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"Turn the lights down low"

Women's experiences of intimacy after childbirth

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Abstract

Women navigate many social changes when they become mothers, often including considerable changes to intimate and sexual relationships. While maternal health care attends to various physical and emotional changes for women, it has emerged that many women experience dissatisfaction in their intimate relationships after birth. A literature review revealed that while many studies had investigated the sexual experiences of women postpartum, none had looked at the effect of dominant discourses within Western popular culture. This research aimed to explore how women make sense of changes to their intimate relationships following childbirth. Norms and assumptions about the effects of childbirth on women's bodies and the implications of change to intimate relationships were examined. Six women between the ages of 25-45 who had given birth to a child in the last 10 years were interviewed in a conversational style about their experiences. A feminist post-structuralist discourse analysis was applied, attending to the dominant discourses and gendered power relations that enabled and limited positions for women. The analysis showed that normative discourse shaped not only how women experienced their bodies and intimate relationships, but every aspect of their lives including pregnancy, labour, mothering, unpaid and paid work. Furthermore, women were positioned through discourse and a gender binary as responsible for the household and childcare, as well as responsible for regulating and managing the intimate relationship. Ultimately the overriding experience of women in this research was that body changes and changes in the sexual relationship (overwhelmingly one of dissatisfaction) postpartum resulted in feelings of responsibility and guilt on the women's behalf for failing the expectations of femininity and the obligations of neoliberalism. Instances of resistance and challenge to the dominant discourses were expressed, as were alternative discourses. This research provides an understanding of the effects of dominant discourses and the power relations implicit in them on women's lived realities. This piece of research provides knowledge around contextual factors impacting on postpartum sexual health and postpartum body image. It may also provide the platform from which both professionals and women can discuss female bodies, including genitalia, and female sexuality in less 'troublesome' ways.

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Chapter 1: Introduction

Following numerous conversations with close female friends about their intimate relationships with their partners, I started questioning whether what I was hearing was the norm and whether other women talked about their bodies and relationships in a similar way. All of these friends were mothers, just like me, and none of them talked about their sexual relationships or their bodies in an encouraging way. I heard repetitively that having sex was ‘just another chore’, and ‘an obligation to keep him happy’. These narratives were consistent with prior research presented by von Sydow (1999) in which it is argued that female initiated intercourse in the postpartum period is usually motivated by marital obligations and concerns about the partner.

Talk of postpartum genitalia in particular was largely dismissed and laughed about, with adjectives such as ‘loose’ and ‘disgusting’ thrown around casually. When questioned further, most of my friends admitted that receiving oral sex was now certainly out of the question, as they just did not feel comfortable at all at the prospect of it. It was not uncommon to hear that partners were not allowed anywhere near their genitalia with their eyes or their mouths, and sexual intercourse in and of itself now defined intimacy. Another common story was that the lights were usually turned off or dimmed during intimate moments and there was little talk about sexual encounters during the daytime.

This led me to question the idea of how shame and embarrassment may manifest through changes to the body and feeling abnormal or undesirable. I also wanted to know how these feelings in turn affect intimacy and so I began my search to find research literature that addressed women's experiences of their bodies and intimate relationships postpartum.

There may be many different reasons why women choose to only engage in sexual relations in the dark and also to limit their intimacy to sexual intercourse. They may have body image concerns after bearing children such as stretch marks, saggy breasts, or be carrying more weight than they were prior to having children. These women may also have experienced significant body challenges following childbirth such as a prolapse, complications from episiotomies and vaginal pain.

Psychosocial factors may also be considered as contributing to women’s experiences of intimacy postpartum. These may include the adjustment to a new identity, changing gender roles, financial dependence, loss of autonomy, postnatal depression, and a reduction in quality time spent together as a couple (Olsson, Lundqvist, Faxelid, & Nissen, 2005). Being mothers, they may be tired, have little time for intimacy, or are only able to have sexual relations at night once the children are asleep. In the research on factors influencing intimate relationships

by Ahlborg and Strandmark (2006), one participant expresses this in the following "There is not enough time to hug, caress and have sex and, in addition to that, one is rather tired" (p.167).

Not only was tiredness reported as the most common factor in decreasing intimacy but other factors were also considered in the research undertaken by Woolhouse, McDonald, and Brown (2012). They sought to understand how pregnancy, childbirth and parenting are connected with women's experiences of change to their sexual relationship, sexuality and intimacy after childbirth. They reported that approximately 80% of women experienced sexual problems postpartum and identified psychosocial factors, physical factors and body image issues as contributing to their experiences of lowered libido and ultimately a decrease in intimacy. This resulted in feelings of responsibility, guilt and failure on the woman's part. They had failed femininity by not meeting expectations or norms.

Whilst it is important to acknowledge the contribution that previous research has made towards understanding the range of issues that women must contend with as they adjust to life as mothers and sexual partners, it is also important to acknowledge that these issues and women's everyday experiences are located within discourses. The women in Woolhouse et al.'s (2012) research felt guilt and failure because they were positioned as abnormal and inadequate when compared to the normative. Instead of constituting postpartum bodies and the postpartum period as a normal life stage, the everyday lives of mothers are consistently constructed as failing femininity because they do not meet hegemonic ideal body expectations or sexual norms.

Language is not just descriptive but actually constructs the lived experience, or a version of the lived experience, and this has social implications (Potter & Wetherell, 1987). So as insightful and useful as the research to date has been in explaining the reasons for changes to body image and intimacy postpartum, my previous studies and knowledge of the power and influence of discourse led me to believe there was more going on. While research on postpartum women has proffered body image concerns as contributing to some of the changes in women's sexual relationships postpartum, there was little consideration with regards to language (Olsson et al., 2005; Pauls, Occhino & Dryfhout, 2008; Pastore, Owens & Raymond, 2007).

As posited by O'Malley, Higgin & Smith (2015), "postpartum sexual health is a minimally understood concept, most often framed within physical/biological dimensions" (p.1915). Furthermore Hipp, Low and van Anders (2012) suggest "women's postpartum sexuality can be influenced by factors related to physical, personal, and relationship transitions after the newborn arrives" (p.2330). However, many experiential and social factors still remain unexplored within the field of postpartum sexual health. Coming from a different epistemological perspective I became interested in the taken for granted discourses and

assumptions of both heteronormativity and feminine sexuality that both the participants and authors used within the area of postpartum sexual health. In light of this, I wanted to further explore in my own research if there was a link between dominant discourses found in popular culture, and body image issues, specifically with regards to female genitalia, and/or dissatisfaction with the sexual relationship for postpartum women.

What I really wanted to know was whether women and in particular mothers had internalised dominant discourses in Western culture and how these had shaped their feelings and experiences of their bodies and intimate relationships since having children. Questions that I sought to answer were: Are women's expectations and beliefs about their bodies postpartum influenced by normative discourse in popular culture, and what are the effects? If women are feeling embarrassed and disgusted by their genitalia postpartum, and this is compounded by internalised images produced through a discourse about perfect vaginas, how do these feelings manifest in their intimate relationship with their partners?

This research was designed to interrogate how experiences of sex and intimacy are constituted through dominant discourses that pathologise women's bodies. It sought to question how women make sense of changes to their intimate relationships, and how normative assumptions about the effects of childbirth on women's bodies are implicated in changes to intimate relationships.

Through this process, I aim to empower women by increasing their understanding; offering alternative narratives, celebrating uniqueness, diversity, and function, as well as taking the emphasis and focus off a particular unobtainable aesthetic. This in turn will hopefully decrease the anxiety, shame and guilt that women carry around with them and instead embrace any changes to their bodies since childbirth and what they now embody. It may also open up discursive spaces for women to talk about their experiences and bodies with each other, thereby creating new understandings and opening up the possibility for change.

This piece of research also has the potential to produce knowledge that maternity and health agencies may find useful in their interactions with mothers. It may provide the platform from which professionals can discuss diversity and function and offer reassurance to their clients. Being offered a comment during postnatal examinations such as 'you are nice and tight, almost like a virgin', is insulting, inappropriate and serves to control and disempower adult women by reinforcing dominant discourses and inherent gendered social power relations (Olsson et al., 2005, p. 385).

It is recognised that this research was informed and shaped by a narrative that postpartum women have both an adverse relationship with their bodies and an adverse sexual relationship with their partners since having children. This would not necessarily prove to be the case at all and I was interested in exploring any examples provided of resistance, challenge and alternative positions to this narrative. It was important to bear in mind the

statement proposed by Harper and Rail (2012) that women have the capacity for reflexivity and the creation of possible agency by acknowledging their subject positions within dominant discourses and if necessary creating new positions within alternative discourses.

Discourse

As people relate to the world around them and to themselves, truth and knowledge inherent in discourse shapes what is possible to think, to know and how to act. Hollway (1984) states discourse is more than words and language and is more than an individual's ideas, but refers to "a set of assumptions which cohere around a common logic and which confer particular meanings on the experiences and practices of people in a particular sphere" (p. 63).

Discourses are located within a broader ideological context and reflect current social, cultural and political agendas; this means that discourse that is possible in one era or culture may not be possible in another or may be understood as alternative or marginal. In relation to gender, this means that masculinity and femininity are not fixed, biologically derived nor inherent but are produced and maintained in and through discourse and discursive practices (Edley & Wetherell, 2008). In other words, gender is a performance in accordance with the social rules, understandings, assumptions and expectations of the time and place. There is also not just one discourse that constructs gender but multiple, competing discourses that are available at any given time and offer different levels of power.

