ as *embodied* and more specifically, as *sexually* embodied. I use this term 'embodied' in the way that philosopher Benedictus Spinoza used it in the seventeenth century - the mind as an idea of the body rather than separate from it (see Lloyd 1993). In other words, by 'embodied' I am referring to a unity between mind and body (see Johnson 1989a, 134). I use the term 'sexually embodied' in order to stress the point that there exist not just *human* bodies, but rather bodies are usually either men's bodies or women's bodies (Gatens 1991a, 82; see also Footnote 3).

This is the second aim of the research: to create a 'sexually embodied geography' that resists and contests the hegemonic, disembodied, masculinist geographies that 'we' have grown so accustomed to. This process of resistance and contestation is difficult since feminism itself is caught within masculinist discourses.¹¹ However, one way of resisting masculinist geographical discourse is to make explicit the sexed body as geography's Other. Making the sexed body explicit serves to reconstruct geography as a

¹⁰ Pile and Thrift (1995, 11) claim:

About the exactitudes of this term [the subject] there is remarkably little agreement, except that the subject is a primary element of being and that the Cartesian notion of the subject as a unitary being made up of disparate parts, mind and body, which is universal, neutral and gender-free, is an error . . . What is quite clear is that, in recent work, what counts as the subject and subjectivity is being extended.

In the last few years critical discourses in geography, such as feminism and postmodernism, have prompted enquiry and critique about the subject. This closer examination of the subject has resulted in many questions about notions of the self, the person, identity, subjectivity and the *body* (see the edited collection *Mapping the Subject* by Pile and Thrift 1995).

¹¹ Gatens (1991c, 87) points out: "Women no less than men, though undoubtedly in a different fashion, are products of culture and cannot coherently claim for themselves an *a priori* purity or absence of contamination by its values, its language or its myths". Not only are women caught in existing masculinist discourses of meaning and subjectivity but so too is feminism. Feminists are increasingly aware of the difficulties this poses for their work and their critiques.

sexually embodied knowledge and opens up the possibility of questioning the mind/body dualism as one of geography's metatheoretical foundations.

As part of the project of questioning the mind/body dualism and creating a new sexually embodied geography I focus on one distinctive mode of corporeality within a specific historical and geographical context. I examine some of the ways in which the corporeal conditions and mediates pregnant women's experiences of public¹² space in Hamilton, Aotearoa/New Zealand¹³ during 1992-1994. Studying pregnant women offers possibilities for disrupting masculinism in geography. Pregnant women effectively illustrate the notion of Other being Self or Same; they undercut and problematise many of the dualisms, including the mind/body dualism, upon which the production of geographical knowledge rests.

I employ the concept of public space and link it to pregnant embodiment in a strategic move to displace dualistic thinking and the conflation of domestic sociality, women,

¹² Rose (1993a, 17) notes that: "For white [western] feminists, one of the most oppressive aspects of everyday spaces is the division between public and private space. One of the earliest discussions of the public and the private was an essay by Kate Millett published in 1969 and her arguments show how many feminists have connected the public/private distinction with patriarchal power". This understanding of the distinction between public and private space as a debilitating one for women is also clearly evident in the work of many feminist geographers (see, for example, Matrix 1984; Weisman 1992). Most of these geographers have stressed the extent to which women's movements in public space are constrained by the ideological claim that women's space is the private domestic arena. They have also pointed out that the notion of public and private space is socially constructed and, therefore, fluid.

The separation between the two spheres - public and private - often employed by feminists and feminist geographers is commonly a white one. Feminists of colour, such as P. Hill Collins (1990, 58 cited in Rose 1993a, 126) have detailed some of the reasons why the public and the private may not be appropriate terms for interpreting the social geography of Afro-American communities. The private was not always equivalent to the domestic home, for example, "'private' could refer to black community spaces beyond the reach of white people, both men and women. The private could thus be a resource for women - not a burden" (Rose 1993a, 126) (see also hooks 1990; Pratt 1984).

¹³ Aotearoa is the Māori term for what is commonly known as New Zealand. Over the last decade, especially since 1987 when the Māori Language Act was passed making Māori an official language, the term Aotearoa has been used increasingly by various individuals and groups. For example, all government ministries and departments now have Māori names which are used, in conjunction with their English names, on all documents. Despite these moves, however, the naming of place is a contestatory process (see Berg and Kearns 1996) and I use the term Aotearoa/New Zealand in an attempt to highlight this.

pregnancy, nature and private space. I chose to examine pregnant women's experience of public space because public space is Other to that space long considered to be traditionally occupied by pregnant women - the private and domestic realm. Such an examination may serve to unsettle some of the current dualisms such as public space/private space; men/women and rational/hysterical. Feminists have long been aware of the tendency to regard public space as the disembodied, transparent space of Rational Man.

In adopting this strategy, however, there is also a risk - a risk of reasserting the dualisms themselves. In particular, I may be reasserting the public/private binary. By choosing to concentrate on public space, as though it were clearly definable and separate from private space, the risk is that the dualism remains intact. Yet, clearly, public and private cannot be treated as binary categories. Gibson-Graham (forthcoming, 25) note that:

Staehele (1994) attempts to break down the public/private binary . . . she dissociates public acts from public spaces and public identities, dissolving the notion of a public (political) sphere in which they all come together, and hoping thereby to liberate the transgressive political potential of public acts in private spaces (e.g., home-based organizing involving neighbors and children) and private acts in public ones (e.g., breastfeeding in restaurants).

My work may also tend to carry with it an underlying message that the public sphere is to be valued over the private sphere and that if women withdraw increasingly into private space during pregnancy then this is a negative thing, that the goal is to have pregnant women occupy public space. This is not the intention. Rather, the intention is to enable women to *choose* where they want to be and what activities they want to partake in during pregnancy without the discursive constraints which operate currently.

Hamilton is a city of 102,000 people (Census of Population and Dwellings 1991) located to the West in the Northern half of the North Island of Aotearoa/New Zealand

(see Figure 1.2).¹⁴ The city and the outlying regions are serviced by the Waikato Women's Hospital where 3273 women gave birth in 1993. A very small proportion - estimated at between two and five percent - of babies are born at home.¹⁵

This study of the 'lifeworlds'¹⁶ of 31 women who were pregnant for the first time illustrates some of the transitions these women made into motherhood. The study also offers some insight into the social and geographical worlds that they both entered and withdrew from during pregnancy. The way in which these women experienced various places was undeniably affected by their changed corporeality, by the representations and materiality of their bodies. In discussing the lifeworlds of pregnant women I simultaneously assert that there is no brute biology underlying the social relations of pregnancy, and that bodies are central to conceptions of social life and geographical experience. So, while insisting on the commonly called 'real' body as the starting point for my inquires, I explore some of the ways in which the public spaces of Hamilton

¹⁴ In presenting this map I must draw attention to the argument that: "Maps are central to colonial and postcolonial projects" (Blunt and Rose 1994, 8). Building on the work of Harley (1992), Huggan (1989) and others, Blunt and Rose (1994, 8) claim that: "Mapping operates in hegemonic discourses as a form of mimetic representation - it textually represents the gaze through transparent space". Mapping is a "spatial image that directly addresses the politics of representation as they are bound into the politics of location" (Blunt and Rose 1994, 8). For example, the map I have used marks Hamilton (note the use of the English name Hamilton rather than the Māori name Kirikiriroa) as though it were an uncontested, coherent place. A 'different' map indicating Māori and/or more specifically Tainui tribal boundaries in the Hamilton (Waikato) region would represent a 'different' spatial politics.

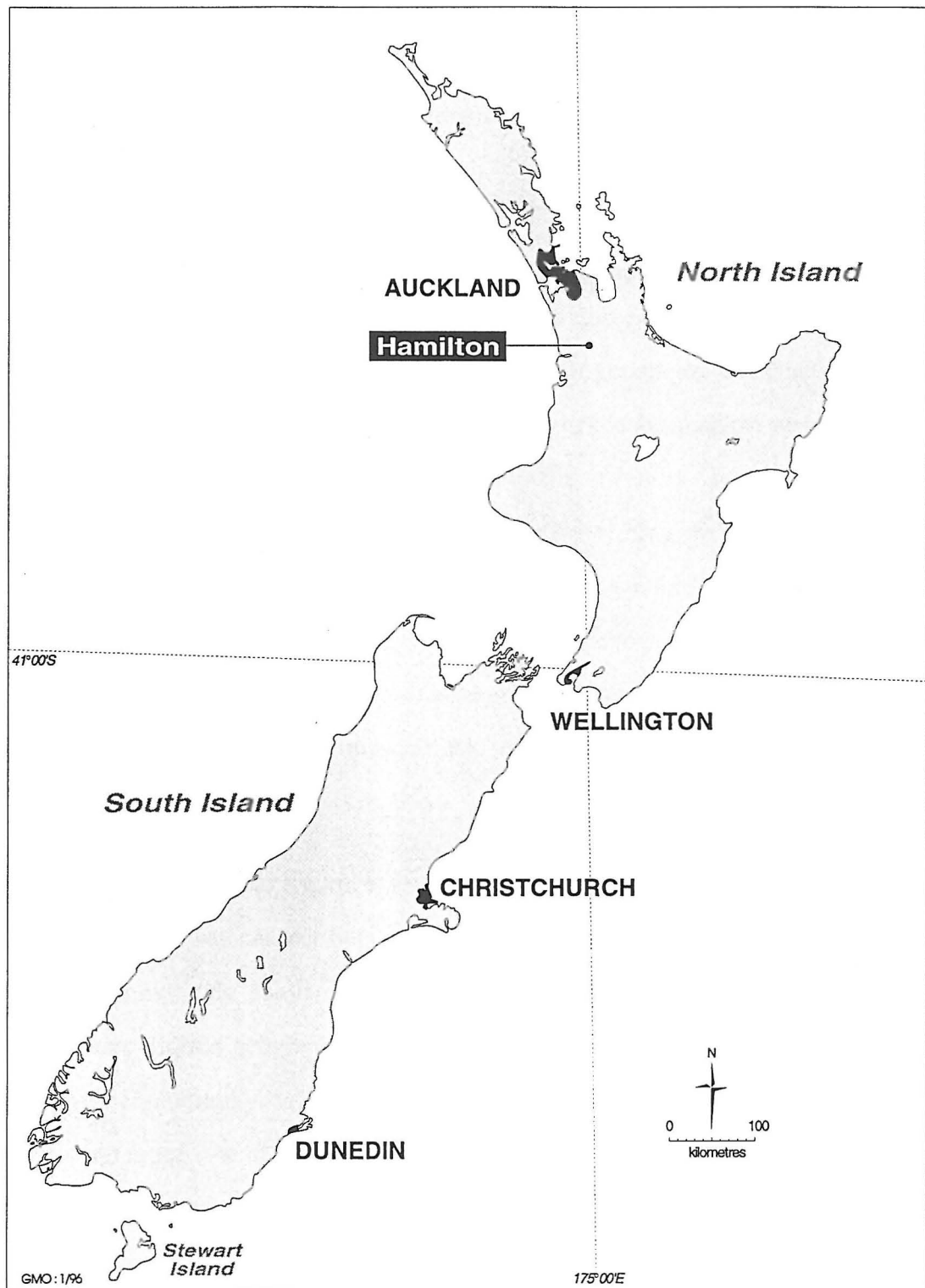
¹⁵ There are no 'reliable' statistics kept on the number of home births in Aotearoa/New Zealand. Only births reported by midwives to the Auckland Home Birth Association are recorded. The actual number of home births, therefore, is higher than the recorded figure.

¹⁶ Buttimer (1976 cited in Johnston et al. 1986, 259) defines the term lifeworld as: "The culturally defined spatio-temporal setting or horizon of everyday life", that is,

. . . the sum total of their first-hand involvement with the geographical world in which he or she typically resides. . . . Originating in Germany within PHENOMENOLOGY, the concept of lifeworld (*Lebenswelt*) was a philosophical focus for Edmund Husserl's critique of positive science where its central importance was held to be its ability to constitute the contextual meaning of phenomena and to shape an individual's INTENTIONALITY. It was thus the experiential basis of intuitive understanding and non-scientific reasoning (Johnston et al. 1986, 259 capitals in original).

I use this term lifeworld in this instance as it serves to focus attention on the fact that subjects have a body which connects with phenomena in a tactile manner.

Figure 1.2 Map showing location of Hamilton, Aotearoa/New Zealand



Source: Max Oulton, Cartographer, Department of Geography, University of Waikato

have produced, inscribed and constructed the pregnant bodies of the women in the research.

Running through the thesis is a persistent tension between social constructions of the pregnant body and the 'real' pregnant body. When theorising about embodiment it is tempting to consider bodies only as representations or as social constructs, but, when conducting empirical work with 'real' pregnant women, the materiality and biology of the body is ever-present. Throughout this research I have attempted to keep both these approaches to pregnant embodiment in a state of tension.

The final point that I wish to make in this introduction is that not only do I want to make the subject positions of the research participants sexually embodied, but, I also want to make my own subject position sexually embodied. I argue that it does matter that the geographers perceiving/sensing¹⁷ the world, or rather a very small bit of it, have skin that is a certain colour, genitalia that are sexually specific, a certain sexual orientation, bodies with certain capacities and so on. If as geographers we were to recognise our specific corporeality (as well as the corporeality of our subjects) perhaps we would be forced to recognise the partiality of the particular ways in which we produce geographical knowledge and 'know the world'. Perhaps if knowledge could only be produced within the context of the specific corporeality of the knower (and known) then the rational, objective, gaze¹⁸ upon the landscape could no longer exist. If

¹⁷ Rodaway (1994, 12) suggests that: "Since the seventeenth century there has been a persistent tendency to distinguish between sensations and perception . . . They have been placed in a kind of hierarchical dichotomy: sensation as inferior, primary raw data, and perception as superior, interpretation and knowledge". I suggest that this dichotomy is also gendered/sexed - Woman is associated with sensation (the body) and Man is associated with perception (the mind).

¹⁸ I use the term gaze in order to emphasise an investment in 'the look' (the visual). "Aesthetic theorists and feminists in particular have drawn attention to the social history of visual perception" (Rodaway 1994, 122). Visual perception is culturally defined and is learnt through socialisation into particular cultures. Feminists, such as Rose (1986) and Pollock (1988), have argued that in western cultures "vision has been defined in terms of a masculine hegemony, whereby the male eye defines the visual style and the female, and specifically the female body, is positioned as viewed object or spectacle"

the body of the knower (and known) were not erased then perhaps the specificity of the production of geographical knowledge would have to be recognised. Knowledge could no longer be regarded as independent of its particular modes of formulation. For the knower in geography to have to acknowledge his/her body - and in doing so, to evoke the 'feminine' - is to disrupt the masculinism of contemporary geographical discourse. Herein lies possibilities not just for doing or carrying out geography but for performing¹⁹ geography.

CHAPTER OUTLINE

So far I have laid out what I understand to be the main arguments in this research. The first is that the mind/body dualism is integral to the production of geography and that the body is Othered in geography. This Othering of the body serves to marginalise women who are thought to be too 'tied to their bodies' to be capable of reason. Second, it may be possible to subvert the masculinism of the discipline by writing the sexed bodies of subjects, as well as 'our' own sexed bodies, into 'our' geographies. This could force geographers to recognise that knowledge cannot be regarded as independent of its particular modes of formulation. The two aims of this research are, accordingly, to examine the connections between masculinity, the mind (reason) and geographical knowledge, and, to contribute to the creation a 'sexually embodied geography'.

In Chapter II, I expand on the argument that a specific notion of knowing in geography marginalises women. The chapter begins with an examination of dualistic thinking, in particular, the mind/body dualism, and how this underlies and serves to produce a hegemonic, masculinised geography. I examine four different sub-disciplinary areas of

(Rodaway 1994, 122-123). Rose (1992 and 1993b) has built on this work to suggest that geography is characterised by a masculine gaze.

¹⁹ I am using the term performing in this instance bearing in mind Judith Butler's (1990, 139) account of the performative. I want to suggest here that one does not just do or carry out geography, rather, we perform geography - we play, we act, we think and we construct both geography and our bodies/identities in the process.

geography - time-geography, humanistic geography, medical geography and feminist geography - and argue that in each of these geographies the body functions as Other to the mind, rationality and masculinity.

In Chapter III, I pose the question: what is pregnant embodiment? It quickly becomes evident that this question is not as simple as it may first seem. Pregnant bodies are an interface between culture and nature. They cannot be assumed to be fixed, coherent, and stable.

A discussion of the research design is presented in Chapter IV. I reflect on the ways in which the empirical research was carried out through spot observations, indepth case-study work with four pregnant women, individual one-time interviews, focus groups and a questionnaire. Although each of these methods is discussed in turn, I elaborate the technique of focus groups since this is a qualitative research method still under-exploited in its potential for social, especially geographical, research. It is receiving increasing attention and use at present. In addition to discussing the process of conducting focus groups I seek to raise some complex political and ethical questions in relation to my specific use of focus groups for this project. In an attempt to bring together some epistemological and ontological issues, in the final section of this chapter, I position myself by examining my own embodied experiences of pregnancy during the research.

Chapter V is a drawing together of data gained from women in Hamilton who were pregnant for the first time. The general conclusion of this chapter is that most of these women tended to withdraw increasingly from public places (such as night clubs, bars, pubs, restaurants, cafés) and public activities (such as sport and paid employment) during pregnancy.

In Chapter VI, I argue that pregnant women's withdrawal from the public realm can, at least in part, be explained using Mary Douglas's (1966, 35) notion of "matter out of

place” and Julia Kristeva’s (1982) notion of “abjection”. Drawing on these ideas I argue that pregnant women’s bodies are discursively constructed as “seeping” (Grosz 1994a, 202) and “ugly” (Young 1990b, 145). There is a general fear and mistrust in relation to their bodies in public places. Pregnant women’s specific corporeal ‘condition’ means that they come under surveillance and are expected to take extra care not so much for their own protection but for the protection of the fetus. This discourse tends to further construct and inscribe pregnant women as belonging in the private rather than the public realms.

In Chapter VII, I explain that this mistrust of pregnant women’s bodies also extends to their intellectual capacities. The pregnant women who took part in this research were often constructed, by themselves and by others, as exhibiting behaviours which could be considered hysterical such as being ‘overly’ emotional, not being able to think clearly or rationally and frequently forgetting things. This discourse also operates to discourage pregnant women from occupying public space.

I conclude the thesis with an argument that the aforementioned discourses construct and produce the material bodies of pregnant women. Reality cannot be easily separated from representation. The places that pregnant women occupy also construct the materiality of their corporeality. There needs to be more done than just making changes to policy to ensure rights for pregnant women. Since policy and discourse are mutually constitutive, pregnant women’s full participation in the public sphere needs to be examined and addressed in terms of both policy *and* the hegemonic discourses that construct the pregnant body.²⁰

²⁰ See Yeatman (1990) on the relationship between politics and discourse in the contemporary Australian state. See also Fraser (1989, 161-187). Fraser makes an argument that both structural and ideological issues are extremely important and must be dealt with simultaneously when considering claims based on ‘needs’ (rather than ‘rights’) in late capitalist societies.

In this final chapter, I also return to the initial argument made in Chapter II, that is, that geography is founded on a mind/body dualism and that the body tends to be Othered in geography. I argue that it is possible to create 'sexually embodied geographies'. 'Sexually embodied geographies' offer one way to understand more fully some of the manifestations of power relations in the context of people's personal material histories, and demonstrate the fluidity of the circumscribed boundaries set by social relations. 'Sexually embodied geographies' may help geographers to articulate more fully the complexities of power relations as they are lived in and through bodies.

Chapter II

THE BODY IN GEOGRAPHICAL DISCOURSE

I address four questions in this chapter. The first is: what is this thing called the body? - a seemingly simple question yet one which requires a carefully considered answer. The second question is: does the Cartesian split between mind and body underpin geography, and if so, what evidence exists to suggest this? Third, I ask: if a Cartesian split between mind and body does underpin geography then what are the costs of this, and for whom? The fourth question is: how can geographers begin to conceptualise new geographies which are founded on an understanding of subjects as sexually embodied?

WHAT IS THIS THING CALLED THE BODY?

It is vital to understand bodily experience in order to understand people's relationships to physical and social environments. Yet the word body and the thing of the body itself tend to be treated as obvious and requiring no explanation. Steve Pile and Nigel Thrift (1995, 2) illustrate this point by citing the line from an old song: "If I said you had a beautiful body, would you hold it against me?", which "plays on the ambiguity of the phrase 'hold against', while the 'it' of a 'beautiful body' is cheerfully assumed".

Other examples of ways in which the body tends to be taken for granted can be found by examining advertising slogans frequently used to sell diet and health products, and memberships to fitness centres and weight loss programmes. The slogan 'Get your body in shape', which was broadcast on a commercial radio station in Hamilton, Aotearoa/New Zealand in October 1995 unproblematically assumes that prior to slimming the body in question is out of shape or perhaps has no shape. But what does it actually mean for a body to not be in shape? Obviously the desirability of a *specific* body shape is taken for granted by the advertisers.

Another slogan - 'Become Some Body' - was used to advertise the Les Mills Sports Spectrum on national television in Aotearoa/New Zealand throughout 1995. Advertisers played on the ambiguity of becoming 'some body' in terms of both corporeality and subjectivity. The message that the advertisers wanted consumers to read from this slogan is that working out at the Sports Spectrum will enable you to craft your corporeal self in such a way as to command respect - self-respect and the respect of others. Becoming a member of the Sports Spectrum will enable you to become 'some body' rather than remaining a 'no body'. The question about how anyone can have 'no body' in the first instance, is not posed.

Perhaps it is not surprising that the word 'body' tends to be taken for granted given that there is a such a vast number of ways in which we use our bodies. Rom Harré (1991, 257 cited in Pile and Thrift 1995, 6) explains:

we use our bodies for grounding personal identity in ourselves and recognising it in others. We use other bodies as points of reference in relating to other material things. We use our bodies for the assignment of all sorts of roles, tasks, duties and strategies. We use our bodies for practical action. We use our bodies for the expression of moral judgements. We use the condition of our bodies for legitimating a withdrawal from the demands of everyday life. We use our bodies for reproducing the human species. We use our bodies for artwork, as surfaces for new material for sculpture.

This quote illustrates that the term body cannot be easily contained with a neat dictionary definition or a commonplace understanding of what it means. It encompasses a "bewildering variety" of meanings: it is "equivocal, often ambiguous, sometimes evasive and always contested" by those who attempt to understand more fully its meaning (Pile and Thrift 1995, 6).

There has been much recent debate on the body,²¹ yet, the seemingly simple question ‘what is the body?’ has not tended to be examined thoroughly. Those theorists who do attempt to address the question often remain puzzled. Bryan Turner (1984, 7 cited in Kirby 1992, 1) admits that at the end of writing his book *The Body and Society*, he was even more confounded by the “‘crassly obvious’ question ‘What is the body?’” than when he began. Vicki Kirby (1992, 1) probes this puzzling matter commonly called the body and claims that it is “a *terra incognita*”. She asks, how do we think this “corporeal place”? Elizabeth Grosz (1992, 243), who for a number of years has researched embodiment, claims:

By *body* I understand a concrete, material, animate organization of flesh, organs, nerves, muscles, and skeletal structure which are given a unity, cohesiveness, and organization only through their psychical and social inscription as the surface and raw materials of an integrated and cohesive totality . . . The body becomes a *human* body, a body which coincides with the ‘shape’ and space of a psyche, a body whose epidermic surface bounds a psychical unity, a body which thereby defines the limits of experience and subjectivity, in psychoanalytic terms through the intervention of the (m)other, and ultimately, the Other or Symbolic order (language and rule-governed social order)(emphasis in original).

Grosz’s definition allows us some sense of what bodies might be but the ‘matter’ ‘at hand’ remains problematic. Clearly it is impossible, and not necessarily very useful, to attempt to offer any kind of absolute or exact definition of the term. Nevertheless, Grosz’s definition at least provides some explanation of this thing we call the body.

VARIOUS APPROACHES TO UNDERSTANDING THE BODY

There have been many different approaches to understanding embodiment in recent years in a vast array of disciplinary areas including cultural studies, feminist and gender studies, philosophy, social anthropology, sociology, and geography. It follows,

²¹ See, for example, Bordo (1989, 1993), Braidotti (1989, 1991), Butler (1990, 1993), Foster (1996), Foucault (1980, 1985, 1986), Gallop (1988), Gatens (1988, 1991a, 1991b, 1996), Grosz (1988, 1992, 1993, 1994a, 1994b, 1995), Grosz and Probyn (1995), Haraway (1990), Irigaray (1985a, 1985b), Jaggar and Bordo (1989), Kirby (1987, 1991), Matthews (1994), Riley (1988), Shilling (1993) and Young (1990a, 1990b).

therefore, that attempts to disentangle different approaches have also been made by people working in a range of disciplines. In this section I focus on attempts made by geographers Pile and Thrift (1995) to disentangle the numerous ways of studying the body. I must stress, however, that the various approaches are not necessarily mutually exclusive.

Pile and Thrift (1995, 6-7) claim that it is possible to identify at least five related but distinct ways of understanding the body - logical, prediscursive, psychological, cultural and social. Since they offer the largest number of paths I will use their five categories to tease out my own understanding of various approaches to studying the body. I will discuss briefly each approach and then return to these approaches in more depth in the following section.

The first of the five paths identified by Pile and Thrift is what they term the logical approach. It is difficult to ascertain exactly what Pile and Thrift mean by the logical route to understanding the body since they provide limited information on it. They claim that, in a logical framework, the body is seen as a part of a general temporal and spatial logic, an “‘order of connection’: this is the order found in nature’s logic which perpetuates the living, a logic of multitudinous paths that intersect, which works through living things rather than imposes itself upon them from outside and above” (Brennan 1993, 86 cited in Pile and Thrift 1995, 6). Pile and Thrift (1995, 6) add: “This is the kind of order found in time-geography and similar attempts to map corporeality”. This is the only information given by Pile and Thrift on the logical approach to understanding the body.

The second approach identified by Pile and Thrift (1995, 6) treats “the body as part of a prediscursive realm through an emphasis on bodily movement”. Michael Dorn and Glenda Laws (1994) also claim that a focus on the prediscursive, phenomenological, lived body is one of the dominant views of the body in contemporary social theory.

Louise Johnson (1989a, 134) claims that a phenomenological approach to the body could be used by feminist geographers in order to “embody geography”. Pile and Thrift (1995, 6) draw on the work of Maurice Merleau-Ponty (1962) to explain this prediscursive, phenomenological approach. In *Phenomenology of Perception* Merleau-Ponty examines the relationship between consciousness and the world. He rejects dualist theories of body and soul and takes as his task the articulation of the prediscursive structures of existence. One of the most interesting things about Merleau-Ponty’s philosophy for the purposes of this research is that he locates subjectivity not in consciousness or in the mind, but in the body. Recently, Merleau-Ponty’s theory of the ‘lived body’ has been used to inform the work of some feminist theorists, for example, Iris Young (1990a). Humanist geographers, such as David Seamon (1977, 1979, 1980), have also commonly adopted this prediscursive approach to the body in their work.

Pile and Thrift (1995, 6) specify the third approach to embodiment as “body as an origin”. Here they refer to “a notion often found in psychological theory, whether as identification with the father, or, latterly, to make up for the ‘originary absence’ in Freudian theory, the Mother” (Pile and Thrift 1995, 7). Johnson (1989a, 135) argues that: “The psychoanalysis of Sigmund Freud and Jacques Lacan has been variously utilised by feminists wishing to understand how we come to acquire sexed identities”. A group of feminist writers, who are sometimes grouped under the label new French feminists, such as Luce Irigaray, Julia Kristeva and Helene Cixous (see Cameron 1985; Gallop 1988; Moi 1985; Weedon 1987; Whitford 1991a, 1991b), “have taken the psychoanalytic idea of the Oedipal phase to theorise the entry into patriarchal culture” (Johnson 1989a, 135). The outcome of this process is the construction of two distinct bodies - male and female - with the female body being regarded as that which is lacking. Thus, there is seen to be:

. . . the phallic, oedipalised male body, whose polymorphous perversity has become focused on the penis/phallus. It is this body/sex/symbol/metaphor which represents the ‘Law of the Father’ and

is the custodian and creator of patriarchal language and culture - both symbolised by the phallus (Irigaray 1981 cited in Johnson 1989a, 135).

In contrast, the Oedipal phase also constitutes:

. . . the body of the woman as castrated, but also as the other who inhabits a (potentially) maternal body. Such a body, as with her sex, her imagery and her language, are not fully represented or representable in patriarchal culture (Irigaray 1981 cited in Johnson 1989a, 135).

As Johnson (1989a, 135) notes, this brief description “not only does great violence to the complexity and detail that is contained in psychoanalysis, but collapses those writing the new French feminism into a simplistic whole”. However, I offer this explanation of psychoanalysis (which expands on Pile and Thrift’s (1995) account) since this anti-humanist approach to the body is different in many ways from the two approaches - logical and prediscursive - already outlined. Johnson (1989a) argues that psychoanalytic approaches to the body, drawing especially on the work of Sigmund Freud and Jacques Lacan, could be useful for engaging a corporeal feminist geography and for reconceptualising the mind/body dualism in geography.

Pile and Thrift’s (1995, 7) fourth approach is the body “as a site of cultural consumption”, a surface to be etched, inscribed and written on. Michael Dorn and Glenda Laws (1994) also discuss this approach to the body, claiming that it holds productive possibilities for medical geographers. In this approach, the body is significant only in terms of the social systems (Turner 1992) or discourses (Foucault 1977, 1980) that construct it. Foucault claims that “socio-political structures construct particular kinds of bodies with specific needs and wants” (Johnson 1989a, 135; see Foucault 1977, 1980, 1985, 1986). Johnson (1989a, 134) argues that Foucault’s approach to embodiment (which she labels as “archaeological-historical”) could be useful for geographers who wish to engage a corporeal feminist politics.

In fact, there has been much feminist work carried out which uses this approach to embodiment. Often this work has been derived from the work of theorists such as

Friedrich Nietzsche, Franz Kafka, and Gilles Deleuze. Bodies are considered to be primary objects of inscription - surfaces on which values, morality, and social laws are inscribed. Constructionist feminists tend to be concerned with the processes by which bodies are written upon, marked, scarred, transformed or constructed by various patriarchal and heterosexist institutional regimes.

Examples of feminists whose work could possibly be described as constructionist are Elizabeth Grosz (1987, 1989), Donna Haraway (1989, 1990, 1991) and Toril Moi (1985).²² Constructionist feminists argue that bodies are discursively produced and that essentialist discourses - that is, discourses which make reference to the physical, biological body - serve to naturalise what is in fact social difference. For constructionist feminists, references to the biological body are seen to reinforce patriarchal claims that women are naturally incapable of certain kinds of action.

Over the last few years there has been a growing interest amongst social and critical theorists in the idea of embodiment as discursively produced, as inscribed, and as representation. This approach may have much to offer geographers in that proponents of this approach argue that the body cannot be understood outside of place (see Grosz 1992).

The fifth and final approach outlined by Pile and Thrift (1995, 7) sees the body as something which “can be physically constructed in ways that were not available

²² It is with some trepidation that I list the names of these authors here (and in the sections that follow) since the problem of which authors belong in which categories, or under which labels, is a difficult one. Texts are read in a multiplicity of ways and labels such as phenomenological approach or social constructionist approach are highly contestable. I am also reluctant to put my own work on pregnant bodies that follows in the subsequent chapters into just one category. For example, in Chapter VI, I draw on psychoanalytic theories of abjection and in Chapter VII, I draw on constructionist approaches to embodiment. However, throughout the thesis I am careful not to lose sight of the ‘real’ biological pregnant body thereby drawing on essentialist notions of embodiment. Nevertheless, I think it is instructive in attempting to understand a little more fully what a body might be, to attempt to categorise some of the approaches to the body, and the authors that are commonly associated with those approaches.

before". Pile and Thrift (1995, 7) label this the social approach and claim that "‘medical’ developments like plastic surgery mean that the body can be continually re-presented". However, Pile and Thrift do not make it clear how they differentiate the social from the cultural which characterises their fourth approach. It may be that they understand those adopting a social approach as taking into account the physical, biological, materiality of bodies while those who adopt a cultural approach do not. Nor do Pile and Thrift explain who they understand to be the proponents of this social approach. For the purposes of attempting to understand more fully various approaches to embodiment, I read Pile and Thrift’s fifth approach as one which considers the body to be affected by the realm of the social but also considers it as a biological, material entity that is continually re-presented.

This social approach to embodiment tends to be broadly labelled essentialist in feminist discourse. Commentators such as Rosi Braidotti (1989, 1991), Vicki Kirby (1992) and Adrienne Rich (1976, 1986) are often read and cited as belonging in this category. That is, they tend to take the biological/anatomical body that is popularly considered to be the ‘real’ body, as a starting point for their feminist analyses. In this way, essentialist feminists attempt to work with the body. They do not wish to erase it in the way that they claim constructionist feminists do - they want to treat the body as something more than representation. Essentialist feminists argue that by erasing the ‘real’ body constructionist feminists tend to reinforce masculinist discourses which also ignore the body (see Gallop 1988, Kirby 1992).

Despite the lack of detail given by Pile and Thrift on their fifth path to understanding the body, their general categorising of what can be a bewildering array of literature in the area of embodiment is, I think, instructive. I do stress, however, that many of these approaches overlap and it is not necessarily useful to attempt to pull them apart. For example, an increasingly sterile debate between constructionist and essentialist (or what Pile and Thrift 1995 refer to as cultural and social) approaches to the body has

occurred. Yet, as Diana Fuss (1989), and especially Vicki Kirby (1992) suggest, the distinction between these two approaches to embodiment might not be as straightforward as it is often assumed. Kirby (1992, 1) argues, for instance, that these seemingly opposing positions are actually inseparable, sharing a complicitous relationship that produces material effects. In adopting *either* an essentialist *or* a constructionist approach, a binary distinction between sex and gender develops: between the brutally biological (sex) often considered by constructionists as being irrelevant to, and outside of, an understanding of women's position in society, and the construction of feminine and masculine identity (gender). Theorists such as Moira Gatens (1991d) have persuasively argued that the distinction between sex and gender (and therefore presumably between essentialist and constructionist positions) does not hold.

Rather than continuing to search for definitive answers as to what a body might be, or what approaches have been taken to understanding and examining it, it is useful to consider some of the ways in which the mind/body dualism has functioned in western thought. There is much at stake for feminists in understanding not just this thing called the body, but also, its relationship to the mind.

THE MIND/BODY DUALISM

Western thought is characterised by dualisms. A dualism, as Elizabeth Grosz (1989, *xvi*) explains, is a continuous spectrum that has been divided into discrete self-contained elements which exist in opposition to each other. Grosz (1989, *xvi*) adds: "When the system of boundaries or divisions operates by means of the construction of binaries or pairs of opposed terms, these terms are not only mutually exclusive, but also mutually exhaustive". This division of a spectrum into one term or its opposite, leaves no possibility of a term which is neither one nor the other, or which is both. Dualistic or dichotomous structures mean that the two sides are not oppositions between two

unrelated terms (such as A and B). Rather, this is a field of knowledge divided between two related terms (such as A and not-A).

“Within this structure, one term (A) has a positive status and an existence independent of the other; the other term is purely negatively defined, and has no contours of its own; its limiting boundaries are those which define the positive term” (Grosz 1989, *xvi*). For example, Woman is described only in terms of Man, the body is described only in terms of the mind and so on. “Dichotomies are inherently non-reversible, non-reciprocal hierarchies, and thus describe systems of domination” (Grosz 1989, *xvi*).

The dualistic structure of western philosophy has now been examined by many philosophers including Jacques Derrida (1981), Michel Foucault (1970) and Friedrich Nietzsche (1967, 1969). The mind/body dualism is only one of many that are central to western thought. The dualisms culture/nature, reason/passion, public/private, white/black and good/bad provide other examples (Gatens 1991b, 1).

Needless to say, geography has not been immune to dualistic thinking (see Berg 1994; Bondi 1992a; Bondi and Domosh 1992; McDowell 1991; Rose 1993a; Sayer 1989; Vaiou 1992 for commentaries on dualistic thinking in geography). Much geographical discourse has focused on the distinctions between culture/nature, public space/private space, production/reproduction, western/oriental, work/home, state/family, and first world/third world.

Feminist theorists have convincingly argued that dualisms are gendered (see Bordo 1986; Jay 1981; Le Doeuff 1987, 1991; Lloyd 1993). What I want to discuss here is the gendered nature of the mind/body dualism. Genevieve Lloyd (1993) examines the works of various philosophers (for example, Plato, Aristotle, Bacon, Philo, Augustine, Aquinas, Descartes, Hume, Rousseau, Kant, Hegel, Satre and de Beauvoir) in order to trace associations between ideals of human reason and ideals of masculinity. One of the main points Lloyd makes is that a form/matter or mind/body distinction operated,

although in different ways at different times, in Greek, and subsequent theories, of knowledge. For example, Plato (427-347 BC) understood the mind to dominate matter. Knowledge involved the subjection of the slave-like body to the soul.

Since “feminism could be described as a discourse that negotiates corporeality, what a body is and what a body can do” (Kirby 1992, 1), it is not surprising perhaps that many feminists (although few feminist geographers) have commented on the gendered nature of the mind/body split. Lloyd (1993, 2) claims: “From the beginnings of philosophical thought, femaleness was symbolically associated with what Reason supposedly left behind - the dark powers of the earth goddesses, immersion in unknown forces associated with mysterious female powers”.

Moira Gatens (1988, 61) argues that “not only have mind and body been conceptualised as distinct in western knowledges but also the divisions have been conceptually and historically sexualised”. Gatens (1991b, 1) extends the point claiming that: “culture, the mind and reason, social production, the state and society . . . are understood to have a dynamic and developmental character” and are associated with Man. “The body and its passions, reproduction, the family and the individual are often conceived as timeless and unvarying aspects of nature” and are associated with Woman (Gatens 1991b, 1). Grosz (1989, *xiv*) argues that the mind has traditionally been correlated with positive terms such as “reason, subject, consciousness, interiority, activity and masculinity”. The body on the other hand, has been implicitly associated with negative terms such as “passion, object, non-consciousness, exteriority, passivity and femininity” (*ibid.*). The body has been seen as reason’s “underside”, its “negative, inverted double” (Grosz 1988, 30).

Kirby (1992, 12-13) extends this correlation between Woman *and* the body to make the point that Woman *is* the body.

Although it is granted that Man has a body, it is merely as an object that he grasps, penetrates, comprehends and ultimately transcends. As his

companion and complement, Woman *is* the body. She remains stuck in the primeval ooze of Nature's sticky immanence, a victim of the vagaries of her emotions, a creature who can't think straight as a consequence (emphasis in original).

In western culture, while white men may have presumed that they could transcend their embodiment (or at least have their bodily needs met by others) by seeing it as little more than a container for the pure consciousness it held inside, this was not allowed for women, blacks, homosexuals, people with disabilities, the elderly, children and so on. This masculinist separation of minds from bodies, and the privileging of minds over bodies, remains a dominant conception in western culture.

Feminists, such as Susan Bordo (1986), Evelyn Fox Keller (1985) and Elizabeth Grosz (1993) among others, have built on this argument about a mind/body dualism to make the claim that "what theorists of rationality after Descartes saw as defining rational knowledge was its independence from the social position of the knower" (Rose 1993a, 6-7). Rose (1993a, 7) notes that "by the late eighteenth century, a certain form of rationality became identified with, and in turn identified, masculinity". Conversely, femininity was associated with the non-rational - hysterical - Other (see Foucault 1980; Grosz 1994a, 157-158; Irigaray 1985a on the hystericization of women's bodies).

"Masculinist rationality is a form of knowledge which assumes a knower who believes he can separate himself from his body, emotions, values, past experiences and so on" (Rose 1993a, 7). This allows for him to consider his thoughts (his mind) to be autonomous, transcendent and objective; mess and matter-free so to speak. Luce Irigaray (1984, cited in Grosz 1986, 199) notes: "The subject is conceived as disembodied, rational, sexually indifferent subject - a mind unlocated in space, time or constitutive relations with others (a status normally only attributed to angels!)"

Rose (1993a, 7) points out that "the assumption of an objectivity untainted by any particular social position", or any particular body, allows masculinist rationality to

“claim itself as universal”. “This supposed universality is what Michele Le Doeuff refers to as the exhaustiveness of masculinist claims to knowledge; it assumes that it is comprehensive, and thus the only knowledge possible” (Rose 1993a, 7)

Clearly, these arguments about masculinist rationality can usefully be applied to geography. It becomes evident that a specific notion of knowing as disembodied marginalises women both as subjects and producers of geographical knowledge.

THE BODY AS OTHER IN GEOGRAPHY

In this section I argue that the Cartesian split between mind and body underpins geography but not in any straight-forward or simplistic way. If we accept the argument of theorists and philosophers such as Lloyd (1993), Gatens (1988, 199b) and Grosz (1993, 1994a) that since the seventeenth century the mind and body have been conceptualised as distinct, and that this dualism underlies and is manifest in western knowledges, then presumably geography (at least *western* geographical knowledge) has not been exempt from this. Louise Johnson (1989a, 134) explains:

Cartesian dualism underlies our thinking in a myriad of ways, not least in the divergence of the social sciences from the natural sciences, and in a geography which is based on the separation of people from their environments. Thus while geography is unusual in its spanning of the natural and social sciences and in focusing on the interrelation between people and their environments, it is still assumed that the two are distinct and one acts on the other . . . *Geography*, like all of the social sciences, *has been built upon a particular conception of the mind and body which sees them as separate, apart and acting on each other* (emphasis added).

I agree with Johnston that Cartesian dualisms underlie geography (see also McDowell 1991). Rose (1993a, 6) also argues that geographical knowledge is produced through Cartesian or binary thinking.

Although Rose discusses the mind/body dualism, she focuses primarily on the Same/Other dualism drawing on the work of feminist philosophers such as Michele Le

Doeuff, Luce Irigaray and Donna Haraway. Rose (1993a, 6) explains how the master subject²³ in geography

. . . perceives other people who are not like him. From his position of power he tends to see them only in relation to himself. He understands femininity, for example, only in terms of its difference from masculinity. He sees other identities only in terms of his own self-perception; he sees them as what I shall term his Other.

Rose refers to the master subject as the Same. He cannot recognise difference from himself in terms which do not refer to himself. The master subject understands his disembodied rationality to be the norm, the Same, the unmarked category. Embodied, irrational Woman, on the other hand, represents difference from the norm, the Other, the marked category.

The mind, masculinity, rationality and Sameness have been given priority over the body, femininity, irrationality and Otherness in geography. In Johnston et al. (1986, 175) *The Dictionary of Human Geography*, Peter Haggett writes:

Perhaps the best-known formal definition of the field [geography] was provided by the American geographer, Richard Hartshorne, in his *Perspective on the nature of geography* (1959): 'geography is concerned to provide accurate, orderly, and rational description and interpretation of the variable character of the Earth surface'.

Haggett claims that the last two terms in this definition - variable character and earth surface - need some elaboration. I do not disagree, these terms may well need some elaboration, but I believe the terms accurate, orderly and rational also need further elaboration. Haggett obviously considered these terms to be transparent and unproblematic yet it is interesting to consider them more carefully in relation to Cartesian thinking.

²³ The master subject is the subject that is constituted as masculine, bourgeois, white and heterosexual (see Haraway 1991, 183-201).

The dichotomous split between mind and body correlates to other binary pairs. In relation to this particular definition of geography the binary pairs would appear as follows:

+/-
mind/body
masculinity/femininity
accurate/inaccurate
orderly/disorderly
rational/irrational

What these binary pairs illustrate is that women's exclusion from geography, both as subjects of geographical discourse and as knowers in geography, is not just a simple omission or conspiracy by men to exclude women. More is at stake. There is a "symbolic maleness and femaleness" (Lloyd 1993, *xiii*) at work in the construction of geographical knowledges. If women are considered to be on the side of the body then it becomes conceptually difficult for them/us to "provide accurate, orderly, and rational description". As Rose (1993a, 30) explains: "If women are 'naturally' less rational than men, for example, their exclusion from the academy [and from geography] becomes 'natural' too."

Yet this binary division between accurate/inaccurate, orderly/disorderly, rational/irrational, and most importantly for the purposes of this research, mind/body, does not mean that the lesser or devalued category is simply absent from geographical discourse. Rather, this lesser category functions as geography's Other. For example, in relation to the body, it could be argued that geography has tended to negate, disavow, deny, and devalue the body in its scientific and philosophical discourse. Yet this may be too simplistic a claim as the body can be evidenced in some geographies. It has been both denied and desired, repressed and possessed (see Wolff 1990, 121 cited in Rose 1993a, 32) depending on the particular school of geographical thought under

consideration. Rose (1993a) claims that the complex role played by the body in the discipline of geography distinguishes geography from (natural) science. The body is never entirely absent in geography.

Even in the most seemingly disembodied of geographical texts, the body leaves its trace. For example, in B. H. Hodder and Roger Lee's (1974) *Economic Geography*, the body appears to give way almost totally to discourses of "decision and control", "logical discussion", "efficiency", "models" and "capital". Yet on the opening page Hodder writes "For my Parents"; Lee writes "For Lesley; Thomas, who embodies all things good in my life; and for my Mother". The language of rationality and disembodiment cannot altogether suppress that which is irrational, passionate and embodied. Such traces of the irrational, the emotional, the domestic and the body are often evidenced on the acknowledgment page of otherwise rationalistic texts.

Somewhat different traces of the body can be found in the texts themselves. In discussing differences in consumer behaviour Hodder and Lee (1974, 53) claim that these differences cannot be ascribed simply to differences in household size or income: "non-monetary variables associated with household composition, for example age and sex structure and stage in the life-cycle" must also be considered. Objective economic analysis falters and gives way, at least for one page, to social and psychological studies of consumer behaviour. Terms such as economics, profits, markets and incomes are supplemented, at least briefly, with terms such as stage in the life-cycle, personal filters, cultural status and attitude formation. The authors acknowledge that differences in consumer behaviour between households cannot be explained by totally rationalist discourse. In other words, traces of the body, the emotional and irrational do exist in the text, but they remain little more than traces.

As can be seen from this example, the body is never entirely absent in geographical discourse. Its role is far more complex. Rose (1993a) argues that geographical discourse

is extremely mobile: it shifts focus, and remains explicitly concerned with both sides of its constitutive oppositions. Rose (1993a, 6) claims that reason (and one could add here, the mind) “is not the whole story of masculinity . . . in order to establish rationality, there must be a contrast with the irrational” (and one could add here, the body). “Disciplinary knowledge can define itself through its own ability to know only if there are others who are incapable of knowing. For a masculinity defined in part through its rationality, its Other must be deemed irrational” (Rose 1993a, 9). Different schools of geography have dealt with their Other - in this case their Other being the body - in various ways.

Therefore, in considering the historical privileging of the conceptual over the corporeal (or mind over body) in the production of geographical knowledge it is necessary to examine more critically exactly which geographical knowledges are to be the subject of critique. To group together, for example, quantitative geography of the 1960s, humanistic geography of the 1970s, Marxist/structuralist approaches to geography in the 1980s and poststructuralist feminist and/or ‘new’ cultural geographies of the 1990s, is not particularly useful for understanding some of the ways in which the mind/body dualism exists in the discipline. Even within these broad subject areas there are likely to be large differences (including national, regional and individual differences) in the work carried out.

I will, therefore, attempt to disaggregate the category geography into some of its constituent parts. There has been some work to date carried out by geographers who have examined the role of the body in geographical texts, albeit briefly. It is to this work that I turn now.

Different masculinities of geographical discourse are unstable and therefore both desire and fear, both need and reject embodiment in their discourses. In an attempt to tease out this idea of the body as Othered in geographical discourse, I could have chosen to

examine any of the subdisciplinary areas within geography, for example, Marxist geographies, welfare geographies, geopolitics, regional geographies, quantitative geographies, to name just a few. However, it is not possible to cover all of these so I have chosen to focus on four areas - time-geography, humanistic geography, medical geography and feminist geography - where the process of examining the mind/body dualism has already begun. This allows me to build on existing work.

It is also worth noting that the four sub-disciplinary areas I have chosen to examine are areas that, for one reason or another, could be considered to be body-friendly. In each of these four types of geography there are reasons for thinking that the body may indeed be central to the work that has been carried out. Inevitably, however, the body, instead, turns out to be Othered.

Time-geography

Time-geography is a perspective on the temporo-spatial structuring of social life developed by Törsten Hägerstrand (1970, 1973, 1976, 1978). Hägerstrand (1970 cited in Rose 1993a, 21)

. . . describes the paths taken by individuals to fulfil their everyday tasks, or projects, using representations of three-dimensional time-space . . . He argues that the interpretation of these maps requires an understanding of the constraints on an individual's mobility.

Rose (1993a, 21-22) explains that Hägerstrand identified three different kinds of constraint. First are capability constraints, which are the physical limits to movement, for example, the need to eat and sleep, and the type of transport available. Second are coupling constraints, which compel people to come together at certain times, and in locations, for example, schools and work places. Third are authority constraints, which are social rules banning or encouraging certain temporal-spatial behaviour, for example, laws forbidding women to enter men's clubs (see Hägerstrand 1970; Pred 1982, 1985; Thrift and Pred 1981).

Rose (1993a, 22) explains that time-geography offered a new perspective in which “both the constraints on human agency and its thinking consciousness were acknowledged in a manner which tried to avoid both the idealism of humanist geography as well as the often excessive structuralism of marxist geography”. Also, time-geography allowed geographers to focus on “the everyday and the ordinary” (Rose 1993a, 22). Its proponents claim that it is “admirably suited to this type of ‘bottom-up’ study, both theoretically and methodologically” (Miller 1983, 85 cited in Rose 1993a, 22).

Much more could be said about time geography but at this point I want to move on to examine the role of the body in this approach to understanding people’s experiences of place and of the everyday. How does time-geography speak of the body? Although Rose herself does not explicitly ask this question (rather, she asks: can time-geography speak fully of ‘womanly subjectivity’, of women’s ‘difference’?) she does offer at least some partial answers to it.

Time-geography has been adopted by some feminist geographers because it offers opportunities to examine the everyday spaces which women tend to occupy. Rose (1993a) argues that authors such as Dyck (1990), Fortuijn and Karsten (1989), Miller (1983, 1991) and Tivers (1985) have been concerned with questions of women's access, mobility and power and have used time-geography to make women visible in geography. However, the type of framework time-geography provides means that feminists using it tend to end up putting the emphasis more on structures than on human agency. “It is as if feminist time-geographers refer to a world of nurturing and caring of which time-geography cannot quite let them speak” (Rose 1993a, 27). Rose (1993a, 28-31) claims that time-geographers repress all reference to “the passionate, the disruptive, and the feelings of relations with others . . . Time-geography tries to ignore the body . . . There is no bodily passion or desire”.

Although bodies *seem* central to time-geography they are not. The routine actions of individual human agents in time and space are represented by paths - paths that bodies follow. The body itself virtually disappears and in fact “becomes its path” (Rose 1993a, 30). It is the *paths* that define Hägerstrand’s subjects, not their bodies. It is interesting to note that in reference to the body, the only thing that Hägerstrand says is that “an individual cannot be in two places at once, and that certain constraints are imposed by the need to eat and sleep . . .” (Rose 1993a, 30). He does not talk about bodies in relation to things such as sickness, violence, passion, loving, menstruation, pregnancy or mothering.

Also, in time-geography the body, or perhaps I ought to say the path that the body is reduced to, is undifferentiated: all bodies/paths are the same because no body/path is specified. Yet in not specifying or defining any bodily characteristics (in other words, by reducing the body to nothing more than a path) certain bodies become assumed. For example, the bodies in Hägerstrand’s geographies are colourless; the path (or trace) that they leave does not indicate whether the body is white or black. Rose (1993a, 33) comments that the bodies become “transparent to the critical gaze”. The effect of this transparency is that: “Whiteness retains its hegemonic position denying its own colour . . .” (Rose 1993a, 33).

Not only is whiteness assumed but so too is the fact that bodies are individual and self contained. Rose (1993a, 31) argues: “bodily processes which transgress the boundary between inside and outside the body - childbirth, say, or menstruation - are ignored as characteristics of the body when it is reduced to its path”. Rose (1993a, 33) continues:

The notation of the body in time-geography as a path which does not merge depends on this particular masculine repression of the bodily. This bounded body and its role as a neutral container of rationality both contribute to the idea that we are socialized by internalizing lessons which the ‘outside’ world teaches us when we act in it. This is the model of socialization used in time-geographic accounts . . . The unbroken border between inside and outside which this assumes is not only masculinist, however; it is also racist.

Rose (1993a, 34) sums up her argument stating: “Time-geography embodies an agency that purports to be human but as we have seen, this agency inhabits a masculine (no)body”. In this way time-geography is masculinist and ultimately invokes and reaffirms phallogocentrism within geographical discourse.

I find Rose’s argument convincing. She deconstructs time-geography in a way that reveals that although the body seems present, in fact, it functions in texts as Other to the mind, the rational, the orderly and the dispassionate. Yet it needs to be stated that not everyone agrees with Rose. Pile and Thrift (1995) see Hägerstrand not as excluding the body or reducing the body to its path, but rather as offering an approach to understanding the body and its movements more fully. They argue that:

Hägerstrand’s maps of everyday coping can best be placed . . . in a line of thinking which stretches from Heidegger and Wittgenstein, through Merleau-Ponty, to, most recently, Bourdieu, de Certeau and Shotton, who have tried to conjure up the situated, prelinguistic, *embodied* states that give intelligibility (but not necessarily meaning) to human action (Pile and Thrift 1995, 27 emphasis added).

Clearly there are no easy answers to the question: ‘how does time-geography speak of the body?’ So, what about humanistic geography - how does it speak of the body? What role does the body play in humanistic geography?

Humanistic geography

Humanistic geographers, especially in the late 1970s, attempted to understand the ways in which places were perceived by people, arguing that it was impossible to make sense of the social world without paying attention to the interpretations of those who lived in it (see Buttner 1979; Entrikin 1976; Ley and Samuels 1978; Relph 1976; Tuan 1976, 1979).

Humanistic geographers refuted ideas of objectivity and scientific rationality which characterised positivism. In this way, they placed people centre-stage. Drawing on

phenomenology, they focused not on reason but on human creativity, not on the universal but on the specifics of people's lives. Rose (1993a, 48) argues that by drawing from phenomenology humanistic geographers retrieved the Other - in this case, the body - into their studies. For example: "'Body implicates space; space co-exists with the sentient body', wrote Tuan [1974, 218]. Topophilia is felt in part corporeally" (Rose 1993a, 48).²⁴ Yi Fu Tuan was not the only humanistic geographer to bring the body into geography. In the late 1970s David Seamon used the pre-discursive, phenomenological lived body theorised in the work of Merleau-Ponty to explore some of the ways in which people move through and occupy space. In particular, he observed and carried out interviews with groups of students in order to elicit dimensions of their lifeworlds (see Johnson 1989a).

Grahame Rowles (1978a, 1978b) also examined the lived geographies or lifeworlds of his subjects and demonstrated that the body, both real and imagined, actively constructs space. "Rowles's engagement with elderly people led him to recognise the significance of immobility and fantasy displacements to other places" (Johnson 1990, 18). In this way, humanistic geographers recovered bodies from their invisibility in geography, highlighting the need to consider embodied subjectivities for understanding place. Rose (1993a, 48) explains that:

Analysis and empathy, insider and outsider, thought and pleasure, body and mind, individual and context; these are some of the dualisms that

²⁴ Topophilia refers to people's affective ties with their material environment and particularly with specific places (Johnston et al. 1986, 493). According to Tuan (1974) it "couples sentiment with place". Johnston et al. (1986, 493) claim that:

The term [topophilia] seems to have been first used by G. Bachelard in *La poétique de l'espace* concept is closely akin to J. K. Wright's GEOSOPHY in that, through its focus on both ENVIRONMENTAL PERCEPTION and on cultural values or attitudes, it necessarily concentrates on the study of places as either carriers of emotionally charged feelings or as perceived symbols. A slightly modified use of topophilia, closer in spirit to Bachelard's, occurs in the work of Edward Relph (1976) where it is taken to imply 'an encounter with place that is intensely personal and profoundly significant' (capitals in original).

humanistic geography explicitly attempted to overcome in its efforts to interpret the world.

Nevertheless, while corporeality plays an important role in humanistic geography the body still tends to function as an Other in a number of ways. First, humanistic geographers failed to acknowledge the *specificity* of bodies. For example, David Seamon does not recognise that observable differences exist in the rather ordinary ways in which women and men typically perceive, access, move in, use and experience environments. While he may have succeeded in embodying his subjects, he did not recognise the significance of these bodies being *sexed*. This is problematic since, as Gatens (1991a, 82) explains, references to and representation of the *human* body are most often of the *male* body. This is the same problem that I have identified with time geography. In the absence of any particular body being specified, a white, masculine, self-contained body is presumed.

David Ley and Marwyn Samuels (1978, 2-3 cited in Rose 1993a, 43) wanted “man put back together again with all the pieces in place, including a heart and even a soul, with feelings as well as thoughts, with some semblance of secular and perhaps transcendental meaning”. The body they refer to here is, I suspect, indeed a *man’s* body. Ley and Samuels desire a body that is whole, complete, autonomous, transcendent and almost incorporeal - they want a body that is “put back together with all the pieces in place”. They do not want a body that is messy, incomplete, out of place and not possessing clear boundaries, for example, the menstruating, pregnant or birthing body - that which is feminine (I return to this theme in Chapter VI). In this way, it could be argued that although humanistic geography includes the body in its discourse its masculinism remains intact. The use of Man in humanistic geography makes men the base-line against which Woman’s embodied difference is spoken. “The authority of humanistic geography is masculinist because it falsely assumes that the

experiences [including the bodily experiences] of men can represent all experiences” (Rose 1993a, 53).

Medical geography

One might expect that in order to understand health and illness some consideration must be given to the body, yet, this has not been the case in most medical geography to date. Many medical geographers have relied heavily on scientific epistemologies and ontologies. They have drawn on the spatial science tradition in order to map the medical distribution of medical phenomena by counting the number of bodies with a particular disease. One of the best examples of this mapping is the current literature on AIDS and HIV (Dutt et al. 1990; Gardner et al. 1989). Michael Brown (1995) argues that these scientific representations serve to textually and socially distance gay men (but the argument would also follow for others who have AIDS) as bodily carriers. By focusing on the virus the body becomes reduced to a mere “vector” (Brown 1995, 163) for illness. The materiality of the body becomes abstracted. Brown (1995, 162) stresses that “what is being plotted, mapped, etc, across these geographies is the *virus* rather than the people dealing with it” (emphasis in original).

In this way, the body, while initially appearing present, is actually Othered. Brown (1995) argues that ethnographic approaches to studying AIDS, and one could add medical geography more generally, might help to overcome distancing between the researcher and the bodies that she or he is researching.²⁵ Ethnographic approaches, rather than spatial scientific approaches, might enable medical geographers to understand the body as something more than a “vector of transmission” (Brown 1995, 159).

²⁵ It needs to be noted here that although Brown (1995) argues that ethnography can overcome distance he also acknowledges the positive role that distance played in his own ethnographic research on AIDS politics in Vancouver. He concludes that distance in itself is neither essentially concealing nor revealing, but its implications for research must be constantly considered.

Michael Dorn and Glenda Laws (1994, 109) argue that:

It is ironic that medical geography, which draws its *raison d'être* from a profession that is preoccupied with exploring the differences between the normal and the abnormal body, is itself so resistant to treating the body as a problematical concept.

They claim that feminists and cultural theorists have “confronted the politicization of bodies in their work and slowly geographers are beginning to take up the challenge” (Dorn and Laws 1994, 109). Dorn and Laws make a very strong argument that medical geographers need to extend their current research agendas by drawing on the “rich possibilities” proposed by recent advances in feminist and cultural theory on embodiment.

We believe that by continuing to ignore the social construction of the body and the struggles of new social movements, medical geographers will fail to take advantage of the lessons of social theory (Dorn and Laws 1994, 107).

Examples of the body being treated as Other can also be found in geographies of disability. Geographers such as Harlan Hahn (1986, 1989) and Reginald Golledge (1993) have done much to increase understanding amongst geographers about the role of bodily differences and how this has been used to serve political, social and economic purposes. Like time-geographers and humanistic geographers, however, they remain silent about the sex, or the colour of skins, of the bodies in question. The implication of this silence is that these particular aspects of corporeality are not, or at least are less, important than the particular disability under inquiry. By recognising only one specific aspect of corporeality the body becomes Othered.

Isabel Dyck (1995, 307), however, in a paper which examines the “hidden geographies” of women with multiple sclerosis, argues that medical geographers and geographers researching disability could benefit from examining the body:

. . . attention to the body in its geographical as well as social context provides an avenue for investigating the links between subjective experience and the broader social relations and processes which shape the illness experience.

Dyck (1995, 319) argues that “the body cannot be abstracted from its social and material context in analysis”. She claims that examining the body further contributes to geographers’ understanding of the “interweaving of discursive formations and social practices through which the disability experience is constituted” (Dyck 1995, 319).

Feminist geography

Feminist geographers have also tended to treat the body as geography’s Other. In order to examine the ways in which this has occurred I will examine a dualism that has been central to feminist geographical discourse, that is, the sex/gender dualism.²⁶

Louise Johnson (1990, 17) notes that the writings of feminist geographers have, by and large, been permeated by a distinction between sex and gender (see, for example, Foord and Gregson 1986; MacKenzie 1984, 1987; McDowell 1983; Women and Geography Study Group 1984). The Women and Geography Study Group of the Institute of British Geographers (1984, 21 cited in Johnson 1990, 17) explain that they use the term gender

²⁶ The distinction between sex and gender did not originate from feminist writings, rather, it was derived from the work of psychologist Robert Stoller. In 1968 he published a book called *Sex and Gender*, in which he argued that the biological sex of a person augments but does not determine the appropriate gender identity for that person. Rather, a person’s gender identity is primarily the result of postnatal psycho-social influences. In order to illustrate his argument Stoller studied trans-sexuals, and claimed that trans-sexuality is wholly social - a result of the mother’s treatment of the child.

This distinction between sex and gender was adopted by a number of influential feminist writers including Michele Barrett (1980), Nancy Chodorow (1978), Germaine Greer (1970), Kate Millett (1970) and Ann Oakley (1972). They used the distinction between sex and gender in order to argue that there are biological differences between the sexes at birth, but that it is primarily socialisation that results in women and men having different gender characteristics. The advantages of this conceptualisation were that it offered a way of distinguishing between the predetermined, innate characteristics of men and women and the other social differences. Further, it carried an evaluation of the social as the determinant of women’s unequal position.

This explanation, in a context of liberal humanism throughout the 1970s, had considerable appeal. Education was seen as the main way to institute radical social change. If women and men were treated the same and given the same opportunities they would in fact become equal. This, in effect, is a program of degendering. Ten years later this assertion seems problematic at both the political and the theoretical level. Politically, despite the attempts of the feminist movement, women and men have not become equal. It is in this context that the politics of equality needed to be examined carefully. Theoretically, the analysis failed to deal with sex, biology and embodiment. All the attention went to, and considerable efforts were made to, produce a sophisticated analysis of gender. Feminist geography has not been immune to these feminist discourses on sex and gender.

to refer to socially created distinctions between femininity and masculinity, while the term sex is used to refer to biological differences between men and women. They claim that they are:

. . . concerned to introduce the idea of *feminist geography* - a geography which explicitly takes into account the socially created gender structure of society; and in which a commitment both towards the alleviation of gender inequality in the short term and towards its removal through social change towards real equality, in the longer term is expressed (emphasis in original).

Johnson (1990, 18) argues that there are a number of implications of employing the sex/gender distinction in geography. One of these is “the omission of the body as a vital element in the constitution of masculine and feminine identity and the consignment of those who argue for a ‘corporeal feminism’ . . . into the nether world of biological essentialism”. Johnson (1990, 18) goes on to explain that geographers, “in their zeal to avoid the accusation of biologism and by embracing the logics of historical materialism and liberalism, have ignored the possibilities of examining the sexed body in space”. Yet, as Johnson (1989a) argues, there are rich possibilities for feminist geographers in examining biology as a social construct rather than treating it as a natural given and/or ignoring it.

Linda McDowell (1993a) agrees that there is potential for feminist geographers to consider the body more carefully. In a review of feminist geography McDowell (1993a, 306) refers to work by Adrienne Rich (1986) which suggests that being a woman challenges conventional ideas of boundaries, especially the assumed boundary between the body the object world, between self and other. McDowell (1993a, 306) explains that:

Women’s experiences of, for example, menstruation, childbirth and lactation, all represent challenges to bodily boundaries. The feminine construction of self is an existence centred within a complex relational nexus, compared to the masculine construction of self as separate, distinct and unconnected.

McDowell (1993a, 306) concludes the section claiming that “the implications of these differences for geographical concepts of spatiality, boundaries and community remain to be explored [by feminist geographers]”.

Over the last decade there have emerged powerful arguments within feminism about the need to examine new ways of developing frameworks and terms for capturing the multiple, diverse and changing way through which each human embodied subject is formed (see especially Gatens 1988, 1992; Grosz 1987, 1988, 1995). Some feminist geographers such as Bondi (1990), Cream (1992, 1994, 1995a, 1995b), Johnson (1989, 1990), McDowell (1995) and Rose (1993a) have responded to these arguments and some excellent work has been carried out.

There is scope, however, for much more work to be done on ‘sexually embodying geography’. I do not mean by way of simply focusing on, or inserting, sexed bodies into geographical discourse (although this may provide a useful start). Rather, any upheaval of the dominant/subordinate structure between mind and body, or between gender and sex, will threaten the privileged term’s unquestioned *a priori* dominance in the discipline. I think that feminist geographers have a great deal to gain from current feminist scholarship on embodiment (corporeal feminism).

Up to this point, I have discussed time-geography, humanistic geography, medical geography and feminist geography. I have not singled out these areas because I think that they are the most disembodied. In fact, as I suggested earlier, it might well be reasonable to assume that these particular subdisciplinary areas have the potential to be more body-friendly than a number of other subdisciplinary areas. I have singled out these areas to illustrate that some critique of their disembodied nature already exists. There are also various other authors who have made brief comment on other areas of geography claiming that they too are disembodied. These authors have not necessarily

engaged a sustained critique of the mind/body split or the body as Othered but their comments are interesting nonetheless.²⁷

To conclude this section I want to restate that the mind/body dualism does underpin geography, not just in one or two subdisciplinary areas but in many. This is not meant to imply that the body is treated in exactly the same way by all geographers, rather it is

²⁷ For example, Derek Gregory (1994, 157-159) points to the disembodied texts of postmodernist geographers Edward Soja (1992) and Sharon Zukin (1991). He claims that in their "odysseys through postmodern spaces and over postmodern landscapes they have also - and less accountably - lost sight of Lefebvre's defiant insistence on the body as the site of resistance".

Rose (1993a, 86-112) examines 'new' cultural geography arguing that, like humanistic geography, it is inhabited by an "aesthetic masculinity". Trevor Barnes and James Duncan, Rose notes, remove the geographer from their texts and render him [sic] invincible as an author - all-seeing and all-knowing:

The texts of the new cultural geography remain, overtly at least, unmarked: (embodied) specificity is banished and distant authority put in its place . . . Textualising landscape is an attempt to deny the phallocentrism of the geographic gaze, while also establishing a specific masculinity as the norm through which to access visual knowledge. The revelation of the masculinity of the gaze at landscape is thus highly disruptive to cultural geography's authoritative claims to interpret landscape and within the dualistic structure of geographical knowledge it encourages a retreat back to a disinterested and therefore disembodied search for evidence and truth (Rose 1993a, 100-101).

