

WHAT NOT TO FEAR WHEN YOU ARE EXPECTING: SELF HELP LITERATURE IN A RISK SOCIETY

Nearly two decades ago the sociologist Barbara Katz Rothman argued that many women “take pregnancy as a reading assignment” (1986: 45). The abundance of literature in the form of magazines, pamphlets and books available for the expectant woman or couple upholds this claim. Yet it appears that this form of literature has evaded detailed analysis with few exceptions. The following article attempts to analyse the role that pregnancy and childbirth self-help literature plays in defining risk knowledges for its audience. It will be argued that texts such as *What to Expect When You’re Expecting* warn women about hazards which they face during their pregnancy and impending birth. These women are told about invisible killers lurking in their ignorance. Yet, blame is allocated to those who fail to inform themselves about the risks that they face. Risk, according to the works of Beck and Giddens has become a force of social change. It can be seen to actively shape our concept of health, desire for perfection, and our relationship to technology and responsibility. It will be argued that contemporary handbooks for the expectant woman make it clear that responsibility for a good pregnancy and production of a normal infant remains with the mother, with many tending to highlight the most extreme views on the risks that the expectant woman and her unborn child are faced with.

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Introduction

Giddens’ (1991: 126) adage that ‘the body is in some sense perennially at risk’ provides an entry to the following article on the analysis of a self-help book relating to pregnancy and childbirth. The pregnant woman, it can be argued, is more sensitive to notions of risk, for she is no longer a single body, but one harbouring the potentiality of another human being. Indeed, the active management of the pregnant body is one that we are all familiar with as these bodies are represented as ones that need to be carefully managed, not only by themselves but also by the medical expert. It can be argued, those who do not partake in this personal care and self-surveillance are often blamed for not acting responsibly (Lupton, 1999b). This seems to be even more so in the case of the visibly pregnant woman, who finds it difficult to avoid the

fascinated scrutinizing gaze of the public. The more obviously pregnant a woman becomes, the more she is rendered the subject of others' appraisals and advice.

The following article argues that the accessibility of knowledge, within a risk society, of the various risks that women face during their pregnancy and birth opens up not only more spheres of action on their part, but also creates new types of risks as well. The expectant woman now has decisions to make with consequences for not only herself but also that of her unborn child.

Risk Society and Individualization

Risk is argued to be a central organizing principle of post-industrial societies (Beck, 1992; Giddens, 1991), linked to not only the management of late modern identities but also involved in the governance of individuals and populations (Castels, 1991). Part and parcel of this governance is the requirement of the individual to be a self-promoting health-seeking citizen, willing and able to manage and regulate their own behaviours under the guidance of experts (Petesen & Lupton, 1996). Individual health, increasingly informed by a neo-liberal, risk oriented culture emphasizes Beck's notion of the 'imperative of avoidance', for Beck "[t]his is how a society based on knowledge and risk opens up a threatening sphere of possibilities" (ibid.). "everyday life thus becomes an involuntary lottery of misfortune. The probability of a 'winner' here is probably no higher than in the weekly lottery, but it has become almost impossible *not* to take part in this raffle of evils where the 'winner' gets sick and may even die as a result of it" (2000: 217, emphasis in original). The pregnant woman who is argued to be doubly at risk and doubly responsible surely must experience and act on this 'imperative of avoidance'. This health-seeking citizen is also indicative of Beck and Beck-Gernsheim's (2002; Beck-

Gernsheim, 1996) account of the ‘planning project’. The following article will argue that pregnancies, within a risk society have developed into a planning project where constant work and attention on the part of the individual is required. As Overall (1987: 104) states ‘childbearing is not something that merely happens to women, but is a process in which women are (or can be) actively engaged’.

This project of the self requires planning, rationalization and sharply illustrates Beck’s concept of individualization. For Beck, we now reside in a world where we have witnessed a disintegration of traditional norms, which then forces the individual to choose their life path – often on a daily basis. With this new found responsibility comes new forms of blame, negative outcomes as a consequence of our choices come to be seen as our own ‘fault’. Increasingly, an active and self-directed approach to life is expected from the individual of the “individualized society”, and this implies a *skilful* handling of and reaction to all that it entails (Beck-Gernsheim, 2000).