Gavey (2005) describes discourse as an "organised system of statements that provide socially understood ways, or rules almost, for talking about something and acting in relation to it" (p.84). For women, discourse informs particular ways of being, acting, behaving and relating to others in order to construct a feminine identity.

Discourses inform women regarding how to act and 'do being a person' through subject positions and these subject positions offer various levels of power depending on culture, place, person and time (Gavey, 1989). Subject positions, or specific possibilities for understanding the world and self are not fixed but fluid and women may change subject positions many and multiple times (Gavey, 2005). However not all subject positions are available to all women all of the time but are dependent on power relations and imbalances. Neither do women necessarily choose a particular subject position but instead they are positioned as objects through the discourse (Hollway, 1984).

The post-structuralist perspective recognises that language does not merely reflect our experiences but is actually pivotal in constructing them and these constructions of our realities can change depending on the context and with whom we are conversing. When we interact with each other, we co-construct new shared realities and new meanings of our experiences and our world. Crawford, Kippax and Waldby (1994) explain that this

communication takes place within the intersubjective realm and discourse is used as an easily accessible and comprehensible tool to express oneself.

Foucauldian practices question the rationalist belief that subjectivity, that is one's sense of self, is purely autonomous and that people operate outside of language. Following this viewpoint, Davies (1990) states people do not operate outside of discourse and language, but are spoken into existence; language offers people different ways of experiencing themselves. People construct their realities and their own subjectivity through language and discourse, it is the narratives we tell ourselves and each other about how the world operates and what thoughts, experiences, behaviours and actions are possible at any given time which create that reality. Hence discourses are action-orientated in permitting, restricting or denying how we operate in the world, particularly in accordance with our gender (Gavey, 1989).

A focus on discourse in this research is compatible with, and stems from a feminist post-structuralist perspective based on the work of Chris Weedon and Michel Foucault (Gavey, 1989). Foucault argues that identity categories or embodied subjectivity are effects of institutional power, such as patriarchy, and are produced and reproduced through discourse and discursive practices. Power is not necessarily assumed to be negative or positive, nor attached to material resources or status, but is relational and Foucault insists that it is a phenomenon from which there is no escape (Weedon, 1999). Power is always present as multiple discourses compete and contradict each other in the production of 'truth' and knowledge and discourses vary in terms of how much power they effect (Weedon, 1999). Hollway (1984) states that power is a part of all social relations, being produced and challenged regardless of how commonplace an interaction is.

Baxter (2008) further argues that a feminist perspective considers gender differentiation to be one of the most pervasive discourses across all cultures and ideological contexts and discrimination based on sexuality and gender is maintained through a systemic patriarchy. Therefore the power that is a part of all social relations is gendered, affording women less power than men.

Discourse informs the populace regarding what is normal and abnormal; including what is viewed as feminine and masculine. Normalisation occurs as a technology of coercion, conformity or regulation of actions, ideas and subjectivities. Social pressure to belong to a certain group, reach a certain goal, achieve a certain status or just to identify as normal, results in a form of self-surveillance through disciplinary power (Ramazanoglu, 1993). Morgan (1999) further elaborates "disciplinary power enables individuals to be conscious of themselves as permanently visible to others, as subject to the norms of behaviour acceptable within their social context and as accountable for themselves in terms which are understood by others" (p. 73).

Foucault proposed that with the rise of new political liberties and capitalism, modern society has demanded more of the body than ever before and this demand in turn has created disciplined and “docile bodies” (Ramazanoglu, 1993). Whilst Foucault considered this bio-power universal to both men and women, Bartky (1998) argues that the demands on the body are gendered and that men and women’s experiences of discipline and surveillance differ; “*she* is under surveillance in ways that *he* is not, that whatever else she may become, she is importantly a body designed to please or to excite” (p. 108). She expands on this argument to state that women’s bodies are considered more “docile” than men’s and there are significantly more restrictions on women in terms of movement, behaviour, and conformity to discursive practices that shape female identity and subjectivity. Bartky (1998) states that we are born either male or female but our gender identity, this being masculine or feminine, is socially constructed.

Dominant discourses are those that are assumed natural, scientific, or so entrenched in history and social institutions that they have become taken for granted and unquestionable, they seemingly sustain particular worldviews. Furthermore these worldviews are predominantly male constructions serving male interests born out of patriarchal notions of truth and knowledge (Gavey, 1989). Gavey explains that dominant discourses appeal to “common sense” and thus gain recognition as being truth and knowledge itself. It is these dominant discourses that constitute the subjectivities of most people most of the time and because discourses are not neutral but closely associated with power, gendered power relations are sustained and perpetuated.

As an example, one of the strongest or dominant discourses that overarch all others is the empirical assumption of a biological or evolutionary lawfulness that produces and then rationalises gender differences (Weedon, 1999; Baxter, 2008). A gender binary is created whereby all men are constructed as essentially the same and all women are the same, and in turn, each gender is produced as both opposite and complimentary to each other. This oppositional binary also privileges one gender over the other, with male characteristics valued more than female (Weedon, 1999). Men are produced as dominant, aggressive and competitive, while women are produced as subordinate, weak and collaborative. It is these characteristics that are claimed to have their basis in biological theories of gender difference with a particular focus on male and female reproductive roles. Motherhood is considered a core or essential part of being female and defining characteristics such as patience, intuition and empathy associated with women reinforces this view (Weedon, 1999). This ‘knowledge’ or ‘truth’ naturalises women as primary caregivers driven by instinct and it consequently controls women’s choices in reproduction, paid work and unpaid work. This hegemonic narrative based on binary opposites is so entrenched and taken for granted that it is considered the norm and any deviation from it is considered abnormal. This normalisation process

continues the oppression, exclusion and denial of other ways of being, other forms of sexuality and supports the maintenance of the status quo.

Just as femininity is discursively constructed, Foucault also contends that sex is culturally constructed and cannot exist outside of a range of discourses that constitute sexuality. It is also part of a larger and more complex strategy of power; one favouring heterosexuality and patriarchy (Weedon, 1999). Post-structuralist feminists further theorise that not only does sex not exist outside of discourse, as first proposed by Foucault, but that sex does not exist outside of gender (Weedon, 1999).

Within heterosexual relationships, gender is reproduced everyday in the performance of sexual and social encounters and ways of being. Men and women internalise dominant discourses that inform them in how to be masculine or feminine and how to relate in a sexually desirable and 'normal' way to the opposite sex. Dominant sexual scripts inform both partners regarding what actions, behaviours and types of sexual expression are possible. Hollway (1984) described these as the male sex drive discourse, the have/hold discourse and the permissive discourse. These scripts predominately position women as passive, subordinate, sexually absent, or only desiring sex in the context of procreation. Women are considered objects of male desire, while men are constructed as active sexual subjects needing to reach orgasm through penetration. It naturalises and reinforces a male's insatiable sex drive and the need to compete with other men to procreate, therein regulating and normalising the coital imperative and heteronormativity which both prioritise male pleasure, needs and wants (Hollway, 1984).

Stereotypical discourses of women within the hegemonic narrative are incongruent with power; take the 'meek and mild' or 'kind and caring' qualities for example. Women are therefore often constrained from seeking or exercising power and agency both in their own lives and in their wider social context. Not only does society expect that a woman will behave in stereotypically feminine ways, but these stereotypes are prescriptive, and women who behave in non-stereotypical ways are often penalised with negative characterisation such as 'whore', 'frigid', 'butch', 'selfish', or 'bossy' (Bartky, 1998).

Traditional discourses of normative heterosexuality reproduce the male/female binary of normal sexual and deviant sexual as a double standard, casting casual sex as being 'risky' behaviour for women (Farvid & Braun, 2013). However while having casual sex is still associated with being labelled 'loose' or a 'whore' for women, producing oneself as sexually available to men is considered the essence of modern femininity.

This re-sexualisation in culture can be seen in a recent shift in the way in which women are represented in advertising. Whereas previously women were presented as being passive objects of the male gaze, they are now often shown as being independent, powerful and agentic, and in particular, as displaying sexual agency (Gill, 2008). However, Gill (2008)

utilises a feminist post-structuralist approach to examine the way in which this supposed sexual agency is in fact itself a means of regulation. This image of sexual agency requires women to once again mould their femininity to suit current expectations in which they must not only perform the existing requirements of femininity such as being beautiful and sexually attractive to men, but must also be “sexually knowledgeable/practised and always ‘up for it’” (p.35). While being a sexually active and desiring subject has become revered there are still limitations and one must certainly not transgress these social sanctions.

Despite the effects of disciplinary power and gendered power relations, women are not completely passive subjects or victims at the mercy and whim of discourse. Alternative subject positions are also available through counter discourses that resist and challenge dominant discourses and instead offer new truths and consequently new powers (Ramazanoglu, 1993). Women actively take up different and contradictory subject positions in order to achieve certain things because the choices available to them within the hegemonic narrative are so limiting and disempowering.

Women may both conform to dominant discourse and discursive practices that construct femininity and female sexuality in particular ways, and at the same time challenge these through competing discourses. To illustrate this idea of both acceptance of, and resistance to, dominant discourse, I use the example of a woman who refuses to wear make-up because she does not believe that she needs to, but she does feel the need to shave off her body hair in order to have smooth skin. As Bartky (1998) contends, both the application of make-up and removal of body hair are disciplinary practices that produce a recognisably feminine body. In refusing to wear make-up, the woman is resisting this discursive practice by positioning herself within a competing discourse where a natural face is considered the norm. However because a body can only be masculine or feminine, she may feel coerced into performing some appropriate practices, such as body hair removal, in order to have a body that feels feminine which is crucial to her sense of self (Bartky, 1998).