Louise Johnson (1989b) has deconstructed a planning text book by A. S. Mather (1986) entitled *Land Use*. Johnson argues that Mather sets up a number of dichotomous categories in the book including rational/irrational - which is connected with a male/female distinction that prioritises the former over the latter. As I argued in an earlier section of this chapter, the rational/irrational dualism is inextricably linked to the mind/body dualism. Johnson argues convincingly that rationality (mind), even if bounded by imperfect information or tempered by caution or satisficing behaviour (Mather 1986, 28 and 60; Robertson 1986, 30 cited in Johnson 1989b, 89), is the standard against which land use decisions are evaluated or planning practice compared. Therefore, for Chris Nobbs, New Zealand urban planning "suffers from a pervasive undervaluation of information and scientific and logical method . . . It is important that planning find some firmer roots in the rational and logical ground shared by current theories" (Nobbs 1981, 19-20 cited in Johnson 1989b, 89).

In his quest for accountability and a clear connection between research, goal setting, evaluation and policy, Nobbs urges that scientific rationality should be applied to planning. Johnson (1989b, 89) argues:

If plans or land use decisions deviate from this rational ideal, there are strong negative connotations. To be a good planner is to act in a 'common sense' way (Nobbs 1981, 19) and to seek continually the way of reason. Land use, the maximisation of its utility, is achieved by the application of reason to secure profit.

As I indicated in an earlier section, reason has come to be aligned with the mind and masculinity while non-reason has come to be aligned with the body and femininity. The ideal of rationality in land use and planning is, therefore, not only a male ideal as Johnson claims, built on the exclusion of what are designated as female characteristics, such as emotion, subjectivity and so on, but also a *disembodied* ideal. An ideal built on the exclusion of the body.

to suggest that in many geographies the body functions as something both distinct from, and Other to, the mind. Following on from this, the next question that needs addressing, is: what are the costs, and to whom, of geographers privileging the mind over the body in their/our work?

COSTS OF A MIND/BODY DUALISM

There are two major costs of privileging the mind over the body in geographical work. The first cost is that many themes, topics and approaches are deemed inappropriate or illegitimate by the hegemon in 'the discipline'. Themes such as embodiment and sexuality; topics such as pregnant bodies, the bodies of the homeless, women on the pill, love-making and blood spilt in violence; and approaches that are deemed to be overly subjective and 'non-academic', threaten to spill, soil and mess up, clean, hard geography. The mind/body dualism plays a vital role in determining what counts as legitimate knowledge in geography. So long as the mind is privileged over the body, the hegemonic group in geography will continue to edit out that which they consider to be dirty (read: inappropriate, illegitimate - topics that geography cannot yet speak of), preferring instead the clean, the clinical, the quantitative, the heroic and the scientific. What constitutes appropriate issues and legitimate topics to teach and research in geography comes to be defined in terms of reason, rationality and transcendent visions as though these can be separated out from passion, irrationality and embodied sensation.

The cost of geography shunning dirty topics is borne by those people who desire to examine such topics. To date, many of the themes, topics and approaches that have been adopted in geography have been those that address the needs and interests of men, in particular, white, bourgeois, able-bodied men. This is not surprising since as Rose (1993a, 1) notes: "The academic discipline of geography has historically been dominated by men, perhaps more so than any other science". People who want to address dirty (Other) topics, people who themselves may be defined as Others (such as

the physically weak, frail, diseased, homosexual, elderly, black, poor, working class and so on), are forced to struggle for legitimization of their interests in the discipline.

The second major cost of privileging the mind over the body in geographical work is that only some people can count as bearers of geographical knowledge. In other words, more is at stake than simply *what* counts as legitimate knowledge in geography, it is also vital to consider *who* counts as a bearer of legitimate knowledge. Only some people can “provide accurate, orderly, and rational description and interpretation of the variable character of the Earth surface” (Hartshorne 1959 cited in Johnson et al. 1986, 175). Only those people who conceptually occupy the place of the mind can produce such knowledge. For those people who are constructed by Cartesian philosophy as being tied to their bodies, transcendent visions are not possible. Their knowledge cannot count as knowledge for it is too intimately grounded in, and tainted by, their corporeality.

Although there are many individuals and groups who bear the costs of a mind/body dualism underlying geography, the group I focus on in this research is women. It is now well documented that women geographers have been under-represented as higher degrees students, publishers, and members of faculty, especially in senior academic positions. They have borne the brunt of patronising attitudes and sexual harassment from male colleagues (see especially Christopherson 1989; Fahey 1988; McDowell 1988). The documenting of women’s absence from geography began in 1973 with Wilbur Zelinsky’s ground-breaking article ‘The strange case of the missing female geographer’. For approximately the next decade liberal assumptions that it was possible to ‘add female geographers and stir’ prevailed. Following these phases of documenting women’s absence and attempting to include women in the discipline, a new phase emerged, a phase in which the epistemological foundations of the discipline began to be questioned (see Johnson 1985 on the various phases of feminist geography).

It is increasingly recognised by feminist geographers that it is not adequate, or effective, to simply add women to geography. Instead it is necessary to examine the masculinist epistemological and ontological assumptions and constructs on which geography rests. For example, Elizabeth Bondi and Mona Domosh (1992 cited in Rose 1993a, 7) have used arguments about masculinist rationality to suggest that geographers “see themselves as ‘detached explorers’ who produce ‘transcendent visions’ of neutral truth untouched by the context in which they are produced”. Bondi and Domosh also argue that geographers’ frequently desire and make claims to a knowledge that is exhaustive. Feminist geographers such as Cindi Katz (1992, 1994) and Linda McDowell (1992a) have aimed to subvert these claims to exhaustiveness by arguing for partial and situated knowledges. Rose (1993a, 4) explains that “there is something in the very claim to knowing thought in geography which tends to exclude women as producers of knowledge”.

I would add to Rose’s argument that women cannot claim to know thought in geography because western philosophy has aligned women not with thought (the mind) but with materiality (the body). Like Bondi and Domosh (1992), McDowell (1991), Rose (1993a) and numerous other feminist geographers, I want to examine some of the possible underlying philosophical reasons why women, and feminism, continue to get the “brush-off” (Rose 1993a, 3) in geography. Examining the privileging of the mind over the body may provide a starting place for considering why, despite feminist interventions over the last 20 years, contemporary human geography continues to be a largely masculinist discourse.

In conclusion, there are two major costs of privileging the mind over the body in geography. First, themes, topics and approaches that count as ‘real’ geography are limited to those that are mess and matter free. Only topics that serve the interests of the hegemonic group are considered to be serious, valid, worthwhile and legitimate. Second, who counts as a legitimate knower in geography is limited to those people -

young, white, bourgeois, able-bodied men - who are thought to be able to occupy a disembodied subject position. For individuals and groups, such as women, who are represented as being 'tied to their bodies', occupying this disembodied subject position, and therefore producing legitimate geographical knowledge, is not possible.

POSSIBILITIES FOR SEXUALLY EMBODIED GEOGRAPHIES

Given these exclusions, how can geographers begin to conceptualise new geographies which are founded on an understanding of subjects as embodied? I think that it is possible to subvert claims to exhaustiveness by insisting on making the subject position adopted by geographers not just an embodied position but a *sexually* embodied position (refer to the discussion on pages 6-7).

Katherine/Julie Gibson-Graham (forthcoming, 23) ask: "How might this respatialization of the body [a body, they argue, that can be conceived as surface, as active, as full and changing, as many, as depth, as random and indeterminate, as process] afford new geographies for women in the city?" I too want to engage in rethinking the body and enquire how this might afford "new geographies". Johnson (1994, 107) asks:

What happens then, to our geography if we return to the work of David Seamon - who used phenomenology to isolate how bodies, either singly or in body ballets, related to space through movement, rest and encounter (Seamon 1980) - and to it add the feminist concern for sexualised bodies moving in a space structured by patriarchy. A new geography is possible from such beginnings, built on the ways in which women and men are situated, move through, apprehend and engage with space.

What indeed happens to geography if we begin to consider how knowers and subjects can figure as sexually embodied? Can focusing attention on the sexed body as a critical component in the matrix of subjectivity enable further understandings of power, knowledge and social relationships between people and environments? As a feminist geographer I am also intent on considering whether embodying geographical research (what ever this might mean) can enable 'us' to somehow resist masculinist discourses.

It is not possible to systematically address all these questions in this section but they are worth further contemplation and I do return to them at many junctures throughout the thesis.

Resisting the shifting structures of masculinity (and capitalism, racism, ageism and so on) is a complex process, made all the more complex by the fact that “feminism is itself caught in . . . [these] existing discourses of meaning and subjectivity” (Rose 1993a, 11). Yet given this complexity I think that it is possible to resist and contest the masculinity of hegemonic geography by making embodiment explicit in geographical texts. Acknowledging and working with the body has important implications for the ‘development’ of the discipline. By beginning with “the geography closest in - the body” (Rich 1986, 212) there lies a potential for disrupting geography’s coherence, revealing both its absences and its masculinity.

Contesting the phallogentrism of hegemonic geographical discourse does not mean simply reasserting that side of the binary (that is, the body) that has previously been devalued. As Kirby (1992, 13) points out “a binary division, contrary to its apparent meaning, is the double articulation of one term, not two”. It is not enough, therefore, for geographers to simply focus attention on embodiment. The division itself, *between* mind and body, must be problematised, unsettled and subverted.

Possibilities for problematising, reconceptualising and/or reconstructing binary logic do exist. Anna Yeatman (1991, 36) observes:

. . . metaphors [of postmodern feminist theorists] engage plurality rather than binary pairs. Moreover their models of differentiation tend to dispense with binary hierarchical models of difference (eg. Western/Oriental; base/superstructure) and to substitute complex, multiple hierarchies of differentiation where ethnicity, race, gender and class mediate each other in specific, historically conjunctural modes.

Trinh Minh-ha (1989, 145), in her deconstruction of the western model of individuated subjectivity, adopts an alternative conception which exemplifies this approach: “You

said the other doesn't have to be very far away, it can be very close. Why not include this other within the self'.

In terms of the mind/body dualism, Gatens (1988, 67-68) suggests that the onto-ethical writings of Spinoza might provide a useful resource in working towards a feminist theorisation of corporeality:

Spinozist philosophy is capable of suggesting an account of the body and its relation to social life, politics and ethics that does not depend on the dualisms that dominate traditional modern philosophy. Yet neither is it a philosophy which neutralises difference. Rather it allows a conceptualisation of difference which is neither dichotomised nor polarised.

It is these possibilities of reconceptualisation that may allow feminist geographers to question further, and to subvert, the masculinism that continues to manifest itself in the epistemology and ontology of many geographical projects.

Yet having said all this, I do not want to be prescriptive about how geographers might embody their work. Like Rose (1991, 159) I recognise that "masculinist discourse is complex and differentiated", therefore, feminists, and feminist geographers, "need to be ambivalent, there needs to be some ability to move between different positions". Feminists need different positions from which to critique masculinist discourse. This is a point on which Teresa de Lauretis (1990, 258 cited in Rose 1993a, 13) is also insistent: she argues that this mobility is not only a practical necessity but also its diversity avoids "the exclusions and erasures of masculinist claims to exhaustiveness".

What I aim to do in this research is construct a geography that focuses on women as knowledgeable. I aim to create a new partial and situated geographical knowledge that is capable of challenging the existing masculinist discourses that construct the discipline. I attempt to occupy an embodied subject position, that is, I try to write my own body as well as the bodies of my subjects into my text.

In order to do this I focus on the lived bodies of women who reside in Hamilton, Aotearoa/New Zealand and are pregnant for the first time. My decision to focus on pregnant bodies, rather than say body builders, lactating bodies, anorexic or bulimic bodies, disabled bodies, lesbian bodies or black bodies (although of course these categories all intersect/overlap in complex ways) was strategic.

It was, in part, comments made by Trinh Minh-ha (1989, 145) about including the other within the self that provided the motivation in this project to focus not just on corporeality in general, but more specifically, on pregnancy. Pregnant bodies effectively illustrate the notion of Self being Other, of undercutting the inside/outside, Self/Other dichotomies. Iris Young (1990a, 163) explains:

Pregnancy challenges the integration of my body experience by rendering fluid the boundary between what is within, myself, and what is outside, separate. I experience my insides as the space of another, yet my own body.

In this way pregnant embodiment undermines and jeopardises dualistic thinking. It transgresses the boundary between inside and outside the body, between Self and Other.

Julia Kristeva (1981, 31 cited in Young 1990a, 162) notes that:

Pregnancy seems to be experienced as the radical ordeal of the splitting of the subject; redoubling up of the body, separation and coexistence of the self and an other, of nature and consciousness, of physiology and speech.

Gibson-Graham (forthcoming, 4) argue that women's bodies are often portrayed (by the "feminist language of rape" and discourses surrounding capital) as vacuous, empty and lacking: "empty space waiting to be invaded/taken/formed". Yet *pregnant* women have been filled. Their inert void has been brought into being by the Phallus/fetus. Pregnant women have a positivity but it is not theirs alone. It belongs to the Phallus/fetus. Pregnant women are both negative and positive spaces, empty yet filled.

"Reflection on the experience of pregnancy reveals a body subjectivity that is decentred . . . The first movements of the fetus produce a sense of the splitting subject" (Young

1990a, 162-163). The fetus's movements are wholly the mother's, completely within her, yet they are also other to, and separate from, her. Young (1990a, 161) argues that the lived pregnant body

. . . challenges their [Strauss, Merleau-Ponty, and several other existential phenomenologists] implicit assumptions of a unified subject and sharp distinction between transcendence and immanence. Pregnancy, I argue, reveals a paradigm of bodily experience in which the transparent unity of self dissolves and the body attends positively to itself at the same time that it enacts its projects.

For the purposes of this thesis, however, pregnancy not only illustrates the notion of other being self (thereby destabilising taken-for-granted binaries), the Pregnant Woman also problematises hegemonic, masculinist conceptions of geographical knowledge. In asking the question, what constitutes geographical knowledge, it becomes apparent that activities associated with reproduction and the private realms have been marginalised in geography - relegated to the realms of nature (see McDowell 1992a, 409-410).

Relegating these activities to the natural arena has meant that they have ceased to require social or political explanation, instead they simply and unproblematically *are*. But, the question of what constitutes geographical knowledge requires more than simply listing the exclusions faced by women as both subjects and objects of research in geography. Feminist geographers, such as Domosh (1991), McDowell (1979), McDowell and Peake (1990) and Monk and Hanson (1982), have documented at length women's marginality to hegemonic definitions of geography. However, as I suggested earlier, there is now also a questioning of the epistemology and ontology of the geographical project (Johnson 1985; Longhurst 1995a; Rose 1992). Rose (1992, 8-9) suggests that the "task then is not to put women back into the historiography of the discipline, but rather to examine the masculinism of its central categories and ways of knowing".

In questioning what constitutes knowledge in geography I also want to question why and how masculine knowledge is established and defines itself in contrast to a feminine

unknowable. The pregnant subject personifies/exemplifies the feminine unknowable. Therefore, it is questionable as to whether she can count as a speaker or bearer of geographical knowledge.

Pregnant women, in particular, have tended to be defined by negative or culturally devalued terms and have been absent in geography both as subjects and as knowers. The notion that pregnancy and geography have anything to do with each other seems absurd to many geographers and non-geographers alike. For example, the editors of a glossy current affairs Auckland based magazine entitled *Metro* saw fit to publish an advertisement that had been posted on a university geography department notice board. The advertisement was for a presentation that I was giving to a branch of the New Zealand Geographical Society. It was published on the last page of *Metro* - a page entitled 'Last Word' with a sub-heading 'Trivial Typing Errors'. (The advertisement itself had no typing errors.) They had entitled it 'Wankers' World' (see Figure 2.1). The connection between geography and pregnancy, or perhaps between architecture and pregnancy, was obviously supposed to be absurd, ridiculous and humorous.

Perhaps it is that unruly, irrational, unknowable, hysterical behaviours are seen to stem from the very (reproductive) biology - from the uterus - of Woman. Geography, on the other hand, is generally perceived as the science of Rational Man. Hysterical behaviours in Woman are deemed to be natural or intrinsic. Therefore, it is doubtful whether the pregnant subject, the hysteric, as she is currently constructed and inscribed by hegemonic discourses, can be the site of rationality, of reason, of knowledge. Perhaps this is what makes geography and pregnancy seem such an unusual combination to many people (refer also to the discussion of dirty topics in geography on pages 45-48). Moira Gatens (1991a, 85) argues, any body that deviates from the image of one body, one voice, one reason, can only take the form of "gibberish":

Figure 2.1 Wankers' world

Last Word

“Trivial typing errors”

English-As-a-Second-Language Corner

At DB Breweries, we believe Kiwi's should back Kiwi's.

A Mojo advertisement.

MARITAL ARTS
Praying Mantle style
Kung Fu Showgar.
BEGINNERS CLASSES
Starting 7th January.
Ph Koith
479-4848

North Shore Times-Advertiser.

Stuart Grievs. His client Andrew Paytal, is a King's College old boy. He was formerly a Crown Prosecutor.

Metro. Oh dear!

Just Landed.

A Stop Press supplement to your Assort New Zealand Golden Wing Magazine.

Beethoven's Ninth.

Wellingtons Michael Flower Centre
Friday 26th March.

Golden Wing magazine.

If I could find someone willing and able to shove the leg all the bathroom door so it could shut properly, I'd wash his feet with my hair, or my hair with his feet. Whichever is preferred.

Helen Brown
reveals an unusual predilection in the *Sunday Star*.

While he has become used to the constant close scrutiny and gossip that comes with public life, the rusty letters and rumours probed during the heyday of homosexual bar return, but the hitching still continues.

Oh dear!
Wellington's Great Events.

Liberal Guilt Corner

TO SHOW YOU REALLY CARE
Women's Settings Year has presented a problem for countless hair-dye gals. How do they express their solidarity with women in a way that shows they really care? Don't go easy, guys, we've got some suggestions. As men invariably work more than women, why not donate those extra dollars you earn for just being male to a woman's refuge center? What who want to know what it really feels like to be a woman could invest in an *Empathy Hat*. This garment, which looks like a thick jacket and weighs 12kg, is a pregnancy simulator for men. With the womb compartment filled with four liters of hot water and two lead weights, it simulates the wearer to experience more than 20 typical symptoms of full pregnancy. After wearing it for 10 minutes you'll be suffering backache, shortness of breath and increased blood pressure. A bag full of lead beads simulates the baby's head. Attach with a piece of velcro over your shoulder and the instant you sit down, you'll need to get to the toilet. Don't spend your part of things? Never mind. Maybe you could follow the example of the late John Lennon. To demonstrate his sympathy with the universal suffering of womankind, Lennon used to wear a flower tampon taped to his forehead.

The Listener, of course.

Cliché And Mixed Metaphor Corner

...there's a real fast. The...
...vividly sings with character, a simple

Sunday Star

Instead of enjoying the freedom of the House to debate Mr Patten, who was by this time out of Parliament, the Government was on the floor against an Opposition firing on all cylinders.

Bernard Orsman in the New Zealand Herald.



Photograph: W.G.Wilson

Sexism Corner

RADIO NEW ZEALAND SPORTS MEDIA AWARD - for the female journalist or producer who in the female sport period March 1992-93 has produced the best programme, live, studio or documentary concerning any form of women's sport. The programme, article, live or documentary must have been produced or gone to air by 28 April 1993.

The Hillary Commission encourages something which must surely be illegal.

Manly Women's Bowls

The Coaster

PAINTING
EXCELLENT
RATES
AND WORKMANSHIP

PH CRAIG
275-5777
A.H.S. 9

Wankers' World

The Waikato Branch of the New Zealand Geographical Society offer the second presentation in the 1993 programme

7:30pm on Tuesday, April 6

Room 22 on the first floor of 1 Block (Room 11.22) University of Waikato

Pregnant Corporeality
and a
Post Modern Mall in Hamilton

Robyn Longhurst

Robyn Longhurst is a lecturer in Gender and Feminist Geography at the University of Waikato. Her area of interest is in Sexuality and Space. Over the past year, as part of her D Phil research, Robyn has been examining the ways in which pregnancy affects women's access to and experience of public space in Hamilton. In this presentation she will discuss: first, the theoretical implications of making the sexed body explicit in geography; and second, the empirical value of adopting such an approach. This presentation will be illustrated with slides.

Members of the Society and guests are welcome. The meeting will be preceded by a Committee meeting of the Waikato Branch NZGS at 6.30pm.

Pseudo' Corner

Pollster Brian Chardomey 1991. Very nice, medium build, with a long hair which includes beard and must. Former Chardomey that has a long life ahead of it, retiring for around 53!

Chris Black in Wine Taster.

Source: Metro, June 1993, p138

If woman speaks from her body, with her voice, who can hear? Who can decipher the language of an hysteric, the wails of a hyena, the jabbering of a savage - apart from other hysterics, hyenas and savages? Our political vocabulary is so limited that it is not possible, within its parameters, to raise the kinds of questions that would allow the articulation of bodily difference; it will not tolerate an embodied speech.

In sum, the reasons for choosing pregnant women and their relationship to the public spaces of Hamilton are, first, that pregnant women undergo a bodily process that transgresses the boundary between inside and outside, self and other, subject and object. This serves to problematise the framework of binary opposition through which the authority of key concepts are established in geography. Second, pregnant women have previously been excluded from geographical discourse - they have been confined to the domestic realms and, therefore, rendered natural and invisible. Third, they speak the (irrational) language of an hysteric thereby raising epistemological and ontological questions about the discipline of geography.

And so, I move from a critique of the discipline of geography in the earlier part of this chapter to a position of attempting to create a new geography of pregnant women. To date, the body has largely been Othered in geography but there is now emerging a great deal of excellent work in which the sexed body is recognised as playing a central role in understanding people's relationship to place. I hope that my geography will add to this work. Before examining the geographical experiences of pregnant women in Hamilton though, it is imperative to understand more fully the nature of pregnant embodiment. It is to this task that I turn in Chapter III.

Chapter III

WHAT IS PREGNANT EMBODIMENT?

A SIMPLE ENOUGH QUESTION!

In a paper entitled 'Re-solving riddles: the sexed body' (1995a, 31) Julia Cream begins by posing two riddles:

Riddle 1
We all have one.
Most of us wish we had a different one.
What is it?
The body

Riddle 2
Most of us acquire it at birth.
Some change it, others play with it.
What is it?
Sex

Cream claims that there are not any simple answers to the composite of her two riddles: "what is the sexed body?" Sexed bodies are not simply there, ready and waiting for examination. I use Cream's work as the starting point of this chapter because like the sexed body, the pregnant body, is problematic.²⁸ It is not possible to simply add pregnancy to a body, nor is it possible to simply add a body to something called pregnancy. Pregnant bodies (like all bodies) are an interface between politics and nature, and between mind and matter. They are 'real', while at the same time, they are socially constructed. 'Real', material pregnant bodies do not exist outside of the political, economic, cultural and social realms. They require examination and

²⁸ When I refer to pregnant bodies in this chapter, I assume these bodies to be human. In general, 'human' geography has not yet extended its boundaries to include 'non-human' animals but see Anderson (1995) on 'Culture and Nature at the Adelaide Zoo'. Anderson does not refer to 'non-human' *pregnant* animals but she does develop a cultural critique of the zoo as an institution that inscribes various human strategies for domesticating, mythologising and aestheticizing the animal universe.

explanation: they are “not a starting point” (Cream 1995a, 31). Like all bodies, pregnant bodies, are “already a constructed and particularised view of nature” (Eisenstein 1988, 91 cited in Cream 1995a, 31). Therefore, pregnant bodies cannot be assumed to be “fixed, coherent, and stable” (Cream 1995a, 32). They are not “an irreducible sign of the natural, the given, the unquestionable” (Kuhn 1988, 16 cited in Cream 1995a, 32). Cream (1995a, 33) explains that

. . . there is no way that a body can escape its social and cultural setting. There is no body outside of its context . . . The social body constrains the way the physical body is conceived and bodily experience, in turn, reinforces and mediates understanding the social.

Bodies, and in this instance pregnant bodies, therefore, possess “no pure, uncoded state, outside the realm of culture” (Fuss 1989 cited in Cream 1995a, 33). Perhaps the most prominent exponent on this approach to embodiment is Michel Foucault (1977, 1980, 1985, 1986). Foucault’s emphasis on embodiment allows consideration of not only how discourses and practices create subjects but also how these practices construct certain sorts of bodies with particular kinds of power and (in)capacities. In particular, Foucault focuses attention of the ways in which bodies are disciplined through various social and political regimes (see especially Foucault 1977).

Approaches such as Foucault’s allow us to begin to make sense of speaking of bodies as having a history.

If the body is granted a history then traditional associations between the female body and the domestic sphere and the male body and the public sphere can be acknowledged as historical realities, which have historical effects, without resorting to biological essentialism. The present capacities of female bodies are, by and large, very different to the present capacities of male bodies. It is important to create the means of articulating the historical realities of sexual difference without thereby reifying these differences. Rather, what is required is an account of the ways in which the typical spheres of movement of men and women and their respective activities construct and recreate particular kinds of body to perform particular kinds of task (Gatens 1992, 130).

It is necessary to examine the typical spheres of movement of men and women in their respective activities, and the places they occupy, if the historical effects of the ways in

which power constructs bodies are to be understood and challenged. For example, the bodies of pregnant women living in Hamilton in 1992 are constructed and inscribed in ways that are different from the bodies of pregnant women who live in the United States of America or from pregnant women who lived in Hamilton 30 years ago. During the course of this research I spoke with a 60 year old woman, Carol, who had been pregnant while living in Hamilton in 1962. She explained that during the early 1960s, women in Hamilton, including herself, wore maternity corsets that laced up the back “like great big shoe laces”. Carol claims that these corsets were not comfortable but pregnant women wore them because it was widely believed that they supported the back. “They seemed to think that the back took a lot of strain in those days when you were pregnant”. The discourses about pregnant women’s backs has changed in the intervening years. Currently, while it is still widely accepted that some pregnant women suffer from back ache, corsets are not advised. It is now commonly believed that the baby’s position in the womb can cause back ache for the pregnant woman. The advice in the 1990s is to perform specific exercises in an attempt to shift the baby’s position or to do gentle stretching exercises which may relieve the ache.

The history of the *sexed* body has been documented by people such as Dunden (1991), Foucault (1980), Gallagher and Laqueur (1987) and Laqueur (1990) but there is still limited work on *pregnant* bodies as temporally and spatially differentiated. One useful account of an attempt to locate pregnant bodies within a temporal context, however, is that by Carol Brooks Gardner (1994). Using literary sources, mainly from advice manuals and medical writing genres, Gardner demonstrates that, in nineteenth-century America, the physical state and the social situation of pregnancy was used to explain physical and mental traits considered undesirable in children. Work such as this, though, is still rare.

PROBLEMATISING PREGNANT EMBODIMENT

In short, it is vital to understand the social place of pregnant embodiment, that is, to understand the biology of pregnant bodies as historically and culturally located. Pregnant bodies are not simply sets of biomedical facts which are gradually being uncovered by science (see Morgan and Scott 1993, 7-10). What it means to be pregnant shifts across time and space. The signifier 'pregnant' - which has been derived from the sixteenth century Latin *praegnans* with child, from *prae* before and (*g*)*nasci* to be born - is not fixed (*Oxford English Dictionary* 1991, 1415).

Between the sixteenth and nineteenth centuries the words pregnant and pregnancy carried with them a number of meanings. The word pregnancy carried with it the meaning that most of the us living in the western world in the twentieth century are most familiar with: "the condition of being with child or young; gestation" (*Oxford English Dictionary* 1991, 1415). However, it also carried with it other meanings that are not as commonly understood or used today. For example, "of the soil; fertility; fecundity; fruitfulness; abundance". Also, pregnancy was used "in reference to the mind: Fertility, productiveness, inventiveness, imaginative power; quickness or readiness (of wit)". Finally, the term was used "in reference to speech, words etc.: Latent fullness of meaning, significance, suggestiveness" (all definitions in this paragraph are from *Oxford English Dictionary* 1991, 1415). At this point I simply want to suggest that these different meanings are significant within the context of this research and I will return to discuss several of them in the following chapters.

Also, it is important to remember that at various historical junctures, the word pregnant was *not* commonly used - at least not to refer to women who were going to have a baby. Gardner (1994, 48) claims that in nineteenth-century America, "talk of pregnancy was forbidden even between mother and daughter, if either hoped to claim breeding and gentility". Not only was the word pregnancy avoided by women in a particular social

class but the subject itself was not widely discussed at least amongst those who were seemly. Davis-Floyd (1986, 46) notes that in the context of the United States, prior to the 1950s “the word ‘pregnant’ was too pregnant to be used. Just as people did not die, but ‘went to sleep’ or ‘passed away’, pregnant women were ‘with child’, ‘in the family way’, ‘expecting’ or ‘had a bun in the oven’”. The word pregnant, however, was used in Aotearoa/New Zealand during this time. In fact, the word pregnant begins to appear in texts published in Aotearoa/New Zealand around the mid 1940s. For example, in Mary Truby King’s (1944) *Mothercraft*, although women are still most frequently referred to as expectant she does use the word pregnant.

Carlo the pregnant man

In addition to considering linguistic conventions, it is also necessary to examine what seem to be some of the most given material premises about pregnant embodiment. Like language, the ‘real’ pregnant body cannot necessarily be taken for granted. For example, it is seemingly universally accepted that only women can become pregnant, yet consider Carlo the pregnant man.

Pregnant man thrilled to be giving birth

‘Carlo’ the pregnant man is about to give birth - probably next month.

The 32-year-old male nurse, who his Philippines’ doctors say is six months pregnant, is an hermaphrodite born with both male and female organs.

The man, whose name has not been made public but who has been given the nickname Carlo, says he is thrilled and delighted about the prospect of motherhood (*Waikato Times* May 27, 1992, 1).

Pregnant bodies only make sense within specific temporal and geographical contexts. Carlo the pregnant man who is looking forward to motherhood is not (yet) intelligible to most of us. It disturbs our notions of pregnant embodiment if men can become pregnant. In a recent movie *Junior* Arnold Schwarzenegger plays the part of a pregnant man. A number of reviews of the movie have claimed that women tend to find it

humorous while men find it less appealing (threatening?). New biotechnologies, such as cloning, sex selection, surrogacy, ectogenesis and gene manipulation, mean that pregnant bodies, and perhaps in the future this will increasingly be 'male' bodies, are a site of continual negotiation and contestation.

Carrying a grand-child in utero

Given the proliferation of new reproductive technologies in westernised regions over the last decade it is perhaps intelligible, to some at least, when eggs are taken from a woman, fertilised with her partner's sperm, and implanted in the woman's mother, in other words, when a grandmother carries her own grandchild in her womb.²⁹ Yet this too seems on the border of the ways in which most of us understand pregnant embodiment. Such a situation would certainly not have made sense prior to 1978 when the first test-tube baby was born in England (for an account of new reproductive technologies see Hepburn 1992). Not only is it possible, through artificial insemination, for 60 year old women to be pregnant but it is also possible for a woman to carry her own grandchild *in utero*. This, like men being pregnant, serves to problematise current understandings of pregnant embodiment.

Pregnant virgins

It is also possible for 'virginal' (read in this instance: someone who has not had heterosexual intercourse with penile penetration) women (men?) to become pregnant. Many people believe that the Virgin Mary - the mother of Jesus Christ - conceived solely by the direct intervention of the Holy Spirit so that Mary remained miraculously a virgin during and after Christ's birth. The pregnant virgin is historically and culturally specific - that is, her body is only intelligible in specific contexts.

²⁹ A family who did this was interviewed on an Oprah Winfrey show which screened in New Zealand in 1993. The response from the studio audience was, by and large, puzzlement.

More recently, the virginal pregnant woman tends to be culturally intelligible in contexts where reproductive technology is available and where it is socially and politically permissible for such women to have access to this technology or to find means of their own in order to achieve conception. In recent years, for example, an increasing number of lesbian women have chosen to bear children (Kenney and Tash 1993, 119). While some may have heterosexual intercourse in order to conceive others may chose different methods such as inserting a donation of sperm from a friend into their own vagina with a syringe.

Currently in Aotearoa/New Zealand there are debates about who ought to have rights to fertility treatment since there are no guidelines or legislation governing this. At the moment the fertility industry is regulated and controlled by those in the industry rather than by national policy. Dr Richard Fisher of Fertility Associates (Television New Zealand Channel 3 News, July 11, 1994) claims that currently he and his colleagues are expected to 'play God' in deciding who is to be treated and who is not. Fisher is aiming to prompt public awareness about this issue in the hope of building 'community consensus' about who ought to receive treatment.

The two key questions to emerge in discussions of this topic to date are: 1) should lesbians be able to receive treatment? and 2) should single women be able to receive treatment? According to the Human Rights Commission and a ministerial advisory committee on assisted reproductive technologies, access to infertility treatments should be available regardless of sexual orientation, age and marital status. However, the first survey of public opinion on the issue shows that the public disagree. Although 86 percent of respondents believe that the new birth techniques should be available to infertile couples who are married, only 24 percent think these same techniques ought to be available to lesbian couples, and only 17 percent think they ought be available to heterosexual couples where the woman is past menopause (see *Listener* January 21, 1995, 14-15).

Like the new reproductive technologies, fetal or *in utero* surgery is also culturally and historically (un)intelligible. Prior to the 1980s it would have made little sense to most people. Likewise, it may seem absurd to people who do not live in places where high-technology obstetrics is the norm. The most dramatic type of fetal surgery involves the actual removal of the fetus from the uterus with its return upon completion of the surgery (Blank 1992a, 116). One example of an application of this procedure was conducted to repair a diaphragmatic hernia on a twenty four week old fetus (Harrison et al. 1990). In considering the question of what is a pregnant body, it is interesting to ponder whether a woman (or man?) is still pregnant when the fetus is being operated on and is not in her (his?) womb. It is also interesting to ponder the notion of being pregnant and dead.

Post-mortem pregnancies

The best-documented case of post-mortem pregnancy to date involved 18 year old West German, Marion Ploch, who died in a car accident in October 1992 (Middleton 1996, 22). Germany was polarised by the decision to keep the four-months-pregnant woman on life support until her child - dubbed 'Frankenstein's baby' by the media - reached full term.

Graffiti on the Bavarian clinic where she lay condemned the 'human experiments' and 'gymnastics for corpses' - the latter referring to the manipulation of Ploch's body to simulate normal maternal movement (Middleton 1996, 22).

In the United States, 17-weeks-pregnant Trisha Marshall was shot during an attempted burglary. She breathed with the aid of machines for 107 days until early August 1993, when a healthy child was delivered (Middleton 1996, 22). In California, in July 1986, doctors delivered a healthy baby to Marie Henderson. Henderson had died of a brain tumour 53 days prior to the birth (Middleton 1996, 22). In Aotearoa/New Zealand, 20 year old Megan Garrett died in a car accident on 30 December 1995. Doctors delivered her son on 2 January 1996 (Middleton 1996, 18).

In the late 1980s and 1990s, in some westernised countries, it is possible to be dead and pregnant. The ethical dilemmas for the medical profession and the emotional quagmires for families are clearly immense. For the purposes of this research, however, I simply want to make the point that the pregnant body must be historically and culturally located. It cannot be taken for granted.

‘We’ are pregnant

It is interesting to examine a new linguistic term currently in vogue in Aotearoa/New Zealand. A semantic shift appears to have occurred from ‘I’m pregnant’ to ‘We’re pregnant’. In an interview with Joanna Paul, who was a leading presenter of one of Aotearoa/New Zealand’s prime-time current affairs program, Paul recalls her experience of telling her partner that she was pregnant: “Matt said what is wrong? I said, I . . . ah . . . we’re . . . pregnant” (*New Spirit* August, 1994, 4 ellipses in original). In the same article, the interviewer claims: “In fact when Joanna talks about being pregnant, the term ‘we’re pregnant’ crops up quite a bit”. Two of the women involved in this research also used the phrase ‘we’re pregnant’.

What does it mean for two bodies to be pregnant with the same fetus? Is it the same thing for a lesbian couple to be pregnant as it is for a heterosexual couple to be pregnant? When men make claims to pregnancy by way of saying ‘we’re pregnant’ (and I have heard several men use this term as well as women) does this serve to increase or reduce their partners’ sense of empowerment during pregnancy? Does the sharing of pregnant embodiment undermine pregnant women’s bodily autonomy? If ‘we’ are pregnant, then presumably ‘we’ may end up having a caesarean section? Has a politics of equality led to the eradication of any recognition of sexually embodied difference? If women are now parents from conception rather than from birth is the use of ‘we’ an attempt to include men in the process of parenting from conception? Or perhaps this semantic shift could be read as phallogocentrism reasserting itself? Over the

last few decades the medicalisation of birth by men has been fiercely contested by women who have asserted that 'we' ought to have control over our own births and consequently men's power over birth may have been reduced. By claiming 'we're pregnant' are men reasserting control, albeit in a different way, over pregnancy and birth? These are difficult questions, none of which I am able to answer in this chapter but they do serve to problematise and destabilise hegemonic understandings of pregnant embodiment.

The idea that 'we' (read: two individuals) can be pregnant with the same fetus is given credence in the practise of the couvade. Men, in many areas of the world, but especially in Amazonia, ritually imitate, and experience, aspects of pregnancy and giving birth.

Jeremy MacClancy (1993, 86) explains:

Like their pregnant partners, they may give up their normal routine activities, observe the same prenatal restrictions, and keep to the same food taboos. In the most dramatic examples, they retire to their hammocks and simulate labour pangs. This seemingly cranky conduct is often explained by members of those cultures as being a paternal attempt to aid the spiritual development of the otherwise vulnerable newborn babe. Without the mother there is no child, without the father's contribution the child may not survive.

When a colleague told me he had experienced morning sickness during the early months of his wife's pregnancy I began to question whether a cultural equivalent to this sort of behaviour exists in western societies. It seems that since the 1960s doctors in England and Sweden have recognised a particular set of symptoms that is shown by almost 20 percent of their pregnant patients' male partners. MacClancy (1993, 86) claims:

Men afflicted by this 'couvade syndrome' tend to be quite strongly attached to their mother, to have lost their virginity relatively late in life, and to be older (on average over thirty) and to have older parents than non-sufferers. Also, their female partners often become anxious about the impending birth within the first months of their pregnancy. These wretched men can suffer morning sickness, gastro-intestinal problems, and toothache; they may gain weight, become irritable, complain of lack of sleep, or even start to lactate.

Phantom pregnancies

Another interesting facet of pregnant embodiment is phantom pregnancy. Occasionally western women exhibit many of the signs of pregnancy (at least those signs specific to western cultures such as tiredness, morning sickness, tenderness of the breasts, and perhaps even a swelling of the abdomen) yet they are medically diagnosed as *not* pregnant. Such pregnancies are termed phantom pregnancies - a woman may experience the sensations associated with the having a fetus in her womb but the fetus is an illusion, is immaterial. Is the woman who holds the spectre of a fetus within her body, and who experiences many of the psychological and physiological changes usually associated with pregnancy, pregnant? And, if not, why not? Such questions have no easy answers.

Grosz (1994a, 39-40) discusses phantom limbs by drawing from Lacan's work on "imaginary anatomy": "The imaginary anatomy is an internalized image or map of the meaning that the body has for the subject, for others in its social world, and for the symbolic order conceived in its generality". Grosz (1994a, 41) explains that in the case of phantom limbs, "the diseased limb that has been surgically removed, continues to induce pain in the location that the limb used to occupy. In such cases the absence of a limb is psychically invested as its presence". With phantom pregnancies, however, the fetus is not present to begin with, unless an earlier 'real' pregnancy was aborted. The phantom pregnancy, therefore, cannot necessarily be regarded as a kind of "libidinal memorial" (Grosz 1994a, 41) to a lost fetus as is the case with a phantom limb (which Grosz regards as a libidinal memorial to the lost limb).

Regardless, the point remains that phantom pregnancies testify to the fluidity and plasticity of what is so often considered the fixed and inert biological body. Women who have phantom pregnancies, pregnant men, pregnant grandmothers, pregnant women who have their fetus removed for surgery, women who 'share' their pregnancy

with partners and pregnant virgins, all add complexity to any attempt to answer the question: what is pregnant embodiment?

CULTURAL DIFFERENCE

This question is made even more difficult to answer by considering cultural difference.³⁰ A consideration of cultural difference is perhaps one of the most obvious ways to attempt to understand how the biological body exists for the subject only through the mediation of a web of cultural and social images of pregnant embodiment. I am not suggesting here that the materiality of all pregnant bodies remains the same while perceptions simply change. The body and mind cannot be separated. Varying historical and cultural understandings literally make different bodies.

It is not necessary to move outside of Aotearoa/New Zealand to understand something of the cultural differences between women and the various ways in which their bodies are constructed and inscribed with cultural meaning during pregnancy. Various individuals and groups frequently live in the same country or region and have different experiences and understandings of pregnancy. In the next two sections I focus briefly on some contemporary (rather than historical or 'traditional')³¹ understandings of pregnancy of Māori³² and Pākehā³³ women in Aotearoa/New Zealand.

³⁰ Bhabha (1994, 34) defines the term cultural difference as "the process of the *enunciation* of culture as 'knowledgeable', authoritative, adequate to the construction of systems of cultural identification" (emphasis in original).

³¹ Much of the literature on Māori customs relates to historical rather than contemporary practices that surround pregnancy (see Best 1924, 1975; Makereti 1986; Riley 1994; Tregear 1926). A number of authors, for example, have explained that, historically, a *whare kohanga* ('nest house' - Best 1975) or hut was specially constructed in order to accommodate a woman just before labour, during labour and after the birth. The hut was not erected in the village, but at some distance from it, and all such places were located where there would be no likelihood of crops being planted in the future. Only her birth attendants would be present with the pregnant/birthing woman. Other authors have noted that, according to 'tradition', Māori women who were pregnant were allowed to eat whatever they liked (see Makereti 1986, 112-113; Riley 1994, 87). If they longed for any kind of food, it was procured for them, no matter how difficult it was to get. Makereti (1986, 112) claims that sometimes this meant expeditions to a distant part of the forest or country, and these expeditions were likely to be very difficult since there were in many cases no roads. Makereti also notes that these foods, although

Māori women

It is difficult, and not always useful, to generalise about Māori women's experiences and understandings of hapūtanga³⁴ since they are a diverse group occupying varying socio-economic positions within specific hapū³⁵ and iwi³⁶. In general, however, Māori women who are pregnant are still today sometimes considered tapu. Women giving birth are also considered tapu. Something is in a tapu state when it is under the influence of the atua (atua meaning god or spirit). Its opposite is referred to as noa (not under the influence of the gods or spirits) (see Hanson 1982, 344).³⁷

procured for the mother, were really for the child. It was believed that the fetus made decisions as to which foods should be eaten.

Much of this literature on Māori practices surrounding pregnancy and birth relates to women in families of high standing. For such families there was often much ceremony connected with birth. It is more difficult to find out about the ways in which pregnant women from families with lower standing understood and experienced pregnancy.

³² Māori is the term commonly used to refer to the *tangata whenua* (literally 'people of the land') or indigenous peoples in Aotearoa/New Zealand. I use this term here but wish to problematise such use. As Spoonley (1993, xiii) points out, "the word 'Maori' is really a convenience for Pākehā to lump together divergent groups".

³³ In this research the term Pākehā refers to Aotearoa/New Zealand born people of European descent. Although the term Pākehā has been (and at times still is) highly contested in Aotearoa/New Zealand (see Larner and Spoonley forthcoming; Spoonley 1993) it is now used as a standard term of classification of ethnicity in the New Zealand Census.

³⁴ Hapūtanga - frequently referred to simply as hapū - is the Māori word for pregnancy.

³⁵ In this instance hapū refers to sub-tribe but as noted above, the word also means pregnant.

³⁶ Iwi can refer to bone, people and strength but in this instance I am referring to tribe.

³⁷ Hanson (1982) discusses tapu and noa in relation to menstruating, pregnant and birthing Māori and Polynesian women, although, he focuses on historical rather than contemporary understandings of the concepts. Hanson argues that many authors, such as Elsdon Best (1975) and Jean Smith (1974), claim that the atua "found female genitalia utterly contaminating, repulsive". Atua would "retreat before women and anything women contacted, leaving those things devoid of godly influence, which is to say, in a noa state" (Hanson 1982, 346). Hanson (1982, 346-347) refers to this as the "repellent thesis" and asks if the atua are repelled by women and female genitalia then how is it that pregnant women were (are) considered tapu? Hanson puts forward what he calls an 'affinity thesis'. He argues that the vagina and birth canal are not repellent to the atua but rather they are a conduit between the human and the ultrahuman world of the gods. Women are not pollutant but potent.

In addition to Maori women's status as tapu, the demographics of Maori and non-Maori women in Aotearoa/New Zealand illustrate some differences inscribed at the level of the pregnant body. First, Māori women are likely to have more pregnancies than non-Māori women. In 1990 the figure for Māori women was 2.28 births per woman compared with 2.18 for all women in New Zealand (Statistics New Zealand 1993, 44). This is despite the fact that there has been a rapid decline of Māori fertility in the 1970s which coincided with the equally rapid urbanisation of the Māori population. Second, Māori women are likely to become pregnant younger than non-Māori women. For Māori women, the 20-24 age group has remained the peak child bearing age group. In comparison, for the total population there has been a shift in peak child bearing years from the 20-24 age group to the 25-29 age group and very little decline in child bearing at older ages since 1971. This difference in age patterns of child bearing suggests non-Māori women limit their fertility by deferring the onset of child bearing to older ages, whereas Māori women are more likely to have their children early and then end their child bearing years at a younger age. The tendency for Māori women to have children at earlier ages than women in the total population is also reflected in the teenage fertility rate (Statistics New Zealand 1993, 45).

Other ways in which Māori women may experience pregnancy differently from Pākehā and other non-Māori women is through involvement with Māori initiatives in the area of health.

Since its establishment in 1951, the Māori Women's Welfare League has worked to address the needs of Māori women and their families. . . . Although the League began to devote more time to labour market issues during the 1970s, health [including family planning and pre- and post-natal care for mothers and babies] has been a continuing concern.

Amongst the changes to Aotearoa/New Zealand's greatly restructured health system over the last decade have been Māori initiatives put in place specifically to improve the health status of Māori.

The Tipu Ora Program based in Rotorua which provides health promotion and intervention for Māori mothers and their children, is just one example. Tipu Ora began in November 1991 as a one year pilot study program to increase Māori women's and children's access to, and utilisation of, health services. An important component of the program is to increase Māori women's and children's access to, and utilisation of, health services. An important component of the program is the teaching of parenting and life skills to young mothers. The program identifies and addresses the health needs of Māori mothers and their children from conception to when kohanga reo ends, and it delivers services at the most accessible place for the mother and child (ie the marae, kohanga reo or the home) by kaitiaki (caregivers) from the regions (Statistics New Zealand 1993, 154-155).

Another project in the Auckland suburb of Papakura aims to provide maternity services which are culturally appropriate to the Māori women who live in that region. This project is an integrated marae-based maternity/neonatal service, and is among a number of pilot projects for primary health care services.

Pākehā women

Notwithstanding the above, many Māori women 'choose' to adopt, or at least, are subject to, mainstream (read: hegemonic/westernised) maternity procedures and protocols. In Aotearoa/New Zealand it is common for pregnancy to be understood by Pākehā women, and many Māori women, through westernised biomedical models. The fetus is commonly understood to start with a single cell which slowly becomes an embryo as it divides, again and again. By the beginning of the second month most women realise that they have missed a menstrual period and go to a family planning clinic or general practitioner to have a pregnancy test, or they may purchase a do-it-yourself pregnancy test.

On having the pregnancy confirmed most women decide on their options for health care choosing that option thought to be most 'appropriate' to their specific 'cultural' (including sexual orientation, political beliefs, views on health, religious beliefs)

needs.³⁸ Choices for women include visiting their family general practitioner (GP) and having a rostered midwife, having a rostered hospital team, having an independent midwife who will deliver their baby either at home or in hospital, having both a GP and an independent midwife, having two independent midwives, or paying \$1500 for the specialist of their choice but still having a state-funded independent midwife or GP (McLoughlin 1993).

Regardless of the type of health care that a woman chooses, she is likely to have at least one, possibly more, ultrasound scans and several blood tests during her pregnancy. Some women, however, contest the hegemony of the technologisation of pregnancy and avoid 'routine' procedures such as ultrasound scans fearing that the fetus might be harmed. Most pregnant women visit a health professional at regular intervals throughout the pregnancy for antenatal checks. At these checks the pregnant woman is likely to be weighed and have her blood pressure and urine tested. At the first visit, a vaginal examination is usually carried out and the doctor or midwife will ask the pregnant woman about her medical history including any previous pregnancies. She will also be asked to recall the first day of her last menstrual period. This information is considered necessary in order to calculate when the baby is likely to be born. Doctors and midwives often advise pregnant women not to expose themselves to X-rays (including dental), smoke or drink large amounts of alcohol.

Also, most Pākehā women who are pregnant for the first time attend antenatal classes. The husbands/partners or 'support persons' of pregnant women are also encouraged to

³⁸ The Nurses Amendment Act which was passed in August 1990 gave women in Aotearoa/New Zealand a much greater choice in terms of 'care' during pregnancy and birth. Before the Act was passed, doctors were legally in charge of all births. Midwives attended all mothers during labour, but they were required either to stand aside as the doctor took over just before the birth, or to deliver babies under a doctor's supervision (McLoughlin 1993, 56) (see also *Consumers' Institute* 1994).

attend these classes.³⁹ At these classes women and their partners are given advice on birth and caring for a baby. Most Pākehā women will give birth in a hospital, although there is a trend towards home births.⁴⁰ It needs to be restated though, that because these are the dominant customs that pertain to pregnancy, they are followed not just by Pākehā women, but also by many Māori women as well as women from other ethnic groups.⁴¹

BUT WHAT ABOUT THE 'REAL' PREGNANT BODY?

In the last two sections I have discussed the ways in which Māori and Pākehā pregnant bodies are culturally inscribed by such things as tapu and biomedical models. By doing this I have not meant to deny that there is a 'real' material or physical body - a body in which sperm travels up a Fallopian tube and eventually fertilises a ripe egg. Rather, what I want to suggest is that there is not simply a 'real' material body on the one hand and its various cultural representations on the other. In other words, I am arguing that representations, understandings and cultural inscriptions quite literally constitute pregnant bodies and help to produce them as such. Pregnant bodies are culturally, sexually, ethnically, racially specific bodies and are mutable in terms of their cultural production. I have attempted to extend the notion of physicality that dominates

³⁹ In Hamilton antenatal classes are run by the Waikato Women's Hospital, Waikato Home Birth Association, the Midwives Centre and the Hamilton Parents' Centre.

⁴⁰ In 1981 there were 253 home births recorded in New Zealand. By 1985 the number of home births had risen to 387. In 1989 there were 900, in 1990 there were 1148, and in 1991 there were 1200 home births recorded by the Home Birth Association (McLoughlin 1993, 59). No figures are available on the 'race'/ethnicity or social class of the mothers who are opting for home births.

⁴¹ Although I have only discussed Māori and Pākehā customs and practices that pertain to pregnancy, there are of course many other individuals and groups within Aotearoa/New Zealand who understand pregnancy in different ways. See for example Dawson (1983) who interviewed twelve migrant women - including women from various regions in India, Samoa, the Cook Islands, Tonga, China, Laos, Cambodia, Vietnam and England - who all now live in Wellington, Aotearoa/New Zealand. They each spoke about their own experiences and customs of pregnancy and birth. Through varying cultural practices each woman was psychically and corporeally inscribed in different ways. The fact that they all now live in the same region - Wellington - does not necessarily lead to shared experiences and understandings of pregnancy.

biological and medical sciences to illustrate that bodies are materialities that are not containable in physical terms alone. I am not suggesting that biological, medical, and popularist accounts or analyses of pregnancy are 'wrong' but rather that the guiding assumptions and prevailing methods used by these writers and researchers have tangible effects on pregnant bodies.

CONCLUSION

What I have attempted to do in this chapter is to explain some of the ways in which pregnant embodiment is a complex interweave of nature and culture. The question 'what is pregnant embodiment?' can only be answered by temporally and spatially locating pregnant bodies. It is for this reason that I have chosen in the remainder of the thesis to examine pregnant embodiment as it exists within one specific place - Hamilton - and within one specific time - 1992-1994.

Chapter IV

‘DOING IT’: THE RESEARCH PROCESS

The epistemological questions raised by feminist, postmodernist and poststructuralist theorists in the critical examination of the social construction of knowledges, have, in the last few years, helped to bring about a marked growth of interest in what we do as human geographers and, more importantly for the purposes of this chapter, *how* we do it (McDowell 1992a, 399). Luce Irigaray (1985a, 136) asks:

How to master those devilries, those moving phantoms of the unconscious, when a long history has taught you to seek out and desire only clarity, the clear perception of (fixed) ideas? Perhaps this is the time to stress *technique* again? . . . A detour into *strategy, tactics, and practice* is called for, at least as long as it takes to gain vision, self-knowledge, self-possession, even in one's decenteredness (emphasis in original).

The method/ologies used to conduct research have become the subject of much recent debate in geography (see Burgess et al. 1988a, 1988b; Eyles 1988, 1993; Eyles and Smith 1988; McDowell 1992a, 1992b; Moss 1993; Nast 1994; Pile 1991; Schoenberger 1991). Questioning the construction of knowledge and discourse in geography (see D. Rose 1993) has reinforced a critique of scientific and ‘objective’ methods. This questioning has also led to an interest in developing alternative methodological strategies coupled with greater reflexivity about ‘our’ choices.

In particular, there has in human geography been a shift towards what Sayer and Morgan [1985] have termed intensive methods . . . involving detailed, often case-study based methods to uncover the social processes and relations of power that lie beneath geographical patterns (McDowell 1992a, 400).

An interesting discussion about the various uses and value of qualitative methods in geography has been initiated (Eyles 1988; Eyles and Smith 1988; McDowell 1992b; Pile 1991; Schoenberger 1991).

The question 'is there a feminist method?' has also been debated. A significant literature has been produced by feminist scholars such as Patti Lather (1986, 1991) and Liz Stanley (1990). There has been relatively little consideration of this question, however, by feminist geographers until the publication of several papers in *The Canadian Geographer* (Dyck 1993; Eyles 1993; D. Rose 1993 - see also McDowell 1988, 1992a). The only agreement that seems to exist amongst feminist researchers, including geographers, is that 'we' ought to search for methods that are in keeping with 'our' values and aims as feminists. The question of whether there are particular methods that are peculiarly suited to feminist investigations, or whether 'conventional' research methods might be appropriate for feminist ends, remains difficult to answer.

It was, in part, the move by geographers towards developing alternative methodological strategies, plus feminist discourses on methodology, that prompted me to consider using a range of qualitative methods including one-time focus groups in order to conduct preliminary and exploratory work on pregnant women's geographical experiences of public space in Hamilton, Aotearoa/New Zealand. Needless to say, my decision to use a range of qualitative methods was also driven by the aim of the research. I wanted to examine the social processes and relations of power that construct the lives of some pregnant women in Hamilton. Therefore, it was necessary to 'get dirty', to actually talk at length with pregnant women, to listen to their stories, and at times, offer my own. Collecting quantitative data on how many pregnant women there were in Hamilton each year, or just reading about pregnancy, was not going to give me the detailed anecdotal information that I needed in order to understand the complexity of their experiences. I began to consider at this point, using a range of methods for collecting qualitative data.

METHODS USED

I began the process of data collection by conducting five preliminary, informal interviews with pregnant women who lived in Hamilton. Like all the women in the

research, these five women were chosen using a snowball technique. Unlike the other women involved, however, three of these five women already had at least one child. Second, I collected data by carrying out 'spot observations' (this term will be defined later in the chapter) of pregnant women in various different places in Hamilton. Third, I became a part of the lives of four women (none of whom had been involved in the preliminary interviews) for the duration of their pregnancy and conducted indepth work with them. Fourth, I conducted one-off interviews with 11 women who were pregnant for the first time. Fifth, I organised and facilitated five focus groups, two of which had five participants and three of which had two participants. I refer to these three focus groups that each had only two participants as small focus groups. Sixth, I mailed out a short questionnaire to 18 Hamilton midwives. Finally, I kept a diary of my own pregnancy with my second child during the final year of the research.

In total, 36 pregnant women were formally involved in indepth work, interviews or focus groups. The indepth case-study work, the individual interviews and the focus groups did not take place at different times but rather overlapped. Data were collected over a period of approximately two years - May 1992 through to July 1994. Five of the 36 women were involved in preliminary interviews - these interviews have not been used explicitly in the study since the material collected was not specifically orientated around the research questions. The purpose of these interviews was to delimit the variables of the study as well as provide opportunities for establishing contacts, increasing networks and heightening my sense of the research problem (this is discussed in more depth in the next section).

All of the women, with the exception of the five participants who were involved in the preliminary interviews, were asked to fill in a short questionnaire. The aim of this was to collect information about the women's age, ethnic group, personal income, household income, level of education and occupation (see Appendix A). I wanted to be able to understand something of the context of the lives of the pregnant women with

whom I spoke. This information also provided a profile of some of the general characteristics of the 31 participants (see Appendix B).

In the following two chapters I use many quotes from the transcripts of the interviews and focus groups. At times, it may be useful for readers to refer back to Appendix B for additional information on various speakers. The names of all participants, including the partners/husbands of pregnant women, have been changed. I attempted to retain some of the integrity of people's names by replacing Māori names with Māori pseudonyms and English names with English pseudonyms.

It is useful to disaggregate the group of 31 participants in order to understand more about the participants' ages, ethnicities, income levels and so on. Over half the participants, that is, 61 percent, were aged between 24 and 29 years old (refer to Appendix C). Only one participant was aged over 35. There were no participants under the age of 15 years but five were aged under 19 years. In terms of ethnicity, all the participants were either Pākehā or Māori. Twenty seven participants defined themselves as Pākehā (New Zealand European), while four defined themselves as Māori (refer to Appendix D). The responses to the question 'what is your highest school qualification?' ranged from 'no school qualification' to 'university bursary or scholarship'. The responses to the question 'what education or job qualification have you obtained since leaving school?' also varied widely. While over half answered that they had obtained no qualification since leaving school, two had completed bachelors degrees and others listed qualifications such as 'New Zealand Certificate of Quality Assurance', 'First Aid Certificate', 'three papers at Polytech', and 'New Zealand Certificate of School Dental Nursing'. There was also a large variation in the participants' personal and household income. All of the women involved in the study were near the end of their pregnancies. Many had stopped full time and part time work. Therefore, in general their personal incomes were very low (under \$20,000 per year). The household incomes of pregnant

women varied widely (refer to Appendix E). Participants were spread quite evenly throughout each income group.

The tables included in the appendices, and the other information that has been drawn from the questionnaire, provide some background information on the participants. As can be seen, the group varied quite widely in terms of their age, level of education, occupation and household income. This is perhaps unusual since all the participants were recruited using the snowball technique. This technique often results in participants who are similar in terms of age, ethnicity, social class and so on, yet the 31 women I interviewed, and conducted focus groups with, varied quite markedly.

In this chapter I discuss each method of collecting data in turn. I also discuss the ways in which the methods worked together for my project, However, I concentrate on focus groups because although they are currently used extensively in marketing research, social scientists in general, and geographers in particular, have not yet taken full advantage of this research method. In addition to discussing the process of conducting focus groups I reflect on some of the ways in which my use of the focus group method led me to wrestle with recent arguments about epistemologies raised by poststructuralist feminist theorists.

Preliminary interviews

The five informal preliminary interviews were taped and lasted between 20 minutes and one hour. As already stated, three of the five women who were involved already had at least one child while the other two were pregnant for the first time. The interviews were conducted at the participants' homes. During the interviews I did not ask the pregnant women pointed questions about their activities in public space because I was still uncertain as to the direction of the research. Rather, I asked them if they enjoyed being pregnant; in what ways they found it 'different' from not being pregnant; what kind of health care, if any, they were receiving and so on. In the final instance, I did not end up

using a lot of the data collected from these interviews. Nor did these participants fill in the questionnaire which I used to elicit background information on the women who were involved. But, the interviews did perform an invaluable role in helping me to think through more clearly my research topic.

They played the important function of enabling me to delimit the boundaries of the study. After conducting five preliminary interviews I made a decision to continue the research process by interviewing only women who were pregnant for the first time, only pregnant women who lived in Hamilton and only women who were far enough advanced in their pregnancy for others to be able to notice. I discuss these boundaries that I placed on the study later in this chapter in a section entitled 'Analysing data' since reducing data, or continually delimiting the boundaries of the study, cannot be separated from data analysis.

Spot observations

I was concerned with pregnant women's relationship to the public realm, so, I wanted to observe women not just in their homes, but in public places. I wanted to gain some familiarity with the (public) physical and social landscapes of Hamilton as they exist for pregnant women. Therefore, I carried out spot observations. By spot observations I mean that I visited many places⁴² just once. I observed pregnant women at one particular moment in time and in one particular place - on the spot so to speak. I did not establish an ongoing rapport with subjects by visiting one or maybe a few places on many occasions. Instead, I visited a range of places where I expected to find a high concentration of pregnant women, for example, antenatal classes, as well as places

⁴² Including the Hamilton East Doctors' Surgery, Hamilton East Midwives' Clinic, Water World Pools, Shakes Night Club, Victoria's Wine Bar, Riverina Public Bar, MacDonald's Restaurant, Centreplace Shopping Mall, Frankton Shopping Village, The Baby Factory, Parent Centre Antenatal Classes (night class), Waikato Hospital Antenatal Classes (day class), the University of Waikato and the Hamilton Flight Centre.

where I expected to find considerably fewer pregnant women, for example, Shakes Night Club. Two years previously, I had been pregnant and living in Hamilton. This knowledge proved to be valuable in that I had some ideas as to the places pregnant women tend to go and places which are often avoided.

Usually when I carried out these spot observations I did not speak with pregnant women, I simply watched their comportment, movements, activities and interactions with others. On some occasions I took notes after making observations. On other occasions, especially where I could sit unnoticed, I made notes during observations. For example, on one occasion I sat in a suburban shopping mall and recorded:

12.50 pm arrived Nawton Mall. I'm sitting in the mall by the entrance to 'T&T Childrenswear' shop. This ought to increase my chances of observing pregnant women. At 1.13 pm a pregnant women with a very large stomach, enters the mall carrying a child who is aged approximately two years on top of her stomach. She walks quite briskly through the mall and enters the supermarket. She is not carrying a bag, just a wallet in her hand. She appears again four minutes later, this time coming out of the supermarket. She is carrying a packet of disposable nappies with the child following after her. The child asks for a ride on a 'ride-a-car' in the mall. His mother gives him 50 cents to put in the slot and stands watching still holding the packet of nappies, her wallet and the child's cuddly rug. After his ride the child refuses to leave the 'ride-a-car'. The woman drags him out of the car and attempts to carry him as he struggles and screams. She holds him around his waist, on her hip, and struggles out the doors of the mall.

In some places, and on a few occasions, such as at antenatal classes, the Midwives' Clinic, the Doctors' Surgery and Water World Pools, I did talk with pregnant women. I approached these women by telling them my name and explaining that I was conducting research on pregnant women and the places that they tend to visit and avoid visiting. In all instances, the women were happy to have a conversation with me. Often these conversations revolved around 'due dates', birthing plans, places visited and places avoided during pregnancy, and my own experiences of pregnancy and birth. In these situations my role changed from being an observer to being a participant observer (see Evans 1988 as a general text on participant observation and Jorgensen 1989 on applications of participant observation in geography). I also used these occasions to ask

women if they were interested in being involved further in the research. By and large, however, I did not develop a rapport with the people I observed. I was an observer rather than a participant observer.

Spot observation served to raise some complex epistemological questions: was I (too) privileging the visual in geography by 'gazing' at the landscape and the subjects that inhabited it? In a sense, I was gazing at pregnant women, but I was also employing other senses in an attempt to gain information (see Rodaway 1994), for example, I listened to the interactions and conversations that took place around me. At times, watching pregnant women walk, stirred memories of my own pregnancy. In a sense, I relived the aches and tiredness that I had experienced when I was pregnant. Other questions also emerged during these spot observations, such as, what did I have invested in this (erotic?) gaze at the bodies of pregnant women? I have not, as yet, been able to fully answer this question but I know that watching pregnant women filled me with both pain and delight. They reminded me of some of my own intimate moments - this may have been part of the 'attraction' of observing. Ethical questions emerged too, for example, was my 'looking' at a pregnant woman (say in a shopping centre) conducting research without the subject's consent? There are no easy answers to these ethical dilemmas (but see Punch 1986).

In the final instance the observation stage of the project did prove to be useful, not only in the ways mentioned above, but also in securing participants willing to be involved in other stages of the research. Observing, and occasionally talking with, pregnant women offered an opportunity to identify and recruit first-time pregnant women to partake in individual interviews and focus groups as well as to find four pregnant women who were willing to be involved in indepth case-study work.

Indepth case studies

The aim of becoming familiar with the lives of four pregnant women was to gain some sensitivity to their geographical experiences. I use the term sensitivity, in this instance, to refer to a responsiveness - a feedback loop of information - that developed between myself and the participants. Each of us 'used' the other as a referent in exploring ideas we developed about each other. Grahame Rowles (1978a, 176) notes:

The quest for interpersonal knowing requires immersion in the everyday worlds of those with whom we study, drawing close to people rather than holding back. It entails developing personal relationships and learning to translate from the 'text' of the experience that results. Such requirements have important implications for the research process.

Geographers have, by and large, not been keen on using such approaches. Despite this, in 1978 Rowles published a book entitled *The Prisoners of Space? Exploring the Geographical Experience of Older People* which was based entirely on data generated from relationships that Rowles developed with five older persons living in an inner city neighbourhood of an eastern United States city. Rowles (1978b, 179) describes the frustrations, the joys and sorrows of the 'friendships' that emerged.

I vividly recall my confusion as I stood by Stan's deathbed. He sensed he would never leave the hospital alive. "I'm not getting out of here", he informed me repeatedly. I was embarrassed and did not know what to say. I had not bargained for this kind of experience when the research started. Sitting by his bed, my mind would be a welter of thoughts and emotions. Sometimes I experienced anger. "Damn it. You can't die now I haven't finished my research." Immediately I would be overtaken by feelings of self-revulsion. Did our friendship mean only this?

As Rowles's field work progressed, and he learned to trust in the approach he had adopted he was able to collect a wonderful array of data on the geographical experiences of older people.

I began my own indepth case-study work optimistic that I would be able to select carefully four pregnant women. I thought that I would consider criteria such as age, class, race/ethnicity, sexuality, state of health, employment and attempt to select a

cross-section of women who were prepared to work with me in a range of ways. However, as time went by I began to think that from a purely pragmatic point of view it was going to have to be a matter of simply seeing who I could secure and who I would be able to work with for seven or eight months. 'Enlisting' participants was not an easy task. After all, it required the pregnant women involved to make a seven to eight month commitment to reveal themselves to a stranger (that is, me) whose intentions may have seemed somewhat incomprehensible and perhaps even threatening to begin with.

As it turned out I did manage to secure four participants who in terms of their age, social class, economic wealth and ethnicity were all quite different. Two of the four participants were related to each other - they were 'sisters-in-law' - and they agreed to be involved in the research so long as they could partake in it together. While I had not planned the indepth research to function in this way, I agreed thinking that this might prove to be a very positive arrangement for all concerned. Indeed, it did.