Accordingly individuals, and of special concern here – the expectant woman - living in these societies have moved towards a greater awareness of risks, deal with them on an everyday basis, and are far more sensitive to what they define as ‘risks’, or threats to their health, economic security or emotional wellbeing than they were in previous eras (Lupton, 1999a).

Since the advent of the risk society thesis and subsequent explorations of the consequences of living within high modernity there has been an abundance of research on how various populations are affected by media reports about risk information (eg. Cottle, 2000; Kitzinger & Reilly, 1997; Kitzinger & Williams, 2005; Tulloch and Lupton, 200; Williams, Kitzinger & Henderson, 2003). The work of

Giddens (1991) and Beck (1992) highlight that the new risk society is characterized by our preoccupation with the management of risks in our everyday lives and that the mass media are seen to play a key role in this sociocultural transformation (Kitzinger & Reilly, 1997). Surely we must question not only the role of the mass media in defining risk knowledges for audiences but also that of self-help literature, and specifically for this article mainstream pregnancy and childbirth literature.

It would seem that these themes of risk and body management, highlighted by Beck and Giddens respectively are crucial concepts in exploring women's experiences of pregnancy and childbirth. The following section of the article attempts to explore narratives of risk and self-surveillance within the most cited pregnancy text¹, of recent research carried out by the author, as the background against which women manage their pregnant and birthing bodies.

Reading Pregnancy

Pregnancy and childbirth are mainly taken care of by the medical system. Yet at the same time, health care undertaken during pregnancy is also identified outside of the institution of the hospital and medical bureaucracies and found within various other settings such as private prenatal classes and pregnancy yoga. The maintenance of one's health during pregnancy and for many pre-conception involves the consumption of a range of goods and services which are being increasingly advertised for their health-giving properties, such as specific foods to eat and avoid, vitamins and supplements used to avoid disorders such as spina bifida and exercise classes promoted to ease the discomforts of pregnancy but also to prepare the woman's body to birth in a more efficient and enjoyable manner. The list of consumer products

aimed at and available for the expectant woman and couple would not be complete without self-help literature aimed at guiding her through the hazardous terrains of pregnancy and childbirth. The following section will underline how *What to Expect When You're Expecting*, a self-help guide to pregnancy and childbirth, is emblematic of contemporary approaches to health care as well as the risk society. It will be argued that this handbook for the expectant woman makes it clear that responsibility for a good pregnancy and production of a normal infant remains with the mother, with a strong tendency to highlight the most extreme views on the risks that the expectant woman and her unborn child are faced with.

What to Fear When You're Expecting

I was pregnant, which about one day out of three made me the happiest woman in the world. And for the remaining two, the most worried. Worried about the wine I'd sipped nightly with dinner, and the gin and tonics I'd downed more than a few times before dinner in my first six weeks of pregnancy – after two gynaecologists and a blood test convinced me that I wasn't pregnant. [...] Worried about the coffee I'd drunk, and the milk I hadn't; the sugar I'd eaten, and the protein I hadn't. Worried about the cramps in my third month, and the four days in my fifth month when I felt not even a flicker of fetal movement. [...] Worried, even about feeling good (“But I'm not constipated...I don't have morning sickness...I'm not urinating more frequently – something must be wrong! (Murkoff et al., 2003: xxvi; emphasis in original)

The excerpt is the voice of Heidi Murkoff, co-author of *What to Expect When You're Expecting*, who as many women express appears to be consumed with concerns during the pregnancy of her first child. Concerns she felt unable to voice to her doctor as she “was either afraid [her] worries would sound silly or afraid of what [she] would hear” (ibid.). What she found in her quest for expert advice through various texts was that one, according to her there wasn't sufficient advice in the books that she had and two, she was not alone in her concerns. Murkoff found that worry is one

of the most common ailments of pregnancy affecting more expectant women than morning sickness and food cravings combined. According to her research, ‘ninety four out of every hundred women worry about whether their babies will be normal, and 93% worry about whether they and their babies will come through delivery safely’ (ibid.).