This research is interested in the various competing constructions of femininity and female sexuality and how women are positioned and position themselves within these in their lived experiences. Ramazanoglu (1993) explains "People are constituted as subjects in discourses, and disciplinary practices, and also (whether knowingly or not) contribute themselves to the process of turning themselves into particular kinds of subjects" (p.24).

Popular Culture

Western popular culture consists of mediums such as the Internet, pornography, magazines, newspapers, music videos, books, movies, television, billboards, flyers and advertising. Furthermore, culture also consists of clothing, food, rituals and social practices.

It is the way we live; our lifestyles, our values, our beliefs and our expectations. We see, speak and wear our culture, or in other words we do culture and it is through culture that language and discourse are perpetuated and sustained.

When it comes to women's bodies, we have been swamped with images of slim, youthful, hairless, toned and tanned white bodies. Women's magazines, men's magazines, pornography, advertising, movies and social media all portray a uniform image of what a 'normal' and desirable female body should look like. Social practices such as waxing, applying fake tans, dieting and the use of cosmetics are normalised and naturalised, encouraging women to re-present female bodies in the same uniform fashion, the 'norm'. These discursive practices reinforce the message that a feminine body should look a certain way (Bartky, 1998).

Women's willingness to engage in oppressive practices is not only achieved through self-surveillance and disciplinary power but also through a discourse of neoliberal choice and agency. The culture of choice in Western societies erupted during a time of neoliberalism and consumerism and popular culture provided the backdrop in the production of neoliberal values (Tyler, 2011). The rights of the individual were emphasised and people became 'choosing subjects', free in their right to choose (Braun, 2009). Alongside the emerging value of rights were also the value of personal responsibility and the notion that individuals should be making choices to actively improve their lives. This included improving their bodies, financial independence and status in society.

Through the strategic rhetoric of choice and agency, women feel and believe that they are autonomous and that they ultimately choose to partake in practices to perfect their bodies. In actual fact the rhetoric of choice undermines their autonomy to act and serves to disempower rather than empower. Women live in a culture that is obsessed with improving ones appearance and normative discourse and practices help legitimise it. Women do not live autonomous to the culture in which they are immersed, however the rhetoric of choice claims that they do. They are told and believe that they are free agents, that they can operate independently of culture when making decisions and that they are ultimately in control to choose to partake in practices to perfect their bodies (Braun, 2009; Tiggemann & Lewis, 2004). In actual fact the normative discourse serves to propel women into conformity.

The rhetoric of choice works to disempower women by also portraying inactivity or not partaking in normative practices as another 'choice' (Braun, 2009). In other words, if a woman does not wax or use make-up or wear particular clothes, then she is proactively choosing not to *improve* her body, regardless of whether this has been a conscious decision on her behalf or not. Choice does not operate alone; rather it is intrinsically tied to political, economic, and sociocultural structures (Braun, 2009). Women in Western cultures are not free agents and the choice to modify their bodies through practices such as hair removal or

even genital cosmetic surgery is a by-product of the culture in which they live (Braun, 2005b).

The effects of a shift in the political landscape driven by a discursive constitution of gender equality has meant that the duties of mothering, household responsibilities, paid work and being a 'good wife' are proclaimed to all be achievable through the rhetoric of agency, choice, empowerment and independence. Kahu's (2006) research on family and paid work looked at this ideological shift and discussed the move away from a traditional male breadwinner narrative. Modern women are now positioned by this discourse to be both economically independent, as well as financial contributors to the household as co-providers. The rise of the super mum places pressure on women to do it all, it is not longer 'enough' just to be a mum but a woman must also provide economically as well.

Financial independence and the production of the ideal worker are shaped by neoliberal ideology, espousing the virtues of individual responsibility, self-interest, hard work, prioritising paid work over unpaid work, rationalism and commitment to the job (Williams & Cooper, 2004). Many of these traits are traditionally constructed as having an affinity with masculine characteristics and conversely ones that many mothers have difficulty exhibiting because of their responsibilities to home and children (Marcal, 2015).

Gill (2008) argues that although advertising over the last 20 years has shifted from constructing women as passive sexual subjects into active independent sexual subjects through a discourse of empowerment, it is also itself a form of regulation. Again, it constrains women in particular ways as they are required to demonstrate their 'empowerment' in particular ways. She uses the example of the wearing of prestigious brands of stiletto heels, which are often seen as symbols of sexual empowerment, and yet which are themselves painful to wear. The discourse has moulded a new expectation around female sexuality, one where women are not only expected to look a certain way but they are also expected to be sexually active and sexually responsive in certain ways. However, this language of feminine empowerment masks a climate of continued control over women's lives and bodies.

Women are subject to disciplinary power, and rather than this power being wielded by particular people, this power is 'everywhere and nowhere' (Bartky, 1998). Foucault's (1979) metaphor of the panoptic schema explains how the internalization of dominant discourse gives rise to limited ways of acting and the self-regulation of behaviour. In this model a circular prison divided into cells is built around a central watchtower. The prison is designed so that the observer in the watchtower can always see the prisoners, but remains invisible to them. This design ensures that the prisoner always feels that their actions and behaviour is permanently on display regardless of whether the observer is actively observing them or not. This invisible power differential has the effect of regulating the prisoner's behaviour through his or her own self-surveillance (Bartky, 1998).

While Foucault often focussed on institutional examples of power, Bartky produces a conception of power as unbound, anonymous and dispersed. Stating that this situation results in the impression of the production of femininity through disciplining of the body as being something natural or voluntary, since there is no identifiable institution enforcing it, and disguising the inequality of the system and the way it serves to perpetuate male dominance (Bartky, 1998).

Modern, neoliberal society has witnessed the apparatuses of power becoming increasingly invasive and hidden, resulting in more restrictive social controls than were previously possible with institutions holding power. Rather than institutions engaging in overt discipline, power now transforms the minds of individuals so that they engage in policing and disciplining of themselves. In some ways, women's behaviour is subject to less restriction than previously, no longer being confined to a domestic sphere and with greater sexual liberty, divorce, paid work and less religious control. However, the modern, anonymous power that disciplines the body in order to produce ideals of femininity has totally invaded every aspect of women's lives (Bartky, 1998).

The absence or minimal portrayal of women in the media and in our culture excelling in sports, science, economics and politics also conveys the message and compounds the idea that what a woman's body looks like is the most important thing about her. Women of a certain age, look, size or status are invisible and even loathed in Western culture and if they dare make a public appearance they are mercilessly scrutinised for their looks rather than for what they say or do. This scrutiny is an example of Foucault's bio-power in action.

It has been argued that the more power and social/political equality women have gained in the public sphere, the more the patriarchy has tried to control women's actions through gender oppressive technologies and higher standards of beautification (Gill, 2007; Stuart & Donaghue, 2011). Perceived by men as a denial of masculine entitlement to positions of power, has resulted in increased incidents of sexual harassment in the workplace, the prevalence of hard core and violent pornography, sexual and violent threats on public blogs and social media directed towards women commentators, as well as a flood of hyper-sexualised images of women throughout the media.

An example of the lesser extreme is the introduction and popularity of certain clothing and underwear such as low-rise jeans, tight leggings, G-strings and bikinis, drawing particular attention to female genitalia. So although women's sexual agency in accordance with modern femininity is produced through wearing this type of clothing, women must remove any trace of visible pubic hair, otherwise they are subject to a range of negative judgments such as disgust and revulsion (Tiggemann & Lewis, 2004). Women's genitals are no longer private but open for public scrutiny, condemnation and regulation; in other words yet another part of the female body requires control and disciplining.

Terry and Braun (2013) state that public judgments extend as far as attributing negative personal characteristics to a woman who does not adhere to feminine discursive practices nor meet the normative ideal of femininity. Labelling a woman with mental health issues, calling her dirty and or masculine/animalistic both disempowers and serves as a form of sanctioning behaviour (Braun, Tricklebank & Clarke, 2013). Hair removal ads such as the 'Don't risk Dudeness' series by the Veet Hair removal brand propagate the threat of masculinity in and through a story line that asserts a woman who has not shaved after twenty four hours transforms into a man (MacKenzie, 2014).

Normalising particular femininities and feminine bodies regulates and disciplines female bodies. Binary differences between the genders are reinforced through dominant norms, and because masculinity is associated with body hair, by contrast a modern desirable feminine body is constructed as smooth, soft, hairless, and youthful. Women feel immense social pressure to conform to the hairless norm and because this is the opposite of what an adult woman naturally possesses, pubic hair removal has become necessary in order for a woman to produce a 'normal' body (Braun et al., 2013). The marketing and rising popularity of waxing and trimming of pubic hair has become so entrenched and assumed that the populace no longer seems surprised by these social practices; going to the beauty salon to remove body hair is now considered a 'treat'. Women are encouraged to 'pamper' themselves and take some time out by partaking in these modification practices. Bartky (1998) also contests that hairless skin carries a theme of infantilisation that can also be understood as a language of subordination, and this re-enactment of social hierarchy affords women some attention and approval but little social power.