The three of us - Denise, Kerry and myself - met at Denise's home at least once a month for approximately seven months. These meetings usually took place over afternoon tea and lasted between one and a half and two hours. On our first meeting Denise was eight weeks and Kerry was 15 weeks pregnant. Both women were married. Denise was 25 and Kerry was 23 years old. Denise was employed part-time as a domestic worker at a private hospital in Hamilton. Kerry was employed full-time as a training consultant for Telecom New Zealand Limited. Neither woman had any school qualification. Denise's total household income was between \$50,000 - \$60,000 before tax while Kerry's was over \$60,000. Both women were Pākehā. Also, both were pregnant for the first time and had planned to become pregnant.

In addition to meeting at Kerry's home once a month the three of us also visited Centreplace shopping mall, we had afternoon tea at a downtown cafe, we went shopping for clothes (for Denise and Kerry when they were nearing the end of their

pregnancies) in the main street of Hamilton. Also, I visited both women in hospital after they had each had their baby. We have continued contact since the birth and I last visited Denise and Kerry for afternoon tea when their babies were five months old. The research relationship has now altered and I visit as a friend rather than in my role as researcher.

A third participant involved in the indepth research was Sarah who was 16 years old. When I first met Sarah she was undertaking a work based training program at the Hamilton Skills Centre and receiving a training benefit of \$102 per week. Sarah's boyfriend (and the father of her 'unborn child') lived with her and her family for at least part of her pregnancy. Sarah's boyfriend was unemployed, had a drug habit, and occasionally beat Sarah up. Sarah had no formal qualifications. She had not planned to become pregnant and at the time of our first meeting was unsure exactly how many weeks/months pregnant she was although she was under the care of a general practitioner and midwife. In retrospect Sarah was probably approximately 15 weeks pregnant at the time of our first meeting. Sarah is Māori. We met at least once a month for the duration of her pregnancy. We sometimes met at a lunch bar in town, other times we met at my home, and a few times we went to a Kentucky Fried Chicken restaurant. After the baby was born I visited Sarah at her home in order to deliver several boxes of new and second-hand baby clothes and goods. I have not heard from, or seen, Sarah since this visit.

When I first met with Paula, the fourth participant, about the research she had just got married. She was 10 weeks pregnant at the time of the wedding. Her pregnancy was not planned. Paula is Pākehā and aged between 20-24. She had just completed a Bachelor of Arts, Bachelor of Education and a Diploma in Teaching. Paula and her husband Roy had a total household gross income for the year ending 31 March 1993 of \$10,000-\$20,000 per year. Paula had been working part-time at a Hamilton restaurant as a waitress in the evening but had recently chosen to leave due to her pregnancy. Her

husband had recently begun work at a MacDonaldis Restaurant and had applied for entry to study law at the University of Waikato the following year. I met with Paula at her home at least once a month for the duration of the pregnancy. The conversations we had tended to last between one and a half and two hours. Paula's husband was also present at several of these meetings and joined in our conversation. He also joined us one afternoon when we went into town to visit a bank, Centreplace shopping mall and have afternoon tea at a café. Since the birth, I have spoken with Paula approximately five times when we have met by chance in shopping malls and supermarkets. When we last spoke she had recently given birth to a second child.

When I met with participants at their home or my home the conversations were taped and later transcribed. These transcriptions were offered to participants. Two participants chose to read these and talk about the scripts at various points with me, while the other two participants said that they preferred not to read copies of our conversations.

These four women were all pregnant for the first time. I had known Paula prior to the research as she had been a student in a class that I taught several years earlier. However, as the class had approximately 60 students enrolled, I did not get to know her very well. Nevertheless, when seeing Paula at a supermarket several years later we began to talk. She mentioned that she had recently been married and was expecting a baby. I told her that I was conducting research on pregnant women in Hamilton and Paula said that she would like to be involved. We arranged to meet and talk some more about the possibilities of her involvement.

I had not met the other three women prior to their becoming pregnant. I was put into contact with Denise through my mother who also worked as a 'domestic' at the same hospital as Denise. On mentioning my research to Denise she gave my mother her phone number so that I could contact her. When I did contact Denise she suggested that she would like to be involved but only if her sister-in-law Kerry could be involved

jointly with her. After a few more phone calls and an initial face to face meeting between the three of us, we proceeded with the research.

My meeting with Sarah came about in a similar way. In this instance my partner was involved in tutoring a course in which Sarah was a participant. On my partner mentioning the research Sarah expressed some interest in being involved. An initial meeting was set up and we both agreed on the terms of the research relationship.

As part of the process of conducting this indepth work I supplied the pregnant women with a notebook and instructions (see Appendix F) so that they could record events/experiences as they happened during their pregnancy. I did not suggest they keep a diary each day but that they might like to make an entry at least once a week. This notebook was returned to me after the birth and provided an additional source of information that proved very useful.

The aim was to involve the pregnant women as part and parcel of the research process, rather than simply as 'objects' of analysis. A particularly useful example of feminist research that recognises the importance of a personal relationship and involvement between the researcher and the researched is the work of Ann Oakley on attitudes towards, and the experiences of, childbirth (Oakley 1979, 1980, 1981). Oakley argues that as a researcher as well as a feminist she could not fail to become involved with the pregnant women she interviewed.

In conducting this research I can only agree that involvement seems inevitable. For example, during this indepth work I was asked about my own feelings concerning wearing a bathing costume when nine months pregnant; whether it is possible for a woman who is eight months pregnant to fly within New Zealand; to accompany (provide support to) a student dealing with administrative problems as a result of needing to drop one university course in order to cope with extra stresses put on her by pregnancy; to share in the celebrations of the birth of several babies; to attend the

christening of a new born baby and so on. In each case I attempted to answer the respondent's questions and requests in a way that made her part of the research process rather than just an 'object' under examination.

Each of the relationships that I became involved in with the various participants was different. However, in all the relationships I felt a 'sense of commitment'. By that I mean as the seven-eight months passed I became increasingly drawn into the complex web of each woman's family relationships. This was both a joyful and painful process. In terms of social class, age, race/ethnicity, feelings about their pregnancy and relationships with their family, friends, partner etc the participants and their situations were dramatically different. These differences between the four participants acted as a constant reminder that singling out pregnancy as the determining factor in the telling of my story meant I risked losing some of these differences.

Individual one-time interviews

Apart from conducting indepth work, individual informal interviews were arranged and carried out with 11 women who were pregnant for the first time. The women ranged between 26-40 weeks pregnant and varied in age between 18-34 years. Nine of them described themselves as Pākehā and two as Māori. There was a considerable range in their personal and household income level. There was also a considerable range in their level of educational qualifications (from no school qualifications or training since leaving school to a Masters degree and specialised job training received in London). Of the eleven women, nine were under the care of both a midwife and a general practitioner; one was under the care of a midwife and a specialist and one was under the care of a midwife only.

The interviews took place in a range of settings including my office, a participant's office, my home, the home of a mutual friend, the home of a participant, a downtown café and the waiting room at a doctor's surgery, depending on where best suited the

participant. All the interviews were audio-taped and later transcribed in full. The shortest interview lasted only 20 minutes, but most took between one and two hours.

Apart from informal talk with each of these women, I asked them to draw what I described as two symbolic maps,⁴³ one of a typical day in their lives just prior to pregnancy and one of a typical day in their lives now. These maps provided me with an interesting source of data. This information was also collected from those women who were involved in the indepth case-studies and the focus groups.

Refocusing groups⁴⁴

In addition to participant observation, indepth work, and individual informal interviews, I conducted focus groups with women who were pregnant for the first time. It is this method that I want to concentrate on since focus groups have only recently been used as

⁴³ I have chosen to call these maps symbolic maps yet many geographers may recognise them as a hybrid form of mental or cognitive maps used by humanist (especially behaviouralist) geographers in the 1960s and '70s (see Downs and Stea 1977; Gould and White 1974; Lynch 1960; Tuan 1975 on mental mapping). Mental maps are:

The spatially organised preferences, or distorted egocentric images, of place, mentally stored by individuals and drawn upon as resources in their interpretations of spatial desirability, their organization of spatial routines, and their decision-making transactions as satisficing agents. Mental maps are an amalgam of information and interpretation reflecting not only what an agent knows about places but also how he or she feels about them (Johnston et al. 1986, 295).

I have called the drawings by participants in this research symbolic maps in an attempt both to link the technique I have used with the mental mapping carried out by geographic researchers in the 1970s and to distance my approach from theirs. I want to link the technique with mental mapping because mental mapping is useful in that, at one level at least, it recognises the subjective and emotional 'nature' of people's relationships to environments. However, I also want to distance my approach from mental mapping which has been carried out in the past because I do not want to presuppose a binary division between a person's mental (mind) image of an environment and the phenomenological (embodied) environment itself. Rather, I think that representations of environments and 'real' environments are mutually constituted. Also, I do not want to assume that subjects are necessarily rational, self-conscious and self-knowing (in the way that humanist geographers tend to). The term symbolic maps is instead underpinned by discourses of postmodernism, for example, the idea that environments or landscapes can be 'read' as systems of symbols/signs (see some of the work of 'new' cultural geographers such as Barnes and Duncan 1992; Duncan and Ley 1993). I am indebted to John Paterson for suggesting that I use the term symbolic maps instead of mental maps.

⁴⁴ Parts of this section of the thesis have been published in Longhurst (1993a, forthcoming 1996).

a field method by geographers despite the increasing popularity of this method among other social scientists (Zeigler et al. 1994). I begin with a narrative vignette.

When a colleague from anthropology first told me about using focus groups for a study that she had conducted for the Waikato Area Health Board on cervical screening I was excited about the possibilities of using this method in my own research. Soon after our conversation I hurried off to tell one of my friends about focus groups. As I explained to her what focus groups were and the reasons why I thought they would work effectively for my research she began to look perplexed. "Let me get this straight" she said to me "you mean, you and a bunch of pregnant women are going to sit around drinking cups of tea and gossip about pregnancy? You call that research? You call that geography?" Needless to say my ego as a 'serious' geographical researcher was deflated!

Focus groups are not yet widely accepted within the discipline in geography (at least not in Aotearoa/New Zealand) as a useful method for collecting data. The response of my friend (although she is not a geographer) serves to raise some interesting questions such as what constitutes a useful method for geographical research, but also what constitutes geographical knowledge? My friend and I had both been pregnant with our first children at the same time and had sat around the kitchen table on many occasions "gossiping" about life with a large stomach. However, these stories (or knowledges?) that we shared about pregnancy, were not, from my friend's perspective, the 'real stuff' of geography or of geographical research. Nor was my methodology - "gossiping" - perceived as a valid method for collecting data. Bearing this vignette in mind, I proceed in this chapter to outline the method of focus groups and self-consciously reflect on the ways in which my experiential use of this method enabled me to conduct research while at the same time wrestling with some recent arguments in poststructuralist feminist theory.

Focus groups are basically one-off or one-time group interviews which last between one and two hours (see Greenbaum 1993; Stewart and Shamdasani 1990). Unlike group interviews, focus groups rely on interaction within the group. The hallmark of focus groups is the explicit use of *the group interaction to produce data and insights that would be less accessible without the interaction found in a group* (Morgan 1988, 12 emphasis in original). Focus groups are useful either as a self-contained means of collecting data or as a supplement to quantitative (and sometimes qualitative methods).⁴⁵

Although reasonably new to geography, focus groups have been used in the social sciences (primarily in sociology) since the 1940s. The earliest published work is by Robert Merton and his collaborators who used focus groups to examine the persuasiveness of wartime propaganda efforts (Merton and Kendall 1990). Outside of the social sciences, this work has been taken into marketing research by Paul Lazarsfeld and others (Morgan 1988, 11). Over the last few decades focus groups have proliferated in market research to become the predominant form of qualitative research in marketing. Judith Macdonald provides a classic example of how focus groups have been used in market research to explore people's attitudes (and to manipulate them):

. . . one of the earliest makers of prepared cake mix, the Betty Crocker company, carried out some research before putting this revolutionary product on the market. The cake mix consisted of all the ingredients, in dry form, needed to make a cake and the housewife just had to add water, beat it for three minutes and it was ready to bake. Focus groups were set up to try the product and discuss the concept. The groups all agreed that the cake was excellent, taste, texture, ease of making - an objective assessment of the product. BUT . . . (You remember that this was a time [ie about 40 years ago] when for a very large number of women housewifery was a full time occupation.) There was a subjective response, too. Something that came out of the discussion was a feeling

⁴⁵ This does not mean that focus groups must always be used in conjunction with quantitative methods. Focus groups can provide a useful preliminary or exploratory tool for producing results that may be verified by quantitative work, but this is not essential. There is no *a priori* reason to assume that focus groups, or any other qualitative techniques, require supplementation or validation with quantitative techniques. It is important to recognise the full potential of focus groups, both as a self-contained means of data collection and as one of several components in a larger research programme.

that if a woman's contribution to the cake was just water it didn't feel as if she was nourishing her family - there is no goodness in water. Therefore, when the mix was marketed Betty Crocker left out the dried egg component and allowed women to add their own good and nourishing egg as well as water (MacDonald 1992, 12 emphasis and ellipses in original).

Recently, geographers have begun to use the focus group method. Perhaps best well known for their work with focus groups⁴⁶ are Burgess et al. (1988a, 1988b). These researchers have explored environmental values through the medium of group-analytic psychotherapy as a way of conducting indepth small group work. More recently, a number of other geographers have begun to explore this technique within a range of research contexts (see a special collection of papers on focus groups forthcoming 1996 in *Area*).

The development of the focus group technique outside social science approaches to qualitative research is both useful and problematic. On the one hand, there is already a substantial literature on focus groups - how to conduct them, what their strengths and weaknesses are, and so on. On the other hand, much of this work is based on issues and problems that bear little resemblance to the questions that geographers, or more specifically, a poststructuralist feminist geographer such as myself who is interested in corporeality, may wish to investigate. Using the focus group technique for research in this area of investigation, therefore, required considerable borrowing and innovation.

I hoped focus groups would enable me to conduct preliminary and exploratory work that would help establish some of the parameters of the problem. Let me give an example of what I mean by establishing some of the parameters of the problem. When I began my research I had some personal experience of being pregnant and living in Hamilton but I still did not know how to ask pregnant women about their *geographical*

⁴⁶ Although I refer to the technique used by Burgess et al. (1988a, 1988b) as focus groups this may be misleading. What in fact these researchers use is a technique involving small indepth groups who meet more than once.

experiences. This was not something that I had discussed at length with other pregnant women during my pregnancy. I was not sure what terms like place, spatial, geographical and environmental meant to various pregnant women in the groups. There were difficulties for me in articulating my own conception of what it was that I wanted to know. Focus groups allowed me an opportunity to be 'up front' about all that I did know about pregnancy. They also allowed me to share things that I did know from my own experiences of pregnancy. As a group we were able to 'fumble' so that there evolved at least some shared language between us.

The usual procedure for running focus groups is "to bring together a group of six to ten people of similar age, interest or orientation, in an informal setting and to get them to chat about a particular topic" (MacDonald 1992, 11). It is useful to construct as homogeneous a group as possible. The idea is to attempt to simulate a group of friends or people who have things in common and who feel relaxed talking to each other (Krueger 1988).

By way of recruiting participants I began by using what Richard Krueger (1988, 94) refers to as "recruiting on location" or "on site recruiting". I approached women at Hamilton Parents' Centre Antenatal Classes, and at the Hamilton East Doctor's Surgery. My invitation to pregnant women was both verbal and written (see Appendix G) and stressed that the potential participant had special experiences or insights that would be of value to the study. I also offered potential participants some incentive to attend the group by suggesting that it might provide them with an opportunity to exchange ideas, feelings and information with other women who were also pregnant for the first time as well as enjoying food and drink in someone's house or somewhere familiar. This method of recruiting was not very successful in that only one woman was willing to participate out of a group of 14 attending an antenatal class. Therefore, I had to pursue another method of recruiting participants.

Several months after my first attempt, I placed an advertisement in two local newspapers (the *Waikato Times* and the *Hamilton Press*) asking women to phone me if they were interested in being involved in the research. This method proved more successful. I received 22 calls in total and did not screen potential participants in any way except that they were visibly pregnant for the first time and that they lived in Hamilton. From the responses I attempted to organise five focus groups: two of these attempts both ended in five pregnant women meeting and talking; three attempts ended in each case, with only two participants showing up.

It was these focus groups with only two participants, plus myself, that I felt were the most successful in terms of the information obtained. I was pleased that I had decided to proceed with these three meetings despite being aware that nowhere in the literature on focus groups does it suggest that only two participants (and a facilitator) constitute a focus group.⁴⁷ Through “chance and confusion”⁴⁸ I adopted a hybrid of the focus group method and it is this method that I want to now discuss.

In all three of these small focus groups the women who came together to talk were strangers and had little in common except that they were at least 25 weeks pregnant, it was their first pregnancy and they lived in Hamilton (see Appendix B for a general profile of the participants involved in each of the groups). Each meeting took place from 7 pm to approximately 9 pm. One was hosted in a friend’s home and the other two were hosted at my home. I provided food and beverages at all the sessions. During the sessions, apart from talking, I also asked the women to draw what I described as symbolic maps, one of a typical day in their lives just prior to pregnancy and one of

⁴⁷ In market research the number of people involved in focus groups usually ranges from about six to twelve in number (6-7 according to Hedges 1985; 8-12 according to Krueger 1988) whereas justifications for smaller groups - as few as three participants - tend to come from academic practitioners (for example Morgan and Spanish 1984; Gamson 1992).

⁴⁸ Gibson-Graham (1994, 221) mention the “overdetermined nature of the research process and the significant role played by confusion and chance as well as design and planning”.

typical day in their lives now. I made it clear that this was not a test of who could draw the most accurate map of Hamilton but rather more of a parlour game which could be fun as well as provide me with some interesting data. The map drawing exercise was carried out during the first half hour of each session and acted as a prompt for conversation between the women. Each of the three group meetings was audio-taped and later transcribed.

Although data in focus groups are solicited through letting the participants talk it is also important that the researcher have an agenda of topics or questions that they make sure the group covers. It may be that the group covers all these topics without any intervention from the researcher. However, much of the success of focus groups depends on the researcher having formulated quality questions which obviously require forethought and planning. Krueger (1988) claims that these questions ought to be open-ended in order to allow the respondent to determine the nature of the answer. He also claims that dichotomous questions and 'why' questions are to be avoided.

The agenda of questions that I used was as follows:

1. What activities have you continued to carry out during pregnancy and what activities have you reduced or stopped carrying out during pregnancy?
2. Which places have you continued to visit during pregnancy and which places have you reduced or stopped visiting during pregnancy?
3. In what ways, if any, have your relationships with family, friends, colleagues and so on changed since you have been pregnant?
4. Have your 'intellectual capacities' changed since you have been pregnant?
5. Are there any activities that you have been advised (by family, friends, colleagues, strangers, doctor, midwife and so) not to engage in during pregnancy?

6. What could be done to help improve the quality of life (in terms of both the physical and social environment) for pregnant women who live in Hamilton?

My role in the conversations was largely, but not solely, to listen although I made sure that the women covered the above questions. Also, when asked, I shared my own experiences of pregnancy (see Oakley 1981 on women interviewing women).

Conversations (or small focus groups) between the two participants and a researcher are much easier and cheaper to organise than focus groups and a large venue is not necessary. For example, it is possible to sit quite comfortably around a small dining-room table, which is where our conversations took place (see Fine and Macpherson 1992 for an account of a focus group that took place around a table over dinner). After each group discussion I asked the women whether they would have preferred it if the other expected participants had shown up so that we could have had a larger discussion group. Five of the six participants indicated that they sometimes found talking in larger groups 'uncomfortable', especially when it was about 'personal' information.

These sentiments are reflected in the fact that the material gained from the three small groups discussion was more indepth than that which was collected from the two larger focus groups. For example, in all three of the small focus groups the pregnant women discussed at length, and indepth, their feelings about, and experiences of, their new body shape.⁴⁹

⁴⁹ In short, the transcription codes I have used are as follows:

- (/) starts of overlap in talk are marked by a double oblique;
- (.) pauses in talk where not timed but simply marked with one dot;
- . . . denotes omitted material;
- underlining denotes words or particles said with emphasis;
- [inaudible] has been used when the conversation could not be heard and transcribed;
- comments in square brackets, such as [laughter], have been used to include non-verbal communication and events that help to give context to the conversation;
- speech 'errors' and particles (for example, er, ummm) which are not full words have been included;

Moana: I went into Farmers [a department store] . . . I haven't ever been measured for a bra before (.) so I went up to the elderly woman 'cause I thought she'd be more sort of sweet. So she measured me up and she shouts '16 double D'. Oh no! All these women sort of looked at me. Oh Gees! [laughter].

Robyn: So you bought a bigger bra. Is it an actual feeding bra?

Moana: Yeah, yeah. I bought a feeding one. My mum said 'Better go and get yourself a bra now or you'll regret it. They'll be hanging round your knees' [laughter]. They're quite expensive (//)

Rebecca: (//) I went up to the, um, you know, Centreplace [a lingerie shop in a Hamilton downtown mall] . . . I went in there and I was so embarrassed and Dennis [the respondent's husband] was with me . . . A girl, a young lady, came up to him and said 'Can I help you?' 'Yeah, well my wife wants a maternity bra' and Oh my God! [laughter] (small focus group 3)

Conversation such as this was common. After the first half an hour or so the women seemed to relax and readily exchanged information and stories about pregnancy. At the end of each of the discussions I was struck by how much laughter there had been, probably partly as a way of easing tension but also because the conversations were fun and the women seemed to be learning from each other.

At the end of all three of the small group discussions, telephone numbers were swapped. At the end of one, the participants hugged and kissed, arranging - independently of me - to get together again in a couple of week's time. There were, however, marked barriers which could have stood in the way of conversations and/or friendships. Many of the differences which structure and divide everyday social experiences were present in the discussions - home birth/high-tech birth, feminist/traditional, single/married, forthcoming/shy and so on. Yet these women talked in a way that aired their differences while at the same time seizing upon those experiences of pregnancy that they shared.

-
- commas, full stops, question marks and exclamation marks have been added in a manner designed to improve the readability of the extracts while conveying their sense, as heard, as effectively as possible;
 - brief comments or simple acknowledgment tokens (for example, yes, mm) from me or others who are present have been placed in round brackets.

In conclusion, focus groups, including the three small focus groups, proved to be a useful way of collecting qualitative data. I was able to use this method in conjunction with a number of other methods, including a questionnaire.

Questionnaire for midwives

Towards the end of the data collecting phase I sent a short questionnaire to 18 Hamilton midwives (see Appendix H). I designed the questionnaire in such a way as to enable me to collect some very specific data concerning one particular aspect of the research - the discourse of pregnant women “going nuts” (*Waikato Weekender* March 9, 1991, 14). Interviews and focus groups with pregnant women alerted me to this discourse and I wanted to know more about it. I wanted to get information from midwives that would enable me to supplement what the pregnant women themselves had said about feeling and acting in an overly emotional, forgetful and irrational manner.

I decided that it would be most effective to get this rather specific information from a large number, and range, of midwives rather than just two or three. Face to face conversations with midwives might have elicited more general information (in talking with people there is often a tendency to move from one topic on to another), and have taken more time to organise and carry out. Therefore, I decided to mail out a short questionnaire to a number of Hamilton midwives.

I obtained the names and phone numbers of Hamilton midwives from the *Waikato Times* (May 5, 1994, 12). On this day the newspaper published a full page information sheet giving the details of 31 Waikato midwives in order to celebrate International Midwives Day. I was successful in contacting by phone 18 (all of whom worked in Hamilton) of these 31 midwives. These 18 midwives all agreed to give me their address so that I could post them a questionnaire, although not all of them committed to filling it in. Twelve of these 18 midwives returned the filled in questionnaire (a 66.6 percent return rate) within one month.

Having now explained some of the processes used to collect data I now discuss the processes involved in analysing these data.⁵⁰ Some people believe that analysing qualitative data “is an intuitive, nearly incommunicable act” (Miles and Huberman 1994, 309). Researchers get ‘immersed in their data’, then, almost magically, ‘pull out’ specific themes or ideas. But what does getting immersed in data, and pulling out themes actually involve?

ANALYSING DATA

On close examination there are in fact specific steps that researchers take in order to process qualitative data and arrive at specific conclusions. Matthew Miles and Michael Huberman (1994, 10) argue that there are three components of data analysis: data reduction, data displays, and conclusion drawing and verification. I use Miles and Huberman’s framework as a way of explaining the steps I took to analyse my qualitative data. Each of these three components of data analysis is discussed separately despite the fact that the processes of reducing data, displaying data and drawing and verifying conclusions are linked.

Data reduction

Miles and Huberman (1994, 10) point out:

. . . data reduction occurs continuously throughout the life of any qualitatively orientated project. Even before the data are actually collected . . . anticipatory data reduction is occurring as the researcher decides (often without full awareness) which conceptual framework, which cases, which research questions, and which data collection approaches to choose.

⁵⁰ The vast majority of data that I collected and analysed were qualitative. However, the data generated from the questionnaire completed by pregnant women required quantitative analysis. I do not discuss this quantitative analysis since only rudimentary statistical procedures were used.

The process of reducing data, and even *anticipating* reducing data, cannot be separated out from analysis. At the outset, when I conducted preliminary interviews, I began the process of “anticipatory data reduction”.

In the preliminary interviews it became clear that the two women who were pregnant for the first time, as opposed to the three women who were pregnant with successive children, seemed the most acutely aware of their changed corporeality as they began to confront what it meant to be a ‘mother’. Also, the two women who were pregnant for the first time did not yet have responsibilities for children and so decisions to increasingly stay home or to give up paid work, for example, seemed more directly linked to their pregnancies rather than already existing commitments to child care. This information that I drew from the preliminary interviews was useful in helping me to refine and delimit my project. I decided to examine the lifeworlds of only those women who were pregnant for the *first time*. In this way I anticipated the data that I wanted to collect in the future and made decisions (in accordance with what I thought might emerge as dominant themes in the research) to reduce it. These decisions were acts of analysis.

The preliminary interviews also prompted me to reduce the data that I would collect in the future by talking only with women who *lived in Hamilton*. The three women who had been pregnant several times, inevitably (no matter how carefully I directed the conversation), ended up drawing on their experiences of their other pregnancies which sometimes occurred in places other than Hamilton. Comparing and contrasting one woman’s different experiences of pregnancy in different places, I soon realised, would be an entire research project on its own.

Yet another way in which the preliminary interviews prompted me to reduce the data I would collect in the future was to interview only women who were *visibly pregnant*. In all the interviews, others’ reactions to the women’s pregnant bodies, once people ‘could

tell', were discussed. As I was interested not only in the perceptions of the pregnant women themselves, in regard to their changed corporeality, but also in the perceptions of others, I decided to concentrate on women who were visibly pregnant. In short, the preliminary interviews played a vital function in helping me to decide which research questions I would pursue and what data I would collect in the future.

I also reduced data after collection. For example, sometimes a programme on pregnancy, or a programme involving a pregnant woman, was screened on television during the period of the research. When possible, I video taped these, but nearly always decided to erase the tapes because 'they were not any good'. In other words, the programmes did not directly address themes that were emerging in the research (for example, pregnant women's engagement with public space, bodies that 'seep', or 'hysteria' during pregnancy).

In general, however, I did not dramatically reduce the data after collection. Rather, I anticipated quite specifically which data I would collect. For example, I did not reduce the interviews and focus groups at the point of transcribing because discussions had remained largely 'on topic'. I transcribed all of them in full rather than selected sections.

At the end of each dialogue transcription, however, I did write a *précis* of the interviews and focus groups and attempted to identify patterns that were emerging. Writing *précis* is a way of reducing and analysing data. I also wrote three vignettes (see Miles and Huberman 1994, 81-83 on researcher-produced vignettes) which perform a similar function. Researchers often find "'rich pockets' of especially representative, meaningful data . . . that can be pulled together in a focused way for interim understanding . . . Vignettes offer a way to mine such pockets fairly easily" (Miles and Huberman 1994, 81). I wrote vignettes about a 'white wedding' where the bride was seven months

pregnant, a Birth Exposition which was held in Hamilton and an evening antenatal class which was run by the Hamilton Parents' Centre.

Writing a précis of each interview and each focus group, plus writing three vignettes, provided me with a way of reducing, summarising and analysing events and narratives. These were useful techniques for reducing the data while at the same time analysing themes and patterns which were emerging in the research.

Data displays

The second component of analysis is data display. Miles and Huberman (1994, 11) define display as “an organised, compressed assembly of information that permits conclusion drawing and action”. As with data reduction, the use of displays is a type of analysis. I displayed my data in a number of forms.

First, I had approximately 400 pages of transcripts in the form of narrative accounts about pregnant women's experiences. Miles and Huberman (1994, 11) claim that: “The most frequent form of display for qualitative data in the past has been *extended text*” (emphasis in original). Analysis of my text began during the transcription process. The choice of transcription system is closely related to the type of analysis being attempted. As Ochs (1979) points out, transcription is already a form of analysis. It simply does not make sense to speak of the accuracy or completeness of a transcript without some framework for deciding which features of conversation are relevant or valued (see Cook 1990). At the same time, the form of transcription cannot be separated from practical constraints: to transcribe the many hours of recorded material I collected using one of the most comprehensive of systems would have been beyond my resources, as well as making the text difficult to follow for those readers unfamiliar with the system.

My concern was primarily with the content of discourse. I was less interested in the moment-by-moment conversational coherence of the interviews and group discussions.

For this reason, I adopted a cut-down version of the set of conventions that have been developed by Gail Jefferson (1985) for conversation analysis.

I transcribed all the interviews, with the exception of seven which were transcribed by a woman I employed to carry out the task. After the initial transcriptions had been done I listened to all the tapes a second time and made corrections to the transcripts on my computer screen. Once assured that the transcripts were 'accurate', I printed a copy of the transcripts to be displayed in a large ring-binder folder. I grouped the transcripts of each of the four participants who were involved in the indepth case-studies in the folder. For example, all the transcripts of my conversations with Paula (and on some occasions, her husband, Roy) were grouped and separated, with a coloured sheet of paper, from the other interviews and focus group transcripts. This allowed me to read all the transcripts of my conversations with her (them) easily, even though they had actually taken place over a period of seven months. It gave me an overall sense of Paula and Roy's views on, and understanding of, pregnancy and how these 'evolved' over the seven months that I spent talking with them.

I read through this folder of transcripts at least three times and during those readings I noted both similarities and differences in terms of the topics that were discussed. For example, in nearly every interview with a pregnant woman some discussion emerged about her staying home more now that she was pregnant. I searched for networks, regularities and patterns in the data. I developed 'hunches' about patterns that I thought were emerging, for example, that women tend to go out much less once they are pregnant.

Apart from the transcripts, which were the main source of data, I also analysed other forms of qualitative data. I compiled a ring-binder folder of brochures, newspaper clippings, magazine articles and medical forms that pregnant women are required to fill in. I also compiled a ring-binder folder of illustrations and photographs of pregnant

women (taken and published by other people): all these were collected during the period 1992 to 1995. I read these newspaper and magazine columns, and looked at the visual images many times. I noted the similarities and the oppositions between the images of the pregnant women - their clothing, their pose, their facial expressions, the 'bits' of their bodies that had been included in each image and so on. Displaying these data in ring-binder folders aided the process of comparing and contrasting information because I was able to continually regroup data depending on my thinking at the time. For example, it became apparent that many photographs of pregnant women show their torsos (bodies) only - their heads (minds) are 'cut off'. Grouping and displaying all the photos of pregnant women's torsos was useful in helping me to think further about the mind/body dualism in relation to pregnant women.

Conclusion drawing and verification

Miles and Huberman (1994, 11) claim that the third stream of analysis - conclusion drawing and verification - starts from when the researcher first collects data. From the outset the qualitative analyst decides

. . . what things mean - is noting regularities, patterns, explanations, possible configurations, causal flows, and propositions. The competent researcher holds these conclusions lightly, maintaining openness and scepticism, but the conclusions are still there, inchoate and vague at first, then increasingly explicit and grounded . . . (Miles and Huberman 1994, 11).

But drawing conclusions is only part of the story. These conclusions need to be verified. In order to verify the themes that I thought were emerging from the data, I conducted a computer search for key words and phrases. Since all the transcriptions were stored in one computer folder and I was able to search for words and phrases that were used repetitively by respondents. I used the word processing package Microsoft

Word 5 to do this.⁵¹ The aim of searching for key words and phrases was to check out my 'hunches', to get a sense of the sturdiness, or otherwise, of my still inchoate conclusions. The themes that I thought were emerging were: 1) that women tend to go out less when they are pregnant; 2) that pregnant bodies are frequently represented (by themselves and others) as ugly, fragile, seeping, dangerous and so on; and 3) that pregnant women are frequently represented (by themselves and others) as overly emotional and forgetful. Therefore, I searched for words and phrases such as home, stay home, go out, fat, ugly, attractive, forgetful, irrational and crying.

Note that I did not just search for words and phrases that would confirm my tentative conclusions, I also looked for words and phrases that might disprove the patterns that I thought were emerging. For example, I searched for the phrase go out, and the word attractive. I also re-read many of the transcripts looking for conversations or references to women's attractiveness during pregnancy, their ability to engage in strenuous activities, and their ability to think clearly, rationally and engage in intellectual pursuits.

⁵¹ However, it is possible that a more 'powerful' and 'sophisticated' qualitative data analysis software programme, for example, NUD•IST (a package designed to aid researchers in handling Nonnumerical, Unstructured, Data by supporting processes of Indexing, Searching and Theorising), could have assisted me in the process of analysing data. Miles and Huberman (1994, 11) claim that: "Humans are not very powerful as processors of large amounts of information" but I decided against the use of such a computer package for several reasons.

First, the quantity of data I collected (400 pages), although substantial, was not overwhelming. Although a little bulky, it was possible to take home my folder of transcripts each night and to read them through. Also, I was able to recall most of the conversations without too many problems. If I had been working with a volume of transcripts that was any larger, however, I believe that it would have been worth using a qualitative data analysis computing software system. But, for the volume of material that I was working with, the disadvantages, in terms of time spent entering data and learning to use the package effectively, seemed to outweigh the advantages of being able to conduct textual 'string searches' and 'index searches'.

Second, I collected all the data, and transcribed the bulk of the data, myself. Therefore, I was very familiar with the material. Much of the preliminary analysis of the data was carried out during the collection and transcription process.

Third, computer-aided textual analysis systems such as NUD•IST are no substitute for a thorough understanding of social theory. That is, such programmes do not do the analysis for the researcher, but merely aid analysis. They allow the researcher to conduct complex textual searches in order to build a hierarchical index system of interrelated ideas about the text. This is very useful but it is a tool which in itself is not capable of analysis.

The fact that I could track very little information on such topics helped to validate what I thought were some of the emergent themes.

Conclusion

In presenting the data from this research I draw most heavily on material from the four case-studies. This is not surprising given that I came to know these four participants well and collected a lot more data from them than from women who were involved in focus groups or individual interviews. I especially came to know Kerry and Denise. They were probably the most 'talkative' of any of the participants. The dialogue between the two of them flowed freely and consequently I spent more time with them than any other participants. In terms of their age and ethnicity, Kerry and Denise were fairly 'representative' of the group of 31 women with whom I spoke. Like 66.6 percent of the 31 participants, they were aged between 20-29 years. Like 87.1 percent of the 31 participants, they were Pākehā. In terms of personal and household income it is not possible to make any claims about 'representativeness' since this varied greatly amongst participants. Also, Kerry and Denise's views seemed to be fairly representative of the majority of participants. For these reasons I draw quite heavily on these conversations in the research.

The source of data that I used the least was the journals kept by the four women who were involved in the case-studies. The women, in general, did not find keeping a journal a useful way to record information. Most claimed that they had nothing to write because they had already told me everything. Although the journals were returned to me, three of the four contained very little information - approximately four pages - and the information that had been recorded pertained specifically to the birth rather than to pregnancy.

I believe that in the final instance I have been able to retain the integrity of my participants' stories while offering my own reading of their stories. Isabel Dyck (1993,

56) claims “that the end result of interpretative analysis is a presentation of the researcher’s conceptualisations, which, at the same time, retains the logic of the subjects’ lives and maintains their views”. In analysing the data I did not attempt to uncover any ‘truths’ about pregnant women but rather I myself was engaged in the telling of a story - a story that was political and could be put to many uses. Although I followed specific steps in order to analyse the data, it is likely that somebody else, or perhaps myself at some other time or in some other place, would tell a different story than the one I have told in this thesis. This raises some interesting questions concerning the ways in which (and why) I have chosen to represent the women involved in the particular way that I have.

THE POLITICS OF REPRESENTATION

Linda McDowell (1992a, 407), in a paper entitled ‘Doing gender: Feminism, feminists and research methods in geography’, refers to what she calls “some difficult questions”. One of these difficult questions is how do researchers choose to represent their research subjects? Indeed, how do I represent the pregnant women, and various others, who participated in this research? This is a vital question to reflect on, and one that is directly linked to the issue of interpreting data. Questions of representation have become very difficult (or perhaps challenging) at a time when the very category of Woman has been dislodged and a scepticism has emerged as to the adequacy of gender as an analytical category.

In interpreting the data gathered I have attempted to identify the commonalities that existed between the pregnant women, but also some of their differences. In poststructuralist terms the Pregnant Woman is a *fiction* of a unified category (see Gibson-Graham 1994 on the challenges posed by poststructuralist theory to feminist social scientific research method; see also Pratt 1993). Pregnant women do not form a unified body which necessarily enables solidarity between them. For example, in one conversation a 43 year old Pākehā woman, Rebecca, who works as a wife and in the

telecommunications industry, spoke of her joy after trying for more than a decade to conceive. In another conversation, a 16 year old Māori woman, Sarah, who lives on minimal welfare payments, talked about her boyfriend beating her and the “shame” of her unplanned pregnancy.

Yet despite the specificities of these two bodies some commonality does exist (not at the level of interest or desires but) at the level of the actual form and capacities of pregnant bodies. The bodies of pregnant women are constructed in the articulation of discursive and affective relations of power, which are expressed in and across sexuality, ethnicity and social class. Yet how do I represent this? Obviously it is no longer adequate to simply ‘add’ pregnant women into geographical discourse because they were previously neglected.

While the redefining of geography to include ‘women’s issues’ was one of the major achievements of the first stage of feminist geography, the emphasis has now shifted from women to gender, class and ‘race’/ethnic relations (as well as a questioning of the epistemology of the discipline). There are many discourses surrounding pregnancy which intersect in a myriad of ways. Recognising, acknowledging, and writing into the project not only my position as judge of the utility and validity of the findings, but also representing the various and shifting positions of those whom I have researched has been, and continues to be, a challenging task (see England 1994; Katz 1992, 1994; Kobayashi 1994; McDowell 1992a). I have also tried to consider carefully the ways in which my work challenges and/or confirms the hierarchies of power that construct and inscribe pregnant women. Also, in what ways does my work challenge and/or confirm the hierarchies of power within the academy? Who exactly am I speaking for and for whom am I writing? (McDowell 1992a, 413).

These questions concerning the representation of research participants are not easily separable from questions concerning the usefulness of the sorts of research methods

used to collect the data. The methodological approaches that I adopted and have outlined earlier in this chapter served to raise many issues concerning power relations between myself and the participants, and between the participants themselves. In particular, I kept wondering what use these methods - various sorts of personal/political conversations - might be to feminist geographers, especially those influenced by poststructuralist theory?

On the one hand, the method of bringing together several women to talk, or chatting individually with women did offer me a method that was consonant with my aims as a feminist geographer, at least in some respects. A principal tenet of some (especially 'radical') feminist research is that the researcher does not come in from the 'outside' and/or from a 'superior' position (although it is difficult to determine what might constitute an 'outside' or 'superior' position) to question the respondents. For example, in the small group discussions the respondents, by and large, questioned each other. The pregnant women treated each other as knowing subjects (Grosz 1993); they validated each other's experiences, ideas and needs in the course of the discussions.

On the other hand, such a claim does not mean I am advocating that the interviews/conversations automatically led to an equitable dialogue that empowered the research participants. Adoption of qualitative methods, such as the ones I have discussed, does not automatically release the scholar from exploitative relations, or the potential for the betrayal of her subjects (see McDowell 1992a, 406). I am not asserting that these methods allowed me to work 'for', or perhaps even 'with', pregnant women rather than conduct research that was 'about' them. Using these methods still left me with certain feelings of unease. Like McDowell (1992, 407-408) I am not wanting to talk the language of 'research alliance' (Pile 1991) without drawing attention to the unequal power relations inherent in the discussions between myself and the various women whom I spoke with.

Usually, it felt to me that I was in a more powerful position, not in terms of wealth, social class, or education (although this was sometimes the case) but certainly in that I had already survived pregnancy, birth and the nurturing of a new-born baby into a happy (if at times disagreeable) three year old. All of the research participants (with the exception of three) were coming to full term pregnancy for the first time - this can be an exciting but also daunting time. I cannot be sure how 'empowered' the women felt at the end of sessions or even if this was a realistic aim. Perhaps, because the method depended upon human relationships - engagement, and even after just one meeting, some attachment - it placed the research subjects at risk of manipulation and betrayal by myself and by the other women they talked with in a way that other methods that open up rather than reduce the distance between the researcher and her subjects do not do (see Stacey 1988). There is no obvious way to resolve these problems. As Daniels (1983, 213 cited in McDowell 1992a, 408) explains in relation to self-deception and self-discovery in fieldwork:

It is in the nature of fieldwork that you are likely to find yourself up to the waist in a morass of personal ties, intimate experiences and lofty and base sentiments as your own sense of decency, vanity or outrage is tried.

During my involvement in qualitative research it became increasingly clear that the notion of non-exploitative research relations is a utopian ideal that is simply not possible. As Sandra Harding (1991, 36 cited in McDowell 1992a, 408) argues:

Knowledge is socially situated and scientific methods bind the knower and the known together in social relationships of domination and subordination typical of the race-, class-, and gender-stratified society in which science is produced.

Therefore, adopting qualitative methods did not serve to bridge the many differences (for example differences in social class, 'race'/ethnicity, and level of education) that often exist between researcher and researched. In the end it was not the methods that enabled feminist inquiry but rather the theoretical orientation that guided the conceptual framing of the research.

It was the conceptual framing of the research that enabled me tell this story about pregnancy as a material and representational state that requires political and social scrutiny rather than a natural, given and unchangeable 'condition'. This 'alternative' discourse on pregnancy may allow for other new understandings of pregnancy to emerge: understandings that enable pregnant women to contest, both bodily and ideologically, what is currently 'acceptable' behaviour for pregnant women in the public spaces of Hamilton, Aotearoa/New Zealand. This was my aim in considering how I would represent the research participants.

POSITIONING MYSELF IN THE RESEARCH

In this section I attempt to 'situate my knowledges' (Haraway 1988) and reflect on the structures of power that construct the multiple positions I occupy. Throughout this project I have attempted to recognise the varying positions of the research participants but also to take account of my own positions. This does not mean making a simple acknowledgment then forgetting it, it means that this positioning must be written into the research practice rather than hankering after some idealised equality between researcher and researched (McDowell 1992a, 409).

As a radical standpoint, perspective, position, "the politics of location" necessarily calls those of us who would participate in the formation of counter-hegemonic cultural practice to identify the spaces where we begin the process of re-vision (hooks 1990, 145).

Bell hooks (1990) recounts her 'homeplace', as a place of radical openness; and a place of repression and resistance. What I find valuable in hooks' idea is that she attempts to move beyond modernist binary oppositions to consider the multiplicity of places/positions 'we' occupy and also the difference that 'our' occupation of various places/positions makes (see also Soja and Hooper 1993, 183-205 on the 'spaces that difference makes'). Like hooks, I want to talk about place/displacement. I also want to talk about centre/margin, complicity/resistance and inside/outside in an attempt to situate myself within this research. I want to locate myself in terms of real and

imaginary geographies⁵² of Hamilton. I also want to position myself in terms of the spatiality of my own embodiment. This is not an easy task since throughout the research I have occupied various positions which have shifted, at times dramatically, as the research has taken different directions and forms.

At the outset, I want to acknowledge the part that my own pregnant body played in motivating me to conduct this research. It was during my first pregnancy that I came to appreciate and understand more fully the physicality/presence of my body. Being visibly pregnant directly affected my access to and experience of place. In some places my pregnant body acted to initiate me into specific social circles which previously were unknown to me. Many of the places into which I was suddenly welcomed and to which I felt a sense of belonging were places associated with the realms of domesticity - Plunket rooms, antenatal classes, maternity facilities at the hospital, doctors' surgeries, creches, children's birthday parties and the homes of previously unknown neighbours and acquaintances (all of whom had children).

However, not everywhere did there prevail an atmosphere of belonging and approval. In some places my usual behaviours became increasingly socially unacceptable the more visibly pregnant I became. I learned that in terms of dress codes, comportment and movement in public space, there are norms to which pregnant bodies are expected to adhere. To transgress these norms was to risk disapproval by acquaintances, peers, friends, loved ones and sometimes even strangers. For many complex reasons I became increasingly uncomfortable occupying public spaces such as pubs, night clubs, beaches, public swimming pools, inner city business areas and ski-fields (ski-fields were places of both recreation and of employment for me). The familiar or the everyday of a

⁵² Soja and Hooper (1993, 199) call for "the development of *postmodern geographies* as a radical standpoint, perspective and positioning from which we can begin the process of re-visioning spatiality in a contemporary world where all real geographies are imagined and all imagined geographies are real" (emphasis in original).

number of these public spaces, through the medium/experience/physicality of my pregnant body, became unfamiliar zones in which I felt uncomfortable and at times unwelcome.

During the final year of this research I became pregnant again. By this stage I had completed the data gathering phase. There were many jokes and comments from colleagues concerning 'true dedication to research'. I became constructed as an authentic voice - a 'native' speaker - on the subject. In a sense I was living what I was researching and was thus both the researcher and one of the researched. I was part of that category called Pregnant Women who live in Hamilton and yet at the same time I was separate from it.

This was difficult terrain to inhabit for I could not assume to know, represent, or share the embodiment of other pregnant women simply because I myself occupied the position of pregnant woman living in Hamilton. Yet throughout the thesis I do use autobiographical material as a way of providing yet another source of data as well as positioning myself within the text. In short, researching pregnancy while I myself was pregnant felt like a risky place to occupy - a place on the edge, in-between, filled with contradictions and ambiguities offering both perils and new possibilities for interesting and useful geographic research.

Likewise, choosing to focus on Hamilton felt risky. In focusing on Hamilton - the city in which I have spent the greater part of my life - I made a decision to examine a complex landscape inhabited not only by people easily identified as Other but also by my/Self - to problematise that which is both strange yet familiar to me. In the past, and still today, many geographers attempt to explore the exotic 'qualities' of landscapes that are unknown or Other to them. Rose (1992, 10) claims: "The real geographer faces wild nature for the sake of rational science." Stoddart (1986, *ix* cited in Rose 1992, 10) recounts with pride "on uninhabited Pacific atolls, sailing alone the barrier reefs of

Australia and Belize, in the mangrove swamps of Bangladesh, on English coastal marshes, I have been concerned with making sense of nature". Rose (1992, 8) points out that landscape is implicitly represented by geographers as feminine. She claims that there are connections between geographers' "ambivalent pleasure in looking at landscape" (p 10) that are Other to the Self or the Same, the "masculine gaze" (p 10) upon the feminised landscape, and the "scientist-as-hero ethos of fieldwork" (p 10) (which I will not discuss further here but see Rose 1992, 8-18).

In Hamilton, I mainly feel 'at home'.⁵³ Although, I had to leave this place I call 'home' - to move beyond its boundaries - I also needed to return here. When I returned, after living in the United Kingdom and the United States for six years, to commence this research, the landscapes of Hamilton, the smells, the language, some cultural practices seemed 'different' from those that I had grown accustomed to. For at least a year, I was not 'at home' at 'home'. Yet I wanted to position myself in this complex physical and cultural landscape of Hamilton - a landscape which I shared with my working class Pākehā family, a landscape in which I had been involved for many years in political struggle, a landscape which I knew would be both difficult to inhabit, yet necessary in order to carry out research. I did not want to study - to gaze upon - an exoticised landscape and its inhabitants, instead I wanted to examine that which was 'different' yet at the same time familiar to me.

Choosing to conduct feminist research on pregnant embodiment within the discipline of geography also served to position me in complex ways - it positioned me both within the academy but also as marginal to it. Perhaps any attempts to 'institutionalise'

⁵³ Although as hooks (1990, 148) notes:

Indeed the very meaning of 'home' changes with experience of decolonisation, of radicalization. At times, home is nowhere. At times, one knows only extreme estrangement and alienation. Then home is no longer just one place. It is locations. Home is that place which enables and promotes varied and everchanging perspectives, a place where one discovers new ways of seeing reality, frontiers of difference.

feminism and/or work on embodiment at this point in time, in Aotearoa/New Zealand, inevitably involves geographers in contradictory moves to simultaneously reject and confirm conventional academic standards and practices. As the Women and Geography Study Group (1992, 218) note: the inherent contradictions of a commitment to feminism and participation in academia is a complex issue. Elizabeth Bondi (Women and Geography Study Group 1992, 222) asks:

. . . is being a feminist academic a contradiction in terms? What I mean by this is to suggest that to survive as an academic it is necessary to compromise one's feminism. We criticize academic institutions for perpetuating male dominance in a whole host of ways, . . . And yet we are all, to some degree, active participants; we have all, to some degree, survived the system. What trade-offs have we made? What rules do we confirm, willingly or otherwise, as we challenge others? How, in short, do we negotiate between a radical political critique of the power-laden masculinity of academia, our careers within academic institutions, and our embodied femaleness?

Indeed, there are persistent tensions between confirming/rejecting academic standards and practices as well as assimilating/ghettoizing feminist work on embodiment in geography.

At times working on embodiment has felt disadvantageous - negative press coverage, the difficulties of gaining research funding, silences from colleagues. One begins to realise many of the limits of working on issues of corporeality within geography (see Bell 1994 on censoring and discriminatory practices within geography against those working on issues of sex and sexuality). On the other hand, because little work has been done in this area it is possible to 'carve out a niche' - to open up possibilities for publishing and to feel the excitement of being involved in a relatively new field of research. Once again, I see myself as located both at the centre and margin, both within the academy itself and within my specific field of research. I work within the academy but at the same time in some respects am positioned outside of it. My marginality has worked as both a site of repression and of resistance.

CONCLUSION

In this chapter I have outlined the research design - spot observations, indepth case-study work with four pregnant women, individual one-time interviews, focus groups and a short questionnaire - and reflected on the ways in which this empirical research was carried out. Most particularly I elaborated the technique of small focus groups since this is a qualitative research method still under-exploited in its potential by geographical researchers. Also in this chapter, by way of bringing together some epistemological and ontological issues, I attempted to position myself by examining my relationships with participants and my experiences of pregnancy during the research.

In the chapters that follow I begin the process of telling my story - 'performing' to my audience. During the data collection and analysis process I did not discover any truths or have any great revelations. Rather, I had many conversations which have helped me to understand more fully some of the discourses that surround pregnancy. These conversations allowed me to envisage some possibilities for beginning to circulate counter-hegemonic discourses that entail new subject positions for pregnant women.

The pregnant subject engages in a dominant discourse that she ought to increasingly withdraw from public space the more visibly pregnant she becomes. In the chapter that follows I argue that confinement is not simply the period when a woman is in labour, rather, certain culturally specific restrictions and limitations, in terms of actions and places occupied, are imposed from the moment a woman conceives a child.

Chapter V

EARLY CONFINEMENT?

The root of the word confine is from *con* - together + *finis* - end, limit, boundary. Confine as a noun refers to the boundaries, bounds, frontiers or borders. The confines are the limits within which any subject, notion or action is confined. Confine as a verb means to bound, limit, banish - to keep or restrain (a person) within their dwelling, to oblige them to stay indoors, or in their own room or bed. To be confined also means to be in childbed; to be brought to bed; to be delivered of a child. The period from the onset of labour until the birth of a child is commonly known as confinement (*Oxford English Dictionary* 1991, 312). In this chapter I illustrate that most of 31 pregnant women involved in this study experienced a shrinking of their lifeworlds, that is, they found themselves increasingly confined to the private realms and to private activities during pregnancy.⁵⁴

Confinement, however, is a recurring image, not just in pregnant women's lives. Many women at various stages of their life-cycle experience a sense of confinement (see Rose 1993c, 27). Therefore, before discussing the ways in which the pregnant women in this study felt confined, I will discuss confinement in relation to women's lives more generally.

Angela (1990, 72-73 cited in Rose 1993c, 27), in describing the position of working-class white women, claims:

⁵⁴ This shrinking of their lifeworlds does not imply a simple complicity or accommodation on behalf of the research participants. Pregnant women are not merely cultural dupes of patriarchal regimes. Rather, they contest the policing of their behaviours and continually push the boundaries in relation to what they are 'allowed' to do and the places they are 'permitted' to occupy during pregnancy. Although there are some examples of contestation in this thesis, by and large, the focus is not on resistance (but see Foucault 1980 on reverse discourses; Scott 1985, 1986, 1990 on everyday and hidden forms of resistance; and Kingfisher forthcoming on 'Women on welfare: Conversational sites of acquiescence and dissent').

. . . if I have to think of one word that could work as a motif for this experience [of being a working-class white women], it is confinement - the shrinking of horizons, the confinements of space, of physical and assertive movements within institutions, the servility that masqueraded as civility, the subjugation of my body, emotions and psyche.

Marilyn Frye (1983, 4 cited in Rose 1993c, 27) reiterates this point claiming that women often experience “being caged in: all avenues, in every direction are blocked or booby trapped”. Rose (1993c, 27) comments:

Women cannot move freely, and this is not only a question of physical mobility; their writings resonate at the same time with frustration about who defines and delimits them. Angela chooses to chart her sense of restriction in a photo-essay of her body. This is significant because being defined by being looked at is central to this sense of confinement.

Morales (1983, 108 cited in Rose 1993c, 27), a Puerto Rican woman, makes the point that for black women part of their difficulty in negotiating some environments is having to look, act and sound white. Black people are often confined by a ‘white gaze’. Rose (1993c, 27).builds on this argument claiming that “women of all kinds are expected to look right for a gaze which is male”. Although, as Rose (1993c, 27) explains, other social relations are also involved in this gazing, for example, “black men do not usually have the same rights to look at white women as white men”.

Women who are pregnant are also expected to “look right” (Rose 1993c 27) for those who gaze upon them. At times looking right for the pregnant woman may mean hiding her pregnancy (usually in public) and adopting a manner of dress, comportment and motility that enable her to blend in rather than mark her as pregnant. Jude, who is 33 weeks pregnant, says:

I like to remain anonymous to the general public and pregnant to the people I know because I don’t want to be categorised by the general public, men in particular seem to have this thing about stupid pregnant women who are vague, and I don’t want them to even know. I just want to be someone else. I don’t want them to think that of me. I don’t want them to think there is a silly pregnant woman . . . I’ve got this big coat so I can hide it you see (individual interview).

Yet clearly, Jude offers just one angle on the story. Pregnant women today do occupy public space and do not necessarily choose to hide their pregnancy. Robbie Davis-Floyd (1986, 46), in relation to the United States, claims that prior to the 1950s pregnant women “were expected to remain secluded in their homes, as their presentation in public was somehow felt to be improper”. She argues that this is no longer the case today; pregnancy has “‘come out of the closet’. We see pregnant women everywhere, from the night club to the formal dinner, and it is only a few old die-hards who mutter under their breath about unseemly display” (Davis-Floyd 1986, 47). In discussing breastfeeding in late capitalist America, Linda Blum (1993, 301) claims that breastfeeding is “more autonomy-compromising than pregnancy, when at least your dependent is within your body, and you can basically *move about where and when you like*” (emphasis added).

In the mid 1990s many recognise the ‘successful’ pregnant woman as the “one in the maternity jogging suit running a marathon on her way to chairing a business meeting; she’ll give birth in her lunch hour without even smudging her eye shadow” (Wardell Morrone 1984, 1). Such a woman may be a fantasy but one that many more pregnant women today aspire to than in previous years. Many pregnant women now occupy jobs in the public sphere even when their pregnancy is clearly in evidence.

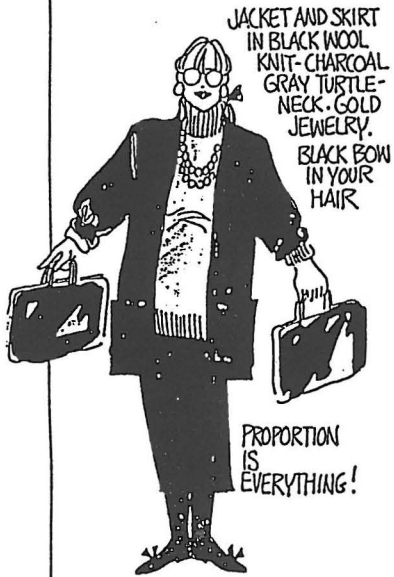
There are now a number of popular books available such as *Pregnant While You Work* by Wenda Wardell Morrone (1984) that suggest a range of ways in which women can and do combine pregnancy and paid work (see also Holloway 1994). There are manuals which give advice such as ‘What works at work’ (see Figure 5.1). There are also shops aimed at ‘working’ pregnant women such as ‘The Growing Concern’ and ‘Maternal Instinct’ in Auckland and ‘Kooky Garments’ in Hamilton.

Over the last ten years or so there seems to have been a proliferation of images and texts that suggest that if you are pregnant you no longer have to be dowdy. “Dress with

What Works at Work

Creating the perfect look for meetings, travel, and client lunches takes some advance planning. Spend a Saturday morning trying out various

combinations from your wardrobe. Pull it all together—from earrings and hair accessories to hose and shoes. New possibilities will be re-



vealed, and you'll see clearly what small items you could purchase to make it all gel.

Here are examples of ensembles that work, from conservative to casual. At far left, black and gray de-emphasize width, while gold jewelry adds a

spark. Next, a fabulous scarf and pin add pizzazz to a dark sweater dress. A scarf also perks up a neutral-colored suit—without compromising its professional tone. Finally, at far right, a karate jacket and knit pants make a chic ensemble for a less formal workplace.



Source: Sutherland 1989: *Pregnant and Chic* New York, Workman Publishing, p 68-69

Figure 5.1 What works at work

confidence, energy, spirit, and joy” (Sutherland 1989, back cover). The message is that you can now be a mother-to-be and still be style-conscious. Lynn Sutherland (1989, back cover) advises: “Be comfortable: on the beach, in the gym, at a dinner party, and during the challenging ninth month”.

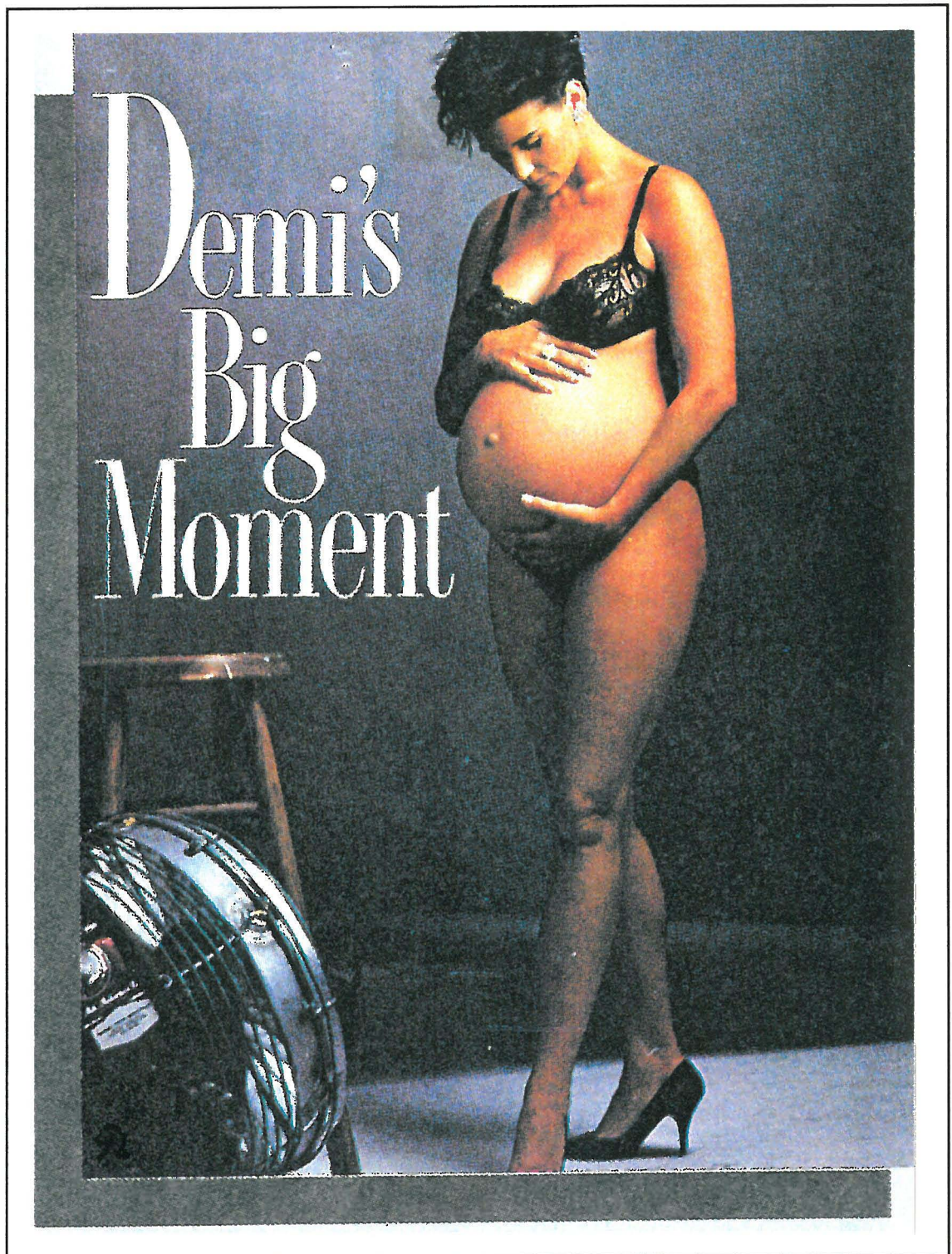
Many changes have occurred in the discursive constructions of pregnancy: consider for example the appearance of actor and model Demi Moore on the cover of the glossy magazine *Vanity Fair* naked - and eight months pregnant.⁵⁵ Inside the magazine’s cover, readers are invited to see more of Moore, this time in deliberately ‘sexy’ poses. The *New Zealand Women’s Weekly* (August 5, 1991, 8-9) ran a story on the ‘Moore controversy’ entitled ‘These photos shocked - but why?’ (see Figure 5.2). More recently, August 1994, New Zealand current affairs television reporter Joanna Paul appeared on the cover of a magazine *New Spirit* ‘heavily’ pregnant (see Figure 5.3). Inside the cover Paul gives a ‘revealing interview’ and readers are invited to see two more photos of Paul, one which exposes her naked stomach.

Clearly pregnant women have contested, and continue to contest, the boundaries of what they are ‘allowed’ to do and the places they are ‘allowed’ to occupy during pregnancy. Perhaps for the first time in Aotearoa/New Zealand pregnant women have publicly and popularly been represented as sexy. Demi Moore and Joanna Paul’s photographs are part of a new discourse that may begin the process of constructing pregnant women not as ‘untouchable’ but as the objects of a (heterosexual?) gaze upon a formerly taboo body. Instead of covering up their bodies - a lot of clothing for pregnant women is designed to hide the pregnant body⁵⁶ - they reveal them.

⁵⁵ Peter Jackson (1993, 220-221) discusses the controversy that erupted when *Vanity Fair* published the photograph of Demi Moore on its cover in August 1991. Reactions ranged from outrage to admiration. Jackson reports that “*Vanity Fair* was delighted with all the brouhaha, recording record-breaking sales of over a million copies (up from the usual 800,000). The magazine’s New York office was taking over 100 calls a day, two-thirds in favour of the cover, one-third against”.

⁵⁶ See Bailey (1992, 248-265) on ‘Clothes encounters of the gynaecological kind’.

Figure 5.2 Demi Moore: These photos shocked - but why?



Source: *New Zealand Women's Weekly* August 1992, p 5

Figure 5.3 Joanna Paul - cover picture from *New Spirit*



Source: *New Spirit*, August 1994

Although the pregnant body is often considered to be taboo it is also sexualised in that pregnant bodies are bodies which display a previous engagement in heterosexual intercourse.

In sum, it is commonly argued nowadays that pregnant women are in evidence everywhere. Iris Young (1990b, 124) claims: “The objectification and overt domination despised bodies obtained in the nineteenth century, . . . has receded in our own time, and a discursive commitment to equality for all has emerged”. On the one hand, there seems to be overwhelming evidence to support the fact that pregnant women ‘have arrived’. Pregnant women are free at last - free from the social constraints which formerly tied them to domesticity and to the private realms. It is now possible to be pregnant and fashionable; pregnant and sexy; pregnant and a corporate manager; pregnant and sporty.

Yet my research suggests this is not the case - at least not for the majority of pregnant women in my study. To assume that the pregnant woman can move about where and when she likes is to fail to understand the power of the discursive constraints that operate in relation to ‘becoming mothers’. In this chapter I argue that the fear, avoidance and exclusion of pregnant women from public realms, often associated only with the past, has not disappeared with a “commitment to equality”, rather, it still exists, “dwelling in everyday habits and cultural meanings” (Young 1990b, 124).

It was a common experience amongst the pregnant women with whom I spoke that they increasingly withdrew from the public realm the more visibly pregnant they became. While some pregnant women did attend formal dinners and went to night clubs, (as is suggested by Davis-Floyd 1986, 47), most did not. It is my contention that discursive constraints and surveillance function in Hamilton to exclude pregnant women from the public sphere. In this chapter I document some of the ways in which these exclusions and pregnant women’s withdrawal from public space occurs in relation to specific

public activities and places. I examine pregnant women's occupation of public places in order to build a case that confinement begins much sooner than the onset of labour for pregnant women living in Hamilton, Aotearoa/New Zealand.

SYMBOLIC MAPS DRAWN BY PREGNANT WOMEN

One of the ways in which I build this case is to include, and briefly examine, some of the symbolic maps drawn by pregnant women of their lifeworlds (refer to Footnote 43). The advice that I gave to the pregnant women who were drawing these maps was "to treat it as a parlour game" (Macdonald 1992, 14). This was indeed how they treated the exercise and the conversation flowed freely as they laughed and compared and contrasted drawings. The conversations and the maps themselves proved to be an interesting source of data. However, two issues need to be identified in both using and reading the maps.

First, in all cases Map A has been drawn *retrospectively*. There is a possibility that pregnant women's *memories* of their life prior to pregnancy may well be different from their perceptions *at the time* of pregnancy. In this study it was not possible to get women to draw a map of their lifeworld before becoming pregnant. It was possible though, to get participants to remember back, usually eight or nine months, and to draw their lifeworlds based on these memories. This does not mean that a map drawn prior to pregnancy would have been any more 'useful', 'accurate', 'truthful' or 'real', rather, it simply may have been different from the retrospective map.

Second, I have placed the maps together in order to convey an overall picture of some of the ways in which pregnant women in Hamilton tended to withdraw from the public realms. By doing this I have risked decontextualising each woman's story in terms of her age, ethnicity, relationships and so on. Yet, on reflection I think that the maps, and the often animated conversations that accompanied the drawing of these maps which are used in other sections of the thesis, do effectively convey the point that in this

research there was an overwhelming trend towards women withdrawing from public space during pregnancy.

Sarah's maps (see Figure 5.4) were perhaps the most poignant example of a lifeworld that had become increasingly confined during pregnancy. From very early on in her pregnancy Sarah stopped attending parties and instead stayed home. She also stopped attending courses (her mother insisted that she give them up - "Mum said that she doesn't want me to work any more. I just have to stay home and rest"). Netball, running and staying out late were absent from Sarah's sketch of her lifeworld during pregnancy. Sarah considered herself to be 'single' before becoming pregnant; after becoming pregnant, she became part of a 'couple'. On Map B Sarah writes 'Boyfriend being more aggressive'. While the change in Sarah's lifeworld represented in her two maps (a change that happened in just 16 weeks) may seem rather extreme, it was by no means unusual.