Accordingly, Murkoff and her colleagues created the book to address all of these normal concerns about the risks that the pregnant woman and her unborn child face. In fact, one chapter is dedicated solely to the risks that the pregnant woman is confronted with on a daily basis throughout her pregnancy. According to Murkoff et al. (2003) once a woman has her pregnancy confirmed she may be concerned by issues such as alcohol consumption, direct or passive cigarette smoking, caffeine and herbal tea consumption, the family cat, microwave exposure, the impact of mobile phones and x rays, household hazards, and air pollution. It is apparent just from this example, that the book’s portrayal of the unborn child is one which is infused with endangerment and its portrayal of the mother to be is one who needs to be aware and responsible.

This mirrors contemporary approaches to health care where there is a privatization of risk management (Petersen, 1997). For the pregnant woman this is emphasised and she is obligated to “bring the future into the present” (Rose, 1996: 57). To accomplish this she must be educated in a manner which enables her to calculate the future consequences of her actions, such as her diet and exercise routine. As Rose argues, “the active citizen thus is to include within his or her obligations the need to

adopt a calculative prudent personal relation to fate now conceived in terms of calculable dangers and avertable risks.” (1996: 58).

What to Fear When You're Expecting in the Risk Society

The following analyses *What to Expect When You're Expecting* in relation to the risk society thesis. Notions of reflexivity and individualization are central to the employment of such self-help literature. Indeed, Giddens has described self-help books as ‘a kind of on-the-ground literature of our reflexive engagement with our everyday lives’ (Giddens & Pierson, 1998b: 141). Accordingly, the following section highlights four underlying factors on how this specific text is symbolic of contemporary approaches to healthcare as well as the risk society thesis.

First of all, the information of *What to Expect When You're Expecting* is set out in a manner where the readers can make their own choices and tailor the various information supplied to their specific needs. For example, in relation to the form of care that a woman wants to undertake during her pregnancy and childbirth information is provided, emphasising a language of choice, personal preference and the notion of control over the woman's experiences of pregnancy. The information is presented in a manner where the woman can tailor it to her own needs. Yet, although this books advocates notions of choice and control it simultaneously promotes extreme self-monitoring that increases notions of risk and anxiety which in turn supports a compliance with medical regimes of maternity care. For instance, when providing information on the various choices of maternity care that is available for the pregnant woman, Murkoff et al. asks “What Kind of Patient are You” (2003: 9). The labelling of the pregnant woman as a patient infers that pregnancy is an illness in need

of medical attention. Regardless of the emphasis of choice presented by the authors where “there are almost as many choices in childbirth – yours for the choosing – as there are doctors in the yellow pages” (2003: 9) there is a clear bias towards medical authority for the illness of pregnancy and childbirth. When presenting the different forms of care available for Australian women it was private care which was promoted as the “option that provides the most freedom of choice” where “you’ll be able to select the caregiver of your choice and the hospital or birth centre in which you will deliver” (2003: 11). This is contrary to recent research carried out within Australia which indicates that it is the women who choose private care that end up with the highest intervention rate, including caesarean sections (Roberts et al, 2000).

Secondly, although there is an emphasis on medical and technological intervention there is considerable attention placed on the expectant couples ‘lifestyle’. The emphasis of the inescapability of the risks associated with pregnancy, especially risks that the unborn child faces, is largely placed firmly within the body, history and activities of the pregnant woman (Georges & Mitchell, 2000). Accordingly, lifestyle changes are prevalent in this text, for example the authors dedicate a chapter to what they call the ‘Best Odds Diet’. Consider the following excerpt:

Every bite counts. You’ve got nine months of meals and snacks with which to give your baby the best possible start in life. Try to make them count. As you raise fork to mouth, consider: “Is this a bite that will benefit my baby?” If it is, chew away. If it isn’t, see if you can’t find a bite more worthy. Though most bites should count for good nutrition, some can – and should – count for pure pleasure. If a food you’ve chosen doesn’t measure up nutritionally, it should at least be one you truly enjoy. (Murkoff et al., 2003: 82; emphasis in original)

According to this book, self-surveillance, control and self-sacrifice are central components of the responsible mother who is interested in doing the best thing for her unborn child. The expectant mother must be constantly aware of dangers that lurk in her presence, dangers which in other contexts are seen as benign. For as Beck states: “Calculating and managing risks which nobody really knows has become one of our main preoccupations” (1998:12).