Not only does popular culture inform how we present our bodies in certain ways, it also informs us how to do gender in our everyday lives; how to be a good mother, how to be a good wife, when and how many children to have, when to return to paid work, how to be a good lover, what romance looks like, when to get married, when to speak out and when to be silent. A sexual double standard produces 'those' women that challenge or resist these narratives as 'unfeminine', which may threaten a woman's sense of herself as female. This social policing of women is achieved through oppressive labelling using terms such as butch, sexually deviant, masculine, a feminazi, ugly, and dirty (Gilbert, Walker, McKinney & Snell, 1999). Questioning ones moral character, social status, and adequacy as a wife and mother are other forms of social sanctioning (Wolfinger, 2014; Choi, Henshaw, Baker & Tree, 2005). Women are not the only ones spoken to through popular culture mediums, men are also told what behaviour, actions and choices are acceptable and normal. All of these narratives are repeated so often throughout our lives that they have become natural and are taken for granted. The dominant discourses that shape women's subjectivity, embodiment and sexuality, have been identified and these are discussed in detail below.

Mothering Ideology

Despite cultural constructions of the maternal role as valueless within the realms of capitalism, the strength and dominance of mothering ideology continues to instruct and inform women that being a mother is 'the' definitive life course and it is intrinsically linked to constructions of femininity. Doyle, Pooley and Breen (2012) describe the act of giving birth as a symbolic process where woman and mother become one and the same, reinforcing gender identity.

Wray (2011) contests that a belief in 'natural' or instinctual mothering implies that women are capable of perfect mothering because it is intrinsic to being female. Therefore recognising and addressing the problems some women face in the transition to motherhood is rarely discussed and those women that do need guidance, instruction and support are considered and consider themselves inadequate or failures for not living up to their 'biological' role.

Russo (1979) first engineered the term 'motherhood mandate', stating that it is part of the psyche of identifying as a woman and is built into our social institutions. There is no escaping from it regardless of whether a woman chooses to have children or not. The "Do you have children?" question is often inevitable when a woman, particularly under the age of 35, is first introduced to someone she does not know, and is generally followed up by further questioning of her motives if she doesn't have any. Those women who choose not to have children are constructed as selfish, difficult and challenging in their rejection of the very essence of feminine identity (Doyle et al., 2012).

Russo (1979) outlines the motherhood mandate as a requirement for women to have at least two children and for her to raise them 'well'. While historically having lots of children was desirable, and in particular lots of boys, in the modern era if a woman has too many children she is positioned as a liability and a burden on society and the economy. However only having one child is also constructed as undesirable, because of the fear that the child will miss out on the experience of having siblings and may potentially become socially maladjusted and an attention seeker (Liu, Munakata & Onuoha, 2005). Of course this narrative is culturally specific to Western societies as the one-child policies in China can attest to.

When a woman 'chooses' to have children is also prescribed through the motherhood mandate. Whilst in some cultures a child bride is considered ideal because of her potential ability to bear many children, in Western culture women are informed that having children in their mid-twenties to mid-thirties is the modern ideal. The construction of teenage pregnancy and teenage mothers as irresponsible, deviant, benefit dependent, a public health issue, and

ultimately a social transgression, is one way in which Western ideology regulates and manages women's reproduction through discourse (Bute & Russell, 2012).

The foundations of the motherhood mandate are built on heteronormative ideologies, where a normal relationship occurs between a man and a woman and children are born within the confines of a marriage or at least a long-term monogamous relationship. This affords an arrangement that is deeply entrenched in traditional gender roles, where women stay at home with the children and men go out into the public sphere to work. A biological discourse of mothering as natural or instinctual reinforces the role of women as primary caregiver (Weedon, 1999).

Russo (1979) posits that a 'good' mother does have permission to work, become educated and assist in community life; however these activities must not come at the expense of children's interests and wellbeing. A 'good' mother must always prioritise her children first and foremost, in infancy she must be physically present for every need and once a child gets older, she must still be immediately available should her child need her. In the 1990s, Sharon Hays argued that contemporary mothering ideology dictates that women follow the principles of 'intensive mothering'. She defined these principles as child-centred, labour intensive, and emotionally absorbing, where women are positioned as primarily responsible for their precious children and the child's needs come before the mothers (Johnston & Swanson, 2006).

Hence, this is an ideology that restricts and denies women access to certain types of employment, such as becoming an international pilot for example, as well as restricting the number of worked hours in paid employment. The intensive mothering ideology is reflected in a recent survey undertaken by Pew Research (2013). The results found that whilst there is a trend towards more women working full-time, only 16% of all adults regarded a full-time working mum of young children positively. Most adults (42%) regarded a mother who works only part-time as ideal and 33% consider a mother who does not work at all as the ideal for young children.

Social reinforcement of mothering ideology occurs through practices such as storytelling, fairy tales, movies, advertising, soap operas and books as these predominantly feature a nuclear family with mum, dad, brother and sister. Economic reinforcement of both heteronormative ideology and the motherhood mandate is emphasised by the architecture of our houses, the documents we fill in for government and private services, package holiday deals, and entertainment 'family' passes. These all reinforce and discursively produce a family of four as the norm by the provision of economic benefits.

Legal and public policy sanctions also perpetuate a heteronormative ideology as evidenced in New Zealand in 2013 when the Marriages Act 1955 was changed to permit same-sex couples to legally marry. Whilst this has been a positive step towards equal rights

for all members of society regardless of sexuality, the continuation of setting higher restrictions around access to free IVF treatment for lesbian couples and the complicated legislative process required for same-sex couples to apply for joint adoption eschews true equality and preserves the status quo (Dalley, 2016). Soo (2010) further states that on the birth certificate of a child born to lesbian parents, the birth mother is labelled 'mother' while the other mother is labelled as 'other parent'. This 'small' detail demonstrates a cultural reluctance to 'allow' two women to concurrently become mothers and in so doing the heteronormative ideology is conserved.

In summary, mothering ideology functions to govern women's life choices economically, socially, reproductively and sexually. Through social, economic and legal sanctions it coerces and controls reproductive choices: who can have children and how, with whom to have children, how many to have and at what age. Any violation of the mothering ideology may result in feelings of abnormality, guilt, shame, and disapproval from self and others, because the criteria that constructs a 'good' mother has not been met. Educational, social, financial and employment costs brought about by the dominance of the mothering ideology constrain women's autonomy, power and choices. Not only are these costs higher for women that do have children but they may also be incurred if a woman does not abide strictly by intensive mothering. Having children too early or too late in life, having too many children or having children as a single parent can limit income, childcare support, transportation, housing and jeopardise employment choices causing further financial strain and limiting life choices for years to come (Liefbroer, 2005; Abendroth, Huffman, & Treas, 2014).

Discourses of Maternal Bodies

Within Western culture there exists an implicit understanding that female bodies are public bodies. Particularly once puberty begins, a female body is subject to the scrutiny, touch and gaze of all members of society. A female body is constructed as an object, and something that must be disciplined and controlled through public opinion, criticism, scorn and praise. The maternal body in particular is produced as a site of public gaze and Tyler (2011) states that the emerging maternities have constructed the pregnant body as visible like never before. A representational shift of the maternal body through popular culture in the 1990s changed what was once an ordinary or even abject physical state into a site for improvement and surveillance (Tyler, 2011).

This shift occurred through both the generation of new 'knowledge' and technologies of pregnancy and the commodification of maternity based on a neoliberal ideology. Pregnancy, labour and the postpartum period have become constructed as a risky time for women and their babies and in order to manage it, the medical community increasingly invests in the production of healthy, viable babies. The actions, behaviours and choices of

pregnant and labouring women are controlled and constrained through disciplinary power and self-surveillance as women are expected to put the baby first in every decision that is made. Simultaneously the sexualisation of pregnant bodies further produces maternity as a time for discipline and improvement, and this knowledge impacts on women's agency with regards to their mothering, embodiment and relationships (Nash, 2015a). The construction of women's bodies as public property is achieved through a number of discourses described here as; ideal feminine bodies, the gaze on the foetus, the medical narrative and the good mother.

Prior to the 1990s, pregnancy offered women some respite from the pressures of conforming to aesthetic body ideals, however women are no longer released from the pursuit of perfection due to the sexualisation of pregnant bodies (Tyler, 2011). This new sexually desirable pregnant form informs women that it is important to maintain the production of sexual availability through emphasising their reproductive value. In order to achieve this status, a pregnant body must remain slim with only the expansion of the tummy area and breasts. Not only does this norm reflect the prioritisation of the look of the female body but it also offers a visible way of discerning the legitimate pregnant body from the illegitimate and undesirable fat body (Johnson, 2010). Sally Johnson (2010) argues that the emerging production and normalisation of an ideal pregnant form, that is being "all bump", constructs pregnancy weight gain as acceptable but only within certain boundaries.

An increasing biomedical management of pregnancy has been attained through technological advances and the medicalisation of maternity has placed a stronger gaze on, or surveillance of, the foetus. Working alongside the discourse of an ideal pregnant body, health promotion and public policy afford a strong narrative that discourages women from putting on too much weight during pregnancy. A healthy diet and acceptable weight gain are encouraged for the good of the unborn child because to do otherwise is to put the health of the child at risk (Harper & Rail, 2012). Women are positioned as risk managers and are encouraged to avoid any risk that would result in an 'imperfect' baby. The surveillance of maternal weight gain through a narrative of risk is, according to Nash (2015a), a significant issue of disciplinary power.

It is a discourse that has created new expectations around what a pregnant body should look like, how it should behave and act, and any deviation from the ideal pregnant form and socially acceptable behaviour is considered to jeopardise the baby's health and livelihood (Zechmeister, 2001). Fierce public scrutiny of overweight or obese maternal bodies and simultaneous praise of slim maternal bodies also reflects moral sanctioning of good and bad mothers before a baby is even born (Nash, 2015a). A discourse that equates health with slenderness and risk with fatness, positions women as either responsible good mothers or irresponsible and lazy bad mothers (Nash, 2015a). Or in other words, a bad mother is constructed as one that behaves or acts in a way that is perceived to impinge on the health and

rights of the foetus, whilst a good mother is one that always puts the wellbeing of the foetus at the forefront of every decision she makes (Smith-Oka, 2012).

Medical observation and intervention has been rationalised through a discourse of responsibility positioning women as a threat to the wellbeing of the foetus. Childbirth in particular is a time in a woman's life when she comes under intense scrutiny from the medicalisation of maternity; her 'out of control body' renders her inadequate. In this way, women's agency in the decisions for the wellbeing of her unborn child is limited. Moreover, due to the emphasis on the rights of the foetus, the woman's embodied experience of pregnancy is diminished as her role is reduced to that of host. Harper and Rail (2012) state that the construction of a 'risky' maternal body has resulted in pregnant women losing their autonomy and personhood.

The gaze on the foetus has emerged from the changing landscape of childbirth, shifting from 'natural' homebirths to hospital births, made possible through the legislation and regulation of midwifery. Defined as an extension of nursing and therefore requiring the same amount of medical surveillance, this has resulted in a change from a women-centred practice to biomedical defined care (Hielkema, 2014). In 1990 midwifery in New Zealand regained its autonomous status through a legal and professional separation away from nursing under *The Nurses Amendment Act* of the same year. However despite this change and midwifery in New Zealand operating autonomously from nursing, the power of the medical model and a biomedical narrative positions the midwife as a medical expert, enforcing a power differential in the relationship between women and their maternity carer. For midwives, a binary has been created between encouraging natural, drug-free births and ensuring that a mother's care meets biomedical standards and restrictions. This causes many tensions and contradictions for both midwives and the women in their care.

A power imbalance inherent in the patient/professional relationship and the esteemed authority of health professionals is maintained through medical discourse and the patient's limited access to, and understanding of, medical knowledge. Within maternity care the assurance that that any physical interference is undertaken as necessary for the health and wellbeing of the mother and her child, makes it difficult for a woman to question the decisions made by professionals for fear of social sanctions, such as being considered selfish or a bad mother. As Foucault explains, power is not necessarily visible and overtly coercive but can be subtly persuasive in directing a person's free will (Zechmeister, 2001).

The legitimacy of the biomedical narrative does not work alone in the regulation of women's bodies, but instead in conjunction with other powerful and normalising discourses. Increasing medicalisation and control over women's reproductive capacity has been enabled and enables the normalisation, acceptance and consumption of new technologies of maternal bodies within modern obstetrics (Hielkema, 2014). Technologies such as routine ultrasounds

have created a “panoptic of the womb”, or provided insights into the womb, and have resulted in new understandings and constructions of the foetus as a subject with their own human and civil rights (Freeman, 2014). The persuasiveness of these discourses has ensured maximum external control over the pregnant and labouring body (Glen, 2012).

Heteronormativity and The Coital Imperative

Based on heteronormative sexual scripts in which heterosexuality is constructed as the norm, the coital imperative prioritises penis/vaginal intercourse. A trajectory of sexual activity between men and women starts with the man's erection and always culminates in male orgasm. This is considered the final act and once the man has ejaculated sexual activity ceases (McPhillips, Braun & Gavey, 2001; Jackson, 1984; Ramazanoglu, 1994). It is a discourse that intrinsically represents institutional patriarchy through male definitions and a male perspective and is also grounded in a biological need for men to have sex (Jackson, 1984).

McPhillips et al. (2001) state that the penetrative imperative is taken for granted as the most normal, natural, proper or 'real' form of heterosexual sex; moreover intercourse has become synonymous with heterosex. Other forms of sexual expression or sexual acts outside of penetration are considered superfluous or 'foreplay', and by labelling it as such, these practices become secondary to the main act. Furthermore, implicit in the 'normal' trajectory is a hierarchal organisation of sexuality that places greater value on male pleasure, where his orgasm is guaranteed and lesser value is placed on female pleasure (Guntram, 2013). Although alternative discourses do exist, sexual activity that does not end in male orgasm is largely constructed as 'not really sex' or 'just mucking around'. In this way the coital imperative limits understanding of female pleasure and offers a very restrictive sense of sexual expression.

Traditional notions of masculinity are characterised by aggression, strength, competition, initiation and activity, whilst femininity is characterised by passivity, nurturance, weakness, and reciprocity. The discourse of the coital imperative reinforces and reproduces these gendered differences, producing men as active subjects of sexual activity and women as receptive and responsive passive objects of male desire (Hird & Jackson, 2001). The strength of these norms governs both the act of intercourse and the frequency of engagement. Social sanctions also pressure women into performing sex because it is considered both the normal thing to do when in a long-term relationship and a normal thing to do as a loving, nurturing partner. Gavey, McPhillips and Braun (1999) found that even when a woman does not appear to want to engage in sex or the costs such as risk of pregnancy outweigh the benefits of

penetrative sex, and although there may be no direct or forceful coercion, intercourse was still enacted.

The dominance and normalisation of a sexual script that positions women's sexuality as passive is also maintained and achieved through language and descriptions of female genitalia. Everyday use of slang words such as box, slot and bucket are spoken and shared throughout our culture and serve to define the vagina as a passive container, waiting to be filled (Braun & Kitzinger, 2001a). Braun and Kitzinger (2001a) also argue that the use of coy and euphemistic terms by women, such as 'down there' couch female genitalia in mystery and any discussion is considered taboo or private. Overall the nonspecificity of anatomical parts inherent in slang or euphemistic terms makes it difficult for women to address any particular medical concerns they may have or to ask a partner for the stimulation of a specific part during sexual activity. The encompassing slang terms for female genitalia and absence of specific terms for clitoris, labia and so on in dominant discourse imply that female sexual pleasure itself is both mysterious and dismissible (Braun & Kitzinger, 2001a).

Guntram (2013) also argues that a discourse of an ideal (hetero) relational normality also affects and shapes the way that women interact with others and their own experiences of body and self. Due to the focus on penetrative sex, a notion of ideal genitalia and normal sexual function are reinforced. A vagina needs to be able to accommodate a penis regardless of what size it is but it also needs to encompass it tightly enough in order for the male to feel pleasure. For postpartum women, a stretched or looser vagina is constructed as problematic as it no longer affords the same level of male pleasure. Through normalising penetrative sex as the real sexual act, the size of the vagina only becomes a relative concept in relation to the size of the penis (Braun & Wilkinson, 2001; Gavey et al., 1999).

For postpartum women, heteronormative discourse and the coital imperative also underlie their interactions with maternal services, health practitioners and their communication and negotiation with their sexual partners. Postpartum women are regularly informed that they may resume sexual activity six weeks after giving birth, and by this the professional is referring to penetrative sex (Olsson et al., 2005; Saunders, 1983; Woolhouse, McDonald & Brown, 2014) No discussions of other sexual acts occur because it is assumed that coitus is heterosexual sex. Moreover, those women that cannot or do not want to participate in coitus ultimately feel guilt, shame and assume responsibility for the failure in terms of their sexual relationship (Woolhouse et al., 2012). An internalisation of dominant heteronormative discourse, which communicates the innate biological need for men to have sex and for women to dutifully provide the means, disempowers women as they seek to embody normal behaviour (Braun, Gavey & McPhillips, 2003; Saunders, 1983).

Hollway (1984) puts forth the argument that sexual practices are legitimated through three main discourses and not only do they reinforce gender differences but also gendered

power relations. The dominance of the male sex drive discourse, the have/hold discourse and the permissive discourse inform and are informed by the heteronormative scripts and the coital imperative. Hollway (1984) states that male sexuality is constituted as a natural 'drive' or 'need' to have intercourse [with women] and is considered to be insatiable and normal due to its evolutionary origins and concepts of the survival of the species.

Based on biological and reproductive empirical theories such as the evolutionary reasoning of Angus Bateman in 1948, claims are made that to be reproductively successful, men must mate with multiple partners (through intercourse), whilst women are more reproductively successful if they are more scrupulous about their sexual partners. Ideally women should only reproduce within a monogamous relationship where the man will stay and provide for her and the baby. Therefore it is only 'natural' that men's sex drive will be higher than women's and that once a woman has reproduced her desire for sex [to procreate] will diminish (Brown, Laland & Mulder, 2009).

Hollway (1984) contests that these assumptions both naturalise and normalise heterosexuality and a male sexuality including a high sexual drive, while simultaneously positioning women's sexuality as the other; passive, diminished, abnormal, and dysfunctional. Adherence to the male sex drive produces male behaviour, actions, urges and pleasure as the norm. Gavey et al. (1999) further argue that this narrative of the 'instinctual' drive to procreate in order for the species to survive implies that these urges are based on fact, are universal to all men and exist outside of language and culture.

Connell and Hunt (2006) state that an effect of male sex drive discourse and the implied assumption that males have a 'biologically' stronger sex drive than females, positions men as natural initiators of sexual practices. Their role to pursue and seduce women positions men as active subjects in this discourse whilst women are positioned as submissive objects lacking sexuality or desire. Furthermore within this discourse sex is considered a male performance; the male is responsible for initiating sex; a male is always ready and willing to have sex; and sex means penis-vagina intercourse (Connell & Hunt, 2006).

It is further claimed by Hollway (1984) that part of a woman's identity is then tied to how desired she is by the other. Consequently due to the idea of an insatiable sexual drive, if a woman has trouble arousing or attracting a man, then it is assumed that there must be something inherently wrong with her. Gavey et al. (1999) state that because of the dominance of the male sex drive discourse, when a man is not interested in intercourse it can mark the situation as abnormal or be interpreted as a comment on her lack of attractiveness to him.

In the research undertaken by Crawford et al. (1994), the male sex drive discourse was drawn on in determining what took place between sexual partners. It was discursively used in the intersubjective space to shape gender and communicate/negotiate sexual likes and dislikes, where consent was expressed by both parties. So although it is important to note that

direct coercion was absent in these exchanges, conforming to norms still had an effect on the decision to engage in intercourse. The authors sought to highlight the difficulties when communicating sexual relations not only because men and women occupy different sexual worlds simply due to their anatomy, but also because of a power imbalance between the genders. The male sex drive discourse reflects a wider patriarchal system reinforcing a social hierarchy geared towards male supremacy and masculine performances, whilst female sexual autonomy and 'real' choice is constrained.

The have/hold or romance discourse overarches stable or monogamous relationships (Braun et al., 2003). Men position themselves as the object in the have/hold discourse through resisting their own vulnerability and emotional needs, whilst simultaneously positioning women as subjects in need of commitment before sexual intimacy can occur. Hollway (1984) states that women are further positioned as responsible gatekeepers of men's sexuality based on Christian ideals (and a reproductive emphasis) of sexual intimacy as part of a loving commitment between a couple with the greater goal of bringing up a family. This discourse shares both heterosexual norms and biological/reproductive differences with the male sex drive discourse to produce heteronormative sexual scripts (Hollway, 1984).

The have/hold discourse as Gavey (2005) argues, informs a normative heterosexual script in which a normal healthy relationship involves an exchange of sex by women for intimacy, commitment and love. Being available and accommodating to the needs of men is also constructed as normal behaviour for a woman to show her love. The frequency with which this exchange takes place is one of the determinants of the level of intimacy and love between the two partners.

Consequently, a lack of sexual intimacy may then symbolise an unstable or risky relationship that is not likely to last (Burkett & Hamilton, 2012). Balancing or managing just the right amount and frequency of sex to satisfy the other's needs and maintain a 'healthy relationship' is constructed as a woman's responsibility. In this way, gender is discursively produced with women nurturing the relationship and taking care of the man's needs for the good of the family unit.

Female sexuality through the have/hold discourse is controlled through women's conformity within the confines of a monogamous long-term relationship and only in the context of reproduction. Female pleasure is not considered something of importance but rather it is the status of the relationship and male pleasure that are prioritised. Women who do have sexual encounters outside of relationships are at risk of negative labelling and positioning due to both their denial of traditional femininity and the sexual double standard. Herein sexually desiring females are considered promiscuous or slutty, whilst sexually desiring males are positively regarded as healthy and virile (Jackson & Cram, 2003; Farvid & Braun, 2013).

Connell and Hunt (2006) claim that the romance discourse is based on a false notion of a pure and equal relationship. The pure relationship, as described by Giddens (1991), is one where partners are considered equal, there is a dialogue of respect and mutual trust and both have their needs mutually acknowledged and met. However, intimate relationships do not exist in a vacuum and structural power differences between men and women in society influence how the genders interact with one another at a personal level. Gavey (1992) states that “sexuality is deployed in ways that are directly related to relations of power” (p.327).

Technologies of coercion, such as seduction and persuasion techniques acquainted with a discourse of romance, normalise and regulate sexual activity, reproduce heteronormative accounts and reinforce gendered power relations. Massages, dates, gifts and declarations of love may work as invisible rather than direct, forms of coercion to demand consent and participation in sexual encounters (Gavey, 1992). One partner, usually the male, offers these awards and in exchange, a woman is expected to consent to sexual intercourse regardless of her own desires.

On the surface, it appears that women are complicit in their own coercion, however on further inspection, the power that operates through the have/hold discourse limits any available possibilities for resistance. To challenge such an exchange, a woman is at risk of being labelled, or labelling herself a 'cock-tease', 'selfish', or 'frigid' and at the extreme end, she may be at risk of sexual violation (Gavey et al., 1999). Knowledge of these risks, the pressure to adhere to sexual norms and gendered power relations may make having unwanted sex the best or only option available (Gavey, 1992).

The permissive discourse is based on ideas of sexual liberation where both men and women have ‘equal rights’ to sexual activity and pleasure and there is less emphasis on reproduction (Hollway, 1984). However as Gavey et al. (1999) contest, women’s sexual freedom is narrowly constructed, unlike the taken for granted acceptance of male sexuality and desire. The availability and cultural acceptance of the contraceptive pill, and emergency contraceptive pill speaks of the continued central focus on penis-vagina intercourse as ‘the sex act’ between men and women, thereby limiting other forms of sexual expression.

The permissive discourse also not only permits women to engage in sexual activity but it also “creates a social context where women are expected to have and enjoy regular sex” (Gavey et al., 1999, p. 43). In a similar stance to the male sex-drive discourse, the woman who refuses to engage in sexual activity may be labelled by others or herself as frigid and cold, or they may think that there is something either erroneous within themselves or the state of their relationship.

Despite a postfeminist neoliberal agenda that engages a notion of women's rights to sexual equality and reproductive autonomy, the permissive discourse still largely denies female sexual pleasure and sexual desire and assumes a central role of intercourse. Sexual

desire is usually constructed in terms relating to male needs, wants and desires and is reflected in advertising, music videos, books and movies (Jackson & Cram, 2003). Although constructed as sexually autonomous and empowered, women are still portrayed as the object of male desire by reproducing themselves as both sexually desirable and sexually available. In this way, women's agency is not legitimate but stems from an ability to attract a man (Gill, 2008).

Jackson and Cram (2003) argue that "young women are largely positioned within dominant discourses of heterosexuality that subordinate women's sexuality to that of men" (p.115). A missing discourse of authentic female desire compounds women's subordinate position and renders female initiated sexual encounters, female masturbation, and sexual encounters without penis-vaginal intercourse as either abnormal, deviant, or taboo (Jackson & Cram, 2003; Gavey et al., 1999; Gilbert et al., 1999). Sexual freedom for women has a time and a place and must be carefully monitored through self-surveillance, otherwise there are social, cultural and personal consequences. Gavey et al. (1999) express the practice in permissive discourse as faux female sexual freedom, or freedom in a bubble.

In the research on female pleasure by Yuxin and Ying (2009) masturbation was still largely considered a taboo subject. Although the women used a discourse that masturbation was healthy and normal, when it came to speaking about their own practices, most of the participants used vague language and neither admitted nor denied ever having masturbated. Furthermore many of the women stated that practising masturbation within a relationship was a sign that *she* had failed the heterosexual relationship. Yuxin and Ying (2009) and Gilbert et al. (1999) argue that the power of female desire, sexuality and masturbation challenges phallogocentric thinking because women are empowered to meet their own sexual needs without surrendering to male dominance. Perhaps this is why the dominant discourse continues to construct women's pleasure as absent and negligent because of the threat to masculine performances and heterosexuality.

As Burkett and Hamilton (2012) argue, the contradictions between and within Hollway's (1984) three discourses reflect a neoliberal postfeminist sensibility. Women are constructed and construct themselves as sexually empowered yet continue to be positioned and position themselves in and through a hegemonic heteronormative narrative that portrays them as subordinate to men and men's needs. Gavey et al. (1999) argue that the consequences of this narrative and the norms it produces position women in a traditional role where they are expected to please men or at least appear sexually available to them.

Bartky (1998) claims that within an "institutionalised heterosexuality woman must make herself 'object and prey'", and she is responsible for male arousal (p.101). Conforming to both sexual and femininity norms with their inherent power relations brings into question

women's true sexual autonomy. How much choice does a woman really have when engaging in sex and what are the costs to her of not engaging in sexual practices?

Ideal feminine bodies and the problematic postpartum body:

The aspirational ideal feminine body reinforces understandings that beauty and being sexually desirable are the most important components of femininity that in turn shape women's embodied subjectivity as gendered subjects and enable the heteronormative narrative (Bartky, 1998). When these messages are repeated within popular culture, medical discourse and everyday conversations, they become normalised and inform women that it is their civic duty to make sure they look good or at least are seen to be making an effort. The neoliberal citizen is produced as autonomous with both rights and responsibilities and for women this includes taking responsibility for improving their body to meet constructions of femininity. The female body has become a site for improvement and for the modern woman living in a capitalist society, a continuous state of anxiousness concerning self-improvement is the new norm (O'Brien Hallstein, 2011). Braun (2009) argues, "choice has been a central mechanism by which consumption, actions or representation otherwise cast as conforming to patriarchal, heterosexist gender relations are reframed as positive and empowered individual choices" (p. 236).

An ideal feminine body is a slender, hairless, and smooth body. Bordo (1989) argued that this image is an infantilised one and the slender body in particular is constructed as normal and good because it reproduces women as fragile and powerless within the social hierarchy (O'Brien Hallstein, 2011). Bartky (1998) asserts that in addition to infantilisation, a slim female body physically takes up less social space, which is traditionally the domain of men. Not only are slim bodies produced as feminine but they must also be healthy and fit, further subjecting the female body to management. The natural curves and contours that a female body develops means that she must assume rigorous discipline in order to meet the slim ideal; herein embodying the neoliberal ideology of self-control, responsibility and privilege. Tyler (2011) states that the ideal body is a specific neoliberal femininity ascribed with cultural meanings so that the slender healthy body also signifies that someone 'has it all'.

The postpartum body is therefore understood as a stark contrast, constructed as lacking, out of control, less attractive, problematic and abnormal (Olsson et al., 2005). In order to regain its sexual status, which is assumed to be the most important part of being feminine in this discourse, it must be quickly controlled and managed postpartum. In seeking to regain control over the postpartum body and align it with normative feminine ideals, women must engage in bodywork referred to as the 'third shift' (Nash, 2015b). While once absent from public life, representations of postpartum women in the media have become visible and have given rise to a new sexualised postpartum body. Labels applied to celebrity

mums such MILF (Mother I'd Like to Fuck) and 'Yummy Mummy' have produced a new body to which women must aspire to, and celebrities that have quickly 'bounced back' to their pre-pregnant form have become the new role models (Roth, Homer & Fenwick, 2012; O'Brien Hallstein, 2011; Littler, 2013).

It is suggested that a visible glorification of motherhood and a discourse focused on aesthetics works to mask lived inequalities. While celebrity women are being revered for producing children and immediately regaining their pre-pregnancy form and ordinary mums are striving to achieve the same status, what goes unnoticed is the continued oppression of mothers through economic, political and social systems (Tyler, 2011). Indeed gone are the days of viewing mothers as matronly, as this has been replaced by the prioritisation of reclaiming ones (hetero) sexual identity back as quickly as possible following childbirth. Tyler (2011) states that one of the consequences of a new maternal identity is that as in pregnancy, women are no longer afforded a release, even following childbirth from the pressure to perform sexual desirability and availability.

The dominance and perpetuation of this new form of femininity is reinforced through the collective talk of midwives, the medical community, popular media and women themselves and sets up an expectation that the body will 'bounce back' to 'normal' at a magical six week mark (Pacey, 2004). The bouncing back discourse prioritises the look of the body; it objectifies it, thereby downplaying function and health. The pre-pregnant state is considered the ideal and holds the status as cultural currency while the postpartum state with its stretch marks, squishy tummies, floppy breasts and excess weight, is considered detestable and undesirable. A medical narrative legitimises a return to the pre-pregnant state within six weeks of giving birth and this ideological message is strengthened within the public space. Women are expected to eliminate all signs of childbirth and to embody the expectations of femininity, constructed as thin, beautiful, toned, and flawless (Wray, 2011; Roth et al., 2012).

Unsurprisingly Western cultural expectations and dominant discourse normalising female perfection now also extends to genitalia. Ideal female genitalia is represented as tight, neat, smooth, hairless or near hairless, pale pink in colour or a similar colour tone to the surrounding skin, fresh, contained, and with small or near absent labia (Braun & Kitzinger, 2001b). Not only are the aesthetics of genitalia scrutinised but their function is as well. 'Normal' female genitalia are capable of multiple orgasms, are able to produce the appropriate amount of lubrication during intercourse - inferring sexual availability - and can birth a child naturally then snap back into place six weeks later (Braun, 2005a; Braun & Wilkinson, 2001; Olsson et al., 2005).

In contrast, anything that deviates from the socially constructed 'normal' is constituted as abnormal female genitalia. Postpartum genitalia, menstruation, presence of pubic hair, leakage, 'large' or stretched labia, an inability to produce multiple orgasms,

dryness, or differing skin tones, are all considered problematic within Western culture (Rodrigues, 2012). Interestingly all these properties are in fact part and parcel of female genitalia in their natural state and throughout the lifecycle of most women.

According to Lloyd, Crouch, Minto, Liao, and Creighton (2005) a belief that a woman's genitals, and in particular the labia, are abnormal may be implicit in her decision to undertake Female Genital Cosmetic Surgery (FGCS). These researchers determined that there is very little information available to women on the variation of labial size and length. Their examination of the normal range of genital measurements showed great diversity; labia majora length was between 7-12cm; labia minora length measured between 2-10cm; and labia width measured between 0.7-5cm. Of note, labia minora measuring between 3-5cm in width are considered hypertrophic, or excessive in size, by FGCS practitioners. Through the use of measurements, categories of normal and abnormal genitalia are produced (Iglesia, Yurteri-Kaplan & Alinsod, 2013; Lloyd et al., 2005).

The Labia Library website developed by Women's Health Victoria (2012) was created to inform and visually display the natural diversity of female genitalia out of concern for the increasing numbers of women seeking FGCS. They argue that there is a significant lack of information on what real vaginas and vulvas look like and that many women had not even viewed their own. Within the website, viewers are informed that labia come in all shapes, sizes, symmetry and colours, as well as address the fact that labia can and do change throughout a woman's life and that this is all perfectly healthy and normal (Women's Health Victoria, 2012). Unfortunately, just as Braun (1999, 2009, 2010) and Braun and Wilkinson (2001) have found in their work on female genitalia, spaces for discussing and informing women about diversity and function are rare within Western Culture, and this absence makes it difficult to resist and challenge the narrow aesthetic ideal, keeping women ignorant. Braun (2010) further states that the dominance of such an ideal almost makes the 'choice' to have FGCS a logical conclusion.

As previously stated not only are the aesthetics of female genitalia considered normal or abnormal but so are other properties such as size. Within Western culture there is an assumption that a normal vagina is a tight vagina. In order to achieve and maintain a tight vagina women are encouraged to perform pelvic floor exercises daily or in more recent times undergo vaginal tightening surgery (Braun, 2005a). The tight vagina is constructed as desirable because it not only indicates youthfulness and newness, implying innocence and virginity and therefore having cultural value, but also because it meets the desires of men (Braun & Wilkinson, 2001; Gavey et al., 1999). On the contrary the owner of a loose 'vagina' is rendered promiscuous; she is deemed a slut, which implicates her character and morality as questionable. Braun and Kitzinger (2001b) argue that vaginal size is a relative rather than absolute concept; to state that a vagina is loose or too tight can only ever be determined in

relation to something or someone, ie a man's penis.

Within Western culture and among the literature on women's sexual health after childbirth, there is an assumption that the postpartum vagina is ruined or becomes looser as a consequence of giving birth vaginally (Barret et al., 2000; Beckett, 2005; Olsson et al., 2005; Saunders, 1983; von Sydow, 1999; Woolhouse et al., 2012, 2014). Comments in the literature from women included a similar theme: "He complained that my vagina and womb felt absolutely enormous and that he could feel little stimulation or satisfaction just a great, gaping void!" (Saunders, 1983, p. 98). Furthermore the women commented "I do not feel happy with my body. Pregnancies and babies deplete it. The breasts get smaller and my vagina is not as tight as before" (Olsson et al., 2005, p. 383).

These types of comments by women are prevalent and are further reinforced by both a medical narrative advising women to regularly perform their Kegel exercises and popular culture which makes fun of the loose postpartum vagina. In fact, the tight vagina is so culturally valued in Western culture that the fear of ruining it through giving birth vaginally has become very real for pregnant women. Elective caesareans have become a viable option in order to maintain the ideal tight vagina precisely because this process of birthing avoids using the vaginal passage altogether. Indeed this medical procedure is being promoted as keeping the vagina 'honeymoon fresh', implying that a woman can retain the desired virginal position (Braun & Wilkinson, 2001). Interestingly the rise in elective caesarean deliveries in America coincided with the introduction of websites promoting plastic surgery as a solution to problems of looseness and stretching associated with vaginal births (Zielinski, 2009).

Another way in which medical experts have 'helped' women to retain 'honeymoon fresh' genitals is after an episiotomy. This is a procedure whereby the woman's perineum/posterior vaginal wall will be cut in order for the baby's head to fit through the opening. Those practitioners responsible for stitching up the incision will sometimes add an extra stitch or two. What is concerning is that this practice is touted as one undertaken out of interest for women's sexual pleasure, and yet it is commonly referred to as the 'husband's stitch' (Braun & Wilkinson, 2001). This practice reinforces the negative construction of the undesirability of the postpartum vagina, and without medical intervention it will remain ruined. The assumption that the postpartum vagina is indeed problematic, positions women as failing female sexuality by having a less than ideal vagina.

The fact that the vagina is a muscle and has the ability to stretch in size in order to birth a child and then return to its original state is a fact that is largely glossed over or misunderstood by Western culture (Braun & Wilkinson, 2001). Due to the lack of public information and discussion about function, women remain ignorant about their genitalia and the understanding that the vagina continues to get baggier and looser the more children a woman births is commonplace. Evidence of this is found in these types of comments - "It was

fun to do my Kegels (pelvic floor exercises) the first time but now after the second child it is not getting any better. It's going to be like this for the rest of my life" (Olsson et al., 2005, p. 383).

Lubrication or discharge is another property of female genitalia that is produced as normal or abnormal within the dominant ideology about women's bodies. Note that this is not in reference to the changes in discharge as a consequence of medical and health reasons such as a yeast infection. A 'moist' vagina is considered highly desirable in Western culture as it suggests a woman is both youthful and physically ready for penetrative sex. In comparison a 'dry' vagina is considered to be problematic, 'old' and 'used up', or a menopausal vagina (Braun & Wilkinson, 2001).

Finally female genitalia are also socio-culturally represented as sexually inadequate due to the unreliability in producing orgasms (Braun & Wilkinson, 2001). This understanding has emerged from a permissive discourse where female orgasm is not only constructed as a women's right but an expectation. Women's and men's magazines, movies and books inform our culture that the orgasmic or normal vagina is able to produce orgasms naturally, and multiple times, usually via penetrative sex (Braun & Wilkinson, 2001). However because the coital imperative regulates sexual practices and penetration defines sex, many women remain unable to achieve orgasm through intercourse alone. A permissive discourse positions women as responsible for their own sexuality and pleasure further compounding the belief that not coming to orgasm during sex is their own fault. To counter feelings of failure, minimise being labelled frigid and wanting to appear normal, many women feel pressured to 'fake it' instead, and this leads to further disempowerment of female sexuality.

A postpartum vagina is most certainly constructed as abnormal in comparison to the normal ideal. It is a vagina that usually has been stretched, torn, stitched up, used, has bled profusely and may no longer lubricate naturally. The dominant narrative of a ruined postpartum vagina represents it as an inadequate form of female sexuality and an inadequate femininity. It is reinforced and reproduced through comedy shows, television sitcoms, movies and magazines for cheap laughs, the everyday talk of women and through the medical narrative. More importantly health and maternal practitioners when addressing their clients also employ and reinforce this discourse through the use of phrases such as 'getting back to normal' (Saunders, 1983; Woolhouse et al., 2014).

Indeed one of the cultural stories that is repeated is that once a woman gives birth vaginally, her vagina will forever remain changed – for the worse. On the other hand, women are told that after giving birth, their vagina will bounce back to its pre-pregnant shape within six weeks. These contradictory stories both confuse and disempower women, but also reinforce female genitalia as a site of surveillance, and if necessary, improvement. This is compounded by the fact that there is very little public discussion around the anatomy and

functions of the changing vagina and postpartum women's voices remain relatively absent from the public space (Woolhouse et al., 2012). The mysteriousness of female genitalia is upheld by both the absence of narrative and the absence of specific terminology when naming genital parts.

One of the aims of this research project is to lend itself to providing a platform for postpartum women to share their experiences. It seeks to start a conversation and to create spaces for public discussion on how dominant discourses produce postpartum women's bodies and sexuality. It also seeks to better understand how technologies of bio-power and self-surveillance implicit in discourse controls and coerces women into choosing and behaving in particular ways.

Chapter 2: Methodology

Feminist Post-Structuralist Discourse Analysis (FPDA)

The interviews conducted in this research set out to realise if and how dominant discourse affects women's subjectivity and what positions they take up when constructing experiences of their bodies and sexuality. A post-structuralist approach was seemingly an appropriate methodology as it sets out to understand how discourse and discursive practices affect embodied subjectivity (Weedon, 1999). Burman (1991) states "discourse analysis offers a social account of subjectivity by attending to the linguistic resources by which the socio-political realm is produced and reproduced" (p.327). It also offers the opportunity to focus on women's place in the gendered hierarchy which is integral in the discourse, power, and knowledge triad that Foucault insisted underpinned all social interactions (Weedon, 1999).

By analysing the talk of postpartum women, the discourses that produce and reproduce gendered social power relations can be better understood. How these then attend to positioning and the experiences of women can also be studied. This research sought to better understand how women make sense of the normative assumptions about the effects of childbirth on women's bodies and how this is implicated in their intimate relationships. Assumptions that pathologise postpartum women's bodies have an effect on how women construct their own feminine subjectivity and sexuality. Through analysing talk, subject positions available within the dominant discourse can be known; that is, the place from which one experiences and views the world. So too can the enactment of disciplinary power, self-surveillance, and autonomy become known.

Feminist post-structuralism has a theoretical position influenced by linguistics, offering a mode of knowledge that understands that language and discourse as well as social practice constitute subjectivity (Gavey, 1989). It includes the way a person speaks, shares and acts, expresses their beliefs, values and expectations about their own subjectivity and embodiment. FPDA regards gender differentiation through discourse as systemic throughout culture and serves to identify, position and discriminate among people based on their race, class, and specific to this research, their gender and sexuality. Thus humans are socialised into and perform gender, and are also accorded power and status in relation to their gender identity (Baxter, 2008).

As shown in the literature, within Western culture gender is conceptualised and categorised as oppositional. Sexual difference elaborates a theory of personhood that produces a hierarchically organised binary, positioning women as the emotional opposite to men's reason through gendered relationships of domination and subordination (Morgan, 2005). This theory reflects adherence to the regulation of women's experience through what Reynolds and Wetherell (2003) regard as a "powerful and often tacit sets of regulations about appropriate forms of desire and intimate partnership" (p. 489). Of importance to feminist theory is questioning the ontological status of the sexed body, asking whether biological difference gives rise to social inscription of gender or if social inscriptions of gender produce a sexually different body (Grosz, 1995). Weedon (1999) argues that a phallogocentric system that constitutes men as the norm and creates a hierarchy in which men and male characteristics are privileged, needs to be questioned. In this system, women are always positioned as the 'other' in relation to men and are constituted as either feminine, desirable and normal, or masculine, undesirable and abnormal, by their difference, sameness, or complementary 'fit' with men (Grosz, 1995).

Sexual differences and the binaries it produces are present throughout dominant discourse, and examples include private/public, masculine/feminine, slut/frigid, desirable/undesirable, dominant/subordinate, good/bad, and healthy/unhealthy. Oppositional subject positions of either/or mean that women are categorised, and rejecting or challenging one position then positions women in the opposite category by default. It is a constant balancing act or negotiation between subject positions and represents gendered disciplinary power at work.

A principle of FPDA is to deconstruct and challenge binary power relations by moving away from the binary of biology and society (Baxter, 2008). Or as Grosz (1995) states, feminist politics and theory has a commitment to diversity. FPDA explores the differences within and between women including their experiences of the complexities and ambiguities of power (Baxter, 2008). Questioning sexual differences in this manner helps to move beyond a binary of biology and towards a position that allows us to recognise the role of knowledge, discourse and power in the production of gender and also the multiple ways in which a person can be constituted.

FPDA recognises that discourse is never neutral but is active; it is used to do things, it is 'action orientated' (Gill, 1997). Hence the constitution of an ideal feminine body normalises the modification, beautification and disciplining of the female body (Bartky, 1998). It sustains patriarchal standards and the desires of men, by positioning women as sexual objects and as subjects of the male gaze, and as a result women are controlled, disempowered and oppressed. Bordo (1989) states that the female body becomes a medium of culture, a text of culture and a "direct locus of social control" (p.13).

It is understood and acknowledged that in talking about female genitalia, body image and sexuality, the women involved in this research will also be constructing their versions of a narrative in order to serve specific discursive purposes (Gill, 1997). They will be involved in actively orientating themselves through discourse. FPDA assumes that there is no one single truth or reality, and that constructions change depending on the audience. It is the effects of the dominant discourses that are of interest in this research, not obtaining a universal 'truth'.

The recognition of female bodies as 'docile bodies' whereby they become externally regulated and transformed, implies that women's bodies are powerless, victims of the 'other' (Bordo, 1989). FPDA challenges these assumptions and instead posits that subject positions for women fluctuate between powerful and powerless depending on location, history and culture (Baxter, 2008). Within this research, women may talk about their own bodies as sexual objects, a traditionally oppressive and disempowering position, however they may also construct their position as powerful because it affords them certain benefits and advantages and a way to express their agency. FPDA emphasises this complexity; that female subject positions and the construction of meaning shifts and changes constantly, so while one position may challenge or resist hegemonic assumptions, another may conform to more traditional understandings. Baxter (2008) states they are neither stable nor consistent, but contradictory and context-specific. An example that Gavey (1989) uses is women choosing feminism as a system for understanding their lives and subjectivity in modern society while simultaneously preserving behaviours that are seemingly oppressive and incompatible with this system.

FPDA enables an understanding of the need for continuous self-reflexivity in research (Baxter, 2008). A "principle of FPDA is that there are no inherent or fixed meanings, but contestations and redefinitions revealed by different readings and different contexts" (p. 254). FPDA offers an epistemological position that allows my analysis of the data to be different from another researchers, because it is informed by my research questions, the literature I have read and my aim of understanding the effects of discourse on experiences and embodiment. My discourse is no less a construction than the talk of the participants because I asked certain questions, prompted and interjected through their accounts, and analysed the data in particular ways. In so doing, my aim of producing a reading of talks and texts through discourse analysis is achieved (Gill, 1997).

Rather than seeking truth, FPDA aims to provide space in a discourse analysis for multiple voices and accounts such as those of the research participants and researcher, and understand how they generate co-constructed meanings. Providing a discursive space where my peers and I were able to discuss a subject that is of central importance in our lives allowed the opportunity for us, as women, to discuss those very discourses that have silenced and disempowered us historically, and continue to operate in our everyday experiences. Analysing

the relationship between discourse, power and knowledge inherent in dominant discourse enables us, as women, to both recognise and challenge meanings and possibly create resistance.

Resistance to the status quo and a desire for social change are some of the main objectives of feminist epistemologies and FPDA opens up the discursive space to challenge dominant discourses and narratives, therein fulfilling its transformative potentials (Baxter, 2008). FPDA is best suited to small case studies in which subjects have some degree of agency to change their conditions (p. 247). This research aligns to this philosophical stance with the aim to interrogate how experiences of sex and intimacy are constituted through dominant discourses that pathologise women's bodies. Seeking to question how women make sense of changes to their intimate relationships, and how normative assumptions about the effects of childbirth on women's bodies are implicated in changes to intimate relationships.

Through this process, I aim to empower women by increasing our understanding of how we are both enabled and constrained through discourse