In Map A representing Katie's lifeworld before pregnancy (see Figure 5.5) she includes, amongst other things: Friday afternoon gins, going out of town in her car each day (this was for her employment), boating at the beach and outings with women friends, such as going shopping and attending craft classes. On Map B which represents her lifeworld at 34 weeks pregnant Katie includes: no gin, financial difficulty, fine day boating only and toy/baby shopping. The maps indicate a marked change in Katie's lifeworld; her activities and the environments she inhabits. While Sarah and Katie could be considered to be at opposite ends of a socio-economic scale (Katie's household income is over \$60,000, Sarah's household income is under \$10,000), different in terms of their age (Katie is 34 years old, Sarah is 16 years old) and different in terms of their

Figure 5.4 Sarah's symbolic maps of A. her lifeworld before pregnancy and B. at 16 weeks pregnant.

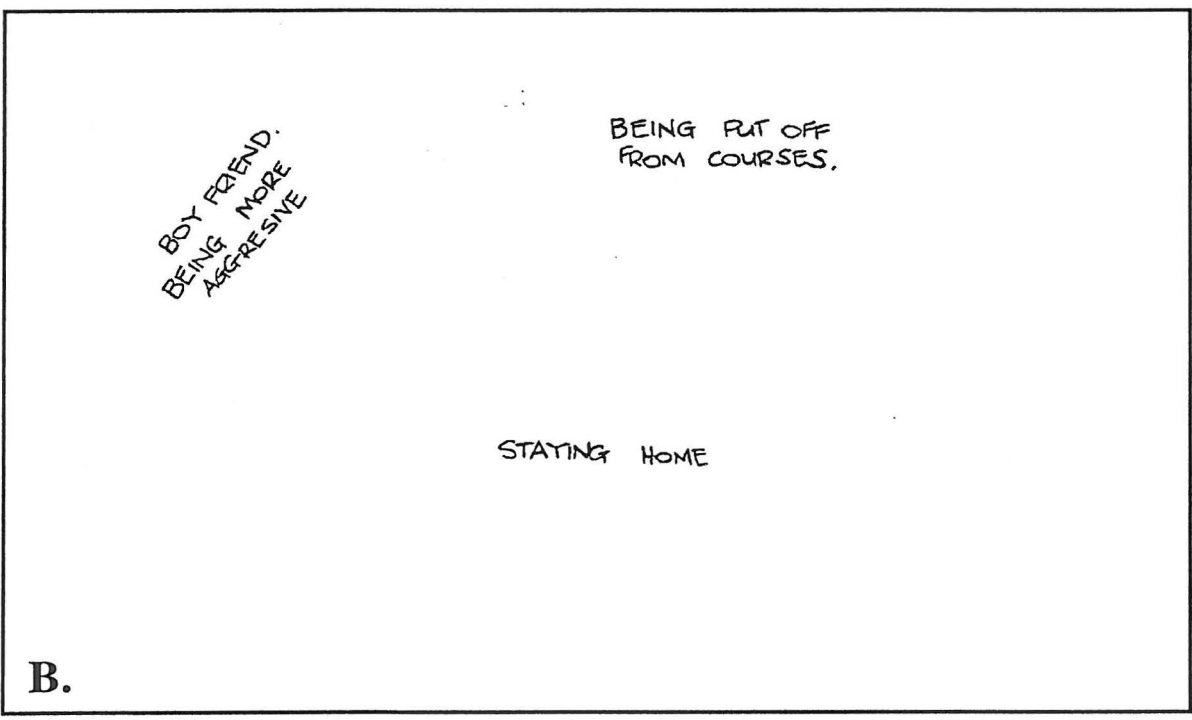
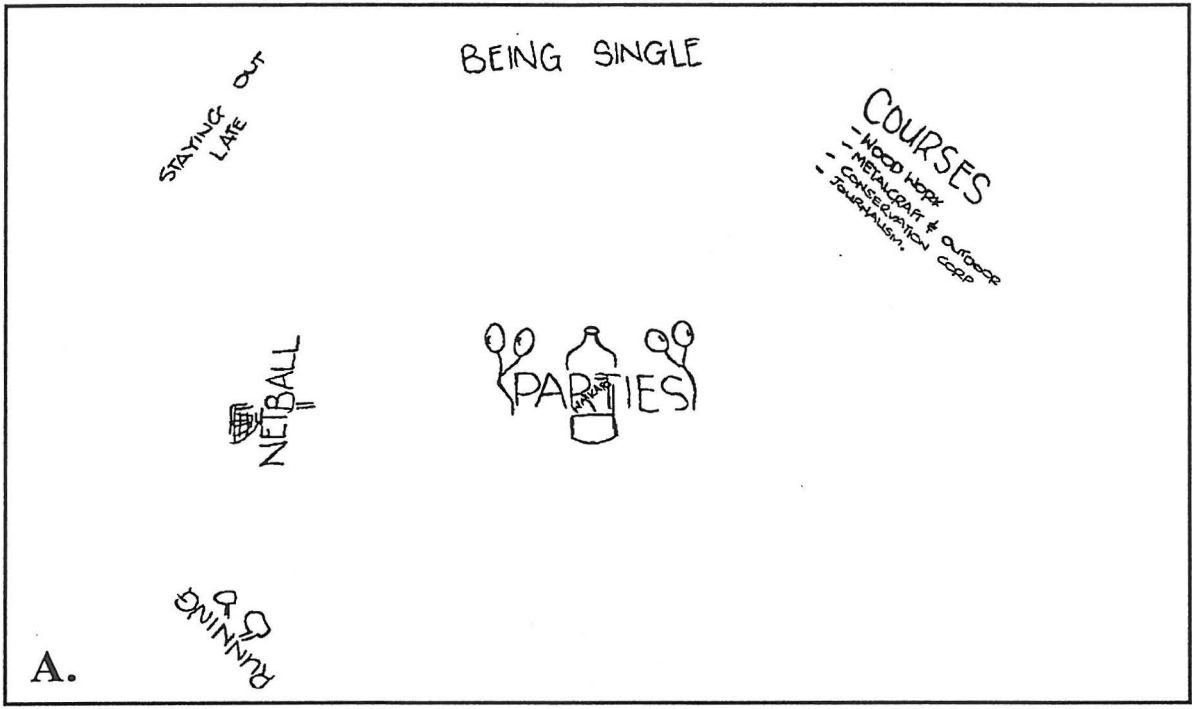


Figure 5.5 Katie's symbolic maps of A. her lifeworld before pregnancy and B. at 34 weeks pregnant.

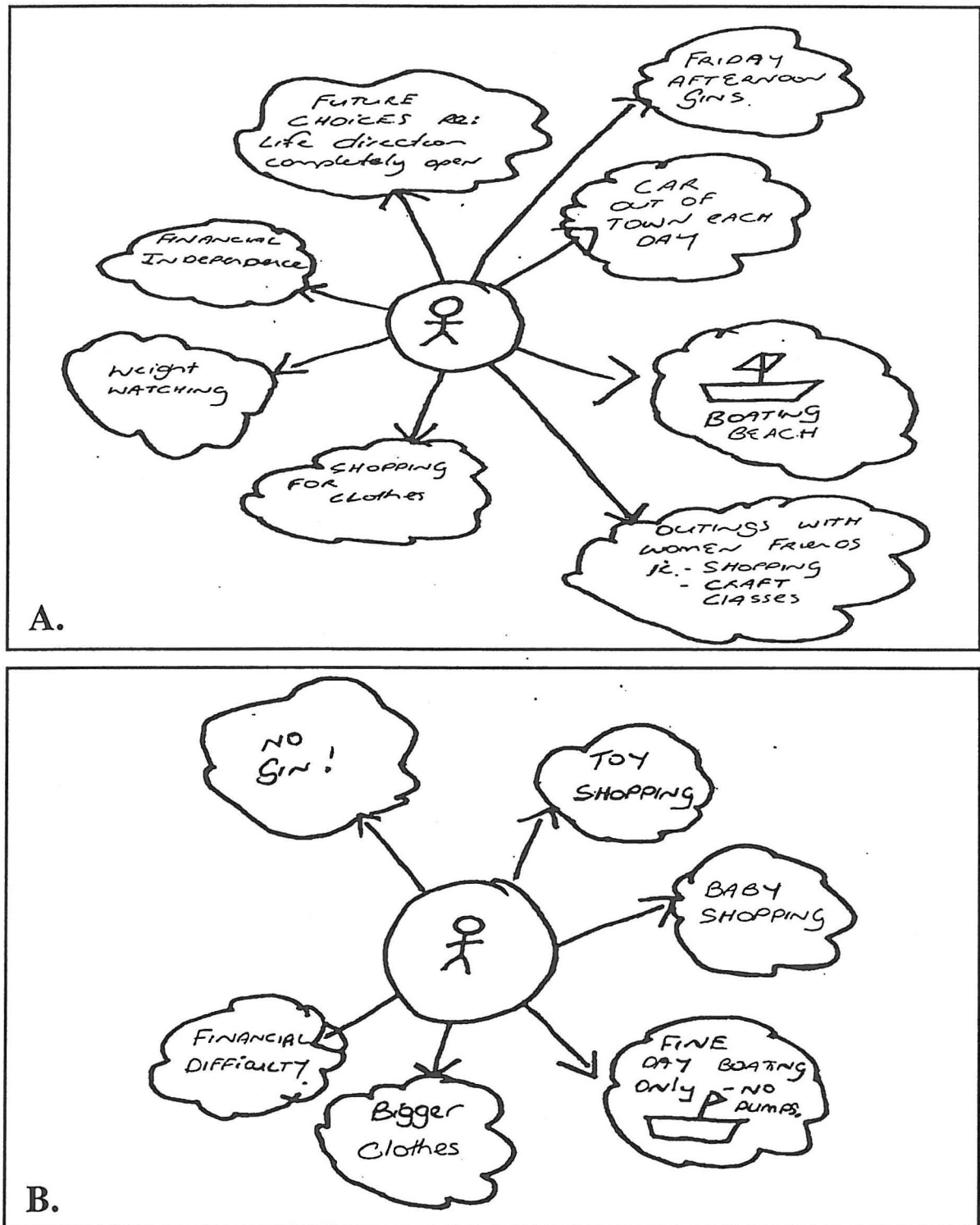


Figure 5.6 Moana's symbolic maps of A. her lifeworld before pregnancy and B. at 32 weeks pregnant.

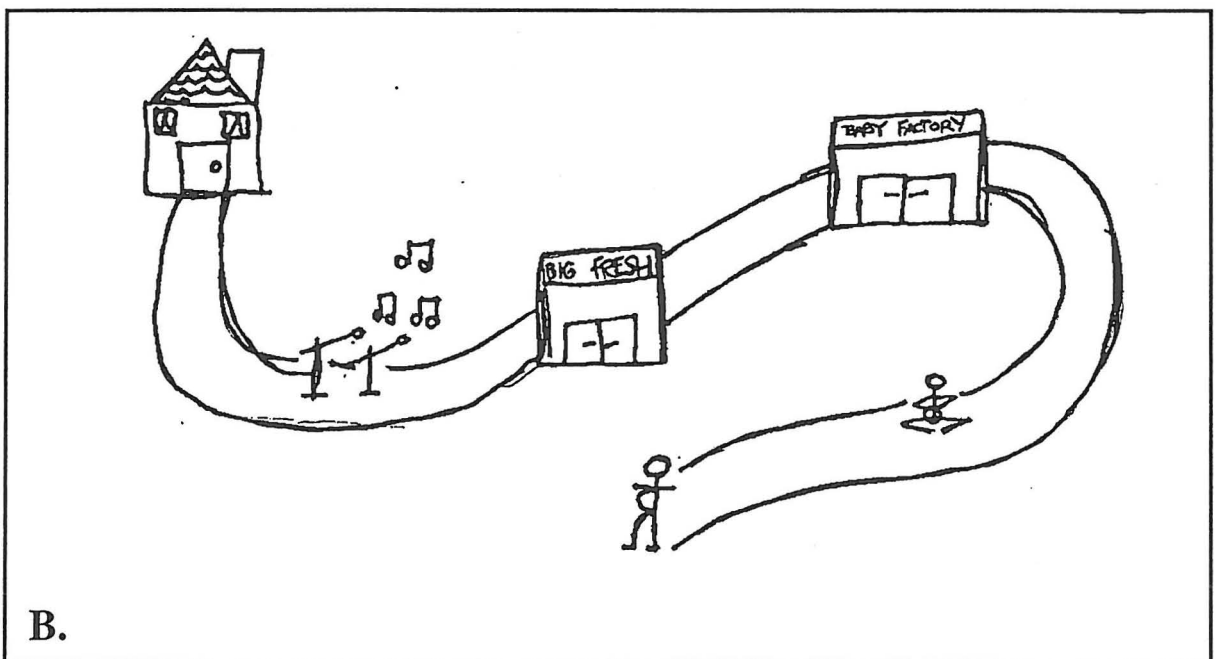
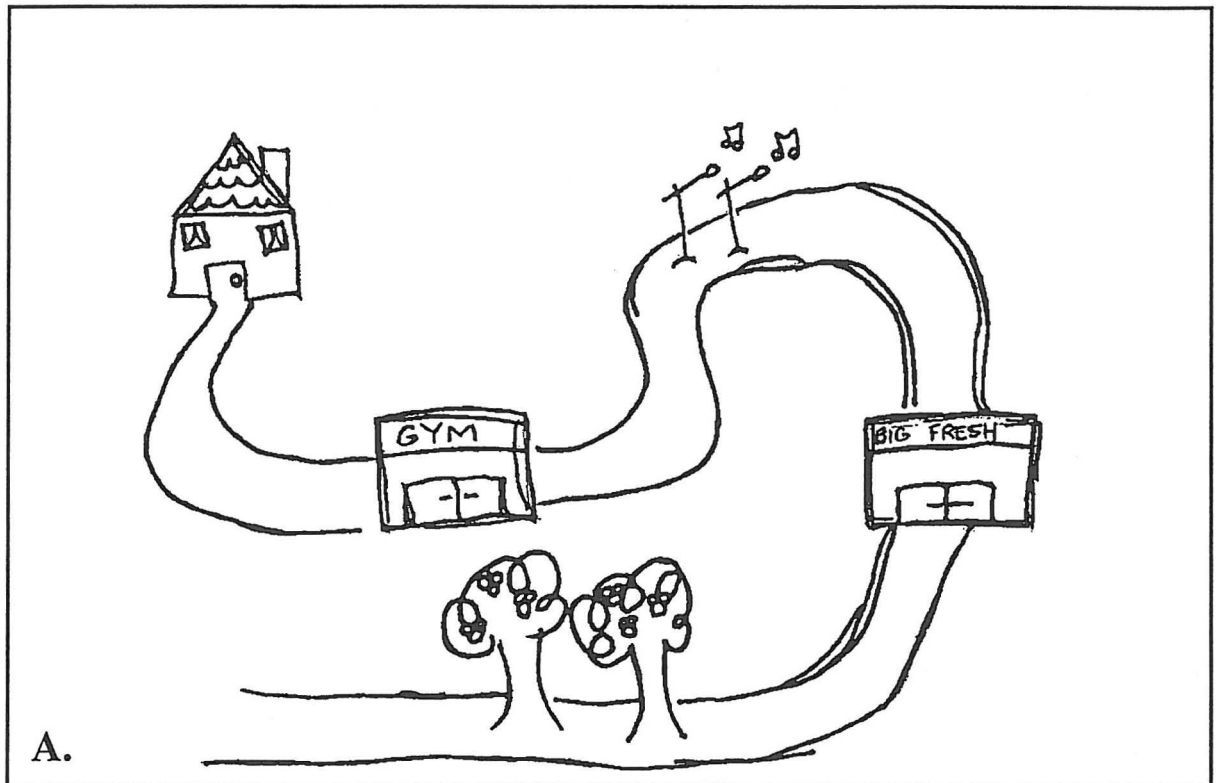


Figure 5.7 Sonya's symbolic maps of A. her lifeworld before pregnancy and B. at 36 weeks pregnant.

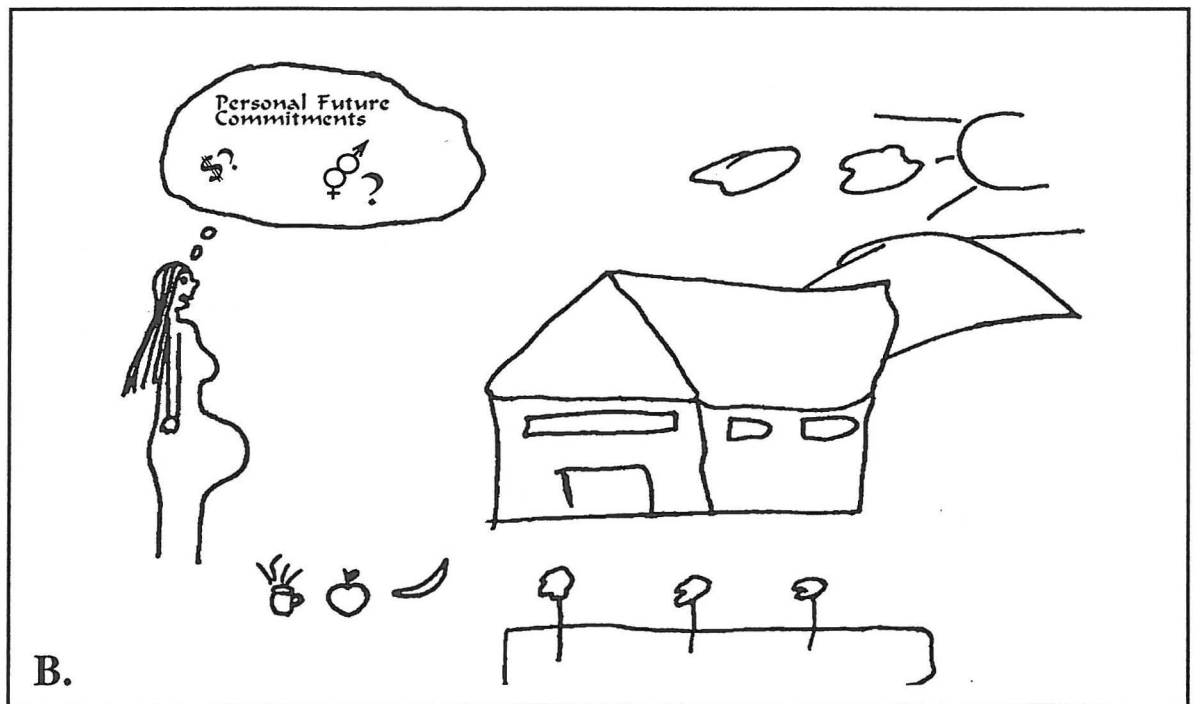
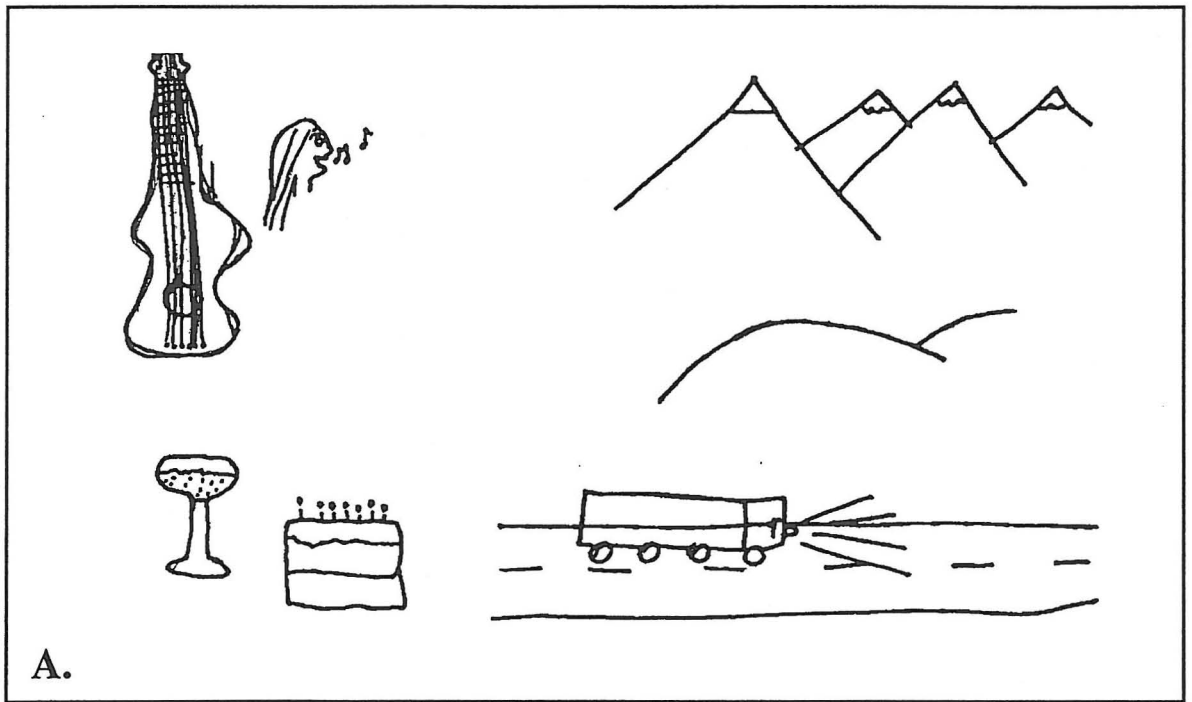


Figure 5.8 Dorothy's symbolic maps of A. her lifeworld before pregnancy and B. at 40 weeks pregnant.

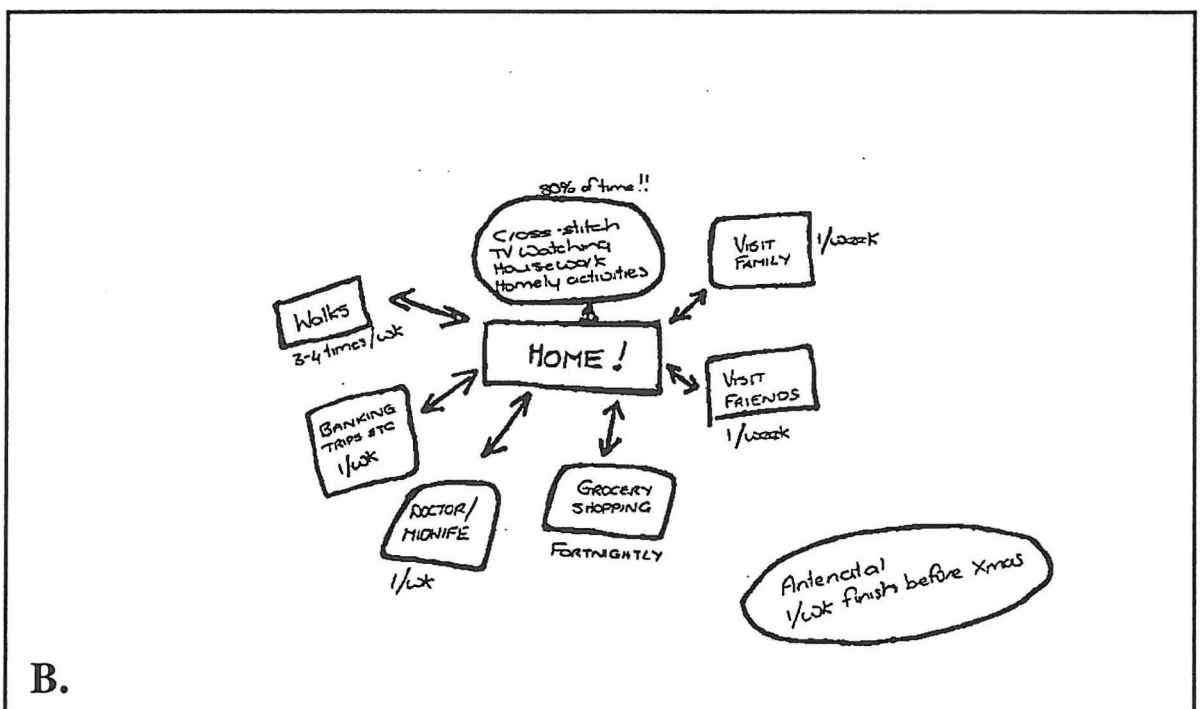
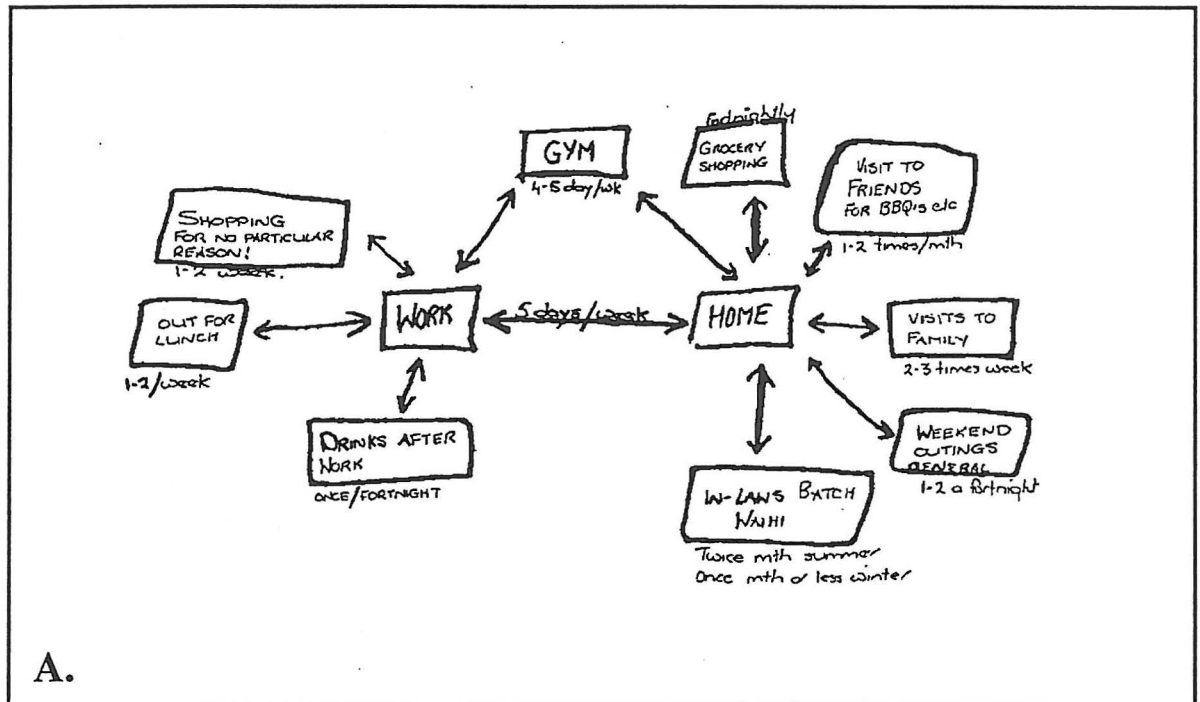


Figure 5.9 Margaret's symbolic maps of A. her lifeworld before pregnancy and B. at 39 weeks pregnant.

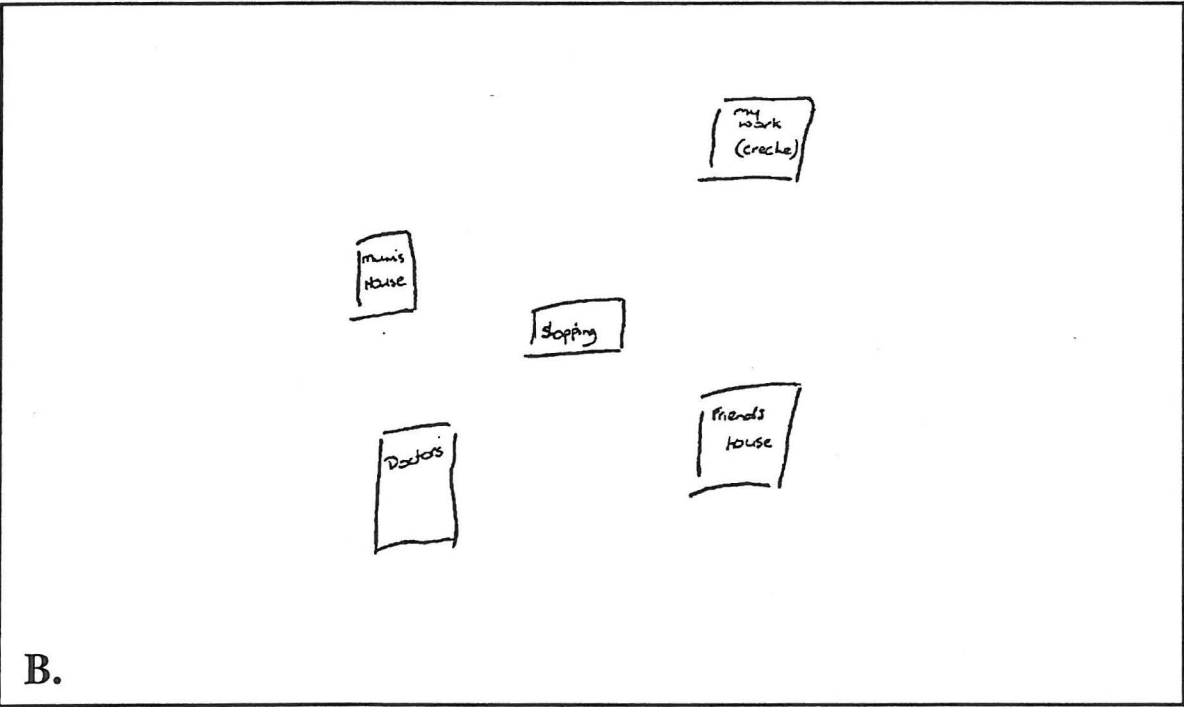
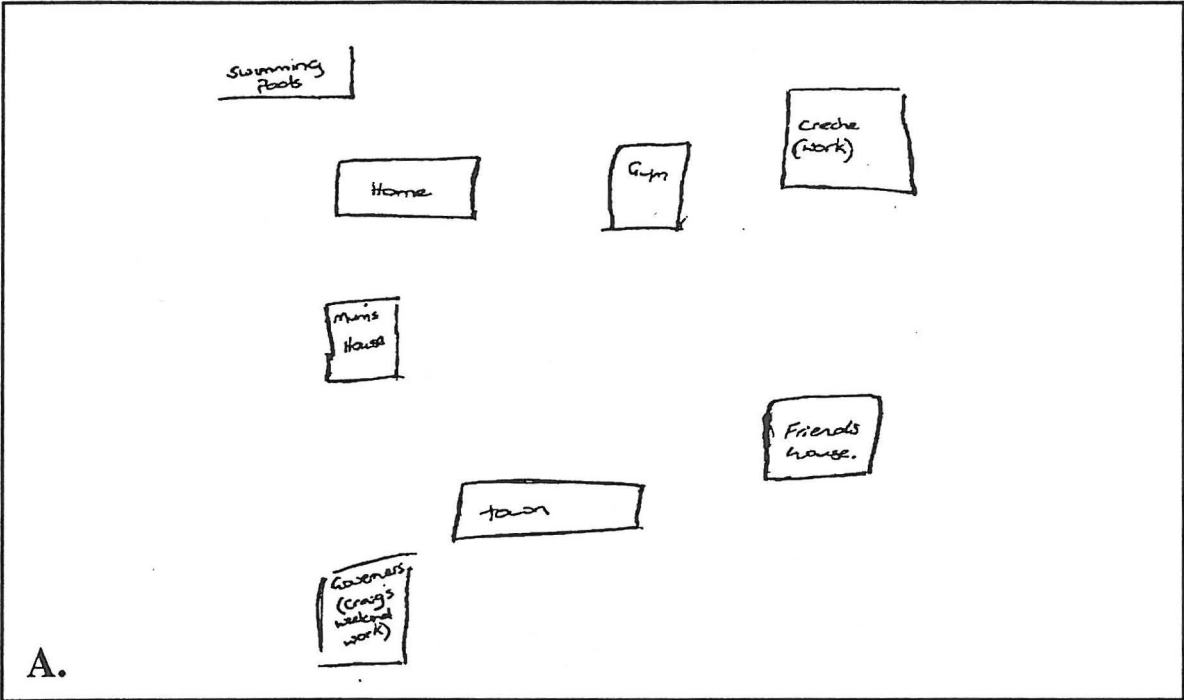


Figure 5.10 Denise's symbolic maps of A. her lifeworld before pregnancy and B. at 32 weeks pregnant.

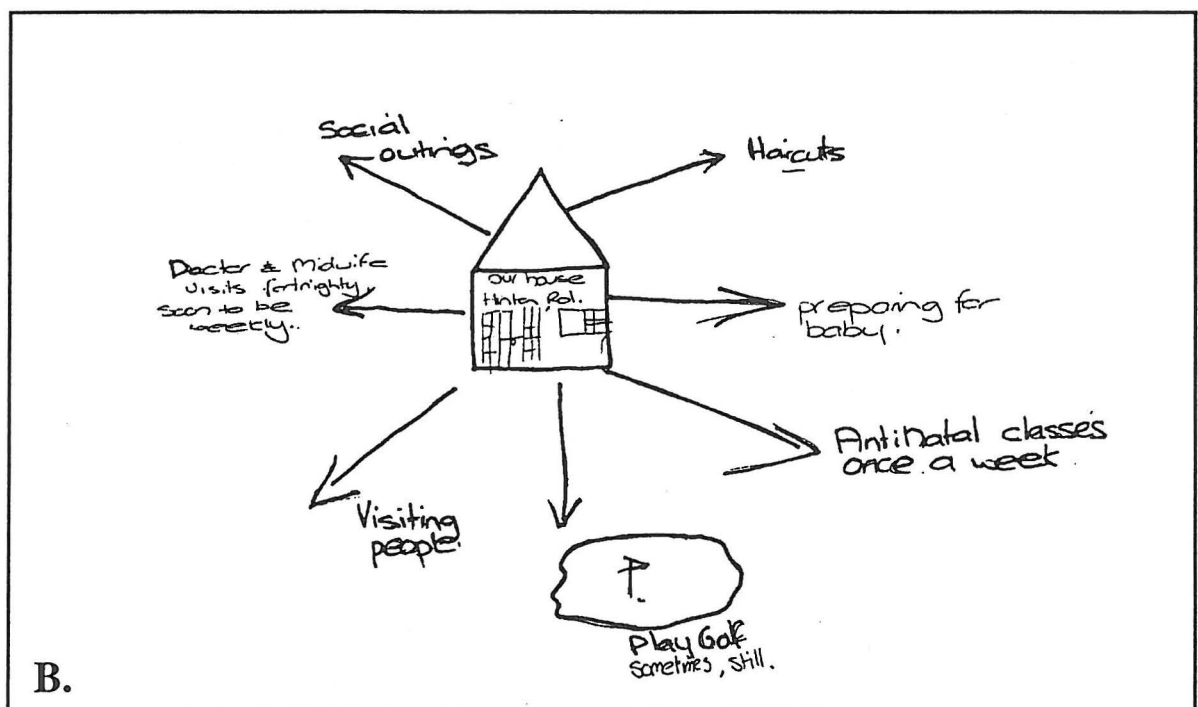
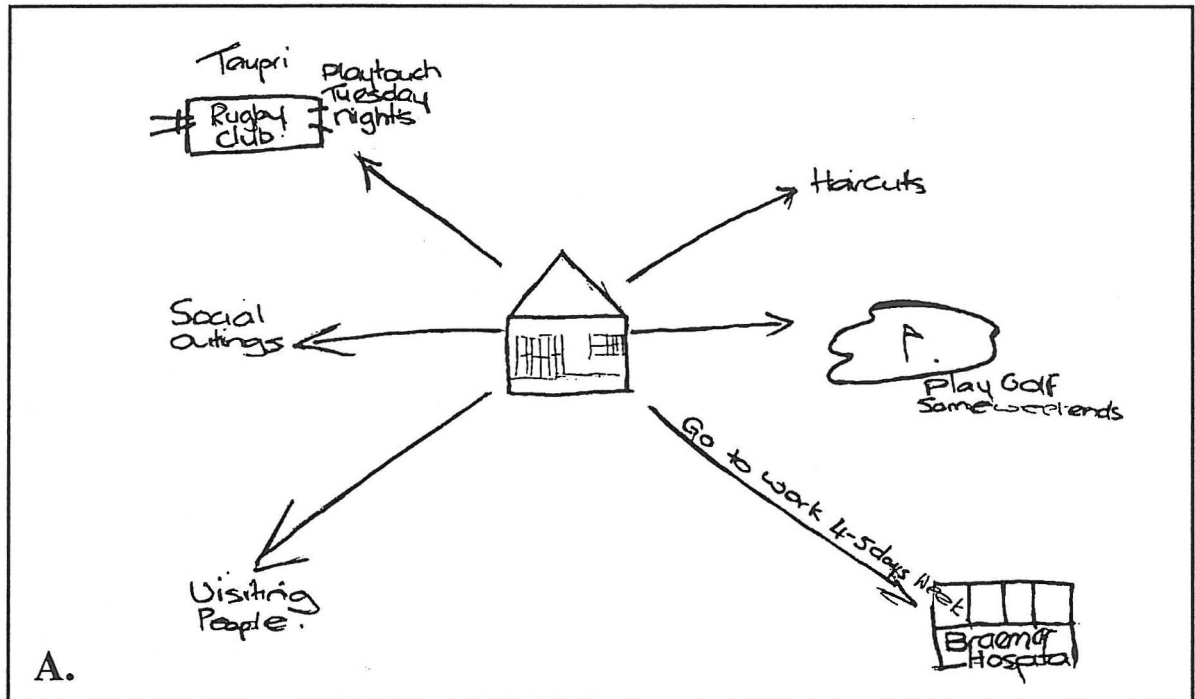
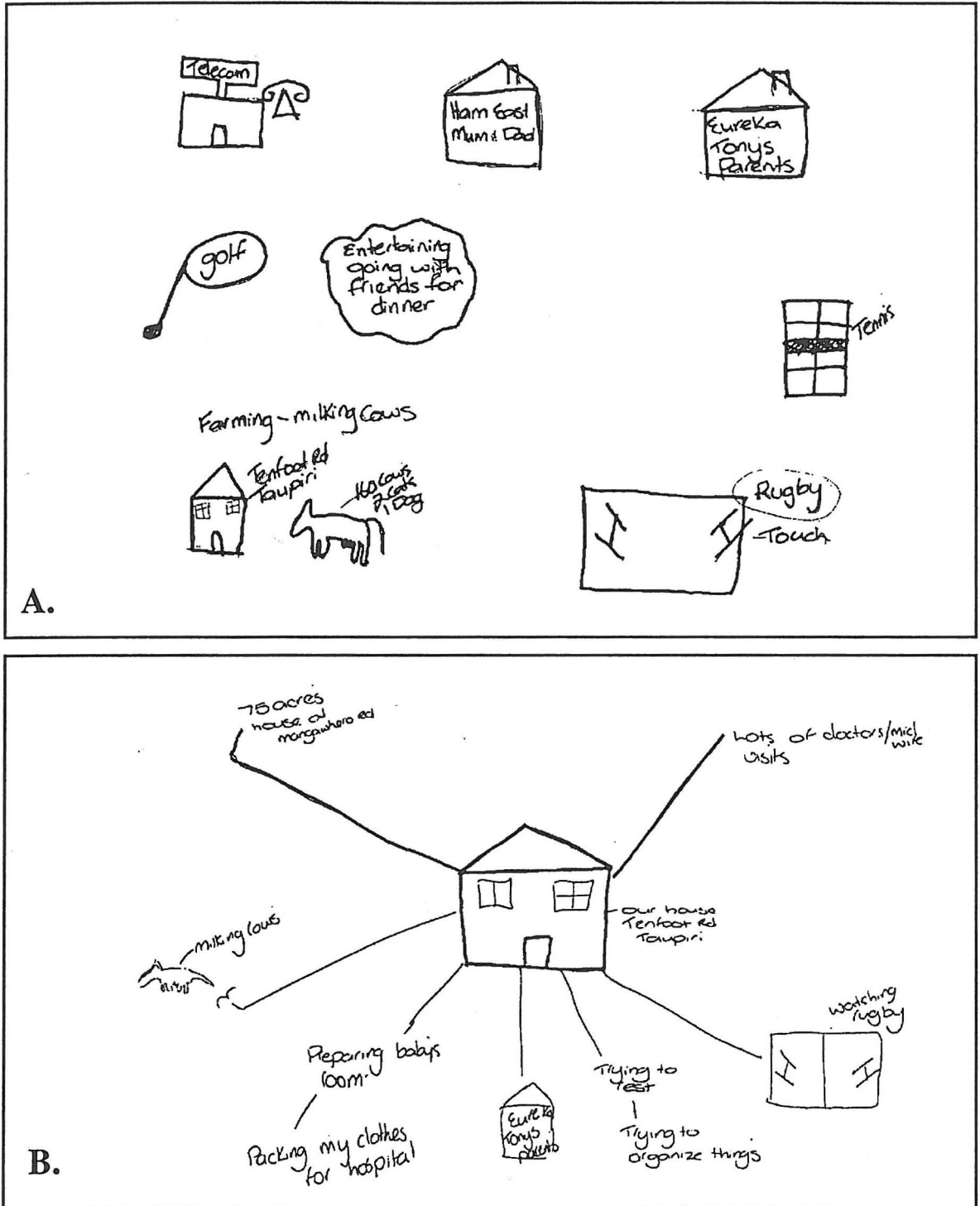


Figure 5.11 Kerry's symbolic maps of A. her lifeworld before pregnancy and B. at 39 weeks pregnant.



ethnicity (Katie is Pākehā; Sarah is Māori) their maps both indicate a withdrawing from the public realm during pregnancy.⁵⁷

Moana's two maps (see Figure 5.6) both contain her home, microphones (which represent her interest in singing in a band), and Big Fresh supermarket (where she shops). What is different in her two maps is that Map A - before pregnancy - contains the gym, whereas in Map B - her lifeworld at 32 weeks pregnant - the gym has been replaced by the Baby Factory which is a shop selling goods for babies. It is also worth noting that in Map A Moana does not represent herself, whereas in Map B, she includes two drawings of herself, in both she has a large round stomach, twice. This is perhaps not surprising given that pregnant women are often represented by themselves and by others, as somehow 'more embodied' than men, or women who are not pregnant (this is an argument that I will return to in the next two chapters).

Unlike Moana, Sonya stopped singing, professionally at least, soon after becoming pregnant (see Figure 5.7). Sonya travelled and performed with a 'Rock and Roll Road Show' but after she found out she was pregnant she left the show. Her very mobile and social lifestyle (illustrated by the bus, cake and glass of champagne in the Map A - her lifeworld before pregnancy) gave way to a more 'domestic' life (illustrated by the house and garden in Map B - her lifeworld at 26 weeks pregnant).

Dorothy's Map A of her lifeworld before pregnancy centred around work and home (see Figure 5.8). Activities included, amongst other things, weekend general outings, drinks after work, going out for lunch and to the gym, and visiting friends for barbecues. In Map B, drawn when Dorothy was 40 weeks pregnant, her activities centre around the home. While Dorothy was still visiting friends and family as well as going

⁵⁷ These maps could be read in a way that emphasises the pregnant women's changed relationships in the private realm, however, my focus when interpreting them has rested on their relationships in, and to, public space.

on walks, she notes that about 80 percent of her time was spent watching television, doing housework, cross stitching and 'homely activities'.

Margaret's symbolic map of her lifeworld at 39 weeks pregnant is similar to her map of before pregnancy (see Figure 5.9) but in Map B of her lifeworld at 39 weeks pregnant the gym, Governors (a Hamilton tavern) and the swimming pools are absent. What has been added to Map B is shopping and visits to the doctor.

In both of Denise's maps her house is central (see Figure 5.10). Also featured in both maps is playing golf sometimes, visiting people, social outings, and giving haircuts (a source of income for Denise). Where the maps vary is that Map A of Denise's lifeworld prior to pregnancy contains the rugby club where she played touch rugby and the hospital where she worked. Both these disappear from Map B - Denise's lifeworld at 32 weeks pregnant - and are replaced by visits to the doctor and midwife, antenatal classes and preparing for baby.

Similarly for Kerry (see Figure 5.11), playing touch rugby which she draws on Map A of her lifeworld before pregnancy, gives way to watching rugby in Map B of her lifeworld at 39 weeks pregnant. Also absent from Map B is golf, entertaining/going with friends for dinner, tennis, Telecom (Kerry's place of employment) and her mother and father's house in Hamilton East (which is about 30 minutes drive from Kerry's own house). Milking cows remained an activity in Kerry's life. Present in Map B is trying to rest and organize things, lots of doctors/midwives visits, preparing baby's room and packing clothes for the hospital.

These maps provide a useful overview of some of the ways in which most of the women seemed to increasingly orientate their daily activities around the home (and the coming baby) and withdraw from public activities. When including these symbolic maps in the text I did not select those that neatly 'fitted' my argument. In fact, on the contrary, I looked for maps which I could use to problematise/contradict/contest the

notion that pregnant women in Hamilton tend to increasingly withdraw into 'domestic' space during pregnancy since I am sure that many women do contest hegemonic constructions of pregnancy and maintain their occupation of space. However, I was unable to secure any symbolic maps which clearly illustrated this.

The basis of the rest of this chapter is a more detailed examination of pregnant women's withdrawal from public space in relation to specific activities such as sport, social activities, employment and shopping.

SPORT

"Sport is a notoriously slippery concept" (Young 1988, 336) and I do not wish here to enter a detailed discussion about how it should be defined (but see Gerber 1972; Morgan and Meier 1988). Rather, for the purposes of this chapter, I work with Young's (1988, 336) rather wide notion of sport as the "achievement of a non-utilitarian objective through engagement of bodily capacities and/or skills". Young (1988, 335) argues that conceptual and normative issues about women's relation to sport have not been given nearly enough attention by either philosophers or feminists. Geographers also, have paid scant attention to women's relation to sport. Pregnant women's relationship to sport seems to have received even less coverage in academic literatures.

There are a number of advice manuals, such as Champion and O'Neill (1993), Mittelmark et al. (1991) and Peterson (1994), indicating the 'dos and don'ts' of sport and exercise for pregnant women. These literatures indicate that for a long time it was considered undesirable and of substantial risk to the baby for pregnant women to combine sport and pregnancy. For example, in a book written by the New Zealand Obstetrical and Gynaecological Society (1953, 34), entitled *The Expectant Mother*, it is advised that:

Strenuous activities are to be condemned. Those which should be avoided are swimming, cycling, horseback riding, golf, tennis, violent movements and jolts, running, lifting heavy weights and hurrying up and down stairs.

The Society adds to this advice, however, “housework is not harmful”. This statement about housework indicates pregnant women were not advised to avoid certain movements, such as hurrying, bending, stretching and lifting *per se*, but rather, that they were not to perform these movements in *public* places. Housework most certainly involves bending, stretching and lifting and yet it was permitted, sanctioned in the privacy of the home. Only “strenuous activities” in public places were “to be condemned”.

More recently the general advice given to pregnant women seems to be to carry on as usual. Exercise (and note that exercise is usually considered to be somewhat less strenuous than sport) during pregnancy is heralded as having the potential to offer a number of benefits to women. These include: maintaining and even improving fitness; preventing excessive weight gain; and reducing problems associated with pregnancy such as leg cramps, constipation and low back pain (see Wilson c 1994; see also Figure 5.12).

Withdrawing from sport during pregnancy

Despite these supposed advantages of (‘gentle’?) *exercising* during pregnancy most of the pregnant women who took part in this study gradually withdrew from (‘strenuous’?) *sport*. Most of the women I spoke with gave up not only what might be considered high risk sport, such as diving, climbing and skiing, but also sport such as running, jogging or going to the gym.

Sandy, who was aged between 15 and 19 years and was 26 weeks pregnant, comments:

I used to do a lot of running, but I’ve stopped the running because I just think the pounding and all that isn’t very good (individual interview).

Despite having just paid fees for a new membership, when Paula found out that she was pregnant, she stopped going to the gym immediately.

Figure 5.12 Large poster displayed at the Birth Exposition
Hamilton Gardens Pavilion 31 April - 2 May 1993



I just joined again and then I found out I was pregnant, so [laughter] the membership didn't lapse but the attendance did . . . It was actually only a three month subscription so it wasn't too bad . . . I didn't really lose that much on it [laughter]. Um, I will definitely go back after the baby's born though; um it's probably best not to start trying to get active at this stage of the pregnancy (indepth case-study).

When I asked Dorothy, whose baby was due on the day of our interview, if her lifestyle had changed since she had become pregnant her response was:

Well, for a start, I'm a lot less active. I was a regular sort of person at the gym when I got pregnant, and loved my sports, but I've stopped going to the gym altogether (individual interview).

One activity that pregnant women seemed to continue on with though, and even to take up during pregnancy, was walking. Most were in agreement that this was a safe, appropriate and enjoyable activity for them. This was also the case with swimming which seemed to be widely considered safe for pregnant women. Eight of the 31 women with whom I spoke (excluding the five pregnant women who took part in preliminary interviews) mentioned they had been swimming during their pregnancy, although, some stated that they would not go swimming - in public pools at least - because of feeling embarrassed about their bodies.

It is interesting to note here, that a distinction has begun to emerge in this text between exercise and sport. It is permissible, and even desirable, for pregnant women to exercise - for example, to walk or swim (perhaps float?) - but not for them to be actively engaged in sport - for example, touch rugby, cricket, skiing, professional dancing, running or going to the gym.

Young (1988, 335) makes an interesting argument as to why women in general are often excluded from sport. Young claims that sport exhibits "body-subjects" and women in western cultures are defined as "body-objects". This makes it conceptually difficult (impossible?) for women to engage in sport because their bodies cannot simply switch from being socially coded as objects to subjects. It follows, therefore, that if

women participate in sport, then, either they are not 'really' women, or the sport they engage in is not 'really' a sport.

It is useful to examine this idea in relation to pregnant women. Given that pregnant women clearly are women who are fulfilling the role that 'real' women have always fulfilled - the bearing of children - then the sport they engage in must not 'really' be a sport. For example, as mentioned above, the one physical activity that most pregnant women seemed to continue on with, and even to take up during pregnancy, was walking. But of course, walking is not usually defined as a sport. Swimming is another activity that falls in to this category, that is, a physical activity that is often not really considered a sport. Like walking, swimming seems to be considered an exercise, at least, it is not considered to be a sport at the level at which it was undertaken by the research participants. Therefore, it is widely considered safe for pregnant women to engage in.

Policing pregnant women's behaviour in relation to sport

The policing⁵⁸ of pregnant women's behaviours occurs not only to protect the fetus but to protect the masculinism of particular sports. After all, what does it say about touch rugby if pregnant women can play it? Would pregnant women's very presence in the game serve to problematise the notion that sporting prowess is naturally masculine? In other words, what I am arguing is that it is not the institutions and practices of sport that necessarily exclude pregnant women (for example, gyms or rugby clubs do not state explicitly that they will not accept memberships from pregnant women) but rather that pregnant women are excluded from the very idea or notion of sport.

⁵⁸ By policing and police I do not mean the organised civil force of state which attempts to maintain law and order and detect and prevent crime. Rather, I am referring more generally to the social regulation and control of communities which is carried out by all its members. Members of communities often engage in behaviours which serve to control and discipline each other in accordance with the, often unspecified and unspoken, rules of that community. Individuals also engage in self-surveillance, self-control and self-disciplining regimes (see Foucault 1977).

As women became increasingly visibly pregnant, their behaviours in relation to sport, as well as in relation to many other activities in their lives, became increasingly policed - both in covert and overt ways - by loved ones, friends and strangers. Pregnant women come under surveillance - the gaze - in an attempt to ensure that they take care of themselves, but more importantly, that they take care of their unborn child.

They are also expected to engage in self surveillance. Consider the following example: in this conversation Denise and Kerry are trying to decide whether they will continue to play touch rugby now that they are both pregnant (at the time of this conversation Denise is 8 weeks and Kerry 16 weeks pregnant). The policing in this instance worked effectively in controlling Denise and Kerry's behaviour.

Robyn: Are you going to keep playing [touch rugby]?

Denise: (.) No. I'll see, yeah, see how I feel. I'll probably go in tonight for a little bit, but . . . yeah, I fell, it wasn't last week I fell over, it was the week before wasn't it?

Kerry: The week before yeah.

Denise: I didn't really think anything of it. I just got up. But everyone that was on the sideline went Oh! And I just got up and someone that was behind me said 'oh, are you all right?' and I said 'yes'. I just got up and carried on and didn't really think anything of it. A lot of people say 'a trip can be quite bad, you know, a miscarriage, if you trip over or something like that' (joint indepth case-study).

The public response 'Oh' to Denise tripping over acted, at least in part, to discourage both Denise and Kerry from continuing to play touch rugby even though Denise herself did not regard her tripping over as a problem. There may have been many complex reasons for each of them choosing to stop playing, but undoubtedly the public response to their playing was one of the determining factors.

The response to Paula playing cricket when she was 20 weeks pregnant was similar, although, on this occasion it was Paula's husband, rather than a crowd of people on the side-line, who acted to dissuade her.

Paula: I still get out and play cricket with the guys and stuff now [laughter]. David says I'm not allowed to run after the ball, I have to walk after it [laughter] . . . My brother was batting and he hit the ball and it went miles off and I raced after it and he goes, David was going 'Paula walk, Paula don't do that' [laughter] (indepth case-study).

Clearly Paula is contesting the boundaries of what is considered appropriate behaviour for a pregnant women. Although she modifies her playing of the sport (by walking after the ball) she continues to be involved in the game despite the protestations of friends and family.

Michelle, a dance teacher, also contests the boundaries of what is considered 'appropriate' behaviour for a pregnant woman. She remained fit and physically active throughout her pregnancy but was forced to deal with negative responses to her continuing high level of exercise. Michelle tells a story about filling in to teach a dance class for a colleague.

I showed up to take one of his classes one day and he just started ranting about ballet dancers he had known who had miscarriages because they had carried on dancing, you know, he ranted at Sally [Michelle's employer], 'I don't want her in the class' so I just ranted back that this was something between my doctor and myself and it was none of his business (individual interview).

Sometimes pregnant women may contest some discourses in some instances in their lives, but may comply with hegemonic constructions of pregnancy in other instances. For example, Michelle explains that although she has kept dancing, she has given up skiing since becoming pregnant.

That was the only time I've felt really down about being pregnant. Here am I looking pretty big and he had a couple of students . . . she and a friend who had been Miss Somewhere or something quite beautiful, arrived at the door with their skis to pick up my husband and here was I 'Bye Dear' sitting with my feet up feeling like a moron (individual interview).

A number of other research participants who usually skied as part of their winter recreation had also given up skiing since becoming pregnant.

Dawn: I can't go skiing this year.

Robyn: Oh! You are a skier?

Dawn: Yeah, we were planning to go to the South Island but . . . then I think oh well, better not, I'm only pregnant once (//)

Angela (//) We probably would've gone skiing too. Not that we go every year, but we sort of go a couple of times a season.

Robyn: Is it fear of hurting the baby that stops you going; that you might fall?

Dawn: (.) Yeah, I guess. It depends what stage you're at though [Dawn was 29 weeks pregnant], yeah, like if you, I think it's that you're not supposed to anyway, probably because the height you know anyway. Something to do with the oxygen level.

Angela: Oh really!

Robyn: The altitude?

Dawn: I've heard that anyway (small focus group 2).

The supposed 'truth' of this claim about the "oxygen level" is not what is at issue in relation to the particular argument being mounted in this chapter. Rather, what is important here is that the information that Dawn had heard or read (from whatever sources) was enough to stop her from skiing during pregnancy without further question. This illustrates the powerful role that stories, or discourses, play in relation to producing behaviours. While none of the pregnant women interviewed skied at any stage during their pregnancy, a male interviewee, Dan, explained that his partner, Tracy, had skied during pregnancy.

Most of the time I was really pleased that my partner was skiing . . . but as time went on it did start to concern me . . . I remember I had a streak of thinking how *irresponsible* of her (individual interview, emphasis added).

Expectations to be a good mother are put on women not just after the baby is born, but also during pregnancy and sometimes even before pregnancy. They are advised that if they want to get pregnant then they should adopt a healthy diet, they must be fit (but not 'too active'), they must not smoke and so on. The 'becoming mother' must follow prescribed behaviours; to transgress these norms is to risk the well being of her fetus

(who in the eyes of many already has full or at least protohuman status) and to be labelled as “irresponsible”.

Diving is another sport that was mentioned by a research participant as being off-limits. Mary Anne, an international travel consultant, who was 36 weeks pregnant at the time of the interview, explains that:

You are not allowed to dive at all once you know you are pregnant. It can cause problems. I stopped doing any sport quite a long time ago. I had a bit of bleeding and the doctor said I shouldn't do anything (individual interview).

Wilson (c 1994, no page number) claims that “active women have . . . been reported to have higher self-esteem and improved mental outlook during pregnancy”. Perhaps it is worth hypothesising at this point that high self-esteem may not be so much an effect of exercising during pregnancy but rather that only those women who have high self-esteem are prepared to contest the boundaries of ‘appropriate’ behaviours for pregnant women. It is necessary to have high self-esteem in order to contest the many discursive constraints and surveillance which operate to keep exercise/sports and the Pregnant Woman in mutually exclusive conceptual categories.

Despite the fact that the general advice offered to pregnant women by health professionals on exercise and sport today is usually to carry on, the long-held belief of earlier times that almost anything except lying (alone of course) in bed might bring on bleeding, abortion or premature labour have not totally disappeared. Although women have now demonstrated that sport can continue during pregnancy, many activities are still considered far too dangerous for pregnant women. It is widely believed that a pregnant woman's primary concern ought be for her fetus and for this child she must sacrifice all and risk nothing. Pregnant women are often considered primarily not as subjects in their own right but as containers or vessels for unborn children.

It is extremely significant that none of the 31 pregnant women with whom I spoke, took up, or even kept on with, what might be considered strenuous sporting activities.⁵⁹ This absence of sport for pregnant women, coupled with the active sanction against any strenuous physical activity, does much to develop in them a sense of themselves as weak, frail and sedentary. Exclusion from sport as a paradigm of physical engagement with the world is not merely something that *happens* to pregnant women. Pregnant women who define themselves and are defined by others as in a 'condition', fragile, weak, awkward and passive, and who receive little encouragement to engage their body in physical activity, will more often than not become weak, awkward, and physically timid. (This is a theme I develop in Chapter VI.)

NIGHT CLUBS, BARS, PUBS, RESTAURANTS, CAFÉS

It was evident from the study that the majority of pregnant women who took part tended not only to reduce their involvement in sporting activities but also tended to withdraw from recreational spaces such as night clubs, pubs, bars, restaurants and cafés. Some of the pregnant women did not visit these places much before pregnancy so there was no great change. Others, however, in particular, a number of the younger women (aged between 16-22), did experience enormous changes in their lifestyle after becoming pregnant. The adjustments that Sarah (aged 16) made were probably the most poignant examples of this. I began talking with Sarah when she was 15 weeks pregnant and continued meeting with her for the duration of her pregnancy. As noted earlier,

⁵⁹ Although the 31 women with whom I spoke did not radically contest the boundaries of what tends to be considered acceptable behaviour in relation to sport, some women do continue their involvement in sport during pregnancy. One of the best examples of this is Alison Hargreaves of England who climbed the North Face of the Eiger when she was six months pregnant. A route was named after the event, 'Fetus on the Eiger' at Stanage Edge (Osius 1993, 168). Yet women, such as Hargreaves, who push the boundaries of what are widely considered acceptable behaviours for pregnant women are frequently forced to face what might be considered negative consequences. For example, there was a bitter public outcry from both climbers and the general public in response to Hargreaves climbing the Eiger when she was six months pregnant. Alison Osius (1993, 168) who climbed until near the end of her pregnancy reports: "After I belayed Mike Bengé, my husband, I stepped up to second the climb, harness riding low and chalkbag belt high, both meeting in the back. The whole cliff went silent. (Paranoiac, I imagined vibes: 'She shouldn't be doing that'.)"

Sarah, throughout her pregnancy, increasingly withdrew from her former circle of friends and from the world that she had inhabited prior to becoming pregnant. Sarah is 16 weeks pregnant at the time of this conversation.

Sarah: I'm sort of scared. Things have changed. Heaps of things.

Robyn: Things have changed already since you've been pregnant?

Sarah: Yesss

Robyn: In what way?

Sarah: Oh, I've stopped doing heaps of things.

Robyn: Yeah

Sarah: [inaudible] I used to drink [alcohol]. I don't now . . .

Robyn: Is that because you don't feel like it? . . .

Sarah: No, I can't stand it now . . .

Robyn: Does that mean that you don't go out to the places that you used to go out to?

Sarah: Yeah, I mostly stay home. . .

Robyn: So if you don't go out any more, does it make life much more boring than before?

Sarah: Oh yeah. Way boring! (Robyn: Mm) 'cause I used to always go out, drink and socialise.

Robyn: So you miss that?

Sarah: Yeah [inaudible]

Robyn: Is your boyfriend staying home more too, or is he still going out?

Sarah: Oh, he goes out with his mates . . .

Robyn: Where did you used to go to? . . .

Sarah: Night-clubs and parties (indepth case-study, emphasis in original).

Discourses work to separate pregnant women from what are frequently male dominated public spaces (especially at night) such as bars, pubs, cafés, restaurants and night-clubs. On a visit to San Francisco in April 1994 I noted a sign at a reception desk of a pizza restaurant warning pregnant women that they should not drink alcohol - that they may

damage the health of their unborn child.⁶⁰ When Sandy, aged between 15 and 19 years and 26 weeks pregnant, went out to a bar she attempted to hide her pregnant stomach perhaps recognising that many people believe bars are not appropriate places for pregnant women to occupy.

Robyn: Do you go out at night?

Sandy: I don't really unless, um I used to go out all the time just 'cause I was bored, you know boredom but now I only go out if everyone else is going. I don't often go out but if I do go out . . . I'm the driver, drive everyone home because the smell of beer the metal. I used to love alcohol, you know beer, but to even smell it now, it's like it's got that metal taste. I can't, you know, I can't even sip at it. I still go out, not very much but I get a bit tired in the evening, especially if you're continuing working . . . They can't tell when you're sitting at the pub, you know, with everyone and I usually wear a jacket and you can't tell at five and a half months, only I wear things like this [grabs the front of the loose fitting overall that she is wearing] (individual interview).

By way of academic autobiography, during my own pregnancy I was subject to comment from friends when I ordered a glass of wine at a bar. While some stated clearly that they disagreed with my decision to have a glass of wine, others supported my 'brave' behaviour claiming they were sure that '*one* glass would not harm the baby'. Regardless of whether my friends, and the public at large, approved or disapproved of my consuming alcohol when I was pregnant, I nevertheless felt under surveillance. I was acutely aware that it is widely believed that a pregnant woman's primary concern ought to be for her fetus. My consuming alcohol signalled to some that I was not concerned enough with the well-being of my fetus. The pregnancy, in this regard, did not feel as though it belonged to me. I felt as though I were "the site of . . . [my] proceedings" (Kristeva 1980a, 237).

⁶⁰ The same sign was also posted in the cafeteria/bar carriage of an Amtrack train. While such signs do not exactly say 'pregnant women not welcome here' they certainly do indicate that the behaviour of pregnant women who do occupy those particular environments will be subject to public surveillance.

Christine, who worked as a bank clerk and was 38 weeks pregnant at the time of the interview, explained:

I don't go to night-clubs as much. I'm too tired and I find that if I want to make sure that I'm okay for work and have a proper day then I don't want to go out at night but I don't enjoy it anyway (individual interview).

When I asked Christine why she did not enjoy going to night-clubs anymore she explained that she only went because her husband liked to go. She believed that her husband would go regardless of whether she accompanied him or not and she did not want him to go without her. Christine also said that she did not like going to night-clubs because there were many physical discomforts associated with occupying such places - the chairs were not comfortable and the smell of cigarette smoke and beer made her feel nauseous.

Physical/material discomforts

Feelings of discomfort can be experienced in relation to the actual design and construction of built environments. Feminist geographers, architects and designers have documented at length the history and consequences of living in a '*man-made environment*' (the subtitle of a book by a feminist architectural collective called Matrix 1984; see also Roberts 1991; Spain 1992). Matrix have been influential in arguing that the contemporary city in advanced industrial societies is the concrete (and brick and steel) 'embodiment' of powerful gendered assumptions - assumptions that women occupy the domestic realm while men partake in public life in busy city centres. Helen, a university student and part time kitchen hand who was 31 weeks pregnant at the time of the interview, said that when she went to the Fox and Hounds Tavern there were only high backless bar stools to sit on.

I was sitting there thinking 'where's a seat'? I was getting sore and so I'd rather not. I think even now I'd probably say to my husband 'you go'. I can't really be bothered (individual interview).

Like Helen, Ngahuia, a university lecturer, mentioned how uncomfortable some seating in public places is for pregnant women.

I have come across a situation like that [with built in, fixed position chairs and tables] and it was just so uncomfortable I had to ask for another chair to sit at the end of the table. And some chairs are so uncomfortable; this sort of chair that you flop back in, to sit down to a meal, it is so uncomfortable. We went to Seddon House restaurant for dinner one night and it was uncomfortable. I couldn't sit properly in their chairs. They do their best to provide these wonderfully comfortable chairs but for pregnant women they aren't so comfortable (individual interview).

Dorothy, who had worked as a sales representative for a large newspaper until she was 20 weeks pregnant, claimed that she did not go out as much now that she was pregnant. In fact, Dorothy's baby was due at the time I interviewed her. She said: "I sort of don't, haven't, been out either into town or to a coffee shop or to a pub or anything like that for a long time". Like Helen and Ngahuia, Dorothy, also mentioned the difficulties of inadequate seating when she did go out, in this instance, to a barbecue.

Um, we've sort of got a group of friends that we prefer to go round and have barbecues at each others places and just pot-luck and things. Bring your own and that sort of thing. Um, I've done a lot less of that probably 'cause I find that um I just can't sit as long in a barbecue chair as I can comfortably in a, or, in my chair that I've been sitting in. Um, just sitting, things like sitting on verandahs that you just do without thinking and suddenly you go to a barbecue and you're sitting there for ten minutes and you think 'oh my back is killing me' [laughter]. So you think there's no chairs around and it, it's not something you would have thought of before (individual interview).

Seating, or fitting into rows of seats, was also identified as a problem by women in the advanced stages of pregnancy in regard to viewing movies in the Village 7 Cinema in Centreplace, Hamilton. Not only was it difficult for pregnant women to sit comfortably in theatre seats for any period of time (there is no interval during most movies screened at the cinemas in Centreplace) but also it was often difficult for them to get to their seats. In the recently built complex two of the theatres have a reasonable amount of room between rows but the other three are cramped. Michelle, who was 33 weeks pregnant, commented "trying to squeeze past people in the row in an attempt to get to

your seat is difficult'. Jude, who was also 33 weeks pregnant, commented "people actually got up and moved into the aisle for me - it was really embarrassing".

In concluding this section, I want to emphasise that currently, 'bodily difference' is not well accommodated in built environments in Hamilton.⁶¹ In fact, it is very difficult to imagine (I suspect for planners, architects, urban designers as well as lay-people) an environment that both acknowledges and respects 'bodily difference'. It is difficult to contemplate an environment that is not based on an able white western male body. Yet it is imperative that architectural design reflects an acknowledgment that all citizens have special needs and desires - as pregnant women, as parents, as elderly people, as very large bodied people, as children etc. There are numerous life stages and physical conditions in which people have specific needs. I am not arguing simply that there ought to be special accommodation made for pregnant women's difference from men, but rather, that there ought to exist an environment that respects a typical citizen as encompassing a plurality of bodies.

Pregnant women's discomfort at night-clubs, restaurants, pubs and movies is undeniably, at least in part, due to the material, physical, physiological changes to their embodiment. I want to suggest, though, and develop further in the Chapters VI and VII, that there may be more at stake in their withdrawal from public recreational spaces. After all, if their withdrawal was simply a matter of physical discomfort, why is it that clubs, pubs, restaurants and cafés do not provide more comfortable seating for pregnant women. I cannot imagine this happening easily in Hamilton since such environments (many of which have been long associated with smoke and alcohol) are usually

⁶¹ Consider, for example, 'disabled people's' (see Theobald 1995 on the issue of politically correct language in disability studies) relationship to public space. Although, more buildings now have wheelchair access many disabled people still face problems using public space in Hamilton (see Lawrence 1993). These difficulties are a result of both societal attitudes and the form of the built environment, including the public transport system (see Lawrence 1996; *N.Z. Disabled* 1986, 18-22), not accommodating bodily 'difference'.

considered by society to be particularly 'inappropriate' for pregnant women. Sometimes it is also considered 'inappropriate' for pregnant women to remain in the full time paid work force.

PAID EMPLOYMENT

Sharon Collins (1995) claims that there is no statistical information on the number of pregnant women who work in paid employment each year in New Zealand; however, it is possible at least to estimate the number based on statistics relating to the United States. Collins (1995, 7) argues that "Over 14,000 women in the New Zealand work place are likely to become pregnant in any one year. While this is only a general indication, it demonstrates that pregnancy at work is an important issue for many working women". Danna Glendinging (1992, introduction) in a report on parental leave in the New Zealand Customs Department 1987-1992 states that:

[Unpaid] Maternity leave has existed in the New Zealand Public Service since 1948. On 10 March 1948 the Governor-General approved an amendment to the Public Service Regulations 1913. Six months' leave without pay and re-entry rights were provided.

With effect from 1 January 1978, the State Services Commission extended the unpaid maternity leave from six to 12 months and provided some provision for job protection.

Government employing authorities, in a general statement of support for equal employment opportunities issued in 1984, adopted guidelines for future action. . . .

A 1985 State Services Commission review of public service maternity leave outlined general support for the provisions. . . .

In general, legislative provision for parental leave, the Maternity Leave and Employment Protection Act 1980, provided six months' unpaid leave for women from 1981. This was extended to one year's unpaid parental leave for either parent with the Parental Leave and Employment Protection Act 1987.

In Aotearoa/New Zealand, parental leave can be shared between couples and applies in the case of both the birth of a child and the adoption of a child. It is evident that, at a legislative level at least, there have been moves towards 'equal' opportunities in the public sector work force for pregnant women although there is still very little provision

for *paid* leave especially for those working in the private sector (see Hibbert 1994). Since 1991, when the Employment's Contract Act came into force, workers have had to negotiate their own employment contracts. Parental leave, leave entitlements or paid leave for pregnant women are not automatically built in as a right for every worker. Like other rights, they must be negotiated on an individual basis. The state sector, on the other hand, provides some leave entitlements. State employees under employment contracts containing particular parental leave provisions must choose between those contract provisions and the Parental Leave and Employment Protection Act 1987.

For example, staff at the University of Waikato in Hamilton may take up to 52 weeks unpaid parental leave depending on length of service. "A staff member who is pregnant is entitled to take up to 10 days leave without pay prior to the taking of parental leave, for reasons connected with pregnancy but for which sick leave is inappropriate" (University of Waikato 1993, 1).

The University's first preference is to hold a staff member's position open (this includes filling it temporarily). Where the University needs to fill a position permanently, there are provisions for offering a member work in a comparable position, if this is not possible, approving an extension until the staff member's previous position or a similar position becomes vacant. . . . Some staff [usually academic as opposed to general staff] are entitled to a gratuity of up to six weeks pay (University of Waikato 1993, 2).

Glendining (1992), in her study of parental leave in the New Zealand Customs Department, found that many issues, such as familiarity with parental leave procedures, contact during parental leave and staff returning to work needed to be addressed in the department. The issue that is of the most interest in relation to this research though, is the subtle harassment reported by many of the pregnant employees in the Aotearoa/New Zealand Customs Department. Consider, for example, the following comments from four different respondents (Glendining 1992, 4):

I was about to go on a course, but was taken off it when I applied for parental leave.

There were some hiccups. Not so much with the parental leave. I was working on a VDU [visual display unit] and although there are no hard and fast facts they think that it could be linked to miscarriages etc. I thought, 'What is the point of taking any chances?' I asked to be shifted and that was quite a drama. It turned into a big stand-off situation. I didn't exactly come out smelling roses. I got shifted, but it was a battle and I had to quote PSA [Public Service Association] references, and get letters from doctors saying I was actually pregnant, which was pretty obvious at the time. It was made to be more unpleasant than I thought it should have been.

I didn't find that they were supportive when I was pregnant and still there. I kept getting the comments: 'Don't you think it is time you left?' It was the senior men, CCOs [Chief Customs Officer, now Senior Supervisor] and above, not my supervisor. He was supportive.

I looked quite big. I was made to feel that I should have left early - literally when I got pregnant I think. It was sort of an everyday occurrence with snide comments here and there about it. I still felt capable of doing the job. The only thing I didn't do was lift. If people couldn't lift their heavy cases up on to benches for me to search them then that was up to them. I wasn't breaking my back to do it for them. I did everything else. I ignored the comments they (other staff) made. I felt, 'Well, if I give in to it, other people aren't going to follow behind are they?'

These comments are interesting since pregnant women's experiences of work places in Aotearoa/New Zealand have not been widely documented. The comments can be read in a variety of ways and be used to illustrate a number of different points.

The point that I want to make is that the surveillance and monitoring of pregnant women's behaviour in work places is undertaken by colleagues, employers and so on, but it is also undertaken by pregnant women themselves. For example, the second interviewee monitors her own behaviour by deciding that it is no longer appropriate or safe for her to work on a VDU now that she is pregnant. The fourth interviewee refuses to lift people's suit cases on to a bench in order to search the contents - "I wasn't breaking my back to do it for them" she says. In these two cases the pregnant women themselves insisted on changing their work regimes. Another reading of these same comments by the second and fourth interviewees is that they wanted their colleagues, employers and clients to acknowledge their pregnancies and afford them special treatment (this is a point to which I return later in this chapter).

However, not all pregnant women want special treatment. Many want to continue on as usual in their employment. Yet, as Camille Guy (1992, 33) reports in the *New Zealand Herald*: “Women regularly complain that they have been dismissed once the employer learns they are pregnant. It is near impossible for them to find temporary jobs for the remainder of their pregnancies”. This dismissal of pregnant women is despite the fact that in a major study conducted in the United States on four states by the Families and Work Institute in 1988 it was found that “‘the vast majority’ of supervisors noted that pregnancy had no adverse effects on job performance” (Guy 1992, 33). In short, despite some dismantling of barriers to equal participation in paid employment for pregnant women in Aotearoa/New Zealand, and despite it being illegal under the Human Rights Charter⁶² to discriminate against a worker on the grounds of pregnancy, pregnant women do continue to be treated as unwelcome intruders in many work places.

In relation to my own research, I asked 31 pregnant women, via the questionnaire and usually in the interview or focus group, if they were engaged in paid employment - full time or part time. These women were at various stages of their pregnancies (the average was 34 weeks pregnant) when I asked them this question, therefore, the results were difficult to correlate. However, eight of the 31 women (including two participants who were involved in the indepth interviews and worked until near the end of their pregnancies) were still engaged in full time employment at the time of the interview or focus group. These women worked in a range of occupations including international travel consultant, university lecturer, early child-care worker, telephone operator who dealt with complaints about indecent calls and training consultant for an international telecommunications company. Two participants were full time tertiary students, three

⁶² In New Zealand the Human Rights Commission Act 1977 covers women against unlawful discrimination on the grounds of sex, this includes the ‘condition’ of pregnancy.

were employed in part-time positions, and 18 (including two participants who were involved in the indepth interviews) carried out unpaid work at home.

Many of the pregnant women with whom I spoke indicated that they had suffered bias levelled at them in their work place as a result of their pregnancy. This discrimination was at times covert and, therefore, some of the respondents had difficulty in articulating their feelings concerning colleagues' and customers' responses to their changed embodiment and status. The following conversation with Kerry and Denise is worth quoting in full since it illustrates effectively Kerry's own explorations concerning changes in her relationships at work. Kerry's job involved visiting a range of work places in order to train staff in telecommunication systems.

Kerry: I find it's quite funny like, when you're going out to do jobs, because you go out there and people are treating you different now. They treat you different now, it's really different.

Denise: Yeah, now they can see yeah.

Kerry: Yeah, and then you'll get some sort of bloke. And then I reckon you get some real ignorant males that sort of thing, that look at you sort of funny. Oh yeah typical sort of. Yeah, well, I don't know, I don't know what they're feeling. What they're thinking, but you can tell they sort of look at you in not the same sort of way.

Denise: Way, yeah.

Kerry: There's something that, it depends on what type of person they are I s'pose, it's the way they look at you, but then like I had a guy the other day and he said um something. Oh, I was talking about the weather and that and he said 'would you like a glass of water Kerry, we've got some lovely cold - you know one of those water cooler things. He said 'if you don't your baby would want one anyway'. And was asking all these questions about when I due and he was obviously just a real family man. I think he had little kids himself. He had a photo of little kids on his desk. And then you get the other guy that's a, looks at ya just in a different way than what they expect. You know, obviously 'cause my job's training so I'm going in there to instruct them and I'm standing there in front of a group of people sort of thing. And you find that they look at you a bit differently. I don't know what, it's just a feeling that you get which is quite unusual. So, just little things like that I've noticed.

Robyn: Like they don't take you as seriously?

Kerry: Well not so much they don't take you seriously, they just - I don't know - like, males are, males are quite, male's ideas are different you

know. Like some of them - I s'pose some of them that are family guys - I, I. Again another guy, he had this photo - this real gorgeous photo of this little boy and um on his desk. I said 'oh that's a lovely photo' and he said and he was talking away and that, and he said 'I see you're having one and when are you due?' and asking me all these questions and, he was really good. And then this other guy walked in and straight away he just sort of, I don't know, he just, there was something different about the way you'd think he'd normally treat you sort of thing, but then I don't know.

Robyn: I think I know what you mean. It's hard to put your finger on, but (//)

Kerry: (//) Yeah it's something that's, it's a weird sort of feeling. It's like I don't know. Some guys think (//)

Denise: (//) All your friends and that are not like that are they? You're just a bit (//)

Kerry: (//) No, no, no. I'm just talking about people when I go to jobs and customers, they're customers like my job that I do and they just sort of. There's something; I don't know whether it's a rude way to say it, but it's sort of like 'Oh, she's sort of stuffed sort of thing' you know like rather than looking at you as if you were someone that was you know, now you're this big pregnant thing that's walking around you know. I don't know, there's something that's, that's the feeling I get anyway, so.

Robyn: Interesting that you should say that because (//)

Kerry: (//) Did you find that?

Robyn: I did find that, I did. It's really weird.

Kerry: It's a weird sort of feeling and it's (//)

Robyn: (//) It's like your status changes?

Kerry: Yeah that's exactly what I'm saying.

Robyn: Do you have a lesser status, you think, in the public workforce?

Kerry: Yeah, that's it, that's what I was talking about, yeah, that's probably the exact thing for it (joint indepth case-study).

Kerry 'fumbles' in order to try and articulate what it is exactly, that is now 'different'. I ask her a number of questions in an attempt to clarify the point she is making, but during the conversation my role is not simply that of researcher. I get drawn into the conversation as a participant. Kerry asks me a question: "Did you find that?" and I respond positively, affirming what Kerry had just said. Kerry, Denise and I appear to arrive at some consensus.

At work Kerry has suffered no direct harassment as such, in fact, she says that “most people are pretty good”, but clearly being pregnant has changed her relationships with colleagues. Kerry’s comment that colleagues and customers may now perceive her as “sort of stuffed” is an interesting choice of words for not only does the phrase carry with it sexual connotations (of Kerry having been impregnated through sexual intercourse - stuffed with her husband’s penis) but also, Kerry’s days of being a ‘career-primary woman’ are over - ‘stuffed’. Kerry is now identified by colleagues and customers as being on the ‘Mommy Track’. Guy (1992, 33) explains that:

In the United States, women who combine career and motherhood are said to be on the ‘Mommy Track’ (unlike ‘career-primary women’). A *Harvard Business Review* article suggests employers classify women according to which track they are on, clearing any artificial barriers to career promotion for the single-minded women and offering flexibility to the Mommy Trackers. The article sparked fierce debate, especially over who decided which women were on which track and why men were exempt from such conflicts.

Unlike Kerry, a number of the other respondents faced quite overt harassment from other employees and/or employers. Joanne, who had worked as a receptionist until she was 29 weeks pregnant, talked about the harassment that she received from a woman colleague.

As I sort of got bigger, more obviously pregnant, she was quite definite, she reckoned that I didn’t suit the company image and that I shouldn’t be working there and you know it just defied the whole purpose of the Company’s worker image. I wasn’t wearing a uniform. I was wearing maternity dresses and she just stressed out about it. She said ‘you shouldn’t be working here, you don’t suit the [name of company] image . . . Just because you have to walk sideways in certain places in the office doesn’t mean to say that you are incapable. She just felt that because I was pregnant I didn’t look right and I was incapable (focus group 2).

Not portraying the expected worker image was also a problem for Joan’s employer.

I was working in a private hospital [as a nurse] and they thought I didn’t look the part and they didn’t want me to go into labour at work. They supplied me with a uniform to wear to make sure that I didn’t look too pregnant. Then at 38 weeks they said they thought it was a good idea that I stop working. I’m now 41 weeks and still waiting to have the baby (focus group 2).

Joan faced pressure not just in terms of her image, but also to finish work earlier than she had planned. This was also the case for Dorothy who worked as a sales representative for a large company.

Towards the end when I was sort of fully pregnant they started to get quite concerned . . . that something could happen on my way to work and my way back from work - that I really should start to think about stopping work because, I dunno (.) I might fall over walking up the street or something . . . They kept on saying, you know, 'what happens if you have an early labour and you go into labour in the middle of the shop?' and I said 'you know these things happen'. In the end I finished work at about eight months' 'cause I thought 'Well!' [shrugs shoulders] (individual interview).

This discrimination, often constructed as concern, can be levelled at pregnant women not only from employers, supervisors and colleagues, but also from friends and family who may feel that it is 'inappropriate' for the pregnant woman to continue working. For example, Sarah's mother and boyfriend both pressured her to give up a training program (which Sarah refers to as work although the only payment received is an unemployment benefit) that she was enrolled for.

Robyn: In what ways are you finding it [pregnancy] difficult?

Sarah: Well like I have to finish work 'cause my mother she thinks it's too much pressure . . . She reckons I'm not getting enough sleep . . .

Robyn: And does, is your boy-friend still living with you?

Sarah: Mm

Robyn: What does he think?

Sarah: The same thing [nervous laugh]. I have to finish there.

Robyn: You don't want to? [silence]

Sarah: Ah no (indepth case-study).

In this instance the pressure for Sarah to stop work came from her family. Often though, it comes from employees and employers. Sometimes the pressure may not be to stop work entirely but it may be to conform with certain ways of doing the job that are no longer physically possible for pregnant women. In other words, the discrimination

occurs not through pregnant women being singled out but rather through their 'difference' not being respected and accommodated within the work place.

Lise Vogel (1990, 13) explains that: "Feminist legal strategies in the 1960s and 1970s focused on eliminating discrimination against women" and have sought to make sex-based generalisations impermissible. Pregnancy can no longer be the basis for unequal treatment of women workers. This has in part led to an increased number of pregnant women participating in paid employment until the advanced stages of pregnancy or even up until the birth but legal strategies to eliminate discrimination against pregnant women have also meant that pregnant women now tend to work within a framework based on equality.⁶³ There is often no assistance given to her in order to accommodate her specific needs during pregnancy - this includes her physical/corporeal needs.

A university lecturer, who was 39 weeks pregnant at the time of the interview, explains some of the physical discomforts in terms of her relationship to her work place (the university) as she continued in paid employment until the advanced stages of pregnancy.

Ngahuia: I can just get into my desk. I find that I have to lean over quite a bit because my tummy sort of gets in the way there and these chairs I've found that I'm not particularly comfortable in the later stages of pregnancy. They are fine when you are normal but not when you have this lump sitting out front. But I use one of those lumbar rolls at the moment and I find it quite useful, but it sometimes gets to be a bit of a struggle trying to lean over your desk and working at the computer is another difficult thing because you sort of have your keyboard here and have to lean right back to try and work on your keyboard. The other thing that I organised quite early in the pregnancy was something to put my feet up on when I am at my desk so I dragged some bricks in here and have had my feet raised all the time. There is a lack of that sort of

⁶³ Lise Vogel (1990) reports on a ruling of the United States Supreme Court in January 1987 in a case that "posed the question of whether it is possible to reconcile *equality* norms with policies treating pregnant workers *differently* from other workers" (emphasis added). This case prompted divisions between feminist attorneys as to the "merits and dangers of providing special benefits to pregnant workers" (Vogel 1990, 9). The arguments became polarised in terms of whether pregnant women should be treated equal to or different from other workers. Vogel (1990, 10) attempts to "move beyond the polarisation that characterized the debate without losing sight of the larger political context". See also Vogel (1990) on the Pregnancy Discrimination Act 1978.

equipment as far as this department goes anyway. I don't know how other departments have catered for that (individual interview).

Ngahuia identifies a number of problems associated with working in her office - such as getting in close enough to her desk and key-board and feeling uncomfortable in her office chair - but she also identifies ways in which she manages, at least partially, to deal with some of her discomfort - using a lumbar roll and bringing in some bricks in order to keep her feet raised. Sometimes even the most modest of alterations to an environment can help to make the pregnant woman a little more comfortable.

Jude, a university student who was 33 weeks pregnant at the time of the interview, comments: "I park in an illegal car park. I haven't been caught yet but I just can't walk up that hill from the management car park" (individual interview). She is not the only one who feels justified in disregarding parking regulations at the university in an act of defiance in order to make sure her needs as a pregnant woman are more effectively met. Ngahuia comments:

I arrived at 10.15 am in my vehicle and all the parks were taken and I thought my goodness I'll have to park all the way over the other side and walk all the way over here with my big stomach, especially at this stage. I was cursing. Anyway I found a park at the chapel, an illegal one (individual interview).

Since pregnant women are dissuaded from engaging in sport, and sometimes even exercise (as discussed earlier in this chapter), it is not surprising that these two women were opposed to walking considerable distances carrying heavy loads. It is not an activity that pregnant women are usually encouraged to perform. It is also not surprising that they would find such a walk physically demanding since the absence of strenuous activity throughout pregnancy creates bodies that are not well suited to rigorous physical activity (even if the women were physically fit before pregnancy). Lack of sport and exercise develops not only a 'real' body, but also a sense of ones body, as unsuited to long walks and carrying heavy loads.

Yet another physical activity which some pregnant women reported as difficult and strenuous was climbing stairs.

Ngahuia: I go over to A Block quite often and they don't have lifts there⁶⁴ and I usually find that is a real hassle. I'm not sure if it is just a sign of those buildings being considerably older or what but that is a bit of a hassle (individual interview).

Another problem identified both by the lecturer and by the student at the university is a lack in the toilet facilities. Jude explains: "I can't use the lecture theatre block toilets now. I can't get in the door, there is just no room" (individual interview). Ngahuia offers a solution.

At this stage of pregnancy [39 weeks] particularly, I use the paraplegic toilet because it is the only one I can sort of manoeuvre around in comfortably. I meant it takes you a long time to do things up and to get prepared . . . So, from that point of view, I find it much more comfortable than any of these piddly little things (individual interview).

Given that the need to urinate with increased frequency is commonly met at the beginning and especially the end of pregnancy a lack of toilet facilities or toilet cubicles that are too narrow for the full-term pregnant woman to enter is more than a little inconvenient. It may make it difficult for pregnant women to enter the public realm to shop or for recreational purposes or to continue in paid employment.

Another university student, Helen, who was 31 weeks pregnant at the time of the interview, mentions yet another difficulty in negotiating her environment:

No one can get past me in the 'L' block lecture theatres now and if I want to get in people will actually get up and move into the aisle for me . . . I get the feeling that *pregnant women at university haven't been thought about at all* (individual interview, emphasis added).

This mismatch between the needs of the pregnant woman and the built environment is clearly evident in terms of pregnant women's occupation of work spaces, although

⁶⁴ In fact, since this interview an elevator has been installed in the building.

pregnant women do tend to establish their own way of using and changing their surroundings to suit better their needs and desires. However, in analysing the relationship between pregnant women and their built environment it is useful to disentangle architectural style from discursive constructions of pregnant embodiment although environments both reflect and reinforce hegemonic discourses surrounding pregnancy.

In the following section I explore this notion further by examining barrister Dorothy Hollings' material need not for changes to the physical design of her work place but for the right to be able to wear more 'comfortable' clothing at work. Members of her profession refused to meet her need - a refusal that can be seen to be tied directly into the discourses that surrounded and inhabited Hollings' pregnant body.

The case of a pregnant barrister

On 28 May 1994 a number of the major newspapers - including the *Waikato Times* - ran an article about a pregnant Auckland barrister, Dorothy Hollings, who was refused permission to wear a plain black dress under her gown instead of the traditional waistcoat, white shirt and starched bib. It was reported on the front page of the *Waikato Times* that Hollings was in the High Court in Auckland defending a young woman on a murder charge. A week into the hearing the lawyer, tired of squeezing into her formal clothes, arrived in a more comfortable black dress - still wearing her wig and gown. But Justice Anderson told her that, although he sympathised, he could not allow the outfit. Hollings changed back and the trial continued (see Figure 5.13). It was reported in the *Waikato Times* that a High Court Registrar said the judge did not want to comment on the case as it was a 'very insignificant' matter, best dealt with in chambers.

This is a poignant example of how the lawyer's pregnant corporeality was unintelligible, incomprehensible, and unreasonable to her senior male colleagues. Hollings' decision to wear something more comfortable may have prompted a conflict

5.13

Figure 5.13 Dorothy Hollings 'Pregnant lawyer suffers discomfort in court dress'

(Source: *The Press*, Christchurch 28 May 1994)



between the categories 'pregnant woman' (read: unreasonable and irrational) and lawyer (read: reasonable and rational). Given the way these two categories tend to be constructed on opposite sides of a binary divide it is not surprising that this conflict emerged. How can a woman whose body no longer fits into her 'serious clothes' be taken seriously? Is the woman whose body no longer fits into her professional dress, still able to be professional?

In this instance the barrister's clothing is a signifier of her complicity/resistance - Hollings becomes subject to conflicting discourses. The question of what pregnant barristers should wear to work evokes a cultural anxiety. This is the anxiety of transgression across gender boundaries as women occupy male-coded subject positions. It is also an anxiety provoked by changes in work organisation, anxiety about "the loss of power by men or the gaining of power by women" (Game and Pringle 1983, 5). The very existence of a pregnant barrister is enough to trouble the boundaries: if she dresses like a lawyer she is transgressing the boundaries of the category Pregnant Woman: if she dresses like a pregnant woman she no longer is considered to represent herself as a barrister.

Game and Pringle (1983) have shown how the discursive processes of creating gender binaries in the work place tend to create the 'feminine' as the category of lesser value, and thus subvert the rhetoric of 'equal pay for work of equal value'. In giving up - out of necessity - her waistcoat, white shirt and starched bib (clothing coded as masculine) for a black dress (clothing coded as feminine) Hollings, was moving (at least symbolically) from a masculine to a feminine persona. Justice Anderson was not willing to allow this move to take place, no doubt believing that it would compromise Hollings' professionalism and her authority as a voice of reason in the legal system. Clearly, in this instance, the masculine is the norm and the feminine is the difference from the norm. Hollings was expected to dress for a male gaze: her waistcoat, white

shirt and starched bib were a badge of the symbolic masculine and its power. Resisting this badge by wearing a black dress positioned Hollings in discourses of femininity.

Collins (1995, *ii*) points out that “while organisational practises are based on a principal of gender neutrality, the abstract worker is a masculinised construct. Within this framework pregnancy is regarded as an abnormal part of organisational life”. It is assumed that individual workers possess bodily integrity. It is not new to point out that the preferred worker, therefore, (not always, but often) has a male body, unencumbered by women’s responsibilities for biological reproduction. Joan Acker (1992) argues that activities associated with women’s bodies - including pregnancy - are thus ruled out of order in the work place. Similarly, Emily Martin (1987, 123) claims “women are perceived as malfunctioning and their hormones out of balance rather than the organization of society and work perceived as in need of transformation”. Nevertheless, one of the notable changes in this time of deindustrialisation, and restructuring, has been an increase in labour force participation of pregnant women (see Collins 1995).

In this section on work places I have provided a fairly negative account of pregnant women’s experiences. In the final subsection I offer an even bleaker future for pregnant women if fetal protection policies are implemented. I see these policies as limiting women’s occupational choices rather than offering protection. It seems that the only protection offered by such policies is the protection of what are considered to be men’s jobs.

Fetal protection policies: A possibility in Aotearoa/New Zealand?

There seems to be some societal uneasiness over the growing participation in paid employment by pregnant women and mothers of very young children. In the United States, “the battle over women’s changing role has been cast in terms of fetal viability and welfare” (Chavkin 1992, 195; see also Scott 1984 and especially Blank 1992a, 1992b). Chavkin (1992, 195) argues that:

Since gender is no longer a legally permissible reason for exclusion from employment, in the last decade major companies have implemented 'fetal protection' policies whereby [pregnant and] 'potentially pregnant' women have been excluded from (previously sex segregated) jobs involving 'fetotoxic' exposures'.

Robert Blank (1992b, 216 citing Becker 1986, 1226) claims that: "An estimated hundred thousand jobs have already been closed to women on grounds of reproductive hazards, with the ultimate potential closure of twenty million positions". Blank (1992b, 217) also notes that "fetal protection policies are much more prevalent in traditionally male, blue collar jobs, despite evidence that some of the greatest risks to fetal health can be found in female-dominated work places". He claims that hospital and health care employees, people working in clothing and textile, laundry and cleaning, office workers, cleaners, hairdressers, cosmetologists, janitorial, cleaning and household workers are exposed to many potential risk factors.

The conspicuous absence of fetal vulnerability policies in occupations that are highly dependent on women to supply relatively low-cost labour raises serious questions about the motivation for implementing such policies. If society's concern for fetal welfare is real, why are pregnant women allowed to work in low-paid, dangerous jobs? (Blank 1992b, 217).

Blank (1992b, 217) answers the question that he poses by saying:

It seems that fetal well-being is dependent on how expendable women of childbearing age are to the workforce of that industry. The argument that fetal protection is but another pretext for excluding women from high-paying jobs gains credence under these circumstances. Exclusionary policies to protect fetal health are certainly suspect if this inconsistent pattern continues.

On 1 April 1993 the Health and Safety in Employment Act 1992 came into force in Aotearoa/New Zealand. The Act is intended for both employers and employees. Minister of Labour Bill Birch explains that the Act "completes the package of industrial relations reform which . . . [the National Government] began to implement soon after coming into office in 1990. The process began with the Employment Contracts Act, and has followed into reform of the accident compensation system and industry training

legislation” (Occupational Safety and Health Service 1992, foreword). The Act puts the primary responsibility on the employer, who has a duty to provide a safe and healthy work environment.

While I am in favour of promoting excellence in the management of health and safety in places of work and in preventing harm arising out of work activities, I have some reservations in relation to pregnant, and potentially pregnant women in the work place. The Act may pave the way for new legislation driven primarily by “corporate fear . . . as scientific evidence of work place teratogens [toxins] builds, [and as] corporations face a heightened threat of multimillion dollar judgments for prenatal injury or wrongful death of affected fetuses” (Blank 1992b, 228).

Could fetal vulnerability policies and pre-employment waivers arise in Aotearoa/New Zealand as pre-emptive attempts to reduce liability? Is the track that Aotearoa/New Zealand is heading down, similar to that followed in the United States? When I independently asked two Occupational Safety and Health Service Officers (Christchurch office) these questions both responded that they had not thought about this before but that there was quite a high likelihood that New Zealand would move in the same direction as the United States in terms of fetal protection policies (phone interview, July 11, 1994).

SHOPPING: CENTREPLACE MALL⁶⁵

Thus far, I have examined pregnant women’s experiences of sport, night clubs, bars, pubs, restaurants, cafés and paid employment. In this section I focus attention on their experiences of shopping. More particularly, I focus on Centreplace shopping mall. This is one of the main shopping centres in downtown Hamilton. It is also the shopping centre in which I spent the most time in the role of observer .

⁶⁵ Material from this section of the thesis has been published in Longhurst (1993b, 1994).

To begin, I will provide a brief description of the mall. Development of Centreplace started in 1984. Since its opening in 1985 it has been heavily marketed as the 'Heart of the City' in an attempt to restore profitability to the city centre. Centreplace covers approximately five acres and comprises three levels. Public facilities include a multi-storey car park, a creche, toilets, a 'lotto' (New Zealand Lotteries Commission) outlet, and a security and information centre. The major attractions of Centreplace include a Food Court, the Fox and Hounds English Tavern, the Village 7 Cinema and a range of shops (about 90 in total). Shops include boutiques, fashion accessories stores, a health food shop, a perfumery, a craft shop, jewellers, appliance stores and a sewing machine centre to name just a few.

The main participants in (at least Monday through to Friday) and targets of, the consumer activity in Centreplace are women (Fergusson 1991, 23). This is not unusual. As Hilary Winchester (1992, 148) notes in her study of Wollongong Mall in Australia:

Women in their roles as wives and mothers are often the people who spend most time and money shopping and are therefore the main target for marketing. Women's role in consumption is underpinned by the ideology of women's caring role and a particular ideology of motherhood.

This is particularly evident in the case of pregnant women and can be demonstrated by the way pregnant women's experiences of shopping are mediated directly through their corporeality.

In some shops in Centreplace, a number of the pregnant women whom I interviewed, reported feeling initiated and welcomed into new worlds. These shops included Pumpkin Patch Toys and Kidswear, Soft Spot (a shop selling soft toys), Wool Warp and Weft, Extra Elegance, and Kooky Garments (these last two shops selling clothing for 'larger' and pregnant women). This was particularly the case for those women who were visibly pregnant for the first time. For pregnant women, in the aforementioned shops, their new body shape made them feel like welcome members of 'humanity' and

that they were somehow approved of and accepted for fulfilling that role that women have always fulfilled - the carrying and bearing of children. They were met with affirmation. Their reproductive capacity was accorded social significance and value. Angela, a Pākehā woman aged between 20-24, claimed that when she went into Kooky Garments “the ladies in there always chat, they ask you how you’re getting on and say ‘not long to go now’. It’s great really”. Christine, who was aged between 25-29 and was 38 weeks pregnant at the time of the interview, reported being similarly welcomed at the mall creche. She had visited the creche the week before we spoke. “The lady in there was really nice. She asked me when I was due and told me about her own kids. And, she told me all about the creche”.

Not all people in, or aspects of, the mall, however, are welcoming to pregnant women. In the culture of the shopping mall at Centreplace women are consumers not only as the carriers and bearers of children or as nurturers but also as objects/subjects of (hetero)sexuality. Slim, white, youthful mannequins clad in red and black suspender belts and lacy bras occupy the window of a lingerie shop window called ‘Hot Gossip’. There is a large close up camera shot of a ‘handsome’ young man kissing a ‘beautiful’ young woman in the chemist shop. The words ‘*Narcisse* perfume from Paris - then I was in his arms’ are in small print at the bottom of the poster. These are but two examples of representations of a mall culture that portrays women as objects/subjects of (hetero)sexuality.

A number of the shops that occupy prime sites in Centreplace focus on women’s fashion and clothing, for example Graffiti Designer Boutique, Denim and Blues, Warehouse Clothing Co., and Pretty Woman. There tend to be no hints of domesticity or motherhood projected in the windows of these shops. Several of the pregnant women with whom I spoke claimed that prior to pregnancy they had enjoyed browsing and occasionally purchasing items of clothing in these shops but as they grew increasingly large they lost interest in browsing and felt less welcome (many women’s fashion

boutiques do not stock clothing above size 14). Angela claimed that she received a “frosty response” from the shop attendant when she entered a lingerie shop not to buy a feeding or maternity bra but to outfit herself in some of the latest ‘sexy’ underwear.

As already been indicated in this chapter, when pregnant women are found to be not obeying the unwritten cultural rules of pregnancy (rules determined by the complex interplay of competing discourses surrounding pregnancy), when one dresses ‘inappropriately’, behaves ‘inappropriately’ and occupies ‘inappropriate’ spaces at ‘inappropriate’ times, then one risks disapproval by medical and health professionals, acquaintances, peers, friends, loved ones and sometimes even strangers. In some places women find that their usual behaviours become increasingly socially unacceptable as their pregnancy progresses. Places that were once familiar can turn into unfamiliar zones in which pregnant women, through their changed corporeality, feel uncomfortable and unwelcome.

In discussing Centreplace, and the central downtown shopping area more generally, the issue of access to toilet facilities was raised many times. It became evident that the corporeal needs of pregnant women have not been adequately considered by planners and architects. In relation to Centreplace, toilet facilities are inadequate for pregnant women on two counts: first, there are not enough toilets leading to frequent queuing; and second, the cubicles themselves are small with one of them being positioned very close to a large structural pillar which makes it almost impossible for a visibly pregnant woman to enter. “You can hardly get in the door” says Mary Anne, who was 36 weeks pregnant at the time of the interview.

In relation to the downtown area more generally, Sam, who was also 36 weeks pregnant at the time of the focus group claims: “I hardly ever go out now, or if I do go into town, I try and stick to places where I know there are public conveniences” (focus group 1).

Sam was not the only one to express such sentiments. Ngahuia, who was due to give birth in one week, reiterates the point.

I'm always conscious of it [needing to urinate] before I leave home so I make sure I do something about it before I leave and make sure that I don't wander too far from buildings that I know have toilets in them. I stay close to big department stores so it does limit me as far as the places that I can go and I can only spend short periods in town walking around before I need to 'go'. It really is an issue you know, normally I'm quite happy just to walk around town, my husband and I will just go into town on the weekend and just shop around . . . but now, as much as I'd like to, I just know that in fifteen minutes I'm going to want to go to the toilet. So sometimes I will just sit in the car or not go at all (individual interview).

This section on the Centreplace mall has illustrated some of the complex ways in which discourses about pregnant women's roles help to construct their interactions in the public world. Pregnant women both 'belong' and do 'not belong' in the culture of the Centreplace mall. They are constructed as belonging in those places within the mall that sell goods and services to women in their roles as mothers or family care-takers. They are constructed as not belonging in those places that aim their goods and services towards women who are thought to be 'driven' by their careers, slim and 'sexy', seek entertainment at night and so on.

Yet, the interviewees comments about the need for toilets in Centreplace and the downtown area acts as a reminder that it is not possible to consider only the discourses that surround pregnancy. The 'real' material pregnant body and its relationship to the environment must also be considered. Discourse and materiality are mutually constituted, a point which I will expand in the following two chapters.

CONCLUSION

In this chapter I have examined a group of pregnant women's experiences of sport, night clubs, pubs, restaurants, cafés, paid employment and shopping in Centreplace mall. I have attempted to impart some sense of these women's public lives and their experiences of public places during pregnancy. For the majority of the women whom I

interviewed and conducted focus groups with their public lifeworlds shrank during pregnancy. It could be argued that in some ways their lifeworlds also expanded, for example, they gained access to shops that sell goods and services for children, but overall, their access to public places and public activities was reduced.

One of the most commonly cited reasons for this withdrawal was physical discomfort in public environments. It is useful, therefore, to ask what sort of built environment pregnant women might seek to inhabit if they themselves were to plan and build it to suit their own needs and desires? For example, if pregnant women were to form a design collective with its purpose loosely defined as understanding and developing an approach to planning and architecture which would suit the needs of their specific corporeal needs what might some of the outcomes of this group be? Would it mean that there would be lots of toilet and rest room facilities conveniently placed and that there would be enough room for pregnant women to enter and use toilet cubicles in a manner that was comfortable? Would it mean that stairs and step escalators would be modified to become moving ramps or elevators? Would it mean that movie, lecture and other theatres would provide larger seats and more room between rows in order to accommodate pregnant women's large stomachs? Would cushions or lumbar rolls for back support be supplied? Would desks and tables be built with curved edges to enable pregnant women to fit closer into the furniture in order to eat or to write much more comfortably?

These changes may be sought, yet each pregnant woman would also have her own specific needs and desires based not only on her pregnant corporeality but also on the colour of her skin, her culture, her social class, her economic status and so on. In other words, it cannot simply be assumed that pregnancy will necessarily be the only or the overriding factor in terms of determining a woman's needs in relation to her environment. I would argue, however, that pregnant women do share some common

needs in relation to their corporeality (for example, the need to urinate more frequently and, therefore, to have ready access to toilet facilities).

Yet, built environments and power relations are, in a sense, inseparable and change needs to happen at both the material and discursive levels. In other words, changing built environments to cater more effectively for pregnant women's needs would not simply and automatically alter dramatically their experiences of environments. Power intrinsic to the dominant discourse and bodies that control environments would still work to control pregnant women's lives. Changes to built environments alone would not necessarily mean that pregnant women would be able to visit swimming pools without feeling foolish, or that they could walk along a beach nine months pregnant in a bikini and feel confident about their 'image', or that they could go surfing, snow skiing or mountaineering without being encouraged to feel guilty about risking the well-being of the fetus for whom they are merely a vessel. Changes to built environments would not be sufficient to ensure that women could work through their pregnancy without being encouraged to feel that they do not adequately portray the corporate image or that their brains have "turned to jelly" (*Waikato Weekender* March 9, 1991, 14).

Feminist geographers to date have carried out substantial work on how (male) bodies make or create cities (see Matrix 1984; Spain 1992; Weisman 1992) but have focused little attention on how cities might make or create bodies. Yet surely, relations between bodies and cities are "constitutive and mutually defining" (Grosz 1992, 242). Grosz (1992, 242) argues: "The city is one of the crucial factors in the social production of (sexed) corporeality". If this is the case, then it is time that an examination of the ways in which cities might produce or create bodies - bodies with particular desires and capacities - was carried out. Given that the *raison d'être* of geography is the investigation of the relationships between people and places, geographers may be well equipped to offer insights into such an area of inquiry .

In approaching issues of pregnant embodiment, power and the use of environments it is important to consider not simply how the environments themselves are created by discourse, but also the ways in which power constitutes and constructs pregnant bodies and empowers them to perform in particular ways. People react, consciously and unconsciously, to the places where they work, sleep, argue, love, recreate, in ways that are sometimes difficult to be aware of or to determine. The ordinary, everyday environments that people inhabit have an immediate and a continuing effect on the way they feel and act; on their health, their sense of purpose, their happiness and on the kind of work that is performed. Tony Hiss (1991, *xi*) claims “the places where we spend our time affect the people we are and can become”.

It is too simplistic to claim that the decision of these women to withdraw from public space is due to the physical, material, corporeal demands of pregnancy. It is undeniable that the material body of the pregnant woman is different to the material body of the non-pregnant woman. The pregnant woman is likely to be 9 to 13.5 kilograms heavier, she may be retaining some fluids, feel tired, have swollen feet, varicose veins, pain in her groin, shortness of breath, backache, haemorrhoids and so on. Some women, on the other hand, report feeling energetic and healthy for the duration of their pregnancy. Yet this very ‘real’ and undeniable body is not simply a biological bedrock which can solely explain pregnant women’s withdrawal from public space. The ‘real’ pregnant body is at the same time constructed and inscribed by the discourses that surround pregnancy. It is these discourses that are too frequently ignored in understandings of pregnancy. Therefore, in the next two chapters, in an attempt to explain some of the complexities surrounding the participants’ withdrawal from public space, I will discuss some of the discourses that inhabit the pregnant body. I will examine how pregnant women’s shrinking lifeworlds may serve to construct them in specific ways.

Chapter VI

“MATTER OUT OF PLACE”

The discourses surrounding pregnancy are saturated with evidence of Cartesian dualisms - the division between mind and body constitutes a fundamental premise of western thought. The problematic nature of the mind/body dualism has been discussed in Chapter II, yet, it is not possible to simply step outside of Cartesian dualist thinking (although see Bhabha 1994, 36-39 on the 'Third Space' and Kristeva 1980b on 'the *chora*'). Nor is it particularly useful to reduce either the mind to the body or the body to the mind since it “leave[s] their interaction unexplained, explained away, impossible” (Grosz 1994a, 7). The mind/body dualism continues to reassert itself and it could be argued that this split is evident in my own treatment of pregnant women in this chapter and the chapter that follows.

In this chapter I argue that pregnant women are constructed as 'more-body'. Not only are pregnant women conceptually more aligned with the body than with the mind, but also, pregnant women are conceptually more aligned with the body than either men or other women who are not pregnant. I focus attention on the body in order to disentangle some of the discourses inhabiting and surrounding pregnancy. In the next chapter, Chapter VII, I examine the 'pregnant mind' suggesting that women are represented as becoming increasingly irrational, forgetful, emotional, that is, 'less-mind' as their pregnancy proceeds. Clearly the links between these two chapters on the pregnant body/mind are inextricable. The overall aim of Chapters VI and VII is to locate the experiences of the pregnant women whom I interviewed within several of the hegemonic discourses on pregnancy in order to develop some different understandings of the withdrawal of visibly pregnant women from public places.

There is a body of feminist work, for example, de Beauvoir (1953), Firestone (1971) and Wollstonecraft (1970), that argues that the female body limits women's capacity for transcendence and equality and that this often leads to conflict for women between the role of civic or political being and that of mother. In other words, when women adopt the role of mother, their access to the public and social sphere is made difficult. I do not agree with all the ideas in these works; for example, de Beauvoir and Firestone argue that the development of new technologies, such as reproductive technologies, will provide women with a way to overcome maternity and, therefore, achieve equality. Past experience, such as the introduction of the contraceptive pill into many western societies in the 1950s and 1960s, has shown that new reproductive technologies do not necessarily change existing gender relations. However, such work is useful to build on in that at least women's bodies - sex and biology - are acknowledged in the arguments being made. The emphasis does not fall solely on gender as though it can be removed from sex and the biological - the bodies of women are not ignored.

In the following chapters I examine the discursive and material constructions of the maternal subject⁶⁶ and show some of the ways in which these constructions serve to marginalise and exclude women from the public realm. In other words, as I see it, the problem is not simply the essential pregnant body itself, but the interaction between this biological, material body and the way that it functions as an historical, spatial, social, economic, cultural, sexual, lived 'thing'. Specifically, in this chapter, I focus on the notion that pregnant women in the public sphere are "matter out of place" (Douglas 1966, 35), that is, that they disrupt a social system that requires them to remain largely confined to private space during pregnancy. I draw on Grosz (1994a, 192-210) and

⁶⁶ For Julia Kristeva (1980a, 237) the maternal designates both a space and a series of functions and processes but it must not be confused with a subject, for maternity is a process without a subject - "It happens, but I'm not there". Personally I do not subscribe to this notion that maternity or pregnancy is just something that "happens" to a woman and that it does not involve any agency - a point to which I return later in the text.

Young (1990b, 122-155) in examining some of the ways in which pregnant women are constructed as “matter out of place” in the public realm.

I begin by examining Grosz’s (1994a, 203) work on dirt, sexual difference, body fluids and the inscription of women as “modes of seepage”. Grosz draws on the work of cultural anthropologist Mary Douglas, especially *Purity and Danger* (1966), in order to locate the question of danger and purity in the relations between the sexes, especially through contact with body fluids.

I also develop Young’s (1990b, 145) notion that specific bodies become “culturally defined” as “ugly”. Young draws on feminist psychoanalytic theory⁶⁷ on abjection (see Grosz 1989, 70-99, 1994a, 192-193; Kristeva 1982; Wright 1992, 197-198) relying, in particular, on Julia Kristeva’s *Powers of Horror* (1982). In this book Kristeva studies numerous personalised bodily horrors. These horrors mark the significance for subjects (subjects as they exist with certain cultures) of the various boundaries and orifices of the body. Kristeva (1982) questions the conditions under which the proper, clean, decent, obedient, law-abiding body is demarcated and emerges. The cost of the clean and proper body emerging is what Kristeva terms abjection.

In outlining Grosz’s (1994a) and Young’s (1990b) theses I also discuss the work of Douglas (1966) and Kristeva (1982) since many of Grosz’s and Young’s ideas are reliant on the work of these authors. Although the four authors - Grosz, Young,

⁶⁷ Psychoanalytic theory tends to concentrate on the development of individual identity from infancy onwards. The two major psychoanalytic theorists of the twentieth century are probably Freud and Lacan. Freud and Lacan have each identified a number of stages through which individuals pass in the process of acquiring a sense of self separate from objects in the environment. Predominant in their theories is the problem of the male child's separation from the mother. Identity, for both these theorists, is indistinguishable from gender identity. Feminist psychoanalytic theorists have used this as a point of departure from Freudian and Lacanian approaches and argued that these theories too easily assume the primacy of male developmental processes. Despite this criticism, however, a number of feminists have considered psychoanalytic theory 'worthy' of building on for feminist purposes and a body of work known as 'psychoanalytic feminist theory' has emerged (see Wright 1992 for some useful insights as to whose work tends to be read as 'feminist psychoanalysis').

Douglas and Kristeva - all occupy different disciplinary backgrounds (Grosz could be described as a feminist philosopher, Young as a political theorist, Douglas as a cultural anthropologist and Kristeva as a feminist psychoanalyst) all are interested in the lived experience of the body and the socially specific meanings and values that are ascribed to different parts of the body and different bodily processes in various cultures.⁶⁸ It is in this sense that all four authors are of use to my geographical project even though none of them are geographers.

“MODES OF SEEPAGE”

Grosz (1994a, 192) states: “Dirt signals a site of possible danger to social and individual systems, a site of vulnerability insofar as the status of dirt is marginal and unincorporable”. Dirt is that which poses a potential threat to the system. Grosz relies heavily in her discussion on dirt on the work of Mary Douglas. Douglas (1975, 47-59) argues that nothing in itself is dirty, rather, dirt is that “which is not in its proper place, that which upsets or befuddles order” (Grosz 1994a, 192). Douglas (1966, 5) claims: “Reflection on dirt involves reflection on the relation of order to disorder, being to non-being, form to formlessness, life to death”. Dirt is essentially disorder - it is “matter out of place”:

If we can abstract pathogenicity and hygiene from our notion of dirt, we are left with the old definition of *matter out of place* . . . Dirt then, is never a unique, isolated event. Where there is dirt there is system. Dirt is the by-product of a systematic ordering and classification of matter, in so far as ordering involves rejecting inappropriate elements. This idea of dirt takes us straight into the field of symbolism and promises a link-up with more obviously symbolic systems of purity (Douglas 1966, 35 emphasis added).

⁶⁸ It is important to note here that feminist psychoanalytic theory has been criticised for accepting the universalist assumptions of traditional psychoanalytic theory that identity formation is essentially human rather than specific to western culture. In relation to abjection being a western based threat (not a universal threat) it is interesting to see Hanson (1982). (Refer to Footnote 37.)

Grosz uses Douglas's notion of dirt to examine further notions of sexual difference and the culturally coded meanings of body fluids and viscosity.

Fluidity and viscosity

Body fluids, and in particular "women's corporeal flows" (Grosz 1994a, 202), act as markers of sexual difference. Douglas (1966, 3-4 cited in Grosz 1994a, 193) notes that "there are beliefs that each sex is a danger to the other through contact with sexual fluids" yet only one sex tends to be "endangered by contact with the other, usually males from females". Also:

What goes for sex pollution also goes for bodily pollution. The two sexes can serve as a model for the collaboration and distinctiveness of social units. So also can the processes of ingestion portray political absorption. Sometimes bodily orifices seem to represent points of entry or exit to social units, or bodily perfection can symbolise an ideal theocracy (Douglas 1966, 3-4 cited in Grosz 1994a, 193).

What becomes evident is that bodies and their associated fluids are not simply natural or given but rather represent social relations. Their orifices and surfaces symbolise "sites of cultural marginality, places of social entry and exit, regions of confrontation or compromise" (Grosz 1994a, 193).

Grosz (1994a, 192 and 202) uses Douglas's ideas on dirt (and Kristeva's 1982 notion of abjection which I discuss in the next section) in order to explore the "powers and dangers" of body fluids and in particular "women's corporeal flows". In an excellent paragraph Grosz (1994a, 193-194) captures something of the disquiet about and unsettling nature of body fluids or corporeal flows - tears, amniotic fluids, sweat, pus, menstrual blood, vomit, saliva, phlegm, seminal fluids, urine, blood. For this reason I quote her at length.

Body fluids attest to the permeability of the body, its necessary dependence on an outside, its liability to collapse into this outside (this is what the death implies), to the perilous divisions between the body's inside and outside. They affront a subject's aspiration toward autonomy and self-identity. They attest to a certain irreducible 'dirt' or disgust, a horror of the unknown or the unspecifiable that permeates, lurks, lingers,

and at times leaks out of the body, a testimony of the fraudulence or impossibility of the 'clean' and 'proper'. They resist the determination that marks solids, for they are without any shape or form of their own. They are engulfing, difficult to be rid of; any separation from them is not a matter of certainty, as it may be in the case of solids. Body fluids flow, they seep, they infiltrate; their control is a matter of vigilance, never guaranteed.

Fluids are "enduring"; they are "necessary" but often "embarrassing" within western cultures - they are frequently considered to be undignified "daily attributes of existence" that we all must, although in different ways, live with and reconcile ourselves to (Grosz 1994a, 194). Douglas (1966, 38) refers to Sartre's analysis of the viscous in *Being and Nothingness* as a part explanation of 'our' horror of bodily fluids. Grosz (1994a, 194) claims that: "For both Douglas and Sartre, the viscous, the fluid, the flows which infiltrate and seep, are horrifying in themselves". Douglas quotes from Sartre's essay on stickiness (1943), in which he argued that viscosity repels in its own right as a primary experience. Sartre (1943 cited in Douglas 1966, 33 cited in Grosz 1994a, 194) explains that: "The viscous is a state half-way between solid and liquid. It is like a cross-section in a process of change . . . to touch stickiness is to risk diluting myself into viscosity. Stickiness is clinging, like a too possessive dog or mistress".

Grosz (1994a, 194) points out that: "Like Sartre, Douglas associates this clinging viscosity with the horror of femininity, the voraciousness and indeterminacy of the *vagina dentata*". It is evident that "this fear of being absorbed into something which has no boundaries of its own, is not a property of the viscous itself" (Grosz 1994a, 194). Like dirt, the viscous and the fluid refuse to conform to the laws governing the proper, the clean and the solid. The viscous is liquid/matter that will not stay in place. It is not that female sexuality is inherently or essentially viscous and fearful; "[r]ather, it is the production of an order that renders female sexuality and corporeality marginal, indeterminate, and viscous that constitutes the sticky and the viscous with their disgusting, horrifying connotations" (Grosz 1994a, 195).

Extending this point, Luce Irigaray (1985b) argues that this unease about viscosity is linked to the fact that it is not possible to speak of indeterminacy, ambiguity and fluidity within prevailing western philosophical models of being. Fluids are implicitly associated with femininity, maternity, pregnancy, menstruation and the body. Fluids are subordinated to that which is concrete and solid. There is also a relationship between solidity and rationality. "Solid mechanics and rationality have maintained a relationship of very long standing, one against which fluids have never stopped arguing" (Irigaray 1985b, 113).

Body fluids are not all the same. Grosz (1994a, 195) notes that they have "different indices of control, disgust and revulsion. There is a kind of hierarchy of propriety governing these fluids themselves". Some "function with clarity", that is, they are "unclouded by the spectre of infection" and "can be represented as cleansing and purifying" (Grosz 1994a, 195). For example, tears do not carry with them the "disgust associated with the cloudiness of pus, the chunkiness of vomit, the stickiness of menstrual blood" (Grosz 1994a, 195). The latter are seen as polluting fluids that mess up the body whereas clean fluids, such as tears, are often considered to cleanse the body (see also Douglas 1966, 125). Although there may be bacterial properties associated with specific body fluids - the 'real' body and the micro-organisms it houses cannot be denied - there is not *necessarily* anything inherently polluting or cleansing about specific body fluids.

Lived experiences of body fluids are mediated through cultural representations, images, models and expectations. So far, in most western cultures, men's body fluids have not been regarded as polluting and contaminating for women in the same way as women's have been for men. Grosz (1994a, 197) notes: "It is women and what men consider to be their inherent capacity for contagion, their draining, demanding bodily processes that have figured so strongly in cultural representations, and that have emerged so clearly as a problem for social control". Grosz (1994a, 202) argues, and I agree with her, that

“only when men take responsibility for and pleasure in the forms of seepage that are their own, when they cease to reduce it to its products [for example reducing the formless fluidity of semen to the solid form of a fetus - *his* property], when they accept their sexual specificity” will they be able to respect women’s bodily autonomy and sexual specificity.

PREGNANT WOMEN’S BODY FLUIDS

“Douglas refers to all borderline states, functions, and positions as dangers, sites of possible pollution or contamination” (Grosz 1994a, 195). Douglas conceptualises fluid as a borderline state, as liminal, and as disruptive of the solidity of things and objects (Grosz 1994a, 195). The pregnant woman can be seen to occupy a borderline state as she disturbs identity, system and order by not respecting borders, positions and rules. Her body constantly threatens to expel matter from inside - to seep and leak: she may vomit (morning sickness),⁶⁹ cry (pregnant women are constructed as ‘overly’ emotional - a point I expand in the next chapter), need to urinate more frequently, produce colostrum which may leak from her breasts, have a ‘show’ appear, have her ‘waters break’, and sweat with the effort of carrying the extra weight of her body. But perhaps, even more than these leakages, she constantly ‘threatens’ to split her one self into two - another human being is about to cross the boundary of the “eroticised orifice” - the vagina (Grosz 1990, 88).

My question, therefore, is do pregnant women’s body fluids pose a threat to social control and order? I suspect they do. Pregnant women’s border ambiguity may become for others,⁷⁰ a threat to their own borders and they may react with feelings of loathing

⁶⁹ Some pregnant women experience nausea and/or vomiting especially in the first few months of pregnancy and usually in the mornings (although it can occur during the day, and at night). This is referred to as ‘morning sickness’. See Birks (1993) book entitled *Coping With 'Morning Sickness'*.

⁷⁰ In this instance I am using the term others to refer to people who are not pregnant. However, it is possible that pregnant women also feel a sense of abjection in relation to their own bodies. They may

as the means of restoring the border separating self and other. They may try to confine the pregnant woman in the private realms because of the threat that her leaking, seeping body, her womanly “corporeal flows” (Grosz 1994a, 202) and her splitting self, poses to a Rational public world. Dorothy Dinnerstein (1976 cited in Silverman 1989, 7) proposes that “the fear of mortality is associated with contact of one’s own body with the flesh of the mother’s body in all its delightful and terrifying ways”. Silverman explains that the memories, vulnerabilities and desires of infantile experience are segregated and associated with mother, home and personal family life. Men tend to cut off from these and do not want to be reminded of them in the public world of politics, economics, and foreign affairs.

In short, Grosz’s (1994a, 203) thesis that “women’s corporeality is inscribed as a mode of seepage” is a particularly useful and rich idea to consider in relation to pregnant bodies. Although Grosz (1994a, 203) discusses women generally she does not make any specific reference to the pregnant body as a “mode of seepage”. There is potential here to build on her argument. In terms of the mind/body dualism, if men have been defined on the side of the mind and women on the side of the body (as is suggested in Chapter II) then there are certain bodily zones that serve to emphasise both women’s difference from and otherness to men. It is my contention that pregnancy, both culturally and biologically, poignantly marks this sexual difference. The enlarging of the breasts ready for feeding the infant, the swelling of the stomach, the threat of the body leaking fluids and splitting itself into two, marks women’s sexual Otherness.

Having the status of a leaking, secreting embodied Other plays a crucial role in pregnant women’s withdrawal from public space, which is after all, the realm long associated with Rational man whose body is solid and in control. Pregnant women’s bodies are inscribed as “modes of seepage” in numerous ways - their waters breaking,

also feel abjection in relation to the bodies of other pregnant women. I will address this point in more detail later in this chapter.

morning sickness and increased urination for example. I will now discuss each of these “modes of seepage” or “corporeal flows” in turn, paying particular attention as to how the construction of pregnant women’s bodies in this way works to confine them to the private realms.

Waters breaking

Sheila Kitzinger (1989, 228) explains that:

When the membranes surrounding the baby have been pressed down like a wedge in front of its presenting part (usually the head) and pressure has built up, the bag pops. It may do this suddenly with a rush of water or, and this is more likely, with a slow trickle.

Kitzinger (1989) advises “you may not be quite sure whether the bag of waters has burst or if you are wetting your pants”.

Robyn: A number of women have said, sort of almost jokingly to me, they have fears about their waters breaking - like when you pop out to the supermarket or something. Suddenly your waters break and you go into labour. Have you thought at all about that?

Dorothy: When I came here today actually [laughter]. It’s the first time I’ve thought about it [laughter]. I actually put a towel in the car. It really is the first time ’cause um, my midwife reckons that for her, um, your wa, having your labour start with your waters breaking is fairly rare, you know, contractions start first and then you’ve got some sort of warning and can be prepared. . . . I thought I’m overdue, it may be only one day but I am overdue. I’d better take a towel [laughter]. But ya just don’t know. Like you say you can lose two drops and not even realise your waters have broken or you’ll loose two cups and you’ll know about it, so. I’m here at your risk sitting on your chair [laughter] (individual interview).

Conversations with pregnant women about their waters breaking were not uncommon. These conversations often emerged when I was actually out in a public arena (for example, while shopping in downtown Hamilton or at a supermarket) with a woman or women who were nearing the end of their pregnancy. The conversations were often light-hearted and the prospect of the woman’s waters breaking while she was out in public was commonly laughed or joked about. I sensed, however, that this fear was ‘real’ and that the jokes and laughter about the prospect of it happening were a way of

dealing with feelings of nervousness about an event that could potentially prove very embarrassing.

Waters breaking signify a body that is 'out of control', and since bodies are not supposed to be out of control in public environments this is dangerous indeed. While menstrual flows can usually be 'dealt with' by way of tampons or sanitary napkins, and there may be some warning as to the onset of menstruation, the flow of the waters breaking may be very sudden and involve a large rush of fluid that cannot be absorbed by a sanitary napkin. There seems to exist an idea amongst a number of pregnant women that the waters breaking is a degrading physical process - it is a dirty process that involves getting rid of waste products from the body - and that this ought not to happen in public. It may also be seen as a kind of sexual act in front of other people.

A 'show' appears

Also at the start of labour a 'show' may appear. "This is the blood stained mucus discharge" that becomes apparent when the cervix begins to stretch (Kitzinger 1989, 228). Until the start of labour this mucus acts "as a gelatinous plug in the cervix, sealing off the uterus" (ibid). Kitzinger (1989, 228) explains that it (the "gelatinous plug") can come out any time between about three weeks prior to the woman going into labour to when she is well advanced into labour. It is unlikely that this 'show' will be noticed by anyone other than the pregnant woman herself if she is in public yet it is another example of the leaking and out of control pregnant corpus. It is also an example of the self-loathing and uncomfortableness that pregnant women can sometimes experience in relation to their own bodies (this is a point that I develop in the next chapter).

Morning sickness

When I began this project my focus was on women who were visibly pregnant. However, as the research moved into the final year and I myself became pregnant I was

forced to rethink many of the issues that I was writing about. This included a move to consider the experiences of women in the early stages of pregnancy, and in particular, their experiences of morning sickness or Nausea and Vomiting in Pregnancy (NVP). Whelan (1982), who has conducted research within a North American context, shows that 50-75 percent of all pregnant women experience morning sickness. Morning sickness can occur at any time of the day or night and recur for months. For many women it is not the small nuisance of early pregnancy that society in general perceives it to be. During interviews and focus groups many of the respondents claimed that they had experienced some form of NVP.

For some, morning sickness signalled to the woman herself, and sometimes to others, that she was in fact pregnant.

Robyn: So you found out you were pregnant?

Sonya: Yeah, on tour [with a band of musicians] . . . It was actually kind of a harrowing experience really 'cause I couldn't tell anyone. I hadn't told my boyfriend and I had morning sickness and they all thought it was travel sickness and they were giving me travel sickness pills. And um, one of them guessed [laughter] when I didn't take the travel sickness pills (individual interview).

Many of the women discussed morning sickness in terms of their experience of paid work. Dorothy, who was working as a sales representative when she became pregnant, explains:

Dorothy: I got morning sickness [laughter] which was actually afternoon sickness, so yeah, it was a big change.

Robyn: So you, while you were having that afternoon sickness, you were still working?

Dorothy: I was still working.

Robyn: How was that?

Dorothy: Hard. It was really hard. Um, in a way I preferred afternoon sickness to morning sickness because it meant I could start the day with a good breakfast. I always managed to get in a good breakfast, but um, by lunch time we had this thing where we all sat round and had lunch together and I just couldn't stand the sight of anyone eating. I couldn't eat myself. The only things actually, they called me the mandarin queen,

'cause that was about all I could eat [laughter] was mandarins. And then, come meal times I just, my husband cooked for about two months solid. I was, because I just couldn't face the smells. I just picked [Robyn: Right] and I found that by two o'clock in the afternoon, I was just ready to go to bed. I was history, really tired, so I found I tried, at work I had to try and get all my important things done in the morning and I usually found that I was in the office the entire afternoon, which they didn't really like but understood (individual interview).

Christine, who was working as a bank teller when she became pregnant, says:

The first few months were really quite hard yacker. I was sick for about five weeks. Yeah, I would have been four months when I left work . . . They probably thought ah this teller doesn't look very fired up. She looks rather pale . . . They [the other bank tellers] were pretty good. The bank was good except I wasn't very impressed when um my accountant, who's in charge of the staff she said um that if I kept being sick that I might have to take my holidays earlier and I'd been in the bank five years and I've hardly used any of my sick leave and I was due for about two weeks holiday and she said if you keep being sick it might be a good idea to move your holidays forward and I wasn't very impressed that she even suggested that because I mean if it was the flu or whatever you'd take two or three weeks off so I don't see any difference I thought that was really slack (individual interview).

Jill, an office worker, claims that she herself had not been affected dramatically by morning sickness but told a story about a friend.

One of my friends, she's a teacher . . . she'd get up, be sick in the morning, go to school and then come home and be sick. She wasn't sick so much during the day. So I think that can be quite sort of stressful you know, having to be sick and still going to work (focus group 1).

The body that threatens to vomit is not a body that can be easily trusted to occupy the public realm, including the work place. The pregnant woman who enters the public realm risks 'soiling' herself and perhaps even others with matter produced by her body. Her body threatens to contaminate and to pollute; her bodily 'difference' becomes evident in work places, and various other public places. Based on 248 returned completed questionnaires from New Zealand women who had morning sickness, Birks (1993) reports 82 percent claimed that 'unsympathetic attitudes' were a problem.

Penny, who worked in a government department, says:

There's another lady I worked with. She said when she was pregnant she was sick quite a bit and once or twice got off the bus and was sick into

the gutter or something like that, you know, it would be revolting if you were like that (focus group 1).

Being sick into the gutter is not socially acceptable behaviour. It signals a body 'out of control' and in need of confinement.

My own experiences of nausea (which occurred in the morning, late afternoon and evening) in the first three months of pregnancy also testify to a withdrawing from the public space. I withdrew from my work place - the university - as well as recreational space such as restaurants, bars and so on. In terms of my paid employment at the university I have my own office (although many women of course do not - see Spain, 1992, 199-230) and was therefore able to hide a plastic bucket under my desk 'just in case' I needed to vomit. Fortunately the problem of where and how to empty the bucket did not eventuate but I was troubled that it might. How would I hide this vomit from colleagues? Did I need to? How might they respond to matter that had formerly resided inside my body making its way to the outside? Would they respond with abject horror and attempt to send me home? I did stay at home on some occasions in order to avoid these problems despite the fact that I did not have the resources at home to carry out my work effectively.

Morning sickness affects not only women's activities in relation to paid employment but also in relation to many other activities, for example, in relation to grocery shopping.

Margaret: I had a lot of trouble. I had really bad morning sickness right up until basically from week six until the end of the first trimester and um like it was an effort to do anything. Like when it was really bad I could be throwing up every ten minutes and um about all I could eat were raw carrots, figs, prunes, and um fruit. . . . I've always been, you know, a bargain hunter . . . but I found when I was feeling really sick I just [went] into the supermarket and I'd just skirt round as fast as I could and . . . I would just grab . . . and it would just be a matter of trying to not throw up while I was waiting in the queue and get through and get out to the car (small focus group 1).

Morning sickness also affected Margaret's life as a university student, especially in relation to participating in geography field trips. When I asked Margaret how her life as a student had changed since she had become pregnant she responded:

When I was really really sick with morning sickness it was just right at the very worst part, was right at the very end of the first term and in the last six days of the last three weekends. I had um field trips on five of those days. One of which was an overnight and I had tests and essays and everything all due at once and I was just feeling just so grotty. And that was really hard, and um, like I had one particular um field trip that was compulsory for 'Coastal Processes and Management', which I really didn't think I'd be able to do. Um, but anyway, in the end I got into it all and um, I sort of talked to him about it and to Professor H . . . and asked him if I could take my own car and just follow the bus and then if I felt sick at least I could just stop. But he wasn't too keen on that um and um.

Robyn: Did he say why?

Margaret: Um because he normally talks in the bus and I would have missed that information. But in the end um I didn't really want to do that either 'cause I thought I'd be too tired with the driving as well 'cause it's pretty much all day. You know, we left here at eight o'clock, we didn't pull into the camping ground until sort of 5.30 at night, or something like that. And in the end my husband said to me 'look it just doesn't matter where you are just get off the bus, just get off the bus and give me a call and I'll come and pick you up'. The field trip was in the Bay of Plenty. So that actually made a really big difference, 'cause then I didn't feel that I was sort of trapped on the bus for the whole weekend and if I did just start to throw up the whole time I could at least you know, there was an escape. But I was really uptight about that for a number of weeks beforehand. You know I was thinking I couldn't cope. Most of the other field trips I went on I just arranged to meet them at the place and then I would just drive 'cause I found that even um, you know like normally you don't get carsick. Like I get carsick as well, but this was quite different. Like normally I never get carsick when you're driving, but I found I was actually dry retching when I was actually driving home from varsity and things like that - you know it was really bad (small focus group 1).

Clearly NVP affects women in relation to many activities in their lives.

In addition to the waters breaking, a 'show' appearing, and NVP, pregnant women's enlarged breasts can also be understood in terms of seepage, viscosity and fluidity.

Fluidity of breasts

In the course of conversations with pregnant women many mentioned changes in relation to their breasts. Perhaps this is not surprising given that nearly all popular advice manuals on pregnancy contain sections on breasts. These sections usually contain sub-sections on brassieres, changes in early pregnancy, engorgement, inverted nipples, sore and cracked nipples, tender breasts and so on.

In general the conversations that I had with women about their breasts seemed to focus on the enlarging of their breasts right from the first days of pregnancy. One respondent, a dance teacher who was aged between 30-34, claimed that she enjoyed having larger breasts.

Michelle: One of the really nice things is I've got breasts. I was always one of these flat-chested people and so I feel so voluptuous during pregnancy (individual interview).

Most however, did not seem to like the changed form of their breasts.

Denise: They look alright when they're in the bra but when they're not in the bra [screws her face up].

Kerry: Saggy-baggy . . . I get the veins and Denise gets the big tits [laughter] (inaudible).

Robyn: I got my sister to sew me this bikini top with a kind of bra inside it 'cause it, that was helpful (//)

Denise: (//) Yeah right . . . whenever I've had to buy togs, I've gotta um buy ones with underwires anyway 'cause they either flatten ya off, or they don't support you . . . They're just that stretchy material and ya put them on and . . . they either just make ya boobs look all floppy or they really flatten them (joint indepth case-study).

A little later in this same conversation Denise describes her breasts when she lies down.

Denise: They are really uncomfortable, really, like I lie on my side (//)

Kerry: (//) I don't feel so bad now.

Denise: And it feels like it's on your back and you're lying on it and I have to keep going like this [cups the outside of one of her breasts in her hand and rolls it to the front] and then try and get like that if I let the boob go

before I lie back down on the bed, it rolls around the side [laughter]. It's really horrible - they come out to the sides (joint indepth case-study).

Denise's comments attest to the increasingly fluidity of her now enlarged breasts.⁷¹ It is evident from her comments that she does not feel altogether positive about this change in her corporeality - "it's really horrible" she says. Denise does not like the way that her breasts now 'come out to the sides' when she lies on the bed on her back.

Grosz (1994a, 205) notes that: "The fluidity and indeterminacy of female body parts, most notably the breasts . . . , are confined, constrained, solidified through more or less temporary or permanent means of solidification by clothing or, at the limit, by surgery". While pregnant women do not 'firm up' their enlarged breasts through surgical implants they are however advised "from the first days of pregnancy, you will need a bra which gives good support" (Kitzinger 1989, 130). Kitzinger also advises that: "Heavy breasts, allowed to hang without support, may develop stretch marks . . . , which will leave you with silvery streaks after the pregnancy. A woman with large breasts may prefer to wear a lightweight bra at night too during pregnancy". Even in the privacy of one's own bed there is a constructed need for the breasts to be confined within a bra in an attempt to control and solidify them.

A number of the participants discussed their feelings towards their enlarged breasts in relation to wearing swimming togs or costumes. This is not surprising given that when wearing a swimming costume the size and shape of breasts is very noticeable - pregnant women are likely to feel subject to public gaze. Pregnant women may also not have adjusted to the way their 'new' breasts feel. This was the case for Ngahuia.

That [large breasts] was an issue really because my normal pair of togs I found they dragged your bust down whereas, they were comfortable around the puku [stomach] but dragged your breasts down and I didn't

⁷¹ It is interesting to read Denise's remarks in relation to Young's (1990a, 192-193) work on breasts. In discussing breasts, Young draws on an Irigarayan metaphysics of fluids in order to problematise a Cartesian ontology of men's solidity and women's fluidity.

like the feeling of it, and I didn't like how it looked so I thought I'm going to invest in a good pair of maternity togs which hold you up here (individual interview).

Note that Ngahuia wanted her swimming costume to hold her up - to support and solidify her breasts.

Similarly Denise says that when she ran across the road in downtown Hamilton she was concerned that onlookers would see her "boobs" moving. Denise is of slim build and was 27 weeks pregnant at the time of this interview.

I was running across the street today in the rain 'cause it was raining and we had to run across the pedestrian crossing and I was running along and your boobs bounce up and down . . . I was concerned 'cause I thought there were people parked in cars waiting for the lights and I was running along. I knew they'd bounce up and down (joint indepth case-study)

Another interesting point to note in relation to the way in which women's breasts change during pregnancy is that the body produces colostrum. Colostrum is the earliest form of milk. Kitzinger (1989, 350) claims that it is "rich in protein and an ideal first concentrated food" for the new born baby as it lines the baby's gut with a protective layer against bacteria. Colostrum may also provide the baby with antibodies to diseases which the mother herself is resistant to. From when a woman is approximately 28 weeks pregnant "colostrum may leak from . . . [her] breasts" (Kitzinger 1989, 375). Paula noted in her journal that her breasts during pregnancy were "larger and *leaking*" (emphasis added).

In this section I have given just a few examples of some of the ways in which pregnant women's bodies are understood and inscribed as "modes of seepage". I have not discussed the tendencies in pregnant women to cry more (I discuss this in the next chapter), to need to urinate more frequently, to sweat more with the effort of carrying the extra weight of the pregnant body or the threat of the baby actually 'spilling out' - being born - in a public place (other than in the hospital). Nevertheless, it can be seen that Grosz's (1994a) thesis has been useful in relation to understanding more fully some

of the complexities surrounding the 31 participants' withdrawal from public space in Hamilton.

Given that pregnant women's bodies are inscribed in terms of fluidity and as "modes of seepage" - bodies that are to be feared - it is not surprising that the language used to describe pregnant embodiment is often negative. It is in this regard that Young's (1990b, 122-155) work on ugly and fearsome bodies is of value.

"UGLY BODIES"

Young (1990b, 145) argues that understanding abjection enhances "an understanding of a body aesthetic that defines some groups as ugly or fearsome and produces aversive reactions in relation to members of those groups". Young (1990b 145) states that: "Racism, sexism, homophobia, ageism and ableism are partly structured by abjection, an involuntary, unconscious judgement of ugliness and loathing". It is necessary, therefore, to understand abjection, especially as it is put forward by Kristeva (1982).

Abjection

Abjection is the affect or feeling of anxiety, loathing and disgust that the subject has in encountering certain matter, images, and fantasies - the horrible - to which it can only respond with aversion, with nausea and distraction. Kristeva (1982) argues that the abject provokes fear and disgust because it exposes the border between self and other. This border is fragile. The abject threatens to dissolve the subject by dissolving the border. The abject is also fascinating, however; it is as though it draws the subject in order to repel it (see Young 1990b, 145). Grosz (1994a, 192), in discussing Kristeva's work on abjection, claims:

The abject is what of the body falls away from it while remaining irreducible to the subject/object and inside/outside oppositions. The abject necessarily partakes of both polarized terms but cannot be clearly identified with either.

The abject is undecidable both inside and outside. Kristeva uses the example of “disgust at the skin of milk” (Grosz 1989, 74) - a skin which represents the subject’s own skin and the boundary between it and the environment. Abjection signals the tenuous grasp “the subject has over its identity and bodily boundaries, the ever-present possibility of sliding back into the corporeal abyss out of which it was formed” (Wright 1992, 198). In ingesting objects into itself or expelling objects from itself, the subject can never be distinct from the objects. These ingested/expelled objects are neither part of the body nor separate from it. The abject (including tears, saliva, faeces, urine, vomit, mucus - but also the fetus/baby, ‘waters’, colostrum, breast milk, after-birth) marks bodily sites/sights which will later “become erotogenic zones” (mouth, eyes, anus, nose, genitals) (Grosz 1989, 72; see also Wright 1992, 198).

Grosz (1994a, 193) points out that Kristeva discusses “three broad categories of abjection - abjections toward food and thus toward bodily incorporation; abjection toward bodily waste, which reaches its extreme in the horror of the corpse; and abjection toward the signs of sexual difference”. In each of these categories Kristeva discusses “the constitution of a proper social body” (Grosz 1994a, 193).

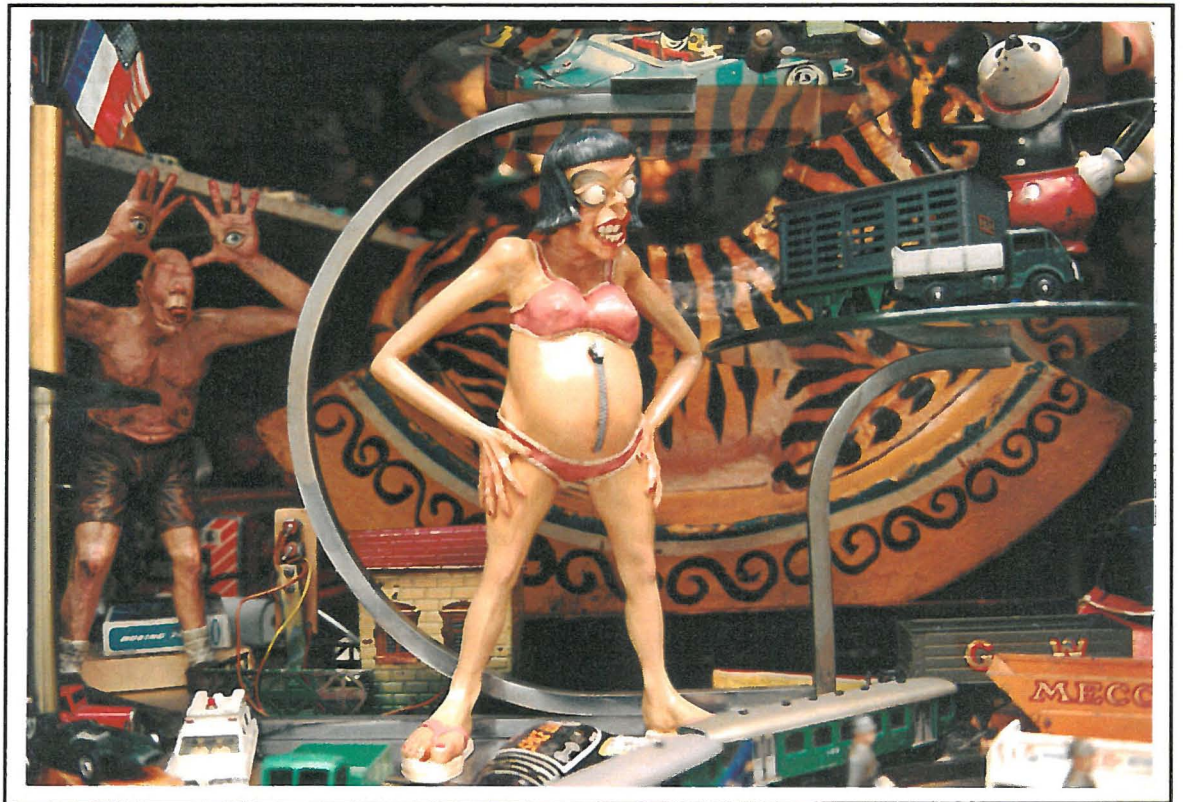
It would be possible to consider pregnant embodiment in relation to all three of these broad categories. For example, in relation to bodily incorporation interesting histories exist of pregnant women desiring to eat ‘unusual’ foods. In relation to fear of the corpse, and disintegration of the subject, historically (and still today in some cultures), there have been grave risks for pregnant women, and their babies, that they may die in childbirth. There is a connection not just between pregnant women and birth/new life, but also between pregnant women and death/the end of life. It is the third category - abjection toward the signs of sexual difference - that I want to focus on most specifically here. While these other broad categories of abjection will be referred to I think it is the notion of abjection towards signs of sexual difference that will prove most useful for considering pregnant women’s occupation of public space.

PREGNANT BODIES AS UGLY AND ABJECT

Young (1990b, 142) uses the notion of abjection in order to argue that some groups become constructed as “ugly”. In this section I build on Young’s notion by examining the possibility that pregnant bodies are sometimes constructed, both by pregnant women themselves and by others, as ugly. This is perhaps not surprising because the abject, like the pregnant body, is neither subject nor object. The abject exemplifies the impossible, ambiguous and untenable identity of each. It is also not surprising, therefore, that some work which links pregnancy and abjection has been written. Kelly Oliver (1993), for example, in *Reading Kristeva* discusses ‘the abject mother’. Jan Pilgrim (1993) uses Kristeva’s concept of the abject to examine representations of the naked pregnant body.

I believe that pregnant women, at least in part, occupy the status of “despised, ugly, and fearful bodies” (Young 1990b, 142) - perhaps even grotesque. Figure 6.1, for example, a photograph of a statue of a pregnant woman with a zip in her stomach, portrays some unusual contradictions around pregnancy. Although the woman’s pregnant stomach and breasts are round and curved, her limbs are strikingly thin and angular. Her head, eyes, mouth, teeth, hands and feet are large in proportion to the rest of her body. Large feet and hands are usually markers of masculinity, yet her finger nails are painted and her face is ‘made up’. Although she is pregnant her stance is masculine, her feet are set wide apart and her hands rest on the top her thighs. Her gaze is not directed inward toward her fetus but rather she stares outward at something removed from her corporeality. Her pregnant body is displayed in a bikini - she appears to have no concerns for modesty. In short, these things mark her as ugly, grotesque and freakish. Behind her is another freak, a man wearing his eyes on the palms of his hands.

Figure 6.1 Pregnant woman in a collectors' 'toy' shop in Brussels, Belgium, 1994



Source: Photograph by Sally Haughton

Images of ugliness, fatness and disability abound

Representations of the pregnant body as ugly were also evident amongst the research participants' accounts of pregnancy. Paula recounts a story of a friend visiting her at home.

At about 22 weeks pregnant, a friend, whom I see probably at least once per fortnight, came to dinner. As I opened the door to her, her first exclamation was 'Gosh, you get worse every time I see you' (indepth case-study).

Paula explained that in this instance, "get worse" was equated with looking larger. Paula's pregnant stomach had become more evident since she last saw her friend. Kerry recounts a conversation that she had with a 14 year old boy. The boy's feelings of abjection, and his representation of the pregnant body as ugly, are clearly revealed in the conversation.

I was reading out the um week by week thing [a summary calendar of the various developmental stages of the fetus] to this fourteen year old that comes and milks with us - Mark. And um [laughter] I read out week twenty . . . and it said somethin' about um 'in week twenty your navel should pop out at any stage from now on . . . He's going 'O o o yuck' he said 'Oh you're going through a real ugly stage now Ker', and I said 'bloody hell' [laughter] and then I was in the shower this morning and I've got all these veins comin' up on my legs and I'm thinking 'Gees, I'm going to the pack, I'm going [laughter] Oh Gees and 'Oh I'm horrible'. And he said 'Oh my aunty . . . I saw her just about two days before she went in' and he said, 'it's so ugly' [laughter] (joint indepth case-study).

Kerry's male colleagues described the ultrasound scan to her in the following way: "For fifteen to twenty minutes you lie there with all this gel all over you with your *guts sticking out*" (emphasis added). Clearly his use of the phrase "guts sticking out" to describe Kerry's pregnant stomach is interesting in that it does nothing to indicate the attractiveness of her stomach, rather, to the contrary. Another male colleague informed Kerry after she had spilled a cup of tea on herself "when you start breastfeeding you'll have more stains than that over your body probably . . . a good tip is to use your husband's hankies and put them down you". Yet again, the comments indicate a body

that leaks and that will be covered in unwanted bodily fluids - stains - that will need to be controlled.

Members of groups subject to oppression “often exhibit symptoms of fear, aversion, or devaluation towards themselves and toward members of their own groups” (Young 1990b, 147). In relation to pregnant embodiment, it is useful to examine the words and phrases not only used by others, but also by pregnant women themselves, to discuss their own embodiment and the bodies of other pregnant women. Images of fatness, disability, incapacitation, uncomfortableness, and ugliness are abundant.

“We were gonna park in the disabled car park” says Denise. Denise’s statement draws a correlation between being pregnant and being disabled. Christine claims: “People sometimes treat you like you're just about handicapped when you're pregnant”. Ngahuia, although much less directly, also draws a correlation between being pregnant and disabled. “I use the paraplegic toilets” she says.

Pregnant women often discussed their perceptions of their bodies when I asked whether they had any photographs of themselves pregnant. When I asked Mary Anne, who was 36 weeks pregnant at the time of the interview, this question, she replied:

No and I don't intend to have any . . . I don't want anyone to look at my big bum. I don't mind my body shape of the baby, it's my hips and thighs that I don't like the thought of looking at (individual interview).

Jude, a university student who was 33 weeks pregnant, responded similarly to the same question.

I never wrote a diary as a child in case somebody that I didn't want to find it and I think it would be the same with a photo. Somebody would be leafing through my album and laugh. Somebody that I didn't want to see me like that (individual interview).

The judgements passed on pregnant women's bodies by others may lead to them feeling uncomfortable about their own bodies. For example, Terry's mother-in-law left Terry feeling as though she “couldn't win”.

She [her mother-in-law] would cook this nice dinner and you'd have to eat it all up to please her . . . there's always this constant thing with her every time she sees you 'Oh, are you eating enough?' and I'd say 'Oh yes'. I'd say 'Oh look, you should see how much I've been eating, look at this weight I've put on' and then she'd say 'Oh Oh dear I think you should be exercising'. You know and you think 'you can't win'. And then she'd say 'Look . . . [Terry] I think you're too big, you know. Look at - 'cause her daughter is ten weeks further on pregnant than I am and she's put on the same amount of weight as me - she's really put on very little for how far along she is. And I've found that really difficult, and then I'd go around say to the daughter's place and she'd say 'Oh gosh, look at you, you've put a lot of weight on your face haven't you?' [laughter] And you end up, you know, you're self conscious enough about it.

Margaret: Yeah, you are, it makes it worse I think.

Terry: I would actually probably not have thought about it unless she'd said something about it. And then I went to my doctor and I said 'have I got on too much weight? I said, 'you know, my mother-in-law says I'm too big you know'. And I got really paranoid about it.

Margaret: I did at first too about it.

Terry: Yeah, I found that quite difficult, especially like in the last two weeks I've put on a kilo each week, you see and I think 'oh I've put on ten already and I'm 25 weeks so, what am I going to be like at the end?' (small focus group 1).

Sexy in swimwear?

One of the topics of conversation which tended to lead women to talking about their pregnant bodies was swimming and swimwear. General practitioners often advise pregnant women that swimming can be a useful activity to pursue in order to keep healthy. Yet it is seldom made explicit that swimming usually involves pregnant women revealing their new body shape in public. Given that many pregnant women dress in baggy garments that act to disguise their swelling stomach - "you do cover up your pregnancy. You always wear big clothes that are bigger than your tummy" says Jude - it comes as no surprise that many felt uncomfortable wearing a swimming costume and even decided not to swim.

Adrienne: I was a bit embarrassed the first time I went swimming. I sort of thought - oh, you know! But, it was comforting to see other pregnant women there . . . 'cause people tend to accept that when they see more pregnant women there - it's all right . . . the very first day I went there

wasn't a pregnant women in sight. I went in the afternoon and there wasn't a pregnant women in sight and you feel as if the whole world is watching you.

Joan: When I was about five months . . . we went swimming, I was swimming in the pool, but lots of the girls, because I wasn't that big, had bigger tummies than I did anyway, so it didn't bother me at all but I don't think I would swim now. I'm too uncomfortable - people looking at me.

Moira: I went swimming yesterday at Te Rapa pools. It doesn't really worry me only that Dave [the interviewee's husband] works there and so I'm maybe a bit more self conscious because they know me rather than if I just didn't know anybody there I probably wouldn't worry as much (focus group 2).

None of the visibly pregnant women whom I interviewed wore or had considered wearing bikinis while swimming in public (although a number of them had worn bikinis prior to pregnancy). Yet it was evident that women who did swim when pregnant faced problems in obtaining swimwear which fitted them comfortably.

Dawn: I actually bought some maternity togs because they were on special [sale]. . . they are really expensive. I tried on a normal pair and they just didn't feel right.

Angela: I just loaned a pair [of maternity togs] off a friend yesterday that are black so that is quite good, covers me up a bit. I probably wouldn't wear black togs if I wasn't pregnant (small focus group 2).

There is an uneasiness about the public exposure of pregnant bodies. This uneasiness is often on the part of both the pregnant woman herself and on the part of those her view her. Howard (Christine's husband) talks about his response to seeing pregnant women on beaches.

I've been to a lot of beaches . . . and I've seen pregnant women in all sorts of states of dress and undress and it seems quite a normal, ordinary course of events. Yet it is different . . . I guess something in me tells me that a pregnant woman is somehow in a different status to a non-pregnant woman, in a way a pregnant woman is sort of non-sexual, outside of courtship rules. In the meat market, beaches do feel like that sometimes, there are lots of participants who are not involved in the game, for instance families and pregnant women (individual interview).

Howard raises an important point. Pregnant women are often perceived as being "outside of courtship rules", they are constructed as "non-sexual" beings despite the

fact that at the same time they are clearly marked as having been sexually active. Yet once a woman is pregnant she is often considered to be no longer sexually available, active or desirable, even though her own desires may have increased. Young (1990a, 166) argues that the pregnant woman's

. . . male partner, if she has one, may decline to share in her sexuality, and her physician may advise her to restrict sexual activity. To the degree that a woman derives a sense of self-worth from looking 'sexy' in the manner promoted by dominant cultural images [in Hamilton the dominant culture defines feminine beauty as slim] she may experience her pregnant body as being ugly, and alien.

Constructions of the pregnant body as ugly, alien and not 'sexy' or sexual help to explain why the pregnant body is so often considered to be private and in need of concealment. It also helps explain why such an enormous furore emerged in Canada and the United States when actor and model Demi Moore broke these unwritten rules and appeared on the cover of the glossy magazine *Vanity Fair* naked and eight months pregnant (refer to Footnote 55). The cover, and the photographs inside, caused such strong feelings amongst so many Canadians and North Americans that it was treated almost as pornographic material. The magazine was withdrawn from some supermarket shelves and sold in a protective plastic wrap in others (Jackson 1993, 221).

Sick and fainting men

Whether men experience pregnant bodies as ugly, to be feared and abject, to a greater degree than women, is difficult to determine. There is little doubt that women are in no way exempt from feeling abjection towards the pregnant body but from comments made by some of the research participants it is possible that men may find the uncontainable, seeping corporeal more difficult to 'deal with'. Rebecca, who was aged over 35, explained that not only was her husband going to accompany her during the labour and birth but so too was a woman friend. Rebecca explained "I've got a husband that's a bit panicky" and "he'll probably faint". The friend's presence was for her

husband's sake - "it's for Stewart" - rather than for her own. Another research participant, Katie, whom I spoke with again after her birth, reported that her husband had fainted during the labour. He fainted not at the moment of the birth itself but when Katie was receiving an epidural injection in her back.

Kerry explains that when watching a video at antenatal class of a woman whose waters had broken and who was going into labour one of the husbands had to leave the room - "he was being sick" said Kerry.

Kerry: Yeah, he walked out.

Denise: One of the fathers watching it?

Kerry: Yeah [laughter] he was gone [laughter] . . .

Denise: He's gonna be a lot of use isn't he? Carl won't like those videos.

Kerry: It does, it puts them off (joint indepth case-study).

Later on in the same class, the pregnant women and their husbands were informed that during labour the pregnant woman could pass a bowel motion. On their way home from the class Kerry's husband said to her "I hope you don't shit yourself". Kerry responded by saying that if she did he couldn't blame her. "It'd be horrible", her husband responded. Kerry's husband was disgusted by the prospect of what Kerry's body might do.

Yet it was not only men who responded to, and constructed, the pregnant body as ugly, to be feared, and abject. There may well be some differences between men's and women's responses to the pregnant body - men may be more afraid than women of the body that threatens to seep and split its one self into two - but most of the women themselves also constructed their pregnant bodies as ugly.

While some respondents did report feeling good about the baby kicking and about a sense of fascination concerning their changing body shape, most of the comments about their corporeality were negative. In fact, of the 31 pregnant women with whom I spoke,

only two reported feeling really positive about their body shape. Michelle, a dance teacher, claimed:

A pregnant body is really quite beautiful, it is just the feeling of, I don't know, it's like I feel good about being pregnant. One of the really nice things is I've got breasts. I was always one of these flat-chested people and so I feel so voluptuous during pregnancy (individual interview).

In response to the question 'how do you feel about your pregnant body?' Ngahuia, the university lecturer, replied:

I love it. I think its good to have a positive attitude about it because so many women get put off by the fact that being pregnant means your body changes and you look awful, but let's face it, it is natural to look like that when you are pregnant and it's good to have a positive attitude and to set positive examples to other women to encourage them (individual interview).

While these accounts of pregnant embodiment might apply in similar ways to all women who are pregnant, at the same time the group of 31 women with whom I spoke represent only "one slice" (Young 1990b, 141) of the oppressions of racism, sexism, homophobia, ageism and ableism. The accounts I have offered attempt to explain how pregnant women in Hamilton in 1992-1994 have become culturally defined as abject, seeping, ugly and fearful bodies but conceptions of bodies do not stay static over time and place. What I want to stress here is that abjection is a result of the construction of the pregnant subject, there is nothing in her biological formation that makes a loathing of pregnant embodiment necessary.

ATTEMPTS TO CONTROL AND CONTAIN PREGNANT BODIES

Given that pregnant bodies are constructed as materialities which are abject, dangerous and to be feared then it is not surprising that they are also considered to be bodies that need to be controlled. There are many ways in which attempts are made to control pregnant bodies. First, the fetus is often treated as though it were a public concern. Pregnant women's rights to bodily autonomy are considered to be questionable. Second, this leads to pregnant women's stomachs being subject to public gaze and often

touch. Their 'bodily space' is frequently invaded. Third, pregnant women are often constructed by lovers, husbands, partners, friends, family, strangers, health workers and themselves as being in a 'condition' in which they must take special care in order to protect the well-being of the fetus. Fourth, pregnant women are subject to dietary regimes in an attempt to control what enters their bodies. These are but a few of the ways in which the abject body in Hamilton is controlled and contained and I explore these in the following sections.

The fetus as public property

While the Cartesian separation between mind and body underlies all western understandings of embodiment, it is possibly even more evident when considering pregnant embodiment. Pregnant women often comment that attention and conversation seems to rest continually on their embodiment even to the point where eye-contact is not made with the pregnant woman and instead glances are directed at her stomach.

Margaret: I went to town a couple of weeks ago and I noticed that I felt like every fifth person, instead of looking at my face, they would be looking at my stomach as I walked along (small focus group 1).

When I accompanied two research participants, Denise and Kerry, to downtown Hamilton to go shopping for clothes, they both commented as we walked along the street that they felt people were looking at their stomachs. While one research participant found this experience frustrating, the other was not bothered by it and explained that she thought that looking at a pregnant woman's stomach is an "unconscious thing" and that she probably does it herself.

I was asked in the course of this research whether I thought that people actually (really) look at pregnant women's stomachs or whether pregnant women just think or imagine that they do. My experience of being pregnant, accompanying pregnant women in public places, and my own glancing (gazing) at pregnant women's stomachs has led me to believe that people do actually look rather than pregnant women just imagining that

they do. This is not surprising since the abject is not only “dread of the unnameable” it is also “fascinating, bringing out an obsessed attraction” (Young 1990b, 145). Yet even if this gaze upon their bodies is imagined it could be argued that the effect is similar - pregnant women feel under scrutiny and act accordingly.

But looking at pregnant women’s corporeal shape is only one facet of a construction of pregnant women as ‘more-body’. Many pregnant women also report people actually touching their stomach - not just loved ones or very close friends but also people who would not usually consider touching their bodies. On several occasions when I was working as a university lecturer and my pregnancy was clearly evident students (whom I did not know very well) touched my stomach. It is not uncommon for some people to take the liberty of placing their hands upon pregnant women’s stomachs. While one or two women claimed that they found this frustrating and disempowering, most appeared not to mind, and some even enjoyed it.

Robyn: Have you found people have touched your stomach since you’ve been pregnant?

Terry: Yeah

Margaret: Some people are probably a bit - they don’t know whether to or not but . . . [inaudible]

Robyn: And do you mind it?

Terry: No

Margaret: I’m really used to it. Kevin does it all the time but I mean that’s different, any but um. No it doesn’t worry me.

Robyn: Did it worry you Terry?

Terry: No, no I quite liked it actually. Just the other day when we went round to [her husband’s] sister and brother-in-law, [name], they’ve got a daughter who is 10 and she straight away reached across, and I thought that was quite nice . . . Walter’s Mum and Dad, they would like to, but they haven’t. When I’m round there and it’s moving I’ll ask them if they’d like to. But at the moment, it’s never moved while I’ve been there. But I think they’re probably dying to have a little touch [Robyn: Yeah]. Yeah, but children especially (small focus group 1).

The responses from two other participants in another focus group were similar.

Robyn: Have you had that kind of thing happen? [people not meeting your gaze at eye level but rather looking at your stomach].

Dawn: Yeah [laughter]

Angela: It's 'oh you're pregnant, oh your boobies have grown' and I'm 'oh I know and, leave me alone' you know? Mm course I am, I'm having a baby. You feel like saying 'don't state the obvious' . . . But they do. They don't look at your face - it's straight, [touches her stomach] and it's like you feel, yeah, I feel like that I don't mind people touching my stomach. There's some people I don't like, but I don't mind.

Robyn: People have done that to you?

Angela: Oh yeah, they've talked to me and, and you can see the hand waving. Oh go on then you know [laughter].

Robyn: Have you had anyone touch your stomach?

Dawn: Yeah, but you know that's been, that's been okay for me. I don't mind (small focus group 2).

Similarly, Christine had experienced people touching her stomach but did not seem to mind.

Robyn: Have you found people comment on or touch your stomach?

Christine: Yeah, I think people do think they have sort of a right to sort of comment, but most people have been pretty good. It was hardcase like a friend the other day at church, he sort of gave me a little pat, I didn't mind, but it would just depend who it was type of thing (individual interview).

Sonya, who was 26 weeks pregnant at the time of the interview, was less receptive to people touching her stomach although she herself admits to having touched other pregnant women's stomachs in the past without invitation.

Robyn: Have you had people touch your stomach?

Sonya: Mmm, not many though, which is good 'cause um I guess, it's not. I used to do that to other women, I used to go up and put my hand on as if it was my property because it stuck out [laughter] but it's not you know, and I know now how personal it actually is. It's nice to have somebody come up and put their hand on as long as it's invited on. I wouldn't like somebody just to come up and shove their hand on or something (individual interview).

Mary Anne was repulsed by the thought of her stomach being touched by an acquaintance during pregnancy and yet in the final instance she did not protest.

One of [her husband's name] friends - he's moved now, but - his wife has just had a boy and when he sees me he says: 'How are you? Can I have a touch?' and I think 'Ooo yuck!'. The first time I told him 'No, he can wait 'till the baby's born and then touch it' . . . Then the last time we saw him he did anyway, and I thought who cares and I just let him (individual interview).

In a journal entry Paula explains:

Sometimes I feel as though being pregnant automatically deprives me of any individual identity and personal space. People seem to have a fascination with pregnant women's stomachs and want to pat them. It's not something they would normally do, but because I've got a 'bump' it seems that I've become public property (journal entry from indepth case-study).

This gazing at, and touching of, pregnant women's stomachs is tied into a notion of the fetus as public property. Wendy Chavkin (1992, 193) makes the point that currently in the United States a pregnant woman is positioned as "antagonistic to the fetus if she deviates from medically, socially, or legally sanctioned behaviour". A number of policies now "convey a vision of an errant pregnant woman whose antagonism to the fetus must be constrained by outside intervention" (Chavkin 1992, 193). Chavkin (1992, 193) claims that: "Autonomy, bodily integrity, and constitutional status are all at stake". Chavkin's comments help to make sense of Paula's journal entry:

Complete strangers seem to want to be 'involved' in the pregnancy process. I often get stopped in shops (particularly the supermarket) to be asked when I'm due, how I'm coping with the summer heat etc. Then the advice and personal stories start (journal entry from indepth case-study).

Young (1990a, 160) claims that: "Pregnancy does not belong to the woman herself. It is a state of the developing fetus, for which the woman is a container".⁷² Does this turning

⁷² Young's claim has been derived from the work of Kristeva (1980a, 237) who argues that "the mother is simply the site of her proceedings". (See Footnote 66.)

over of the pregnant body to a public gaze and a public touch support Young's claim that the process of 'becoming-mother' is distanced from subjectivity and identity? Perhaps, but not *all* pregnant woman allow their bodies to be touched when that touch is unwelcome and not *all* people consider it their right to touch the stomach of a pregnant woman (which could be read as robbing her of some human subjectivity and agency).

As was seen in Chapter V, the behaviour of pregnant women is frequently policed not just by health practitioners but also by employers, colleagues, neighbours, friends and loved ones. People frequently regard themselves as societal supervisors of pregnant women's behaviour and so it may make sense to touch a pregnant woman's stomach; to look after that property, that potential citizen in which there is a collective interest. The individual pregnant woman's capacity is primarily as a vessel, while the fetus has a positive and public identity.

Bodily zones

Grosz (1994a, 79) claims that:

Just as there is a zone of sensitivity concerning the body's openings and surfaces, so too there is a zone outside the body, occupying its surrounding space, which is incorporated into the body. Intrusion into this bodily space is considered as much a violation as penetration of the body itself. The size and form of this surrounding space of safety is individually, sexually, racially, and culturally variable. But even for one and the same subject, the space surrounding the body is not uniform: it is 'thinner' in some places (for example, the extremities, which more readily tolerate body contact than other zones) and 'thicker' in others (which are particularly psychically, socially, and culturally 'privatized'). Moreover, some people's behaviour is regarded as obtrusive while the same behaviour in others is welcome.

In this paragraph, Grosz draws on Paul Schilder's (1978) work on psychotic disorders. Part of Schilder's project involved examining the shifting nature of body boundaries. Schilder argues that the body image shrinks or expands, incorporates objects into itself, or expels impulses from within, depending on its relationship with the world.

It is evident that during pregnancy the zone or space around the body changes. Where there may previously have existed quite a thick zone of space around a woman's stomach, this zone becomes considerably thinner and may even disappear altogether in some instances during pregnancy. Interpersonal relations are situated within the multiple discourses that surround pregnancy and come into play to create a new spatiality for pregnant women and for those who interact with them.

This new spatiality helps to make further sense of the public touching of pregnant women's stomachs but it can also be understood in terms of the pregnant woman herself who at times is no longer sure where her body begins and ends in relationship to the geographical space that she occupies (see Young 1990a, 164). This can lead to a sense of uneasiness, surprise and disjuncture between the image and the materiality of the body for pregnant women. Ngahuia, who was due to have her baby in one weeks time, explains:

In any normal situation you could say excuse me and make your way through but with a big stomach, you forget how much it sticks out. You actually tend to bump into people without realising you were that close to them . . . I forget how much it sticks out (individual interview).

Similarly, both Kerry and Denise discuss this issue of finding their bodies in places where they do not expect to find them.

Kerry: I was in the kitchen and I turned around to do something and my stomach hit the bench and I thought 'shit, I must be' [laughter] and um I really knocked it and I was thinking 'Gees! it must be sticking out a lot more' and I s'pose you've just got to be more aware when you turn around or, or go to get through a small gap, you've got to be careful [laughter].

Denise: Yeah, yeah because I have that trouble. At a wedding when I went to get through the gap which I'd normally get through and I couldn't 'cause my stomach was a bit potty . . . and I said 'Oh, I think you have to move your chair in a bit more'.

Kerry: Yeah yeah

Denise: They probably thought 'what a fat bitch' [laughter] . . . I tried to hold my stomach in, but it wouldn't stay enough to get past this chair. I thought I don't want to squeeze it too tight and do anything to damage it.

Kerry: Yeah. My husband made me shift out one of the beds so he could put his weight gear up - he got this bar bench thing - and I moved the ironing board in there, all my ironing and everything and I went to iron something the other day and I couldn't get past there so I had a big fit at him [laughter]. I said move your stupid thing. He said 'why'? and I said 'look at this' [points to her stomach], and I go to sneak past and I just can't get past.

Denise: Got to leave a big gap eh?

Kerry: Gotta duck under and 'Oh' he said 'Oh, I didn't realise you're that fat [laughter]. Really made my day (joint indepth case-study).

Katie commented:

I go to carpark and aren't able to get back into my car from the driver's side - I can't fit if someone else comes and parks next to me [Robyn: laughter]. No seriously, it happened to me the other day actually in Centreplace [a downtown Hamilton shopping mall]. I actually had to get in the passenger side and crawl across. I mean, that's awful. I felt like I should be able to park in the disabled carpark 'cause I'm wider [laughter] and there'd be more room for me (individual interview).

Margaret says that she hardly ever goes into town anymore now that she is nine months pregnant because she "bumps into people all the time". The pregnant subject's anatomical, material body can grow rapidly and often takes some time before her body image catches up. As the pregnancy proceeds the borders of the body image do change - they "are not fixed by nature or confined to the anatomical 'container,' the skin" (Grosz 1994a, 79).

In a 'condition'

Tied in to the idea that the pregnant woman is primarily a vessel for the fetus and that she may be tempted to assert her own primacy (which it is assumed is likely to be antagonistic towards the fetus - see Chavkin 1992) is the idea that the pregnant woman must take care and look after herself (read: take care and look after the *fetus*).⁷³ There is a tendency to treat pregnant women as being in a 'condition' (see Young 1990a, 170).

⁷³ Sheila Kitzinger (1989, 86) writes:

One of the ways in which pregnant bodies are constructed as in a 'condition' is through some health professionals continuing to define pregnancy and other reproductive functions as requiring medical treatment. Young (1990a, 168-169 citing Katz Rothman 1979, 27-40) notes:

. . . even medical writers who explicitly deny that pregnancy is a disease view normal changes associated with pregnancy, such as lowered haemoglobin, water retention, and weight gain, as 'symptoms' requiring 'treatment' as part of the normal process of prenatal care. . . . A continued tendency on the part of the medical profession to treat pregnancy and childbirth as a dysfunctional condition first from the way the medicine defines its purpose . . . [that is] as the practice that seeks cures for disease.

This is despite the fact that women often have "a sense of bodily well-being" an "increased immunity to common diseases such as colds, flu, etc" during pregnancy (Young 1990a, 170). This tendency to treat pregnancy as in a 'condition' can lead implicitly to a conceptualisation of women's reproductive processes as disease or infirmity.

The procedures created and adopted by the medical profession inscribe pregnant bodies in complex ways. Today, for example, pregnant women in Hamilton are advised not to smoke or drink alcohol during pregnancy. Most pregnant women will have at least one, probably more, ultra sound scans and most will listen to the heart beat of their babies through special monitoring equipment. First time mothers are usually required to attend antenatal classes. Some women will take herbal preparations, such as drinking raspberry leaf tea, for several months prior to the birth, in order to increase the chances

Looking after yourself in pregnancy, from the very first weeks, is probably more important for the welfare of your baby than anything else you can do. It ensures that you provide the best possible environment for the developing baby - and, equally important, it gives you the best chance of being healthy and full of vitality, ready for the birthday and the first stages of motherhood.

Even though Kitzinger assumes a positive, rather than an antagonistic, relationship between mother and fetus, she nevertheless prioritises the well-being of the fetus over the mother. The mother must look after herself for the sake of her fetus rather than for her own sake.

of an 'easy' birth. Others may prepare by massaging with oil, or getting their partners/lovers/friends to massage with oil, their perineum in an attempt to make the skin more elastic before delivery so that it can stretch without ripping when the baby's head presses through it. Some women will attempt to rest in the afternoon. Whatever the approach to pregnancy, however, most will be encouraged to see themselves as being in a 'condition' whereby they must take care of themselves and their baby.

However, the pregnant woman often finds herself being advised continually, not only by medical professionals but also by seemingly well meaning people such as friends, lovers, husbands, employers, even strangers, to take it easy, don't lift any thing heavy, sit down, be careful, don't stretch, don't bend and so on.

Rebecca: At work (.) I mean, it's lovely that they care so much . . . but it's like, 'put your feet up, we're gonna get you a foot stool' kind of thing - 'do you want a cup of tea? You're not eating potato chips?' And I'm like, 'I'll eat potato chips if I want to' [laughter] . . . There's a lot of women that lap it up - all the attention. You know, but I'm, I'm like, 'I'm having a baby, now leave me alone and let me get on with having it . . . If my feet are fat [referring to the swelling of her feet due to toxæmia], okay, I'll get off them when I'm ready, but I'm not getting off them the minute they go fat (small focus group 3).

This comment was reiterated by a number of women involved in the research:

Donna: I wasn't allowed to do any lifting. I got my head snapped off if I even just thought about it.

Sam: I know that from the moment that my grandparents found out that I was pregnant it was almost like, you don't do any activity at all; you sit round with your feet up all the time, you rest and you have afternoon sleeps.

Jill: Mainly, you know, people say to me 'sit down and put your feet up'. I say 'I can't. I want to get this wall-paper stripped' (focus group 1).

It became evident during the research that like colleagues, friends, in-laws and so on, husbands/male partners are fully implicated in this discourse of pregnant women as being in a 'condition'. In fact, the position occupied by husbands/male partners, I think, is particularly interesting. Often the fetus represents not the individual concern of the 'becoming mother' but rather the joint concern of the 'becoming mother and father'. In

Chapter III, I discussed the linguistic term currently in vogue - 'we're pregnant'. It is now part of the dominant discourse in Aotearoa/New Zealand that men ought to 'share' in pregnancy. In a booklet entitled *Your Pregnancy Tō Hapūtanga* (published by the New Zealand Department of Health 1991 and given out to most pregnant women during their first antenatal visit) it is stated: "Fathers share much of the excitement and worries of pregnancy" (p 14). It seems that part of this sharing in the pregnancy means offering 'support' to their wives/partners. In another booklet, *Baby on the Way* (1994), (which is also distributed to most pregnant women in New Zealand) it is stated: "While all this [pregnancy] is understandably bewildering for the man, it is important that he understand what is going on and support his partner". Yet what support entails is not specified.

The word support is defined in the *Collins English Dictionary* (1979, 1460) as "1. to carry the weight of. 2. to bear or withstand (pressure, weight etc.). 3. to provide the necessities of life for (a family, person etc.)". Support, according to this definition, does not necessarily entail understanding and respect. Bearing this in mind may help to make sense of the following comments made by pregnant women.

A few of the pregnant women talked about their husbands/male partners being "supportive" but also claimed that their husbands/partners "growled" at them. Dorothy claimed that her husband "growled" at her if she mentioned (worried about) how much weight she had gained.

I've actually put on quite a bit of weight, but he's never really mentioned that, in fact he's always growled at me when I worry about it (individual interview).

Mary Anne, too, said that she was "growled at" by her husband.

Barry did all the heavy lifting, I just did the unpacking and um, moving of the light stuff and um, I moved a couple of heavy things when my husband was working and got growled at when he came home and realised that I'd moved them (individual interview).

Helen said:

Gary went ape [became angry] when he found out I'd painted the ceiling. I suppose perhaps I did over do it a bit (individual interview).

Yet in all these instances, the women also described their husbands as caring and supportive. Support and growling were not considered to be mutually exclusive, in fact, they seemed to be mutually constitutive. Growling was seen as a gesture of caring and support. These women were quite open to having their husbands discipline their behaviours, in much the same way that an adult might growl at a child. Women are constructed as needing extra guidance, protection and disciplining during pregnancy. They are considered to be prone to behaving irrationally in ways that may harm both themselves and the fetus they are carrying (I return to this theme in the next chapter).

Other husbands/partners did not growl but they did offer advice. In Chapter IV, I recounted an incident in which Paula's husband, Roy, told her to walk (not run) after the ball when they were playing cricket. In another instance, Dorothy said that she was not that keen on going out for walks but her husband insisted that it was a good idea for her to get some exercise.

Robyn: So does your husband walk with you?

Dorothy: Mmm if it wasn't for him I wouldn't be walking [laughter]. He's the one that makes me go out (individual interview).

While I did not specifically seek to interview 'becoming fathers' for this research, on occasion they were present during interviews. Sometimes they would join in the conversation (and I later sought their approval to use the material this generated). Gary, explained that although his partner Helen wanted a home birth he was not keen. His reasons for not wanting her to have a home birth are interesting.

I am worried about a home birth because again this feeling of responsibility when my wife is pregnant, my role in the whole thing is to have some responsibility towards protecting her and that I have to control things.

When I went to the inner city with Paula, who was at that stage 37 weeks pregnant, her husband Roy accompanied us (or rather I accompanied Paula and Roy). We spent approximately one hour in the central shopping centre in Hamilton. We visited shops, a bank and had afternoon tea. During this excursion Roy continually stayed very close to Paula. He put his arm around her back, held her hand and guided her by the arm. His behaviour could be read as supportive; it could also be read as protective and/or constraining. Some women claimed that they also received advice from men other than their husbands/partners. One of Kerry's colleagues told her: "You've got to take it easy. My wife, you know, she over did it and she was sorry".

In short, pregnant women are represented popularly as being in a 'condition' and not suited to the rigours of sport, physical work, 'night-life' and so on. Medical professionals, friends, relations, colleagues and husbands/partners frequently offer 'support' which can serve to disempower and reduce pregnant women's autonomy. Much of this support is given by way of advice - a great deal of which focuses on diet and nutrition.

Dietary regimes

On having pregnancy confirmed by a health professional or during a prenatal first visit to a physician or midwife the 'becoming mother' is sure to receive advice on diet - what the body takes into itself. This advice may be verbal and/or written. In my first visit to the midwife I received verbal advice as well as a number of pamphlets such as 'Listeria in Pregnancy'⁷⁴, 'Food Fantastic', and 'Iron in Pregnancy: Nutrition for Two'. While

⁷⁴ In the pamphlet, published by the New Zealand Department of Health, listeria is described as "a common bacterium which is found in the soil, water, plants and in the droppings and faeces of animals and humans". Sometimes listeria can cause a rare illness related to eating contaminated food. This infection is called listeriosis. Listeriosis is considered to be dangerous for pregnant women, as it can cause miscarriage and stillbirth.

the advice itself has changed over the years, the fact of pregnant women receiving advice on diet is in itself not a new thing.

In nearly every book I have looked at on pregnancy there is a section on diet including books dating back 50 years. For example, Minnie Randell (1945, 23) claims that: "During pregnancy the prospective mother will be under the care of her doctor or midwife . . . [and] she will receive instruction in the care of her health and of her diet". Randell goes on to say that: "The latter will lie more especially in the selection of suitable foodstuffs which will help to keep the baby small" (Randell 1945, 23). Citing from a book entitled *Safe Childbirth* by Kathleen Vaughan (no date given), Randell (1945, 23) writes: "The size of the child can be controlled by diet and perhaps more surely by exercise. No child should weigh more than 7 or 8lb. at birth". Randell (1945, 23 citing Vaughan no date) believes:

Among all nations there are traditional diets for the pregnant woman whose object is to ensure an easy delivery. A vegetarian diet is the most natural one for the pregnant woman - fresh vegetables, fruit, nuts, grain, milk also, but not food out of packets or tins.

Both the universalisation and the naturalisation of pregnancy are evident in this claim about the best diet for pregnant women. Randell (1945, 23 citing Vaughan no date) goes on to say that not only does "stuffing with oddments, chocolate, extra soup, a little pastry and cake" make the baby enormous but it also destroys the mother's health and appearance.

By the 1950s in Aotearoa/New Zealand the dietary advice given to pregnant women had changed. J. Bernard Dawson (1953, 37) claims that: "It is wrong to have the idea that starvation in the later months of pregnancy will result in an easy confinement on account of the birth of a small baby. The baby will grow at the expense of the mother's tissues if the mother does not take sufficient nourishment". By the 1950s the vegetarian diet had given way to encouraging pregnant women to eat, amongst other meats, liver (at least once weekly). Also on the menu for pregnant women was one and three quarter

pints of milk plus two teaspoonfuls of cod liver oil daily (Deem and Fitzgibbon 1953, 18). The discourse moved from starvation in the 1940s to eating for two in the 1950s. The emphasis on natural food, however, persisted. J. Bernard Dawson (1953, 38) advises:

With regard to the quality of the food, it is important to remember that fresh natural food is far more valuable in maintaining health and energy in mother and child than artificial or processed food. It is better to obtain one's food from the dairyman, the greengrocer, and the butcher rather than from the chemist.

In the 1960s there emerged yet another discourse. This was that pregnant women should not starve themselves in order to produce a small baby which would make for an easier birth, but neither should they 'eat for two'. The idea was that so long as women had a 'sensible' diet there was no need to have extras because the fetus would always take what it needed.

In the 1970s the instructions as to what constituted a 'sensible' diet for pregnant women became more specific. This was prompted by 'scientific research' that suggested "when pregnant women have an inadequate diet [read: 'not sensible'], their babies may die or be born in poor health, and women may have difficult pregnancies and labours, as well as subsequent illness" (Kitzinger 1989, 86).

This idea continued into the 1980s and 1990s. Sheila Kitzinger (1989, 86) - one of the foremost pregnancy and childbirth educators and writers of these two decades - claims that:

If a woman is nutritionally deprived her baby is deprived too; she is more likely to have a miscarriage and, if the pregnancy is maintained, the baby is more likely either to be born prematurely or to be of low birthweight because it has not received sufficient nourishment in the uterus. The research also revealed that poor nutrition in the later part of pregnancy can affect the development of the child's brain.

In many of her childbirth manuals, Kitzinger lays out and discusses the nutritional needs of pregnant women in depth. In her well-known book *Pregnancy and Childbirth*

(1989, 89) Kitzinger recommends that pregnant women have 92 grams of protein a day for optimum health (this is twice as much as women who are not pregnant). Also, milk is recommended for the pregnant woman, but unless her diet is grossly inadequate in protein she will not need more than 0.5 litre a day. Instructions are also given concerning her intake of carbohydrates, fats, vitamins and minerals. Interspersed with these instructions are many warnings about the dangers of putting on unnecessary weight - "Cakes, puddings and biscuits do not do much to help your unborn baby's health. If you like sugar in tea and coffee, train yourself to enjoy both of these without it" (Kitzinger 1989, 89).

I am not, however, suggesting that pregnant women are merely rendered passive and compliant in the dietary regimes prescribed for them. For example, those women often termed 'at nutritional risk' - women who are underweight or overweight, those living on a very restricted range of foods like a macrobiotic diet, regular drug users, women who smoke, and heavy drinkers - may be considered to be resisting hegemonic constructions of the pregnant body in terms of dietary regimes. Likewise, the pregnant body can also be read as a feminine body that can escape some of the other dietary constraints frequently placed on women such as the need to eat non-fattening foods in order to appear slim. Jude, a university student aged between 25-29 years, claims:

It's nice to escape into pregnancy too, to get away from a slim culture. As a person who has never been particularly pencil thin it is really nice to eat lots of chocolate biscuits and not worry - to be able to hide it with pregnancy. To say 'I'm pregnant, of course I'm big. What do you expect? There's a baby in there' (individual interview).

In concluding this section it can be seen that pregnant women have for many years received a great deal of advice on diet and nutrition. This advice has not remained static, but has changed over time (it also varies from place to place and culture to culture although I have not focused on this). On closer examination, the medical 'facts' of the pregnant body are actually discourses that change over time and space. This is a

point that becomes particularly evident when examining various understandings of the placenta.

PLACENTA - CHANGING DISCOURSES

'Facts' relating to the structure of the uterus, especially the placenta, have changed radically since the 1960s. Sharon Marcus (1993, 135), in a fascinating paper on *Rosemary's Baby* (a novel which was later made into a movie), discusses how:

In the early 1960s, obstetricians viewed the placenta as a barrier that guaranteed the autonomy of the fetus within the womb and protected it from any maternal influence. A Public Affairs Pamphlet by Joan Gould, published [in the United States] in 1958 under the title 'Will my Baby be Born Normal', priced at 25 cents and intended for wide and easy distribution, warned mothers of the importance of the first three months of pregnancy in determining fetal health.

Despite this implied link between mother and fetus, Gould claimed that mother and fetus were almost entirely separate entities. The 'wall' of the uterus functioned to protect the fetus. Gould (1958, 11 cited in Marcus 1993, 135) writes:

. . . we are blessed that our children are so well protected from all that we swallow or inject into ourselves. Every child has a silent nurse, constantly on duty, protecting him [sic] from almost every kind of poison, and much better prepared than his mother to see to it that he receives precisely the right amount of food and oxygen. This nurse screens out almost everything in the mother's bloodstream that could harm the child, before it reaches him, and even manufactures the extra chemicals that he needs. That nurse is the placenta . . .

Marcus (1993, 135) continues:

Gould's description of the placenta appeared throughout the literature on pregnancy during the first half of the 1960s. A column in the July 1964 issue of *Redbook*, for example, replied with a resounding 'no' to the question 'Can a Mother's Illness Harm Her Unborn Baby?' and explained that a mother's illness, even an infectious disease, should not cause worry because the placenta acts as a barrier between the mother and the fetus. The womb insulated the fetus from the mother and 'is not too different from the space capsule designed to sustain and protect astronauts in outer space' (Hughes 1964, 22).

Obviously this understanding of the placenta allowed for a sharp distinction or separation to be drawn between mother and fetus. The pregnant woman's body was

seen as “outer space” with the fetus being located in a sealed or walled interior - “space capsule” - known as the womb.

This model of the placenta-as-barrier or wall meant that not only was the fetus thought to be independent from the mother, but, and perhaps more importantly for the purposes of this research, the mother was understood to be independent from the fetus. This obviated some (but not necessarily all) of the present day pressures on pregnant women to monitor or circumscribe their activities in order to safeguard their baby. Pregnant women were not expected to give up smoking, employment and sport, to take plenty of rest, to curtail activities outside the home - at least not on the grounds that these activities might threaten the fetus in some way. Pregnant women may have been pressured to give up these activities on other grounds, for example, it is not seemly or lady-like for pregnant women to engage fully in public life, but not on account of the well-being of their fetus.

It was not until a ‘discovery’ early in 1965 “that the placenta facilitated rather than blocked communication between mother and the fetus” (Marcus 1993, 135) that a new discourse leading to an increase in the surveillance of pregnant women (both self-surveillance as well as surveillance by others) began to emerge. “A 1967 July column in *McCall’s* noted that ‘the old idea that the womb is the safest human habitat has been sharply disproven in recent years’ and cautioned that ‘infants’ were now being ‘attacked in the womb’” (Kerr 1967, 48 cited in Marcus 1993, 136). Marcus (1993, 135-136) suggests that this is:

A more overtly paranoid version of the placenta . . . paranoid in its representation of the pregnant woman as the persecutor of the fetus . . . [and] paranoid in a psychoanalytic sense, since it depicted the pregnant woman’s body as unable to maintain the distinction between self and other, mother and fetus, exterior and interior” [as discussed in Chapter I].

Marcus (1993, 137) claims that writers for women’s magazines and medical professionals interpreted “the new view of the placenta to mean that mothers could

communicate infectious or harmful substances to fetuses. As a result, those authors cautioned mothers to practice constant self-surveillance". This self-surveillance involved getting plenty of rest, giving up employment, reducing activities outside the home and relying "on housework to stay physically fit" (Marcus 1993, 136-137). An article in:

The *Ladies' Home Journal* even insisted that all married (i.e. heterosexually active) women should follow this restrictive regime at all times since at *any* point they could be in the first weeks of pregnancy and not know it - and 'by the end of the third month the baby is completely formed' (Marcus 1993, 137 emphasis in original).

This idea of pregnant women's behaviour directly affecting the fetus reverberates still in various forms today. For example, Lose Miller (published in Dawson 1983, 16), who was born in Tonga but currently lives in Aotearoa/New Zealand, claims:

You are supposed to do good and healthy things during pregnancy. I went to see a girl in Wellington Hospital, a week or so ago, and her baby had a mark on his ear. She remembers, she had cut her husband's hair a month back and she had clipped his ear by accident with the scissors. She thought that was why her baby had that mark on his ear! People believe that what you do in pregnancy affects the baby. One is expected not to do anything in secret - your actions must be open, perfect.

To sum this point up, Marcus (1993, 137) explains:

The new view of the placenta led to arguments that because women's reproductive organs enabled a dangerous communication between the internal fetus and the surrounding 'maternal environment,' the mother could only protect the fetus from her own dangerousness by assiduously exercising paranoid self-surveillance and transforming herself into an agoraphobic invalid.

In order to suggest a different and new understanding of the placenta and intrauterine environment (that is, an understanding that could prove mutually beneficial for both mother and fetus) it is worth considering the work of H  l  ne Rouch - a biology teacher at the *Lyc  e Colbert* in Paris. In an interview in 1983 (cited in Irigaray 1993, 37-44) Luce Irigaray asks Rouch: "can you explain the mediating role the placenta plays during interuterine life?" (p 38). Rouch explains that "the placenta is a tissue, formed by the embryo, which, while being closely imbricated with the uterine mucosa remains

separate from it . . . although the placenta is a formation of the embryo, it behaves like an organ that is practically independent of it” (p 38-39).

It plays a mediating role on two levels. On the one hand, it is the mediating space between mother and fetus, which means that there is never a fusion of maternal and embryonic tissues. On the other hand, it constitutes a system regulating exchanges between the two organisms, not merely quantitatively regulating the exchanges (nutritious substances from mother to fetus, waste matter in the other direction), but also modifying the maternal metabolism: transforming, storing, and redistributing maternal substances for both her own and the fetus’ benefit. It thus establishes a relationship between mother and fetus, enabling the latter to grow without exhausting the mother in the process, and yet not simply being a means for obtaining nutritious substances (Rouch cited in Irigaray 1993, 39).

Rouch is not so much describing a biological reality as an imagined reality that is culturally determined. Rouch understands the placenta as continuously negotiating differences between the self (the mother) and other (the embryo). She claims that the relative autonomy of the placenta cannot be reduced either to a mechanism of fusion, or, conversely, to one of aggression.

For me, Rouch’s understanding of interuterine space conjures up images of Homi Bhabha’s ‘Third Space’⁷⁵ (see Bhabha 1990, 1994). Bhabha (1994, 39) claims that “by exploring this Third Space, we may elude the politics of polarity and emerge as the others of our selves”. In an interview on the Third Space, Bhabha (1990, 211) explains that for him the Third Space is hybridity. Hybridity, he explains, is “a process of identifying with and through another object, an object of otherness, at which point the agency of identification - the subject - is itself always ambivalent, because of the intervention of that otherness” (Bhabha 1990, 211). In a psychoanalytic and material sense, the uterus/fetus is the other of the pregnant woman’s self. Recognising this interuterine space as a hybrid space, an in-between space, a Third Space, may offer a

⁷⁵ In addition to Third Space, Bhabha (1994, 38 emphasis in original) uses a number of other spatial metaphors to articulate his notion of hybridity - these include “alien territory”, the “split-space of enunciation” and “*in-between* space”. I will not discuss these spatial metaphors here, but nonetheless, it is interesting to note that all of these terms could be applied in some way to the pregnant body.

productive understanding for reconceptualising the relationship between mother and fetus.

Similarly it is worth drawing attention to what Plato in the *Timaeus* calls the *chora*. The *chora* (which Kristeva refers to in order to explain her notion of the semiotic) is “receptacle, unnameable, improbable, hybrid, anterior to naming, to the one, to the father and consequently maternally connoted” (Kristeva 1980b, 133). The *chora* is the site of the undifferentiated bodily space the mother and child share. “A site for the production of the matrix/womb and matter, the *chora* is the unnameable, unspeakable corporeality of the inextricably tangled mother/child dyad which makes the semiotic possible” (Wright 1992, 195).

Currently, there are a number of academics such as geographers (Gibson-Graham forthcoming), sociologists (Lechte 1993) and feminist theorists (Grosz 1994b) who are using the notion of *chora* to further understand issues of space, place, architecture and sexual politics. Gibson-Graham (forthcoming) discuss the possibilities of “thinking a postmodern pregnant space” and note that the inherent femininity of *chora* lies in its immanent productiveness. But, it is this quality of productiveness that Grosz (1994b) argues has been undermined by phallocentrism. Understanding the uterine bodily space shared by mother and child - a space of form and formlessness, self and other, production and reproduction - may allow for rethinking the *chora*, spatialisation and sexual difference.⁷⁶

⁷⁶ Gibson-Graham (forthcoming, 28) refer not only to the *chora* but also to:

. . . the ‘third space of political choice’ depicted by Soja and Hooper (1993: 198-99) (drawing on Foucault’s notion of heterotopia) which is a place of enunciation of a ‘new cultural politics of difference’.

Gibson-Graham (forthcoming, 28) also make reference to Rose’s (1993a, 137-160) discussion of a “politics of paradoxical space” and de Laetis’s (1986, 25) comments on “elsewhereness” and “space-offs”.

My purpose in drawing readers attention to notions of the placenta as negotiator of difference between self and other (Rouch cited in Irigaray 1993), “Third Space” (Bhabha 1994), “the *chora*” (Kristeva 1980b) and “pregnant space” (Gibson-Graham forthcoming) is to attempt to reconstruct, reinterpret and reinscript the pregnant body from a body that is widely considered, both by pregnant women themselves and by others, to be dangerous, seeping, ugly and abject to a body that is full of productive (discursive and material) possibilities.

CONCLUSION

In this chapter I have argued that pregnant women are “matter out of place” (Douglas 1966, 35) in the public realm. Drawing on the notion of abjection (Kristeva 1982) I argue that pregnant women personify the border between self and other. Their bodies are inscribed as fascinating but also abject. More specifically, they are constructed as seeping (Grosz 1994a) and ugly (Young 1990b) - bodies that do not belong in public space. They are bodies that mark ‘sexual difference’. They are bodies that are constructed as untrustworthy in the public realms.

It is unsurprising, therefore, that these pregnant bodies are thought to be in need of surveillance and containment. This need to keep women under surveillance and containment leads to the fetus/becoming mother being ‘taken over’ as public property and of public ‘concern’. Some of the ways in which this ‘concern’ manifests itself are that women become subjected to uninvited touch (usually their stomachs), to specific dietary regimes and to being in a ‘condition’. Perhaps what is needed in order to begin the process of reconstructing pregnant embodiment is a ‘different’ understanding of the relationship between fetus and mother - an understanding of the intrauterine space as a Third Space in which the mother and fetus are neither fused nor in opposition to each other. In the next chapter I move the focus from pregnant women as bodies to consider constructions of the pregnant mind.

Chapter VII

PREGNANT WOMEN: HYSTERICIS OF THE 1990S?

What a woman needs most at this time is her partner's support, love understanding and *rational thought* (*Baby on the Way* 1994, 19 emphasis added).

Hysteria is defined in the *Collins English Dictionary* (1979, 724) as "1. a mental disorder characterised by emotional outburst, susceptibility to autosuggestion, and often, physical symptoms such as paralysis. 2. any frenzied emotional state, esp. of laughter or crying". The *Collins English Dictionary* (1979, 724) also states that the word hysteric is derived from seventeenth century Latin *hystericus* literally meaning "of the womb" and that there was a belief that hysteria in women originated in disorders of the womb. More specifically: "Hysteria in women was thought to be the result of the womb moving around the body and getting too close to the brain, an understanding that persisted well into the nineteenth century" (Morgan and Scott 1993, 7).

Grosz (1994a, 38) argues that hysteria involves "a somatization of psychological conflicts" which are coded as "'feminine' neuroses in which it is precisely the status of the female body that causes psychological conflict". Grosz (1994a, 40) explains there have been "distinct waves of particular forms of hysteria (some even call them fashions)". For example, in the nineteenth century commonly exhibited forms of hysteria included breathing difficulties, such as fainting, tussis nervosa, breathlessness and so on. Today, these forms have more or less disappeared, perhaps with the exception of asthma and various 'allergic' reactions. Today, the most pervasive forms of hysteria include eating disorders; anorexia nervosa and bulimia in particular (Grosz 1994a, 40).

Schilder (1978 cited in Grosz 1994a, 78) distinguishes two kinds of hysterical symptoms which have two different effects on the body image.

The first group is related to the surface of the body and its outward appearance (. . . skin disorders - rashes, infections, eczema) . . . The

second group is connected to the inner bodily processes and organs, those which are not generally visible (choking, breathing difficulties, paralyses, etc.). This division indicates both the psychical significance of the public/private division and the division between inside and outside. Disorders visible on the surface of the body have different kinds of effects on others than those which are not visible (Grosz 1994a, 78).

In considering pregnant women and hysteria I am concerned with analysing symptoms that are inner bodily processes rather than manifested outwardly. However, it is, at least in part, because women (in the later stages of pregnancy) can be outwardly recognised as pregnant that they become inscribed as possessing certain inner bodily characteristics. Once again, the division between public/private and outside/inside proves to be problematic and does not hold.

In this chapter I focus on some of the ways in which pregnant women are constructed as hysterical, but, I ought to point out that this is not a straight forward or uncontested process. The seemingly hysterical behaviours exhibited by pregnant women do not simply, or only, mark them as victims of a patriarchal regime, they are also subjects who actively contest and resist that regime. Grosz (1994a, 157-158) claims that:

In *The History of Sexuality*, Foucault outlines only one specific program of sexualisation directed toward women: 'the hystericization of women's bodies'. In treating hysteria as an effect of power's saturation of women's body, he ignores the possibility of women's strategic occupation of hysteria as a form of resistance to the demands and requirements of heterosexual monogamy and the social and sexual role culturally assigned to women. Like homosexual or any other sexual practices, the hystericization of women's bodies is a procedure that, depending on its particular context, its particular location, and the particular subjects, may function as a form of complicity with or refusal of patriarchal sexual relations.

I agree with this point made by Grosz. If women are suddenly, because they are pregnant, permitted to "burst forth in an eruption of feelings and fears" (Schrotenber and Weiss 1985, 125) this may be unsettling for those around her, but it may be empowering for the woman herself. Likewise, to be given licence, and even validation, to have 'mood swings' can be interpreted positively. Although strategies of resistance are not the focus of this thesis, it is nevertheless, important to recognise the possibility

that women strategically and deliberately use (hysterical?) behaviours during pregnancy in order to withdraw from public space. Pregnant women are not simply victimised by the discourse of hysteria, although, this discourse of pregnant women as hysterical is both dominant and pervasive.

EMOTIONAL ERUPTIONS

Today, in Hamilton, pregnant women are often thought to exhibit behaviours which could be considered hysterical. In particular, I am referring to behaviours such as becoming 'overly' emotional, not being able to think clearly or rationally, and frequently forgetting things that prior to pregnancy the subject would have had no difficulty in remembering or dealing with. Although these hysterical behaviours are temporally and spatially specific, they also have some genealogy. Carol Brooks Gardner (1994, 49-50) writes:

In the nineteenth century pregnant women were believed to be capable of virtually any extremes. Pregnancy might cause women to become ecstatic or depressed, to steal or commit other crimes, to go insane, to become suddenly skilled at tasks they previously could not perform (Walker, 1839, Velpeau, 1852). As in ancient beliefs about hysteria, the womb was often held responsible for this astounding range of possibilities (Meigs, 1854: 18-20; and see Smith-Rosenberg and Rosenberg, 1973 and Smith-Rosenberg, 1985). Some physicians wrote of the pettishness of the pregnant uterus and the entire nervous system of the pregnant woman; others wrote of the 'nervous excitability' and 'hysterical symptoms' of pregnancy (Trousseau, 1868-1872: 365) or of the large nerves near women's reproductive organs as culprits for a pregnant woman's moods and behaviours ('A Physician' 1874, 279).

In contemporary accounts of pregnancy there is little evidence that pregnant women may steal or commit other crimes or that they may suddenly become skilled at tasks that they previously could not perform but there are suggestions that they may become more (overly) emotional. This discourse is in evidence both in popular and academic literatures. In turning to the index of nearly any book that deals with pregnancy as its subject matter, it does not take long to come across a heading such as 'Emotions' or 'Emotional changes'. Schrottenber and Weiss (1985, 125) devote a whole chapter to the

topic 'Your pregnancy and your emotions: the fears, and fantasies and the facts'. The chapter begins:

The physical changes of pregnancy are dramatic but no more so than the emotional ones. The emotional life of a pregnant woman has been compared to a volcano: All that's been hidden beneath the surface, lying dormant under the tranquillity and the everyday concerns of our adult lives, bursts forth in an eruption of feelings and fears, moments of intense ecstasy and times of high anxiety. This emotional eruption certainly can be unsettling.

The unsettling nature of such emotional eruptions seems to often find voice in the anecdotes of women themselves as they describe scenes from their pregnancies. Take for example this story by Jane Fraser (1994, 9) published in the *Sunday Times* in an article entitled 'Turning on the waterworks':

If I remember correctly, and I do, this tendency to cry coincided with my being pregnant; being up the proverbial pole was a real big howler as far as I was concerned. Just as an example, I once, with the bun in my oven, watched my brother playing in the final of a local tennis championship and by the second game, at about the point he double-faulted, I had worked myself into such a state I let out a tragic scream and dropped, sobbing, to the ground, where I lay, thumping my fists and pulling out great big tufts of grass.

One reading of this anecdote is that the pregnant woman describes herself as not fit to be in public - the pregnancy led her to acting hysterically thereby publicly embarrassing both herself and her brother. This message is echoed in advice given by Kerrie Lee (1993, 19).

It is important for partners and others close to the expectant mother to tolerate uncharacteristic mood swings which can be extremely irritating, even offensive, to those around her.

It was also common for the participants in this study to talk about their emotions. Sandy, who was aged 15-19 years and was 26 weeks pregnant, claimed: "Some days when I'm home I just feel so annoyed at myself 'cause I feel so lazy and tired for no reason. I'm terrible, I get really depressed. I ball my eyes out". When I asked Sonya, who was aged 25-29 years old, was also 26 weeks pregnant and had recently stopped

singing in a travelling road show, about the changes that she had faced in her lifestyle since becoming pregnant, she responded:

Um, well it's been very day to day at the moment. I've had like upheavals, emotional upheavals which from the sounds of it is kind of normal for a pregnancy anyway. Going up and down and hormones and stuff like that and on top of that I had lots of relationship troubles. And I think that might have been brought out through being pregnant as well.

Sonya makes a direct correlation between her “emotional upheavals” and being pregnant. When I asked her how she knew that “emotional upheavals” were “normal for a pregnancy” she said that her midwife had not told her this, but, she had many friends who had experienced “emotional upheavals” during pregnancy.

When I asked Tracy, who was aged 25-29 years, was 39 weeks pregnant and had worked as a secretary, what she thought of being pregnant, she said: “One day I'm great, and today's a good day, and the next day things are terrible and I feel like crawling into a hole you know”. In short, comments about emotional swings, heightened emotions, or feeling overly emotional, were common in many of the interviews.

PREGNANT WOMEN AS IRRATIONAL

Yet feeling and acting (overly) emotional is but one aspect of this twentieth century hysteria amongst pregnant women. Another of the ‘symptoms’ is that it becomes difficult to think clearly or rationally. This symptom is, of course, difficult to disentangle from pregnant women becoming (overly) emotional. The testimonial evidence from the pregnant women whom I interviewed was overwhelming in relation to not being able to think as rationally during pregnancy. In fact, only two of the total of 31 pregnant women whom I interviewed or who took part in focus groups flatly claimed that they were no more irrational during pregnancy than at any other time in their lives. The conversation quoted at length below was typical of many over the duration of the research.

Terry: Well I think in Auckland [University] um, I'm pretty sure . . . that even if you are just pregnant and sit an exam you get an impaired performance certificate.⁷⁷ You know, just by being pregnant, 'cause they reckon that you get a lot of progesterone and it makes you go a bit vague . . .

Margaret: You forget lots of things I think sometimes, but I don't know if that's me or just too much to think about [laughter]. They reckon you do. I've been asked that; if you forget things.

Robyn: Yeah. But you're not sure?

Margaret: No [inaudible] You might forget, you don't know (//).

Terry: (//) So it's not really (//).

Robyn: (//) You don't know you've forgotten [laughter].

Terry: Oh, I just do really silly things like thinking it's August when it's 1st July or you know.

Margaret I don't think I've been too bad. That's my opinion.

Terry: My husband's car broke down and um he was away at the time. I knew it was serviced at Nissan so I went along and the bloke said "oh when was it last serviced"? I said "two weeks ago" and pulled him out this receipt you see, that I found in the car and said "look, here it is this is the proof", and it wasn't until I got home that I thought to myself hold on - that was dated February 1992 [the interview was taking place in August 1993], and there I was giving it, and saying "you know there it is, see look this is the date for two weeks ago" you know (.) and I've done really silly things like that I wouldn't normally do I'm sure. I hope!

Robyn: I'm just wondering about you sitting your exams just before the birth?

Terry: I know - it is a worry for me too, but it actually hasn't affected my grades I've been very pleased with my grades actually. So at the moment it seems to be affecting things outside of university and somehow I seem to be keeping my brain tuned into university, but not with anything else. Driving, I do find driving you know, I'm just sort of

⁷⁷ In fact, at the University of Auckland pregnant women who must sit examinations are automatically given an extra ten minutes per hour so as they can rest, stretch their legs and so on each hour. They usually sit the exam in a separate room from the other candidates. Also, pregnant women can apply for 'Special Consideration' to be given in relation to their performance. Documentation from a General Practitioner or Midwife must accompany the application. These applications are reviewed by a committee including a member of the Student Health Services who is able to assess the degree of 'impairment'. It is difficult to determine how a committee might respond to an application based on the grounds that pregnant women are not able to think very clearly or rationally. Because applications are treated as confidential under the Privacy Act 1993, I was unable to gain information on any such cases. The material in this footnote is based on a phone conversation with a University of Auckland staff member who works in the Examinations Section.

in a dream; I mean I tend to do that anyway, but I'm much worse at the moment. You know just not focused (small focus group 1).

In this conversation Terry is sure that her pregnancy has affected her performance in carrying out day to day tasks effectively. In particular, she illustrates that her ability to think logically has been impaired by her pregnancy (Terry says that she offers the mechanic evidence which does not support her claim that the car had been serviced recently). The contradiction is that Terry claims that her pregnancy had not affected her performance at university. Margaret, on the other hand, was not so sure that she had become more forgetful and less able to reason during her pregnancy. She did not, however, totally rule out the possibility and claimed that "they do say that". Who "they" is exactly, was not determined in the conversation.

The following conversation with Heather reiterates some of Terry's fears about being a university student and being pregnant. Thirty one of the women whom I interviewed were pregnant for the first time, but Heather (who was one of five women involved in the preliminary interviews) was pregnant with her second child. The baby was due in the middle of her university final exams.

Robyn: Are you concerned about being sort of 'fuzzy brained' during your exam then?

Heather: [Laughter] Very concerned. I just hope that my mind is on the subject that I'm sitting the exam for and not somewhere else or I won't be able to think of one thing.

Robyn: In your other pregnancy did you find it more difficult to concentrate on things - that your focus was more (//)?

Heather: (//) Yes - it was terrible. I was in charge of about 15 people (Robyn: Oh) and I couldn't keep track of what everyone was up to. Something that I hadn't found at all difficult earlier on. But I couldn't, I dunno, I just couldn't do it.

Robyn: What were you doing?

Heather: Landscaping. I had people digging plants here and some over there fertilising and others watering and people raking around over there (Robyn: Mm) and others sewing seed and honestly no I couldn't figure out (.) what everybody was doing and how long it would take them until they were finished (preliminary individual interview).

Many of the conversations with pregnant women followed along similar lines. I seldom raised the issue of lack of concentration on tasks, forgetfulness and so on during pregnancy, yet it nearly always came up in the course of our interactions. In one conversation the topic came up by way of a woman, Iris, who had recently given birth to her first baby advising other women who were soon due to give birth for the first time. (I was using Iris's home as a venue for the focus group. Iris was not formally involved in the group discussion but came into the room that we were using to make a cup of tea.) "Your brain grows back after a while [laughter] and when you get your brain back it only comes back about 50 percent and you need a lot of positive mental attitude to get the other 50 percent back and then you can start to function again" says Iris. The comment was light-hearted but nevertheless served to reiterate this dominant discourse of pregnant women as less intelligent and rational beings than non-pregnant women or men.

FORGETFULNESS

Forgetfulness was the third 'symptom' that pregnant women frequently discussed. It is worth noting that even in the course of making arrangements to meet with pregnant women when I made comments such as 'I will give you a call the day before our appointment in order to remind you' (and I followed this procedure with all interviewees not just pregnant women) my comment was frequently met with an answer such as "Yes - I need reminding these days!" (Denise, joint indepth case-study). On one occasion when two pregnant women with whom I was conducting indepth interviews failed to show up for an appointment and they both 'blamed' their forgetfulness on their pregnancies. It is worth quoting this conversation about forgetfulness in full.

Robyn: Have either of you found that you're getting more forgetful?

Denise: Why do you say that Robyn? [laughter] 'Cause we forgot to turn up to our last meeting?

Robyn: Sorry - I forgot about that. I really wasn't getting at you about that [much laughter].

Denise: Have a look at my fridge and you'll know how forgetful I'm getting. I've taken my memo-board from out of the pantry that I never used to use.

Robyn: Have you?

Denise: I didn't need to use it before 'cause I always got haircuts to do and things and I just remember when I've got to do them. But I've been forgetting so many things I've had to write everything down [inaudible].

Kerry: Is it true that you do get more forgetful? 'Cause what I did last night . . . I thought I'll water my plants. I left the hose on all night [laughter]. And I woke up this morning and I heard him [her husband] yelling and he was going 'you stupid woman - why do you do such stupid things like this?' He was going off his tree and I, I just lay there listening to him and thought 'Oh yeah, let him carry on' and I went across to the shed and he said 'God you're forgetful'. I said 'I know. I just don't know why. I just forget things. It's terrible'.

Robyn: More so, since you've been (/)?

Kerry: (/) More so. He said "do you always forget things when you're pregnant"? I said "I don't know".

Denise: . . . We had a wedding three or four weeks ago and I was going to a completely different church from everybody else [laughter].

Robyn: Oh no!

Denise: It just about happened. I got picked up by some friends and if I'd have taken my own car like I was going to . . . Rachel and Dave took me to the right one thank God, but I wouldn't have known where it was . . .

Kerry: [laughter] It's weird eh! It is, it must be, is it true that you must forget things?

Robyn: I don't know but a lot of women certainly say that.

Denise: I do. I think it's right 'cause I've been terrible [laughter].

Robyn: Does it begin to have implications for your work too?

Kerry: Does for me, 'cause I keep forgetting things then I think 'Oh yeah I must do that' . . .

Denise: Like I quite often forget what day it is.

Kerry: Turn the hose off and to turn up [laughter].

Denise: . . . When I woke up this morning I thought I was meant to be at work, but I'm not 'cause I've got today and tomorrow off (joint indepth case-study).

It is interesting to note that in this conversation Kerry seems, at least to begin with, a little uncertain as to whether or not there is a correlation between pregnancy and forgetfulness. On two occasions she looks to me as an 'expert' on the subject and asks: "Is it true that you do get more forgetful?" and "Is it true that you must forget things?". However, before I answer her, Kerry tells the story about forgetting to turn the hose off. This indicates that although she consults me on the matter even without my opinion Kerry believes that forgetfulness is a 'symptom' of pregnancy. Denise, too, believes that she became more forgetful during pregnancy and offers anecdotal evidence to support her claim.

COMMENTS FROM MIDWIVES

In order to attempt to understand more fully these discourses of pregnant women as (overly) emotional, unable to think as logically or rationally as they could prior to becoming pregnant, and forgetful, I mailed out a short questionnaire to 22 independent midwives in Hamilton (see Appendix H). A covering letter informed the midwives that during this research it had come to my attention that most of the women I had spoken with claimed they had become more forgetful, or "mush-brained" as one woman put it, during pregnancy. I then quoted an article entitled 'Emotional changes are a normal part of pregnancy' published in a local free weekly newspaper as follows:

You've noticed some remarkable changes during pregnancy . . . Somewhere along the way, your brain seems to have turned to jelly. Halfway through a sentence you forget what you were talking about. Balancing your cheque book has become a mental marathon. And words and phrases that came easily to you previously now elude you altogether. Then come Wednesday, you remember you had a dinner engagement last night. Suddenly, it seems, your brain is unable to access what was once elementary knowledge. It's lowering and embarrassing. A normally alert, logical, articulate woman could be pardoned for thinking she was going nuts (*Waikato Weekender* March 9, 1991, 14).

Dichotomous notions of female/male, pregnant/non pregnant, body/mind, illogical/logical, irrational/rational, inarticulate/articulate, come into play as pregnant women are constructed as "going nuts" in this article. According to the article, when

women become pregnant their “brains” turns to “jelly”. Not only is it interesting to note the ease with which the writer separates the brain or mind from the body, but also the term jelly indicates that pregnant women no longer possess a brain that is made of solid or firm matter but rather it becomes (dangerously?) viscous (refer to discussion about matter that is neither solid nor liquid on p 174). Supposedly, those activities associated with the public, rational, financial, objective world, signified by the balancing of the cheque book in this article, become very difficult for pregnant women to carry out.

Midwives agree - pregnant women do “go nuts”

In the questionnaire the midwives were asked a total of four questions. Question one asked midwives to respond to the aforementioned quote in the *Waikato Weekender*. Of the 11 responses that were returned, all were in agreement that it was a ‘valid’ comment although five considered it to be a little ‘over the top’; ‘harsh’; ‘over exaggerated’; ‘over stated’; ‘media hype’.

Despite these five claims concerning exaggeration however, all 11 midwives answered ‘Yes’ to the second question ‘do you think that pregnant women becoming more forgetful and emotional has a basis in reality’?

The third question asked midwives: ‘have you had clients report this (that is, a tendency to be forgetful, overly emotional, less logical)’. Answers included ‘often’; ‘definitely’; ‘each day virtually’; ‘yes, usually made in jest but relieved when you support them’; ‘yes, quite a few, also lots of forgotten appointments’; ‘yes, most women I care for report this happening to them and on a personal level I too have experienced and enjoyed these changes’; and finally, ‘yes, and I’ve experienced them myself’. In short, all of the midwives stated that they had clients report increased forgetfulness, becoming more emotional, less logical and so on.

Hormones and endorphins

The fourth question elicited what I read as the most interesting responses from the midwives in the questionnaire. Question four asked what they suggest to their clients as the reason(s) for their 'condition'. I think these responses are worth quoting almost in full as I want to examine closely a number of the points raised:

Response 1: Time of hormonal and physical change. Also change in expectations from society . . . Becoming more introspective and aware of own body.

Response 2: Partly hormonal, partly the emotional, physical, psychological, social, personal and relationship changes they are involved in.

Response 3: Becoming more attuned to nurturing and more sensitive to a baby's needs.

Response 4: Hormonal changes and new life phase. Major adaptation in body's functions and psychological adjustment to motherhood.

Response 5: It's hormonal that pregnant women are supposed to be nurtured and cared for as they are doing an important job in society - reproducing - and our body is helping us do that turning inward . . .

Response 6: Endorphin levels increasing - side effect of this is forgetfulness . . . Mother Nature does this to the pregnant woman so that she realises the most important factor in her life is the well-being of her unborn child and that what used to be so important becomes a triviality.

Response 7: . . . maybe Nature's way of eliminating outside influences and keeping mothers self-nurturing . . .

Response 8: Endorphins are natural substances produced in the body. They are produced during pregnancy . . .

Response 9: So far as I am aware it has no physiological grounding.

Response 10: Hormonal changes of pregnancy. I also feel . . . it may be a change in response to others, almost a shift in thought patterns to others - self involvement.

Response 11: The changes in mental alertness are another yardstick to show women how well they are adjusting to the coming event of birth. A slow build-up of endorphins . . . is the reason for the vagueness which becomes more noticeable as the pregnancy advances. Instead of being annoyed at these 'shortcomings' (according to Western culture) women should enjoy these changes happening to their bodies . . .

Hormones and endorphins feature prominently in a number of these responses. While I do not wish to deny the effects of hormones and endorphins, using them unproblematically as the reason for pregnant women's 'condition' serves to naturalise these changes to her embodiment, treating her embodiment as given and unalterable. The references to Mother Nature, Nature's way, and natural opiates also serve to reinforce the notion that this 'condition' is something which simply *is*. Only two of the eleven responses make reference to pregnant women's changing responses to, and/or expectations of society or the social changes.

Another recurring theme in the responses is that the pregnant woman becomes (or at least she *should* become) "more introspective and aware of own body". Phrases such as self involvement and self nurturing were used by the midwives. I suspect that what such introspection is aimed at bringing about, however, is not a looking after of the pregnant woman herself so much as a nurturing of the fetus within. Two of the midwives actually state this in as many words - "so that she realises the most important factor in her life is the well-being of her unborn child"; so that she becomes "more sensitive to a baby's needs". Does this mean that pregnant women who do not "turn inward" toward their fetus and "eliminate outside influences" are 'bad' mothers from the outset? Respondent 11 suggests that "changes [read: a decrease] in mental alertness are another yardstick to show women how well they are adjusting to the coming event of birth". In other words, if a pregnant woman becomes 'vague' this indicates that she is a *well* adjusted 'becoming mother'! What is more, women should "enjoy these changes". This discourse of pregnant women focusing almost solely on their fetus also serves to naturalise, and assert further the hegemony of, the mother-infant dyad in western societies.

The article cited in the questionnaire to midwives also offered some explanations as to the supposed "decay in both concentration and logic" experienced by pregnant women (this section of the article was not given to the midwives):

A large part of you is involved in producing a child, and that energy has to come from somewhere. So you shut down non-essential services first - and higher cortical activity is not indispensable to reproduction . . . There is an increase in the production of hormone binding agents, and changes in blood pressure regulation and glucose metabolism. Some pituitary functions are inhibited . . . Men don't have this kind of sudden hormonal change (*Waikato Weekender* March 9, 1991, 14).

Evident in this explanation is a mind/body split whereby pregnant women are constructed as belonging on the side of the body - "higher cortical activity is not indispensable to reproduction". Clearly this biological explanation is underwritten by a discourse that 'becoming mothers' do not need a brain!

When I asked a number of the pregnant women why they thought that they were now more forgetful, less able to reason, and more prone to being emotional during pregnancy the responses were remarkably similar to both those given by the midwives and that given in the newspaper article. Denise suggests "well, it's your hormones isn't it?". Kerry responded "it's just natural I suppose". Dorothy thinks "it's a bit like PMT [Pre-Menstrual Tension now commonly known as PMS, Pre-Menstrual Syndrome]. You know the same symptoms - stress and stuff like that". Sandy responded "I ball my eyes out. I say 'Mum - what's going on?' She says 'It's just your hormones changing'. It's weird when you dunno anything".

PREGNANCY AS NATURAL

Time and time again it appears that this twentieth century hysteria is explained simply by calling on biology, nature, and essential differences that exist between men and women. These anarchic and disordered behaviours in pregnant women are constructed and deemed as natural.

It is extremely difficult to destabilise the naturalness of pregnant embodiment. The natural (and normal) female body is widely considered to be one that has the capacity, and chooses, to bear children. Women are expected to experience their bodies as child bearing bodies. In the natural sciences being a woman is equated with bearing children

and being a mother (Cameron and Costello 1994, 4). Because the majority of women, at a specific life stage, have the capacity to bear children, it is assumed that all women want to, and should, bear children. Women's bodies are represented in medical discourse as bodies that are waiting for babies. Menstruation is represented as a process that occurs when there has been no conception - the uterus sheds the lining that has been prepared for the fetus (see Martin 1987; Cameron and Costello 1994). Cameron and Costello (1994, 4) note that in a 'mother-to-daughter' talk one of their mothers "described it as the uterus weeping for the loss of a baby".

I could have chosen a number of other female bodies to examine such as the bodies of athletes, body builders, homeless girls or lesbians. In short, these are bodies which women inscribe in ways that frequently transgress hegemonic representations of femininity. They are bodies that are commonly described as being unnatural and unfeminine. This is not to imply that athletes, body builders, homeless girls and lesbians do not become pregnant. They do, but when they do, their bodies are reinscribed by various other discourses in complex ways. While carrying out this research I supervised a student who was writing a thesis on female body builders. There are some differences between built bodies and pregnant bodies in terms of intention and desire (pregnant women do not direct the growth of their stomachs in the same way that body builders direct the growth of certain parts of their bodies) but there are also many similarities in the arguments that each of us is making - that bodies are enculturated, inscribed by discourse and the places that they occupy. Yet, despite the similarities in our arguments, it seems more difficult to explain the pregnant body, as opposed to the built body, as inscribed by discourse. Both pregnant bodies and built bodies are a complex interweave of nature (biological) and culture (inscribed by social practice) yet pregnant bodies seem to be placed firmly in the category of nature while female built bodies are placed firmly in the category of culture.

It is not surprising, therefore, that the word natural came up many times in the course of conversations with pregnant women. Paula describes her “big tummy” as natural:

The first time I went swimming it was sort of like, am I going to take my clothes off, am I going to let everybody see my big tummy you know? But um, I’ve got to the stage where so what, I mean, it’s natural (indepth case-study).

Joanne, a receptionist, claimed:

Pregnancy is the most natural thing in the world and people don’t think of it as a disease or something dreadful. It’s perfectly natural (focus group 2).

Joanne’s claim that pregnancy is natural is counter hegemonic to discourses that medicalise pregnant embodiment. Young (1990a, 161) argues that: “Medicine’s self-identification as the curing profession encourages others well as the woman to think of her pregnancy as a condition that deviates from normal health”. This, argues Young (1990a, 170), can produce a sense of “alienation for the pregnant woman”. Prevalent in medical discourses on pregnancy are claims that pregnant women are patients and that the use of drugs and medical instruments is necessary to ‘treat’ and/or ‘help’ pregnant and birthing women. Pregnancy is considered to be an inherently weak, dysfunctional and psychologically unstable bodily (dis)order rather than a natural process. In opposition to this medical conceptualisation of pregnancy and birth there has emerged a feminist discourse which instead stresses the naturalness of pregnancy and birth.

Natural childbirth

Claims about the naturalness of pregnancy are frequently read by feminist midwives and childbirth educators as useful and empowering for women (see for example Gaskin 1977; Kitzinger 1989). Demedicalising pregnancy and birth allows for women to take control of their own pregnancy and birth experience.

The natural birth movement emerged in the United States in the 1950s as a reform movement to do away with the excesses of medical management (Katz Rothman 1982).

A number of the recent alternative approaches to birthing are based on the idea that women ought to do what comes 'naturally'. That is not to say that women ought to be entirely unprepared for birth (there are classes on natural childbirth). Over the last few decades there has emerged a dichotomy between medicalised births which are considered to be unnatural and home births, water births, active births, births in quiet or tranquil darkened rooms, gentle births etc which are considered to be natural. Approaches to birth by people such as Michel Odent (1986), Janet Balaskas (1989) and Frederick Leboyer (1975) tend to be based on the notion that birth can be, and should be, a natural event. Kitzinger (1989, 170) in discussing Odent's (1986) approach to birth claims that: "For him, the most important thing is to provide an environment that facilitates a spontaneous psychophysiological process in which the woman who is left undisturbed will feel as if 'on another planet'". Kitzinger (1989, 170) says that he "has rediscovered the use of water in birth". Balaskas (1989) has developed a method of preparing for birth based on yoga. Balaskas advises women in labour to move around and change positions frequently. She also advises women to give birth in a squatting or kneeling on all fours position. Kitzinger (1989, 317) claims that, according to Leboyer (1975), "we must focus on a baby's needs and learn how to reduce its suffering" immediately after birth. In order for this to happen "the birth room must be calm and hushed, the lights dimmed and those handling the baby must do so slowly, carefully and lovingly. This is known as *gentle birth*" (Kitzinger 1989, 317 emphasis in original).

The discourse of natural childbirth has also carried with it a tendency to compare pregnant women with animals (usually mammals) which are frequently considered to exist outside of culture. Dorothy, at 40 weeks pregnant, says:

My husband he always laughs at the way I get out of bed um you know, 'cause you've got to roll to this side and get up and you're like a beached whale (individual interview).

Sometimes, more specifically, a correlation is made between pregnant women and pregnant animals. Kerry relays her conversation with her husband after they watched a video of a birth at antenatal class:

He said 'gee it makes you realise what a woman's gotta go through'. I said 'Oh yeah, it might make you realise what your poor cows have to go through and you might be a bit nicer to them now!' 'Yeah' he said (joint indepth case-study).

Kitzinger (1989, 192) advises birthing women to learn from mammals. She writes: "If we watch any mammal giving birth, a cat, for example, or a sheep, we notice that she does not take great breaths in and then 'block' the birth canal by holding her breath". Kitzinger (1989, 192) says: "A sheep gives birth with rather light, quick breathing. Her breath is involuntarily held as she bears down and then she continues the light, accelerated breathing again". Embedded in advice such as this is a notion that nature and instinct can be separated out from culture and social constraints. The main point that advocates of natural childbirth make is that women would instinctively act like other mammals if medical science did not interfere. The difficulty with this argument is that the pregnant human body can never be fully extracted from culture, it is always already socially and politically coded through a range of competing discourses.

Representations of Māori women as natural

The marrying of pregnant women with naturalness, nature and animals is evident not only in the natural childbirth movement but also in representations of 'traditional' Māori culture. This is not to suggest that the word natural carries with it exactly the same meaning in both instances, but nonetheless, the word does appear in relation to these two different discourses.

Lawrence Berg (1995) explains that Māori in nineteenth century Aotearoa were constructed by Europeans as 'Natives'⁷⁸ and that this conception of Natives is linked with naturalness and nature and, no doubt, animals, although Berg does not mention this. Natives were considered to "lack culture, art, breeding, and most important of all, a capacity for (masculine) rationality; everything that the properly masculine European man could be proud to proclaim as his own" (Berg 1995, 192). Natives were thus "to be kept in their place, politically [and] geographically" (Goldberg 1992, 557 cited in Berg 1995, 192). While Berg (1995) does not directly focus on representations of Māori women who are pregnant he does point out that a complex interplay between discourses of 'race' and discourses of gender existed in relation to European constructions of Natives.

While both Māori men and women were considered to be Natives, Māori women who were pregnant, I suspect, were thought by Europeans to be even less capable than Māori men of engaging in culture, art and rational discourse. Many colonial representations of Māori women portray them as elemental, untutored - hence eminently natural females. Māori women were frequently constructed as the signifier for the notion of beneficent maternity. Stressing the naturalness of this role led to Māori women being equated directly with the land and animals - both are seen as essentially reproductive. Elsdon Best (1924, 2) - a Victorian anthropologist⁷⁹ - claims that pregnancy and birth did not

⁷⁸ Berg (1995, 191) explains that:

The term 'Native' itself has a long history in English usage. It came into English as an adjective from the fourteenth century and a noun from the fifteenth century (Little et al. 1955: 1311). It derives from the French word *natif* (which had earlier taken the form *naif* and given us the English term naive, as in artless and simple) and the Latin adjective *nativus* meaning innate or natural.

⁷⁹ See G. W. Stocking, Jr. (1968) for essays in the history of anthropology. Also, see Stocking (1987) for an interesting account of Victorian Anthropology. Stocking scrutinises European travellers' and missionaries' accounts of encounters with 'savages' in Australia, South Africa, Fiji, Malaysia, and South America in order to show how the British experiences of cultural change during the Industrial Revolution shaped their notions of the 'primitive' or 'native'.

inconvenience Native women physically since they were remarkably free from suffering and the ills experienced by women among “more civilised folk”. Best (1924, 2) writes: “I have known women on the march, or engaged in some task, to go aside and return in an hour or so with the child. Truly is the wind tempered to the shorn or doctorless lamb”.

Māori women were considered eminently and naturally female and, therefore, pregnancy and childbirth were seen as nothing to worry over.⁸⁰ Makereti (1986, 113) states:

Generally whakawhanau or giving birth to a child was not a matter to worry over, and a Māori woman of the old days did not suffer or go through the same painful experience as the wahine pākehā (European woman). She lived a natural life and generally went about doing her ordinary duties up to a few days before her confinement, when she left the kainga [home/village] to live in a small temporary place which was built for her.

Regardless of the intention of this piece of writing,⁸¹ an outcome of such discourse is that it does reinscribe ‘traditional’ Māori women, especially when pregnant or birthing, as naturally female - connected to animals and land.

Tied in with the idea of pregnant and birthing women as naturally female is the Māori language itself. It is interesting to note that the word in Māori for land or soil is *whenua*; it is also the name of the placenta. Murdoch Riley (1994, 33) explains:

The placenta may be compared to the soil or ground from which springs a tree, the roots being represented by the branching blood vessels on its surface, the stem or pith by the umbilical cord, and the flower, fruit, or seed by the child. As a seed does not injure the ground, likewise a child does not corrupt it either; the dark deeds that may corrupt are for later

⁸⁰ Yet, it is likely that a number of Māori women and babies did die during childbirth in the nineteenth century. Although there are no figures available on maternal or infant mortality amongst Māori women during the period of colonisation, stories suggest that it was reasonably common for diseases such as septicaemia to result in death for birthing mothers.

⁸¹ Makereti was a Māori woman and her motivation for writing on Māori women was likely to have been quite different from many of the Victorian men who wrote about childbirth.

years. When the land has had all its nutrient abstracted from the tree, then birth takes place .

However, the aim of this section is not to offer a detailed account of the contemporary natural childbirth movement or to relay the finer details of historical representations of pregnant Māori women as natural, rather, it is to illustrate that there are a number of discourses of pregnancy as natural which are played out in a variety of ways. Representations and understandings of pregnancy as natural are temporally and spatially specific. These understandings hinge on factors such as sexuality, age, culture, ethnicity and 'race'.

Considering these many and various connections between pregnant women and nature, it is not surprising that the explanations frequently put forward to account for hysterical behaviours in pregnant women also draw on nature. While I do not wish to deny nature, these explanations ignore the complex ways in which pregnant bodies are given meaning and inscribed by discourse. They ignore the fact that biology/nature can only exist inside of culture.

IN NEED OF ADVICE?

Since women are constructed as naturally anarchic and disordered in their thinking and behaviours during pregnancy it comes as little surprise that they are also considered to be in need of a great deal of advice. This advice comes from a range of people including health workers, friends, acquaintances, loved ones, colleagues and even strangers. In Chapter VII, I discussed attempts to control the seeping and dangerous pregnant corpus; here I want to discuss the advice given to women which could be read as attempts to control their unruly pregnant minds.

Hamilton Birth Exposition

An example of this advice *par excellence* is the Hamilton Birth Exposition. The first 'Birth Expo.' (as it is commonly referred to) in Hamilton was held in 1991 and

sponsored by the Baby Factory (a shop selling goods for babies and toddlers). It was so successful that they ran a second Birth Expo. in 1993. I attended this Birth Expo. which was held over a period of three days 31 April - 2 May 1993 and took place in the Hamilton Gardens Pavilion. Those attending were required to pay a \$2.00 entrance fee at the door. There were approximately 30 organisations represented at the Birth Expo. including the New Zealand Family Planning Association, the Waikato Home Birth Association, the Young Women's Christian Association (YWCA), the Society for the Protection of the Unborn Child (SPUC), the Physiotherapy Department of Waikato Women's Hospital, Hamilton Midwives' Centre, Waikato Women's Health Collective, Hamilton Parents' Centre, Hamilton Midwives' Information Service, Department of Health Dietary Advice, Natural Family Planning and the Hamilton Community Drug/Alcohol Resource Centre (see Figure 7.1).

At the Birth Expo. there was information available by way of pamphlets, displays, photos, videos, models and people to talk with. There were also products, such as Weleda (naturopathic and homoeopathic medicines, oils, remedies) and Tetra (baby bedding) available for purchase. All this information (advice?) was disseminated by women, many of whom themselves had babies close by. Most of the consumers of this information were also women, some of whom had male partners and children accompanying them. In terms of 'race'/ethnicity and social class, both those who were representing organisations or selling products and those attending the Birth Expo., appeared to be Pākehā and middle class. There were perhaps one hundred people in attendance at the particular time that I was there (2-3 pm on Sunday - the final day of the Birth Expo.), and at least ten of those participants were visibly pregnant.

My reading of the cultural landscape of birth expos. is multiple and ambivalent. On the one hand, birth is 'exposed' - brought out into the public arena for discussion. The pregnant women who attend are subjects who exercise their agency by choosing to pay \$2.00 in order to gather information. In this regard, Birth Expos. fulfil an important and

Figure 7.1 Photographs of Hamilton Birth Exposition
Hamilton Gardens Pavilion 31 April - 2 May 1993



positive function. On the other hand, Birth Expos. provide the perfect arena not just for helpful information or advice but for the policing of pregnant women's behaviours. Pamphlets aimed at selling products, for example, 'Safe T Wraps' for babies frequently contain slogans such as 'Peace of Mind for Caring Parents', the implication being that if you do not buy the particular product, you are not a caring parent. The words 'Cot Death' directly underneath the aforementioned slogan serve to reiterate the message that if you do not buy this product you are not a caring parent, you may even risk your baby's life.

There are also 'information' sheets on how you must take precautions during pregnancy in order to 'prevent irritation of joints' for example. There are 'essential pelvic floor exercises' and the stretch classes that you 'should' attend during pregnancy in order to give you 'a sense of well being and aid relaxation'. The message from the community drug/alcohol resource centre is that 'when you drink, so does your baby . . . stop drinking if you are pregnant or planning a pregnancy'. In this instance the advice given is not only to pregnant women but also to non-pregnant women who might be contemplating conception! Along with this there are advertisements for the usual prenatal courses as well as for 'early pregnancy classes'.

In fact, a similar point about the large amount of advice offered to pregnant women could be made in relation to prenatal (and early pregnancy) classes. Women who are pregnant for the first time are generally encouraged by their midwife or general practitioner to attend these classes. Like Birth Expos., these classes provide an arena in which pregnant women are instructed on 'appropriate behaviours' during pregnancy.

Advice from colleagues, family, friends and loved ones

The Birth Expo. and prenatal classes are just two examples of ways in which advice is given to pregnant women. More frequently, advice is given at a more informal level by loved ones, family, friends, colleagues and strangers. While this advice often comes

from women, men too offer advice. Kerry worked training people in telecommunication systems and was the only woman working with a group of about 20 men. When she became pregnant her male colleagues frequently gave her advice. For example they asked her when she was going to have an ultra-sound scan and gave her a great deal of advice on the procedure.

Kerry: They were all coming out with these things about what you've got to do and how much extra for a video and they know all the stuff. It was really funny. They were going 'make sure you drink two litres' and then another guy said 'no, you don't need to drink two litres, you only have to drink half a litre' (joint indepth case-study).

The comments from these men could be read in a multitude of ways. The comments could indicate how much more men have to do with birth now than in previous years. I suspect these conversations would not (and could not) have occurred in work places 20 years ago when pregnant women were not as visible in the work place, and when men did not routinely accompany their partners on visits to health workers, antenatal classes or the birth itself. Another reading of these men's comments could consider the contestatory nature of their claims to 'true' knowledge about the processes of pregnancy, birth and lactation.

Kerry: But it's actually quite funny all the different advice they give you sort of thing. They're telling me um, they can tell what size baby you're going to have 'cause of the measurement of the skull. And one was arguing 'no, it's not the measurement of the skull, it's the measurement of the chest' (joint indepth case-study).

Their comments could also be read as lay men co-opting the processes of birth in a similar way to the way in which professional men took control and medicalised birth in industrialised nations several decades ago. Others may read their comments as sexual harassment. Yet, for the purposes of this particular argument I read the comments of these men as *advice* given to a pregnant colleague. They felt it necessary to inform Kerry about something they themselves felt knowledgable about.

Terry reported receiving advice from her father in law.

He said 'well, you buy the mattress and I'll make the bassinette'. That was fine, so . . . I looked in the Baby Factory shop and . . . the wool mattresses were \$60, the kapok ones are \$40 - horrendous price - you can buy a foam rubber one for \$10 sort of thing. So I said to him 'Oh well, I thought I'd get a foam rubber one and put some sheepskin or something over the top' . . . he thought I was being a 'cheapskate' you know because I mentioned price. He said 'Oh no, I think the wool one is best'. I felt really annoyed. You know, here was someone telling me what to do (small focus group 1).

It seems, however, that by and large, the respondents in this study reported advice coming from other women, especially older women, drawing on their own experiences of pregnancy and birth a number of years ago. Margaret claims that her husband's step mother would come in and say "we didn't do this in those days and we didn't do that" (small focus group 1).

New Zealand Plunket Society

Approximately one hundred years ago in Aotearoa/New Zealand the surveillance of mothers happened not so much during pregnancy itself, but rather, after the baby was born. In the early 1900s societal supervision of maternal behaviour began to emerge in relation to new born babies. These moves were closely linked to public health efforts on behalf of children and were driven by geopolitical concerns. In Dunedin on 14 May 1907 Dr F. Truby King announced at a public meeting that it was time to band together the mothers of this country. He said:

As doctors . . . we are only casual visitors - nurses are required, but not for long. It is the mother who must have the knowledge. She must know all the simple details; absolutely simple and not beyond the powers of any woman (Snowden and Deem 1951, 12).

For about a quarter of a century breastfeeding had gone almost completely out of vogue. It was a common saying that good cow's milk was better than inferior mother's milk. Truby King, however, argued that "every young mammal is entitled to the milk specially designed for it by the Creator - the whale's milk for the baby whale, rabbit's milk for the baby rabbit, cow's milk for the calf, and mother's milk for the human

baby” (Snowden and Deem 1951, 11). In August 1913, King gave an address at the National Congress in London entitled ‘The New Zealand Scheme for Promoting the Health of Women and Children’. King (1913, 3) stated that the first aim of the Society was:

To uphold the sacredness of the body and the duty of health; to inculcate a lofty view of the responsibilities of maternity and the duty of every mother to fit herself for the perfect fulfilment of the natural calls of motherhood, both before and after childbirth, and especially to advocate and promote the breast-feeding of infants.

In 1915, His Majesty the King conferred on the Society the honour of being titled ‘The Royal New Zealand Society for the Health of Women and Children’. From around 1925 the Royal New Zealand Society for the Health of Women and Children (Inc) became more commonly known as the Plunket Society⁸². The Plunket Society aimed at producing healthy children and making infant mortality in New Zealand one of the lowest in the world. In *Modern Mothercraft* (Deem and Fitzgibbon 1953, foreword), which was the official handbook of the Plunket Society, it is claimed:

The work of the Plunket Society has had a profound effect in laying the foundations for a healthy nation, and there is growing evidence, too, that other countries are finding the system of great help and value.

By 1968 the Plunket Society was working in three separate but interlocking sectors - two having reference to prevention and the third one to treatment. Neil Begg (1968, 11), the then director of Medical Services of the Plunket Society, explains:

First: Local parents work voluntarily in child health in their own community as the sub-branch committee, the unit of the Society. These local citizens not only supply the service but also through their children are the ‘consumer’. The 566 sub-branches and 108 branches take responsibility for child care, each in its own district. They conduct

⁸² Snowden and Deem (1951, 12) say:

Their Excellencies, Lord and Lady Plunket, became keenly interested in the Society. Lady Plunket, in addition to lending her name to the Society, threw herself into lecturing and demonstrating, and thus extending the work to other parts of the country. So the ‘Society for the Promotion of Health of Women and Children’ now commonly called the ‘Plunket Society’ was formed.

various health projects, provide clinics and accommodation for the Plunket nurse and raise the necessary funds . . .

Secondly: The national body employs experienced paediatric nurses to supervise the health of individual 'well' children. Here the contribution is to early diagnosis.

Thirdly: For the sick child, the Plunket Society maintains six Karitane hospitals for the care of children and their mothers, and for the training of Plunket and Karitane nurses.

Over the years it has been widely stated that millions of New Zealanders "owe a debt of gratitude to Sir Truby King" (Snowden and Deem 1951, 8). Yet it could also be argued that King's regime did much to put women under surveillance and constructed a cultural hegemony around mothering that had not existed in the same way prior to his interventions. Martin Sullivan (1995) argues that:

King firmly believed that character was linked to the body, his thesis being, that to build healthy bodies was to build healthy minds; that disciplined, regulated bodies produced moral, normalized citizens. The object then, was to reduce moral degeneracy by producing fit, healthy, whole, complete, working Truby King babies by training the nation's mothers in techniques of mothercraft. Mothercraft consisted of prescriptive norms of mothering, body technique, corporeality and character structure which constitute and coalesce in a new national icon - the *Truby King baby* (Sullivan 1995, 13-14 emphasis in original).

When I spoke with a woman, Carol, who had given birth in Auckland in 1954, and in Hamilton in 1962, she claimed that "Plunket did some really awful things". Carol explained that she did not want to breast feed her baby because she had a "dreadful experience" feeding her first child who had nearly died due to starvation. The Plunket nurse told Carol that she had to breast feed the baby unless she had a letter from her doctor. Carol refused and so eventually the nurse bottle fed her "but they were annoyed with me and so wouldn't bring her to me for me to bottle feed her". Carol continued: "I remember my sister didn't want to feed because her nipples were so sore, but they made her. The baby had to drink milk and blood. It was really cruel".

Not only was breast feeding (or natural feeding as it was often called) heralded as ideal for all mothers and babies but also there were very strict instructions as to how and

when feeding should take place (see Deem and Fitzgibbon 1953, 52-71). The suggested "Routine Day for the Nursing Mother and her Baby" as outlined below in the Official Handbook of the Plunket Society (Deem and Fitzgibbon 1953, 63) is testimony to this regimentation - the social inscriptions - that mothers (and babies) in Aotearoa/New Zealand faced during this era.

- 5-6 a.m. Mother wakes and takes a glass of hot water, a cup of weak tea, or orange or grapefruit juice. Baby is changed, fed and put back in his cot to sleep. If there is no help in the house, father might prepare the morning drink, change baby and bring him to his mother.
- 7.15 a.m. Mother rises.
- 8 a.m. Breakfast.
- 9 a.m. Sun bath for baby when old enough and weather suitable. Kicking exercise in cot.
- 9.30 - 10 a.m. Bath and dress baby.
- 10.00 a.m. Give fish liver oil, feed, hold out for bowel action. Put in cot to sleep in the open air or on a balcony or verandah.
- 10.30 a.m. Morning drink for mother, followed by domestic duties.
- 12 - 12.30 p.m. Lunch, or dinner to suit household.
- 1.30 - 2 p.m. Change baby, feed and put outside in cot or pram.
- 2 - 3 p.m. Rest for mother with feet up while baby sleeps.
- 3 p.m. Afternoon tea. As baby grows older, outing in pram.
- 4.30 - 5 p.m. Give orange juice, kicking period in crib or in play pen.
- 5 - 5.30 p.m. Afternoon toilet - sponge face, hands and buttocks. 'Social hour' with parents.
- 5.30 p.m. Fish liver oil, feed baby, and toilet. Put to bed in well ventilated room.
- 6 - 6.30 p.m. Evening meal. Father assists with clearing the table and washing dishes.
- 7 - 9 p.m. Relaxation and recreation - sewing, reading, writing, listening to radio programme, etc.
- 9 p.m. Prepare for bed, warm bath etc.

9.30 p.m. Hot milk drink. Feed baby, change and tuck down for the night.

A discourse involving the norms of corporeality, measurement, technique and judgement quickly grew up around King's notion of the ideal infant (see Sullivan 1995, 14-16). A comprehensive surveillance infrastructure emerged which subjected the mothers and infants to continual scrutiny. One of the forms that this scrutiny and policing took was the issuing of a *Plunket Book* to all mothers from 1924 onwards (Sullivan 1995, 14). These books are still issued to all mothers/infants today. Plunket books contain a weight chart, room for mother to record baby's progress, or lack of progress, and space for the Plunket nurse to record her observations and suggestions about feeding and care. It can be nerve-racking for mothers waiting for the Plunket nurse to visit; waiting for her to measure and weigh the baby, wondering what she will enter into the book - an entry that will be recorded for posterity.⁸³ When I was visited by a Plunket nurse in June 1995 she wrote in the Plunket Book: "You have a healthy boy fully breastfed on demand. Mum - have three good meals a day; lots to drink; rest when you can!". Along with this written advice she told me that I *should* put a toy in the basinet for the baby to look at. The Plunket book and visits by Plunket nurses can be sources of support for women who are caring for babies but they can also function to survey and normalise the corporeal and emotional behaviours of mothers and babies.

Currently, not only is a record kept of the baby's progress after birth, but also a record is kept of pregnant women's health, well being and 'growth'. It is common during antenatal visits for pregnant women to have their urine analysed for the presence of sugar and albumen (protein). They are then weighed and have their blood pressure measured. Then, the fundus (top of the uterus) is measured, the fetal heart is checked

⁸³ When my first son was born in 1991 and I received a Plunket Book for him, my mother presented me with my own Plunket Book which she had kept in a drawer for 29 years. At the same time my partner's mother gave his Plunket Book to him.

and the abdomen is palpitated in an attempt to determine the baby's position. This information is noted by the General Practitioner or Midwife in their records. It is also entered on a card, referred to as a 'co-operation card' in the United States of America, which pregnant women themselves keep (Kitzinger 1989, 48-49). Women bring this card with them each time they have an antenatal check-up. This record functions in a very similar way to the Plunket Book. The record can be seen as a surveillance tool which works to regulate and normalise the bodies of pregnant women.

However, it is not pregnant women *per se* who are under surveillance, rather, it is the fetus that they are carrying (see Bordo 1993). Whereas mothers used to be supervised in relation to their treatment of babies and children (for example in Aotearoa/New Zealand this happened through the Plunket Society) they are now also supervised in relation to their treatment of the fetus. Wendy Chavkin (1992, 195), referring to the situation in the United States of America, suggests that: "At least three strands converge to explain this emphasis on [and surveillance of] the 'unborn'". "One obvious component", says Chavkin 1992, 195):

is the current controversy over abortion. A second component, which in turn contributes to the first, are recent dramatic technological accomplishments in neonatal care . . . The third component is the medical malpractice crisis. As long as parents of 'imperfect' babies have no recourse to resources except through legal suit, obstetricians will continue defensively to increase medical surveillance of pregnant women.

In the United States of America there have been a number of attempts made in recent years to penalise women for activities undertaken during pregnancy - activities believed to be harmful to the fetus. Chavkin (1992, 195-196) cites some examples.

In 1980, a Michigan court held that a boy could sue his mother for taking antibiotics during her pregnancy, allegedly resulting in the discoloration of the child's teeth. Another Michigan court decided that evidence concerning a woman's 'prenatal abuse' of her fetus could be obtained by reviewing her medical records without her consent. A well-known such case is that of Pamela Stewart, a San Diego woman who faced criminal charges for not following doctor's orders to stay off her feet during pregnancy, abstain from taking amphetamines, and summon medical assistance when she went into labour.

What these cases illustrate is that not only are pregnant women/fetuses increasingly under surveillance in order that specific codes of behaviour are adhered to, but also, pregnant women are being positioned as antagonistic towards their fetuses.

In an article entitled 'The war that rages within the womb' (*Sunday Star-Times* 1994, C9) it is reported that "Getting pregnant is usually a matter for congratulations. But it is also a declaration of war". The article reports the research findings of Dr David Haig, of the Museum of Comparative Zoology at Harvard University. Haig claims: "Most biologists assume the mother and her foetus basically share the same interests but it is not as simple as that". Regardless of the 'scientific' reasons Haig uses to explain this claim, the claim itself serves to set up and reinforce a discourse of pregnant women and their fetuses as being in conflict.

CONCLUSION

In attempting to understand more about the seemingly hysterical behaviours exhibited by pregnant women I am not wanting to argue either 'yes - pregnant women really do exhibit hysterical behaviours' or 'no - it is just something that is said by/about them'. Rather, in relation to these behaviours, I want to argue that the motivation for changes in body image come from psychological, social and biological sources. Changes in body image tend to become changes at the level of the body itself, just as corporeal changes are registered in changes in body image (see Grosz 1994a, 76).

What I have called hysteria in pregnant women illustrates yet another interface between real bodies and representations of bodies. It shows that the real, material, biological body is open to discursive meanings. In turn, discourses show a respect for the morphology of body processes. Without understanding the discourses in which bodies are situated it is not possible to understand processes such as pregnancy. Modifying the discourses that surround embodiment can effect a transformation in the biological body.

The opposite also occurs. Changes to the organic, material, biological body will bring about changes in relation to representations of bodies.

Therefore, if pregnant women are discouraged or excluded from the public realms on account of their body/mind, it is necessary to look further than biological or natural reasons for this exclusion. The discourses, the stories that are told about pregnancy, must be considered since these construct and inscript the body. It is not until new discourses surrounding pregnancy begin to circulate that pregnant women's full participation in the public sphere can be guaranteed.

Chapter VIII

CONCLUSION

The aims of this research were as follows. First, to demonstrate that the mind/body dualism underlies, and is integral to, the production of human geography as it is currently constituted. I sought to examine the connections between the mind (reason), masculinity, and geographical knowledge. I wanted to understand more fully the links between the Othering of the body and claims to rationality and know(ledge) in geography. Second, I aimed to create a 'sexually embodied geography' that resisted and contested the hegemonic, disembodied, masculinist geographies that 'we' have grown so accustomed to. I wanted to create a feminist geography that did not replicate the dualism between mind and body but instead focused on people as minds and sexed bodies. In concluding this research I revisit these aims and attempt to evaluate my success in meeting them.

In relation to the first aim I argued that the mind and body are conceptualised as a dualism in geography. Also, the divisions between mind and body are gendered/sexualised. The mind (reason and rationality) has long been associated with masculinity while the body (emotion and irrationality) has long been associated with femininity (Lloyd 1993). Traditionally the mind, reason, rationality and masculinity have been privileged over the body, emotion, irrationality and femininity. Although geographers have examined the dualism between culture and nature they have not engaged in any sustained critique of the dualism between mind and body. Yet the mind/body dualism is inextricably linked to the culture/nature dualism.

MINDING THE BODY IN GEOGRAPHY

My contribution to understanding further the mind/body dualism in geography is that in many sub-disciplinary areas of geography the body functions as something both distinct

from, and Other to, the mind. I have not suggested that the body is treated in exactly the same way by all geographers, but rather that there are a number of specific ways in which the body is Othered in different sub-disciplines.

Drawing on the work of a number of geographers I have argued that in time-geography the body is Othered by being reduced to its path. In most humanistic geography the body is acknowledged but the sex and 'race' of bodies tends to be ignored. The human body in humanistic geography, on closer examination, turns out to be a masculine body. In many medical geographies the materiality of the body tends to be ignored and instead the body is treated as a vector for mapping illness. Feminist geographers have tended to premise their work on a dualism between gender (mind) and sex (body). Gender, as a social construct, has been privileged while sex (and its associations with biology, nature and the body) has been scarcely mentioned. In this way, feminists have Othered the body in geography. Postmodernist geographers have lost sight of the body as the site of resistance. 'New' cultural geographers have insisted on text and discourse as a sight/site of struggle and have tended to ignore the materiality of bodies in their work. Planners often emphasise scientific rationality, which has come to be aligned with the mind and masculinity, while emotion and subjectivity, which has come to be aligned with the body and femininity, is excluded. In 'geographies of disability' the body is Othered in that only one specific aspect of corporeality tends to be acknowledged, that is, the disability in question. The sex, or the colour of skins, of the bodies is usually ignored and a masculine, white body seems to be assumed.

While these insights are valuable they are limited. Examining the mind/body dualism in geography means drawing on areas of study such as feminism, philosophy, psychoanalysis, and poststructuralism. These areas of theorisation and debate are enormous. Also, in part, because a PhD is such a bounded project, the examples that I have offered of some of the ways in which the body is Othered in various sub-disciplinary areas of geography are necessarily brief and somewhat cursory. Much more

detailed work remains to be done. It would be especially useful for geographers to examine their own specific areas of 'expertise' in relation to the dualism between mind and body. My comments on various subdisciplinary areas of geography are less informed in some areas of geography than I would like since it is impossible to be accomplished in every area of geographic study.

A growing area of research

This research is a small contribution, a beginning, to what I think, in the future, will be quite a substantial area of research in geography. David Bell and Gill Valentine (1995, 11) argue that in the 1990s: "Sexuality is - at last - finding a voice as a legitimate and significant area for geographical research". They claim that:

Editorials in several of the major geographical journals and reviews of the state of specific areas within the discipline in the early 1990s have singled out sexuality as a theme that will be an important focus for geographical work in the next decade. . . . In particular, Thrift and Johnston (1993) argue in *Environment and Planning A* that sexuality will be to geography in the 1990s what class and gender were to the discipline in the 1980s.

There is indeed, at the moment, a proliferation of work on the theme of 'Sexuality and Space'⁸⁴ Not surprisingly perhaps, much the work in this area could also be considered feminist geography. Research by people such as Sy Adler and Johanna Brenner (1992), David Bell (1991), David Bell and Gill Valentine (1995), Bell et al. (1994), Elizabeth Bondi (1992b, 1992c), Isabel Dyck (forthcoming), Peter Jackson (1991, 1994), Lawrence Knopp (1990a, 1990b, 1992) and Gill Valentine (1992, 1993) are playing a vital role in retheorising geography - a retheorising that involves problematising the

⁸⁴ In 1992 David Bell established a network called 'Sexuality and Space'. This network provides a list of contact addresses of people who are working on or interested in 'geographies' of 'sexualities'. It also organises workshops, paper-sessions at conferences, publications, and social events for members. In addition, it is building up a bank of relevant published work by members and a pooled bibliography of research in this neglected area. The principal purpose of the Network is to provide support, contact and advice for researchers in what is presently a marginalised part of geography. It is also worth noting that in 1992 Beatriz Colomina edited a collection of essays published in a volume entitled *Sexuality and Space*.

mind/body dualism and making bodies (bodies that are both sexed and sexual) explicit in the production of geographical knowledge.

I think that coupled with this specific focus on sexuality, however, there is also emerging a more general focus on the politics of embodiment in geography. In glancing through the articles in the 1995 editions of *Environment and Planning D* the words 'body' and 'embodying' are evident⁸⁵ in a way that they were not several years ago.

Some geographers are now considering the body as a co-ordinate of subjectivity. There is a newly emerging field of study within geography that not only recognises the sexed body as a way of understanding further the relationships between people and place. These geographers who are currently claiming the body as a site of resistance are thereby destabilising the mind/body dualism.

Examples of feminist geographers who are focusing on embodiment in their work include Jenny Cameron and Laureen Costello (1994), Laureen Costello (1993), Julia Cream (1992, 1994, 1995a, 1995b), Nancy Duncan (an edited collection which is forthcoming), Katherine/Julie Gibson-Graham (forthcoming), Louise Johnson (1989a, 1994), Lynda Johnston (1995), Robyn Longhurst (1994, 1995a), Linda McDowell (1993b, 1995), Linda McDowell and Gill Court (1994a, 1994b), Heidi Nast and Virginia Blum (1994) and Gillian Rose (1993a) (for more detail on some of this work see Longhurst 1995b; Rose 1995).

At this stage, though, I suspect that much of the work that is being conducted by feminist geographers on embodiment still remains unpublished or has been published only in conference proceedings rather than in mainstream (published, referred material that reaches academic readers via a body of accepted journals and 'respected'

⁸⁵ For example, Lynn Stewart (1995) entitles her review essay of Henri Lefebvre's *The Production of Space*, 'Bodies, visions, and spatial politics'. Paul Routledge and Jon Simons (1995) write on 'Embodying Spirits of Resistance'.

publishing houses). Work on embodiment is a still only a reasonably small subdisciplinary area within geography (including feminist geography) although during the four years that I have been engaged in writing this thesis (1992-1996) there has occurred a significant upturn in the volume of geographical work on the body. As postcolonialist, postcolonialist, postmodernist and poststructuralist feminisms gain both popularity and recognition within the discipline I think that the body will fast become a key area for future work. It is offering new challenges to, and exciting possibilities for, human geography. It is offering ways in which geographers can begin to redraw their conceptual and (corpo)real maps.

Of course disciplinary boundaries are not strait-jackets and there is also a great deal of invaluable work being carried out on embodiment with a geographical or spatial focus by people in other disciplines such as architectural theorists, literary critics, art historians, cultural critics and so on. For example, art historian Sue Best (1995) in a chapter entitled 'Sexualising space' examines the ways in which space is conceived as a woman. Philosophers, such as Moira Gatens (especially 1988, 1991a, 1991b) and Elizabeth Grosz (especially 1992, 1994b, 1995), have written extensively about embodiment paying careful attention to space. In short, space and embodiment is an interdisciplinary problematic which is attracting the attention of feminist geographers as well as many others.

The aforementioned works serve to challenge the distinction commonly made between mind and body. By challenge I do not mean that this dualism has necessarily been transcended for it is not possible to simply step outside of binary logic. It is highly unlikely that anyone (at least certainly those immersed in western philosophical thought) can operate "beyond dualist classifications" (as is suggested by Vaiou 1992, 24).

I believe that there is much scope for careful and indepth research to be carried out by geographers in order to understand more fully questions around sexual specificity, the differences between bodies, women's social subordination to men, and the mutually constitutive relationships that exist between bodies and places. For example, feminist geographers to date have carried out substantial work on how (male) bodies make or create cities (see Matrix 1984; Spain 1992; Weisman 1992) but have focused little attention on how cities make or create bodies with certain desires and capacities.

Yet surely there exists a mutually constitutive relationship between people and places (see Grosz 1992). By that I mean, surely there is a "complex feedback relation" between bodies and environments in which each produces the other (Grosz 1992, 242). Examining the ways in which bodies are "psychically, socially, sexually and discursively or representationally produced, and the ways, in turn, that bodies reinscribe and project themselves onto their sociocultural environment so that this environment both produces and reflects the form and interests of the body" (Grosz 1992, 242), is but one potential area of research for geographers who are interested in the body.

Despite the fact that my intervention into understanding the mind/body dualism in geography is somewhat introductory, nevertheless, it is useful. It is useful in that feminists have already written at some length on the correlation between women and the body yet these arguments have not been examined fully by geographers. What I have done in this thesis is extend these arguments by examining some of the ways in which they relate to the discipline of geography. Rose (1993a, 4) argued that it is possible that there is something in the very claim to knowing in geography which tends to exclude women as producers of knowledge. I have added to Rose's argument by exploring the possibility that it is a specific notion of knowing, and of knowledge, as *disembodied* that marginalises women in the production of geographical knowledge. It is possible that a privileging of the mind over the body is one of the reasons why,

despite feminist interventions into the discipline over the last 15-20 years, contemporary geography continues largely to be a masculinist discourse.

By deconstructing the mind/body dualism I have helped to reveal further geography's "masculinism" (Rose 1993a, 4). The Othering of the body in geography serves to marginalise women (as well as men who are considered to be physically weak, disabled, ugly, frail, diseased, homosexual, criminal, degenerate, elderly, Māori, poor, unemployed and so on). These people are thought to be tied to their bodies and therefore incapable of providing "accurate, orderly, and rational description" (Hartshorne 1959 cited in Johnston et al. 1986, 175) of people and places.

I have not attempted to disavow reason, rationality or claims to know. Nor have I ceded them totally to masculinism. After all, in this thesis I have made a reasoned, rational, although partial and situated, claim to geographical knowledge. Rather, what I have attempted to do is open up for discussion the costs of reason - of privileging the mind over the body - as it exists within geography. I suggest that reason and corporeality - the mind and the body - are inseparable categories. In short, I think that I have been successful in meeting the first aim of this research, that is, in examining some of the connections between the mind (reason), masculinity and geographical knowledge, but that much remains to be done in this area.

SEXUALLY EMBODYING GEOGRAPHY

The second aim was to create a new geography which was founded on an understanding of subjects as sexually embodied. The way in which I set about doing this was by examining some of the ways in which the corporeal both conditions and mediates pregnant women's experiences of the public places of Hamilton, Aotearoa/New Zealand during 1992-1994.

Running through the thesis is a persistent tension between social constructions of the pregnant body and the 'real' pregnant body. The material corporeal state of pregnancy

is not simply a matter of linguistic practice or of representation. When investigating pregnancy it is necessary to appreciate institutional practices, discriminatory actions and social structures (Ann Oakley's 1979, 1980, 1992, 1993 and Barbara Katz Rothman's 1982, 1988 work on the medicalisation of birth is testimony to some of the useful research that has been done in this area) as well as discourse and materiality.

When theorising about embodiment it is tempting to consider bodies only as representations or as social constructions, but, when conducting empirical work with 'real' pregnant women, the materiality and biology of the body is ever present. Throughout this research I dealt with the pregnant body that is constructed and crafted through culture, language and representation but also with the body that is considered to be most 'real', most pressing, most undeniable and biological. This has been no easy task yet taking this approach offered me a way of understanding more fully some of the complexities that surround a politics and a geography of pregnancy. In discussing the lifeworlds of pregnant women I simultaneously asserted that there is no brute biology underlying the social relations of pregnancy, and that bodies are central to conceptions of social life and geographical experience. So, while insisting on the commonly called 'real' body as the starting point for my investigations, I explored some of the ways in which the discourses of pregnancy which circulate in Hamilton actually produced, inscribed and constructed the pregnant bodies of the women in the research.

The empirical research was carried out using spot observations, indepth case-study work with four pregnant women, individual one-time interviews, focus groups and a questionnaire. In particular, I elaborated on the techniques of small focus groups since this is a qualitative research method still under-exploited in its potential for social, especially geographical, research.

I also wove into the text some of my own embodied experiences of pregnancy and of living in Hamilton. I attempted to "situate my knowledges" (Haraway 1988) by being

sensitive to the structures of power that construct the multiple positions that I occupy. This was not an easy task since throughout the research I occupied various positions, positions which shifted as the research took different directions and forms. Recognising my own corporeality/subjectivity forced me to recognise the partiality of the particular ways in which I produced this geographical knowledge. I could only produce this geography of pregnant women through the context of my own specific corporeality. By making explicit my own pregnant body (as well as the pregnant bodies of the women involved in this research) I evoked 'the feminine' thereby disrupting the masculinism of contemporary human geography.

By examining the lifeworlds of 31 women who were pregnant for the first time, I was able to gain at least some partial insights into the transitions that they made into motherhood and the social and geographical worlds that they both entered and withdrew from during that process. What I found was that pregnant women tend to withdraw from public space in Hamilton. This withdrawal from public space and public life results not from something that can simply and unproblematically be called biology but rather from a set of social constructions that function at the level of the body and the psyche. Some of the hegemonic discourses that represent pregnant women are that they have seeping, dangerous, ugly bodies which mark sexual difference and that they are subject to hysterical behaviours. The places that pregnant women tend to occupy are places associated with the domestic. These discourses, and the places they tend to occupy, inscribe and construct the biological bodies of pregnant women with particular cultural (in)capacities.

Pregnant women occupying the public sphere today in Hamilton are considered to be "matter out of place" (Douglas 1966, 35). They are thought to be bound to their bodies and are not considered to be fully individuated subjects, who have consummate control over their bodily/mental functions, who can walk confidently in public space assured of their objectivity and rationality. Unlike men, pregnant women cannot easily pretend to

set aside their embodiment. While on the one hand, pregnant women are complicit with the prevailing order, performing that role that women have long been expected to perform - the bearing of children, on the other hand, they threaten the social order when they insist on occupying public places. Therefore, measures are taken to subjugate and/or naturalise pregnant women's corporeal 'condition'.

Gisela Bock and Susan James (1992, 1) argue that: "Since the 1980s, feminist discourse has been shaped by an intense and controversial debate surrounding the conceptual couple 'equality' and 'difference'" (see also Scott 1988). These notions of equality and difference have tended to interact and overlap. In a variety of ways they have played a vital role in the development of ideas about feminism, maternity and political theorising. Carole Pateman (1992, 20) claims that:

. . . within the existing patriarchal conception of citizenship, the choice always has to be made between equality and difference. . . . On the one hand, to demand 'equality' is to strive for equality with men (to call for the 'rights of men and citizens' to be extended to women), which means that women must become (like) men. On the other hand, to insist, like some contemporary feminists, that women's distinctive attributes, capacities and activities be revalued and treated as a contribution to citizenship is to demand the impossible; such 'difference' is precisely what patriarchal citizenship excludes.

Pateman (1992, 18) explains: "The fact that only women have the capacity to become pregnant, give birth and suckle their infants is the mark of 'difference' *par excellence*." Pregnancy has long "symbolized the natural capacities that set women apart from politics and citizenship" (Pateman 1992, 18; see also Pateman 1988).

Most people who reside in Aotearoa/New Zealand take their citizenship for granted. We are born with it, or negotiate it, and it gives us certain rights and responsibilities. Yet historically, voting rights have been fiercely contested between Pākehā males and the representatives of groups they deemed incapable of engaging in rational public discourse. These groups - women, Māori, people in prisons, the mad and the physically deformed - were considered to be too bound to their bodies, too dissipated in their

intellect to be able to engage in independent thought and action. Their differences disqualified them from stepping ‘objectively’ and ‘dispassionately’ into the public sphere and engaging in the creation of national policy. I am not meaning to imply here that pregnant women in the 1990s in Hamilton do not have, or are likely to lose, the right to vote. What I am suggesting though is that women’s withdrawal from public space during pregnancy is linked with constructions of them as abject, irrational, (overly) emotional and forgetful - ‘qualities’ that have historically been used to exclude women (and others) from rights to citizenship.

My view of the future in relation to pregnant women’s right to occupy the public sphere and to engage fully in public life is not optimistic. There is emerging in Hamilton, Aotearoa/New Zealand a discourse which positions pregnant women as antagonistic to their fetus if they deviate from socially sanctioned behaviour or assert their own primacy. What is conveyed is a vision of errant pregnant women whose antagonism toward their fetus must be constrained by policing (both self policing and policing by others) their behaviours in public. Autonomy and bodily integrity are at stake. Currently, it is not laws⁸⁶ but social discourses that establish this antagonism.

The geography of pregnant women that I have conveyed in this thesis aims to denaturalise pregnancy, to open it up to social and political scrutiny, not just at the level of the institutional practices that surround it, but at the level of the pregnant body itself and the material space it occupies. In this respect I think that I have been successful in fulfilling the second of my two aims. I have created a geography which is founded on an understanding of subjects, in this case pregnant women, as sexually embodied.

⁸⁶ Although it needs to be noted that policy that serves to penalise pregnant women in New Zealand could emerge in the future. For example, in New Zealand the Health and Safety in Employment Act 1992 may pave the way for fetal protection policies in the work place (see Chapter V).

APPENDIX A: QUESTIONNAIRE FILLED IN BY PREGNANT WOMEN

Questionnaire for Pregnant Women

The filling in of this questionnaire is voluntary. Any information that you give will be treated as confidential. In this questionnaire contextual data is being collected for a larger study which aims at finding out how being visibly pregnant influences the activities you partake in, and the places you go to, in Hamilton.

1. What is your First or Christian name? *(answering this question is optional)*
.....

2. Is this the first time that you have been pregnant enough for others to notice? *(tick the circle which applies to you)*
 Yes
 No

3. How many weeks pregnant are you?
.....

4. Where do you work? *(tick the circle or circles which apply to you)*
 At home
 Full time *(more than 30 hours a week)*
 Part time *(30 or less hours a week)*
 At paid employment
 Full time *(more than 30 hours a week)*
 Part time *(30 or less hours a week)*

Please specify your occupation
.....

5. Which health care professional(s) are you currently under the care of? *(tick the circle or circles which apply to you)*
 None
 General Practitioner (GP)
 Midwife
 Other
(please state)

6. How old are you? *(tick the circle which applies to you)*
 Less than 15 years old
 15 - 19 years
 20 - 24 years
 25 - 29 years
 30 - 34 years
 35 and over

7. Which ethnic group do you consider yourself as belonging to? *(tick the circle or circles which apply to you)*
 New Zealand European (Pakeha)
 New Zealand Maori
 Samoan
 Cook Island Maori
 Indian
 Chinese
 Other (such as Tongan, Dutch, Japanese, Tokilauan)
.....
(please state)

Please turn over

8. What is your highest school qualification?

- No school qualification
- School Certificate in one or more subjects
- Sixth Form Certificate or University Entrance in one or more subjects
- Higher School Certificate or Higher Leaving Certificate
- University Bursary or Scholarship
- Overseas qualification (such as United Kingdom GCE)

Other school qualification

.....
(please state)

10. What was your total personal income, before tax, for the year ended 31 March 1993? Include income from all sources.

- Nil income or loss
- \$10,000 or less per year (less than \$192 per week)
- \$10,001 - 20,000 per year (\$192 and less than \$385 per week)
- \$20,001 - 30,000 per year (\$385 and less than \$577 per week)
- \$30,001 - 40,000 per year (\$577 and less than \$769 per week)
- \$40,001 - 50,000 per year (\$769 and less than \$962 per week)
- \$50,001 - 60,000 per year (\$962 and less than \$1,153 per week)
- \$60,001 and over per year (\$1,153 and over per week)

9. What education or job qualification have you obtained since leaving school?

- No qualification since leaving school
- Still at school
- Trade Certificate or Diploma
- Nursing Certificate or Diploma
- New Zealand Certificate or Diploma
- University Certificate or Diploma below Bachelor level
- Bachelors Degree
- Postgraduate Degree, Certificate or Diploma
- Other qualifications (such as ACA, Local Polytechnic, Certificate or Diploma)

.....
(please state)

11. What was your total household income, before tax, for the year ended 31 March 1993? Include income from all sources.

- Nil income or loss
- \$10,000 or less per year (less than \$192 per week)
- \$10,001 - 20,000 per year (\$192 and less than \$385 per week)
- \$20,001 - 30,000 per year (\$385 and less than \$577 per week)
- \$30,001 - 40,000 per year (\$577 and less than \$769 per week)
- \$40,001 - 50,000 per year (\$769 and less than \$962 per week)
- \$50,001 - 60,000 per year (\$962 and less than \$1,153 per week)
- \$60,001 and over per year (\$1,153 and over per week)

Many thanks
(Robyn Longhurst)

APPENDIX B: PROFILE OF PARTICIPANTS' GENERAL CHARACTERISTICS*

	Age	Ethnicity	Weeks pregnant	Occupation
Indepth case-study interviews				
Denise	25-29	Pākehā	8 +	Domestic worker
Kerry	20-24	Pākehā	15+	Training consultant
Paula (& husband Roy)	20-24	Pākehā	15 +	Full time at home
Sarah	15-19	Māori	15 +	Enrolled in work training courses
One-off individual interviews				
Jude	25-29	Pākehā	33	Tertiary student
Katie	30-34	Pākehā	34	Self employed/clothing business
Michelle	30-34	Pākehā	33	Dance teacher
Mary Anne	25-29	Pākehā	36	Travel consultant
Sonya	25-29	Pākehā	26	Singer
Dorothy	25-29	Pākehā	40	Sales representative
Ngahuia	25-29	Māori	39	University lecturer
Sandy	15-19	Pākehā	26	Checkout operator
Christine (& husband Howard)	25-29	Pākehā	38	Bank teller
Helen (& husband Gary)	20-24	Māori	31	Tertiary student
Tracy (& partner Dan)	25-29	Pākehā	39	Secretary
Focus group 1				
Donna	15-19	Pākehā	29	Receptionist
Sam	30-34	Pākehā	36	Full time at home
Jill	25-29	Pākehā	30	Office worker
Stella	15-19	Pākehā	36	Book store worker
Penny	30-34	Pākehā	29	Government dept. worker
Focus group 2				
Adrienne	20-24	Pākehā	39	Full time at home
Joan	25-29	Pākehā	41	Nurse
Moira	25-29	Pākehā	34	School dental nurse
Sharon	30-34	Pākehā	31	Full time at home
Joanne	20-24	Pākehā	38	Receptionist

Continued over page

Small focus group 1				
Margaret	25-29	Pākehā	39	Child care worker
Terry	30-34	Pākehā	25	Tertiary student
Small focus group 2				
Dawn	15-19	Pākehā	29	Machinist
Angela	20-24	Pākehā	35	Full time at home
Small focus group 3				
Moana	20-24	Māori	32	Personal assistant
Rebecca	35 and over	Pākehā	32	Risk management assessor

* Pseudonyms have been used

+ Denotes 'until full term'

This profile excludes the five participants who were involved in preliminary interviews.

APPENDIX C: PROFILE OF PARTICIPANTS' AGES

Age group	Number of participants	Percentage of group
Less than 15 years old	0	0
15 to 19 years old	5	16.1
20 to 24 years old	7	22.6
25 to 29 years old	12	38.7
30 to 34 years old	6	19.4
35 and over	1	3.2
	31	100

APPENDIX D: PROFILE OF PARTICIPANTS' ETHNICITIES

Ethnicity	Number of participants	Percentage of group
New Zealand European (Pākehā)	27	87.1
New Zealand Māori	4	12.9
	31	100

APPENDIX E: PROFILE OF PARTICIPANTS' HOUSEHOLD INCOMES

Household income (for the year ended 31 March 1993)	Number of participants	Percentage of group
Nil income or loss	0	0
\$10,000 or less per year	0	0
\$10,001 - 20,000 per year	5	16.1
\$20,001 - 30,000 per year	3	9.7
\$30,001 - 40,000 per year	5	16.1
\$40,001 - 50,000 per year	7	22.7
\$50,001 - 60,000 per year	5	16.1
\$60,001 and over per year	6	19.3
	31	100

APPENDIX F: INSTRUCTIONS PLACED ON THE INSIDE COVER OF THE JOTTINGS BOOK

PAT

This book is for you to scribble in, make jottings in, draw pictures in, write essays in etc. - basically, whatever type of record-taking feels most appropriate for you. You do not need to keep a daily diary (although please feel free if you want to) but rather it is to record events as they happen to you, while they are still fresh in your mind. This means that I will still end up with a record (and one which is in your own words/scribbles/pictures) of events that you might not get a chance, or might forget, to tell me about by the time we meet again.

I am mainly, but not solely, concerned with your experiences in the public world, that is, at work, sports events, shopping, the beach, dinners out and so on. I am also interested in what ways (if any) your relationships with family, friends, colleagues and strangers has changed since you have been pregnant. However, the brief of my study is much larger than these couple of things I have singled out and anything that you see as important, and worth noting, I am sure that I too, will find interesting and valuable.

I will collect this book back off you just after you have your baby (or just before if this is more convenient for you). **Many thanks for taking part in the study.**

APPENDIX G: LETTER GIVEN TO PREGNANT WOMEN ASKING FOR THEIR INVOLVEMENT IN A FOCUS GROUP



The University of Waikato

Department of Geography

Te Whare Wānanga o Waikato
Private Bag 3105, Hamilton, New Zealand.
Fax (07) 856-2158. Telephone (07) 856-2889.

Dear

My name is Robyn Longhurst. I am currently conducting research for my Doctorate of Philosophy thesis in the Department of Geography at the University of Waikato. My study aims at finding out how being visibly pregnant influences the activities you partake in, and the places you go to, in Hamilton.

As this is the first time that you have been pregnant enough for others to notice and because you live in Hamilton you have information that I would find really valuable. Therefore, **I would like to invite you to come along and be part of a discussion group.** Below are some question that you might have about what being in a discussion group involves.

What date and time is it being held? Wednesday, 7 April 1993 at 10am -12pm.

Where is it being held? 51 Bellmont Ave, Chartwell, Hamilton.

How long will the discussion go on for? Two hours - followed by lunch (if you wish to stay).

What is expected of the participants? Nothing - except to join in an informal group discussion about the places you go to and the activities you partake in, in Hamilton. This discussion will be taped. However, anything you say will be treated as confidential and you have the right to withdraw from the study any time you wish.

What is there for participants to gain from coming? This is an opportunity to meet/talk/share with other pregnant women in Hamilton. The session promises to be lots of fun. And don't forget, you are invited to stay for lunch afterwards.

Can you bring others along to the discussion? If you know anybody else who is pregnant for the first time and lives in Hamilton she/they would be very welcome. However, others (ie. husbands, children, etc) may be distracting and inhibiting for the group as a whole and so I would prefer that you did not invite them along.

I would really appreciate you being part of the discussion group. **If you plan on coming, or cannot attend this day or at this time but would be interested in attending session, or would like more information please call me** at: (07) 8562889 Extension 8306 (work) or (07) 8286062 (home - this is a Huntly number) I look forward to hearing from you.

Kind Regards
Robyn Longhurst

APPENDIX H: LETTER AND QUESTIONNAIRE SENT TO MIDWIVES

23 May 1994

Name of midwife
The Midwives Centre
14 Von Tempsky Street,
Hamilton

Dear

As explained on the phone, my name is Robyn Longhurst. I am both a student and staff member in the Department of Geography at the University of Waikato. For the last two years, as part of my research for a Doctorate in Philosophy, I have been interviewing Hamilton women who are pregnant for the first time about their experiences of paid employment, shopping, sport and recreation during pregnancy.

In the carrying out of this research it has come my attention that some of the pregnant women I have spoken with claim they have become more 'forgetful' or 'mush-brained' as one pregnant woman put it. Perhaps this article entitled 'Emotional changes are a normal part of pregnancy' published 9 March 1991 in the *Waikato Weekender* sums it up:

You've noticed some remarkable changes during pregnancy . . . Somewhere along the way, your brain seems to have turned to jelly. Halfway through a sentence you forget what you were talking about. Balancing your cheque book has become a mental marathon. And words and phrases that came easily to you previously now elude you altogether. Then come Wednesday, you remember you had a dinner engagement last night. Suddenly, it seems, your brain is unable to access what was once elementary knowledge. It's lowering and embarrassing. A normally alert, logical, articulate woman could be pardoned for thinking she was going nuts.

On the next page is a short questionnaire relating to this matter. The questionnaire only takes a few minutes to fill in and I would really appreciate your co-operation. Please feel free to use an extra sheet of paper if you would like to write extended answers.

1. What is your response to this quote?

2. Do you think it has a basis in reality?

3. Have you had clients report this (that is, a tendency to be forgetful, overly emotional, less logical)?

* If yes, what do you suggest to your clients as the reason(s) for their 'condition'?

* If no, how might you explain articles such as the one in the *Waikato Weekender*?

Please could you post your response to me as soon as possible in the stamp addressed envelop provided.

You do **not** need to put your name on your response. **All responses will be treated as anonymous and confidential.** If you have any enquires about the research in general or about this questionnaire please phone me at 8562889 extension 8306 (work) or 8568632 (home).

Once again, many thanks.

Robyn Longhurst

REFERENCES CITED

- Acker, J. 1992: Gendering organisation theory, in J. A. Mills and P. Tancred (eds) *Gendering Organisational Analysis*, California, Sage.
- Adler, S. and J. Brenner 1992: Gender and space: Lesbians and gay men in the city, *International Journal of Urban and Regional Research*, 16, (1), 24-34.
- Anderson, K. 1995: Culture and nature at the Adelaide Zoo: At the frontiers of 'human' geography, *Transactions of the Institute of British Geographers*, 20, 275-294.
- Angela, F. 1990: Confinement, in J. Rutherford (ed) *Identity: Community, Culture and Difference*, London, Lawrence and Wishart, 72-87.
- Baby on the Way*, 1994: June, Hastings, Infant Times.
- Bailey, R. 1992: Clothes encounters of the gynaecological kind, in R. Barnes and J. B. Eicher (eds) *Dress and Gender: Making and Meaning*, New York, Berg.
- Balaskas, J. 1989: *The New Active Birth Handbook*, New York, Unwin Hyman.
- Barnes, T. J. and J. S. Duncan (eds) 1992: *Writing Worlds: Discourse, Text and Metaphor in the Representation of Landscape*, London, Routledge.
- Barrett, M. 1980: *Women's Oppression Today: Problems in Marxist Feminist Analysis*, London, Verso.
- Beauvoir, S. de 1953: *The Second Sex*, trans. H. M. Parshley, London, Cape.
- Becker, M. E. 1986: From Muller v. Oregon to fetal vulnerability policies, *University of Chicago Law Review*, 53, 1219-1273.
- Begg, N. C. 1968: *The Plunket Society of New Zealand*, Dunedin, The New Zealand Plunket Society.
- Bell, D. 1991: Insignificant Others: Lesbian and gay geographies, *Area*, 23, (4), 323-329.
- Bell, D. 1994 [Screw]ing geography (censor's version), paper presented to the Association of American Geographers 90th Annual Meeting 29 March - 2 April, San Francisco.
- Bell, D., J. Binnie, J. Cream and G. Valentine 1994: All hyped up and no place to go, *Gender, Place and Culture: A Journal of Feminist Geography*, 1, (1), 31-47.
- Bell, D. and G. Valentine 1995: Introductions: Orientations, in D. Bell and G. Valentine (eds) *Mapping Desire: Geographies of Sexualities*, London, Routledge, 1-27.
- Berg, L. D. 1994: Masculinity, place, and a binary discourse of 'theory' and 'empirical investigation' in the human geography of Aotearoa/New Zealand, *Gender, Place and Culture: A Journal of Feminist Geography*, 1, (2), 245-260.

- Berg, L. D. 1995: Discourses of 'Race' and Gender in European Constructions of Native Rebels in the Auckland Press, 1863. D. Phil Thesis, University of Waikato.
- Berg, L. D. and R. A. Kearns 1996: Naming as norming? Race, gender and the identity politics of naming places in Aotearoa/New Zealand, *Environment and Planning D: Society and Space*, 14, (1), 99-122.
- Best, E. 1924: *The Māori*, Memoirs of the Polynesian Society, Vol. V, Wellington, Board of Māori Ethnological Research.
- Best, E. 1975 (originally published 1929): *The Whare Kohanga (the 'Nest House') and its Lore*, Wellington, A. R. Shearer.
- Best, S. 1995: Sexualising space, in E. Grosz and E. Probyn (eds) *Sexy Bodies: The Strange Carnalities of Feminism*, New York, Routledge, 181-194.
- Bhabha, H. K. 1990: The third space: Interview with Homi Bhabha, in J. Rutherford (ed) *Identity: Community, Culture, Difference*, London, Wishart and Lawrence, 207-221.
- Bhabha, H. K. 1994: *The Location of Culture*, London, Routledge.
- Birks, E. 1993: *Coping with 'Morning' Sickness*, Dunedin, University of Otago Press.
- Blank, R. H. 1992a: *Mother and Fetus: Changing Notions of Maternal Responsibility*, Contributions in Medical Studies, 36, New York, Greenwood Press.
- Blank, R. H. 1992b: Fetal protection policies in the work place: Continuing controversy in light of Johnson Controls, *Politics and the Life Sciences*, 11, (2), 215-229.
- Blum, L. 1993: Mothers, babies, and breastfeeding in late capitalist America: The shifting contexts of feminist theory, *Feminist Studies*, 19, (2), 291-311.
- Blunt, A. and G. Rose (eds) 1994: *Writing Women and Space: Colonial and Postcolonial Geographies*, New York, The Guilford Press.
- Bock, G. and S. James (eds) 1992: *Beyond Equality and Difference: Citizenship, Feminist Politics, and Female Subjectivity*, London, Routledge.
- Bondi, L. 1990: Feminism, postmodernism and geography: Space for women? *Antipode*, 22, (2), 156-167.
- Bondi, L. 1992a: Gender and dichotomy, *Progress in Human Geography*, 16, (1), 98-104.
- Bondi, L. 1992b: Gender symbols and urban landscapes, *Progress in Human Geography*, 16, (2), 157-170.
- Bondi, L. 1992c: Sexing the city, paper presented at the Association of American Geographers Conference, San Diego.
- Bondi, L. and Domosh, M. 1992: Other figures in other places: On feminism, postmodernism and geography, *Environment and Planning D: Society and Space*, 10, 199-213.

- Bordo, S. 1986 The Cartesian masculinization of thought, *Signs*, 11, 239-56.
- Bordo, S. 1989: The body and the reproduction of femininity: A feminist appropriation of Foucault, in A. M. Jagger and S. Bordo *Gender/Body/Knowledge: Feminist Constructions of Being and Knowing*, New Brunswick, Rutgers University Press.
- Bordo, S. 1993: *Unbearable Weight: Feminism, Western Culture, and the Body*, Berkeley, University of California Press.
- Braidotti, R. 1989: The politics of ontological difference, in T. Brennan (ed) *Between Feminism and Psychoanalysis*, London, Routledge.
- Braidotti, R. 1991: *Patterns of Dissonance*, Cambridge, Polity Press.
- Brennan, T. 1993: *History After Lacan*, London, Routledge.
- Brown, M. 1995: Ironies of distance: An ongoing critique of the geographies of AIDS, *Environment and Planning D: Society and Space*, 13, 159-183.
- Bullock, A., O. Stallybrass and S. Trombley (eds) 1988: *The Fontana Dictionary of Modern Thought*, London, Fontana Press.
- Burgess, J., M. Limb and C. M. Harrison 1988a: Exploring environmental values through the medium of small groups: 1. Theory and practice, *Environment and Planning A*, 20, (3), 309-326.
- Burgess, J., M. Limb and C. M. Harrison 1988b: Exploring environmental values through the medium of small groups: 2. Illustrations of a group at work, *Environment and Planning A*, 20, (4), 457-476.
- Butler, J. 1990: *Gender Trouble: Feminism and the Subversion of Identity*, New York, Routledge.
- Butler, J. 1993: *Bodies That Matter: On the Discursive Limits of Sex*, New York, Routledge.
- Buttimer, A. 1976: Grasping the dynamism of the lifeworld, *Annals of the Association of American Geographers*, 66, 277-292.
- Buttimer, A. 1979: Reason, rationality and human creativity, *Geografiska Annaler*, 61B, 43-49.
- Cameron, D. 1985: *Feminism and Linguistic Theory*, New York, St Martins Press.
- Cameron, J. and L. Costello 1994: Bodies, spaces and re/inscriptions: Homeless girls and pregnant teenagers, paper presented at the Institute of Australian Geographers Conference, September, Magnetic Island.
- Census of Population and Dwellings, 1991: *Waikato/Bay of Plenty Regional Report*, Wellington, Department of Statistics New Zealand.
- Champion, L. and M. O'Neill 1993: Exercise and pregnancy, *Network*, June+July, 29-33.

- Chavkin, W. 1992: Women and fetus: The social construction of conflict, in C. Feinman (ed) *The Criminalization of a Woman's Body*, New York, Haworth Press, 193-202.
- Chodorow, N. 1978: *The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender*, Berkeley, University of California Press.
- Christopherson, S. 1989: On being outside the project, *Antipode*, 21, 2, 83-89.
- Collins English Dictionary*, 1979: Glasgow, William Collins Sons & Co.
- Collins, P. Hill. 1990: *Black Feminist Thought: Knowledge, Consciousness and the Politics of Empowerment*, London, Harper Collins.
- Collins, S. 1995: A Pregnant Woman Worker: A Contradiction in Terms?, M. Phil Thesis, University of Auckland.
- Colomina, B. 1992: *Sexuality and Space*, New York, Princeton Architectural Press.
- Consumers' Institute 1994: Your choices in childbirth, *Consumer*, March, 324, 6-9.
- Cook, G. 1990: Transcribing infinity: Problems of context presentation, *Journal of Pragmatics*, 14, 1-24.
- Cooper, D. 1994: Productive, relational and everywhere? Conceptualising power and resistance within Foucauldian feminism, *Sociology*, 28, 435-454.
- Costello, L. 1993: New ways of seeing, new stories to tell: Homeless girls, feminism and postmodernity, unpublished, Department of Geography and Environmental Science, Monash University, Victoria.
- Cream, J. 1992: Sexing shapes, *Sexuality and Space Network, Lesbian and Gay Geographers? Proceedings*, London.
- Cream, J. 1994: Out of place, paper presented to the Association of American Geographers 90th Annual Meeting 29 March - 2 April, San Francisco.
- Cream, J. 1995a: Resolving riddles: The sexed body, in D. Bell and G. Valentine (eds) *Landscapes of Desire*, London, Routledge.
- Cream, J. 1995b: Sexing the subject, in S. Pile and N. Thrift (eds) *Mapping the Subject: Geographies of Cultural Transformation*, London, Routledge.
- Daniels, A. K. 1983: Self-deception and self-discovery in fieldwork, *Qualitative Sociology*, 6, 195-214.
- Davis-Floyd, R. 1986: Birth as an American Rite of Passage, PhD thesis, Austin, University of Texas.
- Dawson, J. B. 1953: *The Expectant Mother*, Wellington, Whitcombe and Tombs.
- Dawson, R. 1983: *Customs of Childbirth: Migrant Women From Twelve Different Cultures Speak of their Own Experiences and Customs*, Wellington Multicultural Educational Resource Centre.

- De Beauvoir, S. 1953: *The Second Sex*, trans. H. M. Parshley, London, Cape.
- De Lauretis, T. 1986: Feminist studies/critical studies: Issues, terms and contexts, in De Lauretis (ed) *Feminist Studies/Critical Studies*, London, Macmillan, 1-19.
- De Lauretis, T. 1990: Upping the anti (sic) in feminist theory, M. Hirsch and E. Fox Keller (eds) *Conflicts in Feminism*, New York, Routledge, 255-270.
- Deem, H. and N. P. Fitzgibbon 1953: *Modern Mothercraft: A Guide to Parents*, Official Handbook Royal New Zealand Society for the Health of Women and Children (Incorporated) Plunket Society, Dunedin.
- Derrida, J. 1981: *Dissemination*, trans. B. Johnson, Chicago, University of Chicago Press.
- Dinnerstein, D. 1976: *The Mermaid and the Minotaur: Sexual Arrangements and Human Malaise*, New York, Harper and Row.
- Douglas, M. 1966: *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*, London, Routledge.
- Douglas, M. 1975: *Implicit Meanings: Essays in Anthropology*, London, Routledge.
- Domosh, M. 1991: Towards a feminist historiography of geography, *Transactions of the Institute of British Geographers*, 16, 95-104.
- Downs, R. M. and D. Stea 1977: *Maps in Minds: Reflections on Cognitive Mapping*, New York, Harper and Row.
- Dorn, M. and G. Laws, 1994: Social theory, body politics, and medical geography: Extending Kearns's invitation, *The Professional Geographer*, 46, (1), 106-110.
- Duncan, J. and D. Ley (eds) 1993: *Place/Culture/Representation*, London, Routledge.
- Duncan, N. (ed) forthcoming: *BodySpace: Destabilising Geographies of Gender and Sexuality*, London, Routledge.
- Duden, B. 1991: *The Woman Beneath the Skin: A Doctor's Patients in Eighteenth Century Germany*, trans. T. Dunlap, Massachusetts, Harvard University Press.
- Dutt, A. K., C. Monroe, H. M. Dutta and B. Prince 1990: Reflections on the AIDS distribution pattern in the United States of America, in R. W. Thomas (ed) *London Papers in Regional Science 21, Spatial Epidemiology*, London, Pion, 183-196.
- Dyck, I. 1990: Space, time and renegotiating motherhood: An exploration of the domestic work place, *Environment and Planning D: Society and Space*, 8, 459-484.
- Dyck, I. 1993: Ethnography: A feminist method? *The Canadian Geographer*, 37, (1), 52-57.
- Dyck, I. 1995: Hidden geographies: The changing lifeworlds of women with multiple sclerosis, *Social Science and Medicine*, 40, (3), 307-320.
- Dyck, I. forthcoming: Women with disabilities and everyday geographies: Home space and the contested body, in R. A. Kearns and W. M. Gesler (eds) *Putting Health*

- into Place: Landscape, Identity and Wellbeing*, Syracuse, Syracuse University Press.
- Eisentein, Z. 1988: *The Female Body and the Law*, Berkeley, University of California Press.
- England, K. 1994: Getting personal: Reflexivity, positionality, and feminist research, *The Professional Geographer*, 46, 80-89.
- Entrikin, J. N. 1976: Contemporary humanism in geography, *Annals of the Association of American Geographers*, 66, 615-632.
- Evans, M. 1988: Participant observation: The researcher as research tool, in J. Eyles and D. M. Smith (eds) *Qualitative Methods in Human Geography*, Cambridge, Polity Press, 197-218.
- Eyles, J. 1988: *Research in Human Geography*, Oxford, Basil Blackwell.
- Eyles, J. 1993: Feminist and interpretive method: How different?, *The Canadian Geographer* 37, (1), 50-52.
- Eyles, J. and D. M. Smith 1988: *Qualitative Methods in Human Geography*, Cambridge, Polity Press.
- Fahey, S 1988: Putting 'gender' into geography, *Australian Geographical Studies*, 26, 1, 202-213.
- Fairclough, N. 1992: *Discourse and Social Change*, Cambridge, Polity Press.
- Fergusson, S. 1991: Myth and the creation of urban landscapes: 'Centreplace', Research Project, Department of Geography, University of Waikato.
- Fine, M. and P. Macpherson 1992: Over dinner: Feminism and adolescent female bodies in M. Fine (ed) *Disruptive Voices: The Possibilities of Feminist Research*, Michigan, University of Michigan Press.
- Firestone, S. 1971: *The Dialectic of Sex: The Case for Feminist Revolution*, London, Cape.
- Fitzsimmons, M. 1989: The matter of nature, *Antipode*, 21, 106-120.
- Foord, J. and N. Gregson 1986: Patriarchy: Towards a reconceptualisation, *Antipode*, 18, (2), 186-211.
- Fortuijn, J. D. and L. Karsten 1989: Daily activity patterns of working parents in the Netherlands, *Area*, 21, 365-376.
- Foster, S. L. (ed) 1996: *Corporealities - Dancing Knowledge, Culture and Power*, London, Routledge.
- Foucault, M. 1970: *The Order of Things: An Archaeology of the Human Sciences*, London, Tavistock Publications.
- Foucault, M. 1977: *Discipline and Punish: The Birth of the Prison*, trans. A. Sheridan, London, Penguin.

- Foucault, M. 1980: *The History of Sexuality, Volume 1: An Introduction*, trans. R. Hurley, New York, Vintage/Random House.
- Foucault, M. 1985: *The Use of Pleasure, Volume 2 of the History of Sexuality*, trans. R. Hurley, New York, Pantheon.
- Foucault, M. 1986: *The Care of the Self, Volume 3 of the History of Sexuality*, trans. R. Hurley, New York, Pantheon.
- Fox Keller, E. 1985: *Reflections on Gender and Science*, New Haven, Yale University Press.
- Fraser, J. 1994: Turning on the waterworks, *Sunday Times*, February 13, 9.
- Fraser, N. 1989: *Unruly Practices: Power, Discourse and Gender in Contemporary Social Theory*, Minneapolis, University of Minnesota Press.
- Frye, M. 1983: *The Politics of Reality: Essays in Feminist Theory*, Trumansburg, Crossing Press.
- Fuss, D. (ed) 1989: *Essentially Speaking: Feminism, Nature and Difference*, London, Routledge.
- Gallagher, C. and T. Laqueur 1987: *The Making of the Modern Body*, Berkeley, University of California Press.
- Gallop, J. 1988: *Thinking Through the Body*, New York, Columbia University Press.
- Game, A. and R. Pringle 1983: *Gender at Work*, Sydney, Allen and Unwin.
- Gamson, W. 1992: *Talking Politics*, Cambridge, Cambridge University Press.
- Gardner, C. B. 1994: The social construction of pregnancy and fetal development: Notes on a nineteenth-century rhetoric of endangerment, in T. R. Sarbin and J. I. Kitsuse (eds) *Constructing the Social*, London, Sage Publications.
- Gardner, L. I., J. F. Brundage, D. S. Burke, J. G. McNeil, R. Visintine and R. N. Miller 1989: Spatial diffusion of the human immunodeficiency virus infection epidemic in the United States, 1985-1987, *Annals of the Association of American Geographers*, 79, 25-43.
- Gaskin, E. M. 1977: *Spiritual Midwifery*, Summertown, Book Publishing Company.
- Gatens, M. 1988: Towards a feminist philosophy of the body, in B. Caine, E. Grosz and M. de Lepervanche (eds) *Crossing Boundaries: Feminisms and Critiques of Knowledges*, Sydney, Allen and Unwin.
- Gatens, M. 1991a: Corporeal representation in/and the body politic, in R. Diprose and R. Ferrell (eds) *Cartographies: Poststructuralism and the Mapping of Bodies and Spaces*, Sydney, Allen and Unwin.
- Gatens, M. 1991b: *Embodiment, Ethics and Difference*, Occasional Paper Series, No 1, University of Waikato, Department of Women's Studies.

- Gatens, M. 1991c: *Feminism and Philosophy: Perspectives on Difference and Equality*, Cambridge, Polity Press.
- Gatens, M. 1991d: A critique of the sex/gender distinction, in S. Gunew, *A Reader in Feminist Knowledges*, New York, Routledge.
- Gatens, M. 1992: Power, bodies and difference, in M. Barrett and A. Phillips (eds) *Destabilizing Theory: Contemporary Feminist Debates*, Cambridge, Polity Press.
- Gatens, M. 1996: *Imaginary Bodies: Ethics, Power and Corporeality*, London, Routledge.
- Gerber, E. (ed) 1972: *Sport and the Body: A Philosophical Symposium*, Philadelphia, Lea and Febiger.
- Gibson-Graham, J. K. 1994: 'Stuffed if I know!': Reflections on postmodern feminist social research, *Gender, Place and Culture: A Journal of Feminist Geography*, 1, (2), 205-224.
- Gibson-Graham, J. K. 1995: Beyond patriarchy and capitalism: Reflections on political subjectivity, in B. Caine and R. Pringle (eds) *Transitions: New Australian Feminisms*, Sydney, Allen and Unwin, 172-183.
- Gibson-Graham, J. K. forthcoming: How do we get out of this capitalist place?, in *The End of Capitalism (As We Knew It): A Feminist Critique of Political Economy*, Oxford, Blackwell.
- Glendinning, D. 1992: *This Motherhood Lark!* Report of the study of Parental Leave taken from Te Mana Arai o Aotearoa, The New Zealand Customs Department 1987-1992.
- Goldberg, D. T. 1992: The semantics of race, *Ethnic and Racial Studies*, 15, 543-569.
- Golledge, R. G. 1993: Geography and the disabled: A survey with special reference to vision impaired and blind populations, *Transactions of the Institute of British Geographers*, 18, (1), 63-85.
- Gould, J. 1958: *Will My Baby Be Born Normal?* Public Affairs Committee, United States.
- Gould, P. and R. White 1974: *Mental Maps*, London, Penguin.
- Greenbaum, T. 1993: *The Handbook for Focus Group Research*, Massachusetts, Lexington Books.
- Greer, G. 1970: *The Female Eunuch*, London, MacGibbon and Kee.
- Gregory, D. 1994: *Geographical Imaginations*, Cambridge, Blackwell.
- Gross, E. 1986: Conclusion: What is feminist theory?, in C. Pateman and E. Gross (eds) *Feminist Challenges: Social and Political Theory*, Sydney, Allen and Unwin, 190-204.
- Grosz, E. 1987: Notes towards a corporeal feminism, *Australian Feminist Studies*, 5, 1-16.

- Grosz, E. 1988: Desire, the body and recent french feminisms, *Intervention* 21/22, 28-33.
- Grosz, E. 1989: *Sexual Subversions: Three French Feminists*, Sydney, Allen and Unwin.
- Grosz, E. 1990: The body of signification, in J. Fletcher and A. Benjamin (eds) *Abjection, Melancholia and Love: The Work of Julia Kristeva*, London, Routledge, 80-103.
- Grosz, E. 1992: Bodies-cities, in B. Colomina (ed) *Sexuality and Space*, New York, Princeton Architectural Press.
- Grosz, E. 1993: Bodies and knowledges: Feminism and the crisis of reason, in L. Alcoff and E. Potter (eds) *Feminist Epistemologies*, New York, Routledge, 187-215.
- Grosz, E. 1994a: *Volatile Bodies: Toward a Corporeal Feminism*, St Leonards, Allen and Unwin.
- Grosz, E. 1994b: Women, *chora*, dwelling, in S. Watson and K. Gibson (eds) *Postmodern Cities and Spaces*, Oxford, Blackwell, 47-58.
- Grosz, E. 1995: *Space, Time and Perversion*, London, Routledge.
- Grosz, E. and E. Probyn (eds) 1995: *Sexy Bodies: The Strange Carnalities of Feminism*, London, Routledge.
- Guy, C. 1992: Maternity leave - pregnant pause, *New Zealand Herald*, September 30, 33.
- Hägerstrand, T. 1970: What about people in regional science?, *Papers of the Regional Science Association*, 24, 7-21.
- Hägerstrand, T. 1973: The domain of human geography, in R. J. Chorley (ed) *Directions in Geography*, London, Methuen, 67-87.
- Hägerstrand, T. 1976: Geography and the study of interaction between nature and society, *Geoforum*, 7, 329-334.
- Hägerstrand, T. 1978: Survival and arena: On the life-history of individuals in relation to their geographical environment, in T. Carlstein, D. Parkes and N. Thrift (eds) *Timing Space and Spacing Time*, Vol 2, *Human Activity and Time-Geography*, London, Edward Arnold, 122-145.
- Hahn, H. 1986: Disability and the urban environment: A perspective on Los Angeles, *Environment and Planning D: Society and Space*, 4, 273-288.
- Hahn, H. 1989: Disability and the reproduction of bodily images: The dynamics of human appearances, in J. Wolch and M. Dear (eds) *The Power of Geography: How Territory Shapes Social Life*, London, Unwin Hyman, 370-388.
- Hanson, F. A. 1982: Female pollution in Polynesia?, *Journal of Polynesian Society*, 91, (1), 335-381.

- Haraway, D. 1988: Situated knowledges: The science question in feminism and the privilege of partial perspective, *Feminist Studies*, 14, 575-599
- Haraway, D. 1989: *Primate Visions: Gender, Race and Nature in the World of Modern Science*, London, Routledge.
- Haraway, D. 1990: A manifesto for cyborgs, in L. Nicholson (ed) *Feminism/Postmodernism*, New York, Routledge, 190-233.
- Haraway, D. 1991: *Simians, Cyborgs, and Women: The Reinvention of Nature*, London, Free Association Books.
- Harding, S. (ed) 1987: *Feminism and Methodology*, Indiana, Indiana University Press.
- Harding, S. 1991: *Whose Science? Whose Knowledge?: Thinking from Women's Lives*, Milton Keynes, Open University Press.
- Harley, J. B. 1992: Deconstructing the map, in T. J. Barnes and J. S. Duncan (eds) *Writing Worlds: Discourse, Text and Metaphor in the Representation of Landscape*, London, Routledge.
- Harré, R. 1991 *Physical Being*, Oxford, Blackwell.
- Harrison, M. R., N. S. Adzick and M. Longaker 1990: Successful repair in utero of fetal diaphragmatic hernia after removal of herniated viscera from the left thorax, *New England Journal of Medicine*, 322, (22), 1582-1584.
- Hedges, A. 1985: Group interviewing, in R Walker (ed) *Applied Qualitative Research*, Aldershot, Gower.
- Hennessy, R. 1993: *Materialist Feminism and the Politics of Discourse*, New York, Routledge.
- Hepburn, L. 1992: *Ova-dose? Australian Women and the New Reproductive Technology*, Sydney, Allen and Unwin.
- Hibbert, W. 1994: *Parental Leave Handbook*, Auckland, Working Women's Resource Centre.
- Hiss, T. 1991: *The Experience of Place*, New York, Vintage Books.
- Hodder, B. W. and R. Lee 1974: *Economic Geography*, London, Methuen.
- Holloway, F. 1994: *A Working Mother's Handbook: A New Zealand Guide for Expectant and New Mothers*, Dunedin, Longacre Press.
- hooks, b. 1990: *Yearning: Race, Gender and Cultural Politics*, Boston, South End Press.
- Huggan, G. 1989: Decolonising the map: Post-colonialism, post-structuralism and the cartographic connection, *Ariel*, 20, (4), 115-131.
- Hughes, E. C. 1964: Can a mother's illness harm her unborn baby?, *Redbook*, July, 22.
- Irigaray, L. 1984: *L'Ethique de la différence sexuelle*, Paris, Minuit.

- Irigaray, L. 1985a: *Speculum of the Other Woman*, trans. G. C. Gill, New York, Cornell University Press.
- Irigaray, L. 1985b: *This Sex Which is Not One*, trans. C. Porter with C. Burke, New York, Cornell University Press.
- Irigaray, L. 1993: *je, tu, nous: Toward a Culture of Difference*, trans. A. Martin, London, Routledge.
- Jackson, P. 1991: The cultural politics of masculinity: Towards a social geography, *Transactions of the Institute of British Geographers*, 16, 199-213.
- Jackson, P. 1993: Towards a cultural politics of consumption, in J. Bird, B. Curtis, T. Putnam, G. Robertson and L. Tickner (eds) *Mapping the Futures: Local Cultures, Global Change*, London, Routledge.
- Jackson, P. 1994: Black male: Advertising and the cultural politics of masculinity, *Gender, Place and Culture: A Journal of Feminist Geography* 1, (1), 49-59.
- Jaggar, A. M. and Bordo, S. R. 1989: *Gender/Body/Knowledge: Feminist Reconstructions of Being and Knowing*, New Brunswick, Rutgers University Press.
- Jay, N. 1981: Gender and dichotomy, *Feminist Studies*, 7, 38-56.
- Jefferson, G. 1985: An exercise in the transcription and analysis of laughter, in T. van Dijk (ed) *Handbook of Discourse Analysis*, 3, London, Academic Press.
- Johnson, L. C. 1985: Gender, genetics and the possibility of feminist geography, *Australian Geographical Studies*, 23, (1), 161-171.
- Johnson, L. C. 1989a: Embodying geography - some implications of considering the sexed body in space, *New Zealand Geographical Society Proceedings of the 15th New Zealand Geography Conference*, Dunedin, August, 134-138.
- Johnson, L. C. 1989b: Geography, planning and gender: An extended review of a planning textbook and its peers, *New Zealand Geographer*, 45, (2), 85-91.
- Johnson, L. C. 1990: New courses for a gendered geography: Teaching feminist geography at the University of Waikato, *Australian Geographical Studies*, 28, (1), 16-27.
- Johnson, L. C. 1994: What future for feminist geography?, *Gender, Place and Culture: A Journal of Feminist Geography*, 1, (1), 103-114.
- Johnston, L. 1995: The politics of the pump: Hard core gyms and women body builders, *New Zealand Geographer*, (51), 1, 16-18.
- Johnston, R. D. Gregory and D. M. Smith (eds) 1986: *The Dictionary of Human Geography*, Oxford, Basil Blackwell.
- Jorgensen, D. L. 1989: *Participant Observation: A Methodology for Human Studies*, Applied Social Research Method Series, Vol. 15, Newbury Park, Sage.
- Katz, C. 1992: All the world is staged: Intellectuals and the projects of ethnography, *Environment and Planning D: Society and Space*, 10, 495-510.

- Katz, C. 1994: Playing the field: Questions of fieldwork in geography, *The Professional Geographer*, 46, 67-72
- Katz Rothman, B. 1979: Women, health and medicine, in J. Freeman (ed) *Women: A Feminist Perspective*, California, Mayfield Publishing, 27-40.
- Katz Rothman, B. 1982: *In Labour: Women and Power in the Birthplace*, London, Junction Books.
- Katz Rothman, B. 1988: *The Tentative Pregnancy: Prenatal Diagnosis and the Future of Motherhood*, London, Pandora.
- Kenney, J. W. and D. T. Tash 1993: Lesbian childbearing co dilemmas and decisions, in P. Noerager Stern (ed) *Lesbian Health: What are the Issues?* Washington D.C., Taylor and Francis.
- Kerr, A. 1967: Protecting the unborn baby, *McCall's*, July, 48.
- King, F. T. 1913: *The New Zealand Scheme for Promoting the Health of Women and Children*, Reprint of an Address given at the National Congress, London, August 1913.
- King, M. T. 1944: *Mothercraft*, Christchurch, Whitcombe and Tombs.
- Kingfisher, C. P. forthcoming: Women on welfare: Conversational sites of acquiescence and dissent, *Discourse and Society*.
- Kirby, V. 1987: On the cutting edge: Feminism and clitoridectomy, *Australian Feminist Studies*, 5, 35-55.
- Kirby, V. 1991: *Corpus Delicti: The body at the scene of writing*, in R. Diprose and R. Ferrell (eds) *Cartographies. Poststructuralism and the Mapping of Bodies and Spaces*, Sydney, Allen and Unwin.
- Kirby, V. 1992: *Addressing Essentialism Differently . . . Some Thoughts on the Corporeal*, Occasional Paper Series, No. 4, University of Waikato, Department of Women's Studies.
- Kitzinger, S. 1989: *Pregnancy and Childbirth*, London, Doubleday.
- Knopp, L. 1990a: Social consequences of homosexuality, *Geographical Magazine*, 62, (5), 20-25.
- Knopp, L. 1990b: Some theoretical implications of gay involvement in the urban land market, *Political Geography Quarterly*, 9, 337-352.
- Knopp, L. 1992: Sexuality and the spatial dynamics of capitalism, *Environment and Planning D: Society and Space*, 10, (6), 651-670.
- Kobayashi, A. 1994: Coloring the field: Gender, 'race', and the politics of fieldwork, *The Professional Geographer*, 46, 73-79
- Kristeva, J. 1980a: Motherhood according to Giovanni Bellini, in *Desire in Language: A Semiotic Approach to Literature and Art*, Oxford, Basil Blackwell, 237-269.

- Kristeva, J. 1980b: *Desire in Language*, trans. Leon S. Roudiez, New York, Columbia University Press.
- Kristeva, J. 1981: Women's time, *Signs*, 7, 31.
- Kristeva, J. 1982: *Powers of Horror: An Essay on Abjection*, trans. Leon S. Roudiez, New York, Columbia University Press.
- Krueger, R. A. 1988: *Focus Groups: A Practical Guide for Applied Research*, California, Sage Publications.
- Kuhn, A. 1988: The body and cinema: Some problems for feminism, in S. Sheridan (ed) *Grafts*, London, Verso.
- Lacan J. 1981: *Le Séminaire*, Book 20, *Encore*, Paris, Seuil.
- Laqueur, T. 1990: *Making Sex: Body and Gender from the Greeks to Freud*, London, Harvard University Press.
- Lather, P. 1986: Research as praxis, *Harvard Educational Review*, 56, (3), 257-277.
- Lather, P. 1991: *Getting Smart: Feminist Research and Pedagogy With/in the Postmodern*, New York, Routledge.
- Larner W. and P. Spoonley (forthcoming) Postcolonial politics in Aotearoa/New Zealand, in D. Stasiulis and N. Yuval-Davis (eds) *Gender, Race, Ethnicity and Class in Settler Colonies: Against Dichotomies*, London, Sage.
- Lawrence, D. 1993: Being without seeing, Directed research project, University of Waikato.
- Lawrence, D. 1996: Who disables whom? M. Soc. Sc. thesis, University of Waikato.
- Le Doeuff, M. 1987: Women in philosophy, in T. Moi (ed) *French Feminist Thought: A Reader*, Oxford, Blackwell.
- Le Doeuff, M. 1991: *Hipparchia's Choice: An Essay Concerning Women, Philosophy, etc.*, Oxford, Blackwell.
- Leboyer, F. 1975: *Birth Without Violence*, New York, Random House.
- Lechte, J. 1993: (Not) belonging in postmodern space, in S. Watson and K. Gibson (eds) *Postmodern Cities Conference Proceedings*, April 14-16, Department of Urban and Regional Planning, University of Sydney.
- Lee, K. 1993: *Nine Months: Pregnancy and Birth*, The Health Book Series, New South Wales, Gore and Osment.
- Ley, D. and M. S. Samuels 1978: Introduction: Contexts of modern humanism in geography, in D. Ley and M. S. Samuels (eds) *Humanistic Geography: Prospects and Problems*, London, Croom Helm, 1-17.
- Listener*, 1995: Who is left holding the baby? January 21, 14-15.

- Lloyd, G. 1993: *The Man of Reason: 'Male' and 'Female' in Western Philosophy*, London, Routledge.
- Longhurst, R. 1993a: Talk about hysterics: Focus groups as a research method in feminist geography, in W. Whittaker (ed) *Proceedings of the Seventeenth Conference, New Zealand Geographical Society*, August 30 - September 2, Victoria University of Wellington.
- Longhurst, R. 1993b: Pregnant corporeality and a postmodern mall in Hamilton, New Zealand, in S. Watson and K. Gibson, *Postmodern Cities Conference Proceedings*, April 14-16, 1993, Department of Urban and Regional Planning, University of Sydney.
- Longhurst, R. 1994: The geography closest in - the body . . . the politics of pregnability, *Australian Geographical Studies*, 32, (2), 214-223.
- Longhurst, R. 1995a: Discursive constraints on pregnant women's participation in sport, *New Zealand Geographer*, 51, (1), 13-15.
- Longhurst, R. 1995b: Geography and the body, *Gender, Place and Culture: A Journal of Feminist Geography*, 2, (1), 97-105.
- Longhurst, R. forthcoming 1996: Refocusing groups, *Area*, 28, (1).
- Lynch, K. 1960: *The Image of the City*, Cambridge, MIT Press.
- MacClancy, J. 1993: *Consuming Culture: Why You Eat What You Eat*, New York, Henry Holt.
- Macdonald, J. 1992: The hidden bits, paper presented at a seminar, Department of Sociology and Anthropology, University of Waikato.
- MacKenzie, S. 1984: Editorial introduction, *Antipode*, 16, (3), 3-10.
- MacKenzie, S. 1987: Neglected spaces in peripheral places: Homeworkers and the creation of a new economic centre, *Cahiers di Geographie du Quebec*, 31, (83), 247-260.
- McDowell, L. 1979: Women in British geography, *Area*, 11, (2), 151-154.
- McDowell, L. 1983: Towards an understanding of the gender division of urban space, *Environment and Planning D: Society and Space*, 1, 59-72.
- McDowell, L. 1988: Coming in from the dark: Feminist research in geography, in J. Eyles (ed) *Research in Human Geography: Introductions and Investigations*, Oxford, Basil Blackwell.
- McDowell, L. 1991: The baby and the bath water: Diversity, deconstruction and feminist theory, *Geoforum*, 22, 123-133.
- McDowell, L. 1992a: Doing gender: Feminism, feminists and research methods in human geography, *Transactions of the Institute of British Geographers*, 17, 399-416.
- McDowell, L. 1992b: 'Valid games?', *The Professional Geographer*, 44, 219-222.

- McDowell, L. 1993a: Space, place and gender relations: Part II Identity, difference, feminist geometries and geographies, *Progress in Human Geography*, 17, (3), 305-318.
- McDowell, L. 1993b: Power and masculinity in city work places, paper presented at the Institute of British Geographers Annual Conference, London.
- McDowell, L. 1995: Body work: Heterosexual gender performances in city work places, in D. Bell and G. Valentine (eds) *Mapping Desire: Geographies of Sexualities*, London, Routledge.
- McDowell, L. and G. Court 1994a: Performing work: Bodily representations in merchant banks, *Environment and Planning D: Society and Space*, 12, 727-750.
- McDowell, L. and G. Court 1994b: Missing subjects: Gender, power and sexuality in merchant banking, *Economic Geography*, 70, 229-251.
- McDowell, L. and L. Peake 1990: Women in British geography revisited: Or the same old story, *Journal of Geography in Higher Education*, 14, (1), 19-30.
- McLoughlin, D. 1993: The politics of childbirth: Midwives versus doctors, *North and South*, August, 54-71.
- Makereti, 1986 (originally published 1938): *The Old-Time Māori*, Auckland, New Women's Press.
- Marcus, S. 1993: Placing Rosemary's baby, *Differences: A Journal of Feminist Cultural Studies*, 5, (3), 121-153.
- Martin, E. 1987: *The Woman in the Body: A Cultural Analysis of Reproduction*, Boston, Beacon Press.
- Mather, A. S. 1986: *Land Use*, London, Longman.
- Matrix, 1984: *Making Space: Women and the Man Made Environment*, London, Pluto Press.
- Matthews, J. J. (ed) 1994: *Jane Gallop Seminar Papers*, Proceedings of the Jane Gallop Seminar and Public Lecture 'The Teacher's Breasts' held in 1993 by the Humanities Research Centre, Canberra, Australian National University.
- Merleau-Ponty, M. 1962: *The Phenomenology of Perception*, trans. C. Smith, London, Routledge.
- Merton R. K and P. L Kendall 1990: *The Focused Interview: A Manual of Problems and Procedures*, New York, Free Press.
- Middleton, J. 1996: Life and death struggles, *Listener*, February 10, 18-22.
- Miles, M. B. and A. M. Huberman 1994: *Qualitative Data Analysis: An Expanded Sourcebook*, Thousand Oaks, Sage.
- Miller, R. 1983: The Hoover in the garden: Middle-class women and suburbanization, 1850-1920, *Environment and Planning D: Society and Space*, 1, 73-87.

- Miller, R. 1991: Selling Mrs Consumer: Advertising and the creation of socio-spatial relations, 1910-1930, *Antipode*, 23, 263-301.
- Millet, K. 1970: *Sexual Politics*, New York, Doubleday.
- Mittelmark, R. A., R. Wisswell and B. L Drinkwater (eds) 1991: *Exercise in Pregnancy*, Sydney, Williams and Wilkins.
- Moi, T. 1985: *Sexual/Textual Politics: Feminist Literary Theory*, London, Methuen.
- Monk J. and S. Hanson 1982: On not excluding half of the human in human geography, *The Professional Geographer*, 34, (1), 11-23.
- Morales, R. 1983: The other heritage, in C. Moraga and G. Anzaldúa (eds) *This Bridge Called My Back: Writing by Radical Women of Color*, New York, Kitchen Press, 107-108.
- Morgan, D. L. 1988: *Focus Groups as Qualitative Research*, California, Sage Publications.
- Morgan, D. H. J. and S. Scott 1993: Bodies in a social landscape, in S. Scott and D. H. J. Morgan (eds) *Body Matters*, London, The Falmer Press, 1-21.
- Morgan, D. L. and M. T. Spanish 1984: Focus groups: A new tool for qualitative research, *Qualitative Sociology*, 7, (3), 253-270.
- Morgan W. J. and K. V. Meier (eds) 1988: *Philosophic Inquiry in Sport*, Leeds, Human Kinetics.
- Moss, P. 1993: Focus: Feminism as method, *The Canadian Geographer*, 37, (1), 48-49.
- Nast, H. 1994: Opening remarks on 'women in the field', *The Professional Geographer*, 46, (1), 54-55.
- Nast, H. and V. Blum 1994: Geography and sexuality: A feminist psychoanalytic perspective, paper presented to the Association of American Geographers 90th Annual Meeting 29 March - 2 April, San Francisco.
- New Spirit*, 1994: Joanna Paul: A celebration of life, August, 4-6.
- New Zealand Obstetrical and Gynaecological Society, 1953: *The Expectant Mother*, Christchurch, Whitcombe and Tombs.
- New Zealand Women's Weekly*, 1991: Demi Moore: These photos shocked - but why? August 5, 8-9.
- N.Z. Disabled*, 1996: Special feature on mobility, March, 18-22.
- Nietzsche, F. W. 1967: *The Will to Power*, trans. W. Kaugmann and R. J. Hollingdale, New York, Random House.
- Nietzsche, F. W. 1969: *On the Genealogy of Morals*, trans. W. Kaugmann and R. J. Hollingdale, New York, Vintage.

- Nobbs, C. 1981: Legitimising New Zealand urban planning, *Town Planning Quarterly*, 64, 19-20.
- Oakley, A. 1972: *Sex, Gender and Society*, London, Maurice Temple Smith.
- Oakley, A. 1979: *Becoming A Mother*, London, Martin Robertson.
- Oakley, A. 1980: *Women Confined: Towards a Sociology of Childbirth*, London, Martin Robertson.
- Oakley, A. 1981: Interviewing women: A contradiction in terms, in H. Roberts (ed) *Doing Feminist Research*, London, Routledge.
- Oakley, A. 1992: *Social Support and Motherhood*, Oxford, Blackwell.
- Oakley, A. 1993: *Essays on Women, Medicine and Health*, Edinburgh, Edinburgh University Press.
- Ochs, E. 1979: Transcription as theory, in E. Ochs and B. Schieffelin (eds) *Developmental Pragmatics*, New York, Academic Press.
- Occupational Safety and Health Service, 1992: *Safety and Health is Good Business: A Guide to the Health and Safety in Employment Act 1992*, Wellington, Occupational Safety and Health Service of the Department of Labour.
- Odent, M. 1986: *Birth Reborn*, New York, Fontana.
- Oliver, K. 1993: *Reading Kristeva: Unravelling the Double Bind*, Indiana University Press, Bloomington.
- Osius, A. 1993: Godzilla goes climbing, *Climbing*, October/November, 166-168.
- Oxford English Dictionary (The Compact)*, 1991: Oxford, Clarendon Press.
- Pateman, C. 1988: *The Sexual Contract*, Cambridge, Polity Press.
- Pateman, C. 1992: Equality, difference, subordination: The politics of motherhood and women's citizenship, in G. Bock and S. James (eds) *Beyond Equality and Difference*, London, Routledge.
- Peterson, J. A. 1994: Making Mama fit: Exercise and the pregnant woman, *Muscular Development•Fitness•Health*, June, 32 and 126.
- Pile, S. 1991: Practising interpretative geography, *Transactions of the Institute of British Geographers*, 16, 458-469.
- Pile, S. and N. Thrift (eds) 1995: *Mapping the Subject: Geographies of Cultural Transformation*, London, Routledge.
- Pilgrim, J. 1993: Language and lack: Kiki Smith and representation of the naked pregnant body, unpublished paper, University of Western Sydney, Nepean.
- Pollock, G. 1988: *Vision and Difference: Femininity and Feminism and the History of Art*, New York, Routledge.

- Porteous, D. 1990: *Landscapes of the Mind*, Toronto, University of Toronto Press.
- Pratt, M. B. 1984: Identity: Skin, blood, heart in E. Burkin, M. B Pratt and B. Smith (eds) *Yours in Struggle: Three Feminist Perspectives on Anti Semitism and Racism*, Bloomington, Long Haul Press.
- Pratt, G. 1993: Reflections of poststructuralism and feminist empirics, theory and practice, *Antipode*, 25, (1), 51-63.
- Pred, A. 1982: Social reproduction and the time-geography of everyday life, in P. Gould and G. Olsson (eds) *A Search for Common Ground*, London, Pion, 157-186.
- Pred, A. 1985: Social reproduction and the time-geography of everyday life, in D. Gregory and J. Urry (eds) *Social Relations and Spatial Structures*, London, Macmillan.
- Probyn, E. 1987: Bodies and anti-bodies: Feminism and the postmodern, *Cultural Studies*, 1, 349-360.
- Probyn, E. 1993: *Sexing the Self*, London, Routledge.
- Punch, M. 1986: *The Politics and Ethics of Fieldwork*, Beverly Hills, Sage.
- Randell, M. 1945: *Training for Childbirth: From the Mother's Point of View*, London, J. and A. Churchill.
- Relph, E. 1976: *Place and Placelessness*, London, Pion.
- Rich, A. 1976: *Of Woman Born: Motherhood as Experience and Institution*, New York, W. W. Norton and Company.
- Rich, A. 1986: Notes towards a politics of location, in A. Rich, *Blood, Bread and Poetry: Selected Prose 1979-1985*, New York, W. W. Norton and Company.
- Riley, D. 1988: 'Am I that Name?': *Feminism and the Category of 'Women' in History*, Basingstoke, Macmillan.
- Riley, M. 1994: *Māori Healing and Herbal*, Paraparaumu, Viking Sevenses.
- Roberts, M. 1991: *Living in a Man-made World*, London, Routledge.
- Robertson, B. 1986: Planning and policy development: Part I, *Planning Quarterly*, 83, 26-34.
- Rodaway, P. 1994: *Sensuous Geographies: Body, Sense and Place*, London, Routledge.
- Rose, D. 1993: On feminism, method and methods in human geography: An idiosyncratic overview, *The Canadian Geographer*, 37, (1), 57-60.
- Rose, G. 1991: On being ambivalent: Women and feminisms in geography, in C. Philo (ed) *New Words, New Worlds: Reconceptualising Social and Cultural Geography*, Conference Proceedings, Department of Geography, University of Edinburgh, 10-12 September.

- Rose, G. 1992: Geography as a science of observation: The landscape, the gaze and masculinity, in F. Driver and G. Rose (eds) *Nature and Science: Essays in the History of Geographical Knowledge*, No 28, Historical Geography Research Series, February.
- Rose, G. 1993a: *Feminism and Geography: The Limits of Geographical Knowledge*, Cambridge, Polity Press.
- Rose, G. 1993b: Some notes towards thinking about the spaces of the future, in J. Bird, B. Curtis, T. Putnam, G. Robertson and L. Tickner (eds) *Mapping the Futures*, London, Routledge.
- Rose, G. 1993c: Speculations on what the future holds in store, *Environment and Planning A: Anniversary Issue*, 26-29.
- Rose, G. 1995: Geography and gender, cartographies and corporealities, *Progress in Human Geography*, 19, (4), 544-548.
- Rose, J. 1986: *Sexuality in the Field of Vision*, London, Verso.
- Routledge, P and J. Simons 1995: Embodying spirits of resistance, *Environment and Planning D: Society and Space*, 13, (4), 471-498.
- Rowles, G. D. 1978a: Reflections on experiential field work, in D. Ley and M. Samuels (eds) *Humanistic Geography: Prospects and Problems*, Chicago, Maaroufa Press.
- Rowles, G. D. 1978b: *The Prisoners of Space? Exploring the Geographical Experience of Older People*, Boulder, Westview Press.
- Sayer, A. 1989: Dualistic thinking and rhetoric in geography, *Area*, 21, 301-305.
- Sayer, A. and K. Morgan 1985: A modern industry in a declining region: Links between method, theory and policy, in D. Massey and R. Meegan (eds) *Politics and Methods: Contrasting Studies in Industrial Geography*, London, Methuen, 147-168.
- Schilder, P. 1978: *The Image and Appearance of the Human Body: Studies in the Constructive Energies of the Psyche*, New York, International Universities Press.
- Schoenberger, E. 1991: The corporate interview as a research method in economic geography, *The Professional Geographer*, 43, 180-189.
- Schrotenboer, K. and Solomon Weiss, J. 1985: *Dr. Kathryn Schrotenboer's Guide to Pregnancy Over 35*, New York, Ballantine Books.
- Scott, J. 1984: Keeping women in their place: Exclusionary policies and reproduction in W. Chavkin (ed) *Double Exposure: Women's Health Hazards on the Job and at Home*, New York, Monthly Review Press.
- Scott, J. C. 1985: *Weapons of the Weak: Everyday Forms of Peasant Resistance*, New Haven, Yale University Press.
- Scott, J. C. 1986: Everyday forms of peasant resistance, in J. C. Scott and B. J. Tria Kerkvliet (eds) *Everyday Forms of Peasant Resistance in South-East Asia*, London, Frank Cass.

- Scott, J. C. 1990: *Domination and the Arts of Resistance: Hidden Transcripts*, New Haven, Yale University Press.
- Scott, J. W. 1988: Deconstructing equality-versus-difference: Or, the uses of post-structuralist theory for feminism, *Feminist Studies*, 14, (1), 33-50.
- Seamon, D. 1977: Movement, rest and encounter: A phenomenology of everyday environmental experience, PhD thesis, Clark University.
- Seamon, D. 1979: *The Geography of the Lifeworld*, New York, St Martins Press.
- Seamon, D. 1980: Body subject, time space routines and place ballets, in A. Buttimer and D. Seamon (eds) *The Human Experience of Space and Place*, London, Croom Helm, 148-165.
- Shilling, C. 1993: *The Body and Social Theory*, London, Sage.
- Silverman Van Buren, J. 1989: *The Modernist Madonna: Semiotics of the Maternal Metaphor*, Bloomington and Indianapolis, Indiana University Press.
- Smith, J. 1974: *Tapu Removal in Māori Religion*, Memoirs of the Polynesian Society, 40, Wellington, Polynesian Society.
- Snowden, R. F. and H. Deem 1951: *From the Pen of F. Truby King: Chapters Compiled from the Writings and Lectures of the Late Truby King*, Auckland, Whitcombe and Tombs Limited.
- Soja, E. 1992: Inside exopolis: Scenes from Orange County, in M. Sorken (ed) *Variations on a Theme Park: The New American City and the End of Public Space*, New York, Noonday Press, 94-122.
- Soja, E and B. Hooper 1993: The spaces that difference makes: Some notes on the geographical margins of the new cultural politics, in S. Pile and M. Keith (eds) *Place and the Politics of Identity*, London, Routledge.
- Spain, D. 1992: *Gendered Space*, Chapel Hill, University of North Carolina Press.
- Spoonley, P. 1993: *Racism and Ethnicity*, Auckland, Oxford University Press.
- Stacey, J. 1988: Can there be a feminist ethnography? *Women's Studies International Forum*, 11, (2), 21-27.
- Staeheli, L. 1994: Women and the housework of politics, paper presented at the annual meeting of the Association of American Geographers, San Francisco.
- Stanley L. 1990: *Feminist Praxis: Research, Theory and Epistemology in Feminist Sociology*, London, Routledge.
- Statistics New Zealand, 1993: *All About Women in New Zealand*, Wellington.
- Stewart, D. and P. Shamdasani 1990: *Focus Groups: Theory and Practice*, Newbury Park, Sage.

- Stewart, L. 1995: Bodies, visions, and spatial politics: A review essay on Henri Lefebvre's 'The Production of Space', *Environment and Planning D: Society and Space*, 13, (5), 609-618.
- Stocking, G. W., Jr. 1968: *Race, Culture, and Evolution: Essays in the History of Anthropology*, New York, The Free Press.
- Stocking, G. W., Jr. 1987: *Victorian Anthropology*, New York, The Free Press.
- Stoddart, D. R. 1986: *On Geography and its History*, Oxford, Basil Blackwell.
- Stoller, R. 1968: *Sex and Gender*, London, Hogarth.
- Sullivan, M. 1995: Regulating the anomalous body in Aotearoa/New Zealand, *New Zealand Journal of Disability Studies*, 1, 9-28.
- Sunday Star Times*, 1994: The war that rages within the womb, October 30, C9.
- Sutherland, L. 1989: *Pregnant and Chic*, New York, Workman Publishing Company.
- Theobald, G. 1995: PC or not PC: The issue of politically correct language, *New Zealand Journal of Disability Studies*, 1, 134-136.
- Thrift, N. and R. J. Johnston 1993: The features of Environment and Planning A, *Environment and Planning A*, Anniversary Issue, 83-102.
- Thrift, N. and A. Pred 1981: Time-geography: A new beginning, *Progress in Human Geography*, 5, 277-286.
- Tivers, J. 1985: *Women Attached: The Daily Lives of Women with Young Children*, London, Croom Helm.
- Tregear, E. 1926: *The Māori Race*, Wanganui, A. D. Willis.
- Trinh T. Minh-ha, 1989: *Woman, Native, Other: Writing Postcoloniality and Feminism*, Bloomington, Indiana University Press.
- Tuan, Yi-Fu. 1974: *Topophilia: A Study of Environmental Perception, Attitudes and Values*, Englewood Cliffs, Prentice-Hall.
- Tuan, Yi-Fu. 1975: Images and mental maps, *Annals of the Association of American Geographers*, 65, (2), 205-213.
- Tuan, Yi-Fu. 1976: Humanistic geography, *Annals of the Association of American Geographers*, 66, 266-276.
- Tuan, Yi-Fu. 1979: *Landscapes of Fear*, Oxford, Basil Blackwell.
- Turner, B. 1984: *The Body and Society: Explorations in Social Theory*, Oxford, Basil Blackwell.
- Turner, B. 1992 *Regulating Bodies: Essays in Medical Sociology*, London, Routledge.
- University of Waikato, 1993: Information about parental leave, Official Circular No. 93/29.

- Vaiou, D. 1992: Gender divisions in urban space: Beyond the rigidity of dualist classifications, *Antipode*, 24, (2), 247-262.
- Valentine, G. 1992: Out of sight, out of mind: A geography of a lesbian community, *Proceedings: Lesbian and Gay Geographies Conference*, United Kingdom.
- Valentine, G. 1993: (Hetero)sexing space: Lesbian perception and experiences of everyday space, Sexuality and Space Network, *Environment and Planning D: Society and Space*, 11, 395-413.
- Vogel, L. 1990: Debating difference: Feminism, pregnancy, and the work place, *Feminist Studies*, 16, (1), 9-32.
- Waikato Times*, 1994: Pregnant lawyer told formal outfit a must, May 28, 1.
- Waikato Times*, 1994: International midwives day, May 5, 12.
- Waikato Times*, 1992: Pregnant man thrilled to be giving birth, May 27, 1.
- Waikato Weekender*, 1991: Emotional changes are a normal part of pregnancy, March 9, 14.
- Wardell Morrone, W. 1984: *Pregnant While You Work: Baby and Job - A Practical Guide to Having Both*, Auckland, Williams Collins Publishers.
- Weedon, C. 1987: *Feminist Practice and Poststructuralist Theory*, New York, Blackwell.
- Weisman, L. K. 1992: *Discrimination by Design: A Feminist Critique of the Man-Made Environment*, Urbana, University of Illinois Press.
- Whelan, E. M. 1982: *Eating Right: Before, During and After Pregnancy*, Wauwatosa, American Baby Books.
- Whitford, M. 1991a: *Luce Irigaray: Philosophy in the Feminine*, London, Routledge.
- Whitford, M. (ed) 1991b: *The Irigaray Reader*, Oxford, Basil Blackwell.
- Wilson, N. c 1994: *Women in Sport: Exercise and Pregnancy*, pamphlet prepared at School of Physical Education, University of Otago, Dunedin.
- Winchester, H. 1992: The construction and deconstruction of women's roles in the urban landscape, in K. Anderson and F. Gale (eds) *Inventing Places: Studies in Cultural Geography*, Sydney, Longman Cheshire, 139-156.
- Wolff, J. 1990: *Feminine Sentences: Essays on Women and Culture*, Cambridge, Polity Press.
- Wollstonecraft, M. 1790: *A Vindication of the Rights of Women*, London, Gregg.
- Women and Geography Study Group of the IBG, 1984: *Geography and Gender: An Introduction to Feminist Geography*, London, Century Hutchinson.

- Women and Geography Study Group of the IBG (J. Penrose, L. Bondi, L. McDowell, L. Kofman, E. Rose and S. Whatmore), 1992: Feminists and feminism in the academy, *Antipode*, 24, (3), 218-237.
- Wright, E (ed) 1992: *Feminism and Psychoanalysis: A Critical Dictionary*, Oxford, Blackwell Reference.
- Yeatman, A. 1990: *Bureaucrats, Technocrats, Femocrats: Essays on the Contemporary Australian State*, Sydney, Allen and Unwin.
- Yeatman, A. 1991: The epistemological politics of postmodern theorizing, *Social Semiotics*, 1, (1), 30-48.
- Yeatman, A. 1993: Voice and representation in the politics of difference, in S. Gunew and A. Yeatman (eds) *Feminism and the Politics of Difference*, St Leonards, Allen and Unwin, 228-245.
- Young, I. 1988: The exclusion of women from sport: Conceptual and existential dimensions, in W. J. Morgan and K. V. Meier (eds) *Philosophic Inquiry in Sport*, Illinois, Human Kinetics Publishers.
- Young, I. 1990a: *Throwing Like a Girl and Other Essays in Feminist Philosophy and Social Thought*, Indianapolis, Indiana University Press, 160-174.
- Young, I. 1990b: The scaling of bodies and the politics of identity, in *Justice and the Politics of Difference*, Princeton, Princeton University Press, 122-155.
- Your Pregnancy Tō Hapūtanga*, 1991: Department of Health New Zealand.
- Zeigler, D., S. Brunn and J. Johnson 1994: Focus group research: An emerging field method in social geography, paper presented at the 90th Annual Meeting of the Association of American Geographers, San Francisco, April 1.
- Zelinsky, W. 1973: The strange case of the missing female geographer, *Professional Geographer*, 25, (2), 101-105.
- Zukin, S. 1991: *Landscapes of Power: From Detroit to Disney World*, Berkeley, University of California Press.