The clear emphasis on responsibility and self-monitoring placed upon the mother to be is accentuated by the particular depiction of the foetus. As seen above, this particular book emphasises the fragility of the unborn child where it is presented as highly vulnerable and susceptible to many threats. It also emphasises the preciousness or special place the unborn child holds, often above that of the mother. For instance, at the opening of each chapter Murkoff et al. provide a drawing entitled “What You May Look Like”. Here the pregnant woman is portrayed as a headless transparent being who contains a vagina, bladder, spine, uterus and foetus. Below this representation of the pregnant woman is a further enlarged depiction of the foetus accompanied by a paragraph or two emphasising its individuality and subjectivity. The woman has been reduced to a mere baby container and the foetus has been elevated to a distinct being in need of protection.

A further example of the books representation of the central tenets of current approaches to health care and risk society is the care in expressing the ‘expert’ status of all authors involved. As pregnancy and childbirth are predominately viewed as a medical event, information and recommendations to the expectant mother or couple

often comes in the form of scientific news. As previously argued, information about pregnancy and childbirth presented in scientific discourse projects objectivity. In *What to Expect When You're Expecting* there is an emphasis on the authors being experts as “consumers” of maternity care. If we were to doubt a consumer’s ability to provide scientific and objective fact, we are quickly put to ease by the foreword which is entitled “A Word from the Doctor”. In the most recent Australian edition of the publication “Another Word from the Doctor” has been added as well as an Australian foreword which is written by a practicing obstetrician and senior lecturer of the University of Melbourne. Both doctors highlight the need for the expectant couple to protect the ‘miracle’ that is their unborn baby. For instance, Richard Aubry, M.D. argues that there is a “fundamental importance of healthy childbearing to the health and vitality of society. These precious new lives, when nurtured by loving parents, become healthy, contributing members of a new generation.” He continues by stating “[t]here is no book that better prepares parents for that important job of nurturing those young lives – a job that begins even before sperm meets egg – than *What to Expect When You're Expecting*” (2003: xix). A presentation of two experts in the medical field, one in the United States and one in Australia, supporting the information within the book implies all ‘suggestions’ will be objective and based on scientific knowledge.

Last of all, this text holds the assumption that it is possible for the pregnant woman to be in control over not only her health during pregnancy and the kind or ‘style’ of birth that she will have, but it also highlights the possibility of controlling the destiny of her unborn child. For example, when promoting “The Pregnancy Diet” Murkoff et al emphasise that a proper diet can give your baby not only the “healthiest possible start

to life” but also “make it more likely that your child will grow to be a healthier adult” (2003: 81).

Conclusion

Texts such as this are highlighting a very important shift in ‘responsibility’ that we have living within a risk society. It is a further demonstration of the process of individualization that Beck (2002) argues exists within a risk society. Where:

‘[i]ndividualization’ consists in transforming human ‘identity’ from a ‘given’ into a ‘task’ – and charging the actors with the responsibility for performing that task and for the consequences (also the side-effects) of their performance. (Bauman, 2002: xv)

Therefore, there is a shift in responsibility away from the primary caregiver, whether that is the obstetrician or midwife, toward the individual. Constantly the expectant couple are reminded that they are the ones who are best able to effect change to make the pregnancy, labour and health of the unborn child ‘better’. The existence of *What to Expect When You’re Expecting* highlights the need to have a book which informs one on how to *be* pregnant. There is a need for this form of literature to justify its own existence by demonstrating that there is a wealth of information and advice available which a woman is unlikely to know. Yet, as has been demonstrated, the pregnant woman feels the need to acquire this valuable information to enable her to safeguard the health of herself and her unborn child.

We are living in a society where more and better knowledge, which most people assess in unreservedly positive terms, is becoming the source of new risks (Beck, 2000). Because we know more about how the body operates during pregnancy and

childbirth as well as how the foetus develops we create not only more spheres of action and creation of risks as discussed above, but also more spheres of responsibility.

Footnotes:

ⁱ *What to Expect When You're Expecting*, Initially printed in 1984, has recently been revised into a fourth edition. It has been translated into 11 languages and it is advertised as selling over 11 million copies and as of 2005 over 13 million copies are in print (Kantor, 2005). Every one of my 45 respondents mentioned this book. Over 90% of my private birth mothers and 75% of my birth centre mothers stated that they used this as their major reference point, above and beyond that of friends and family and often obstetricians themselves.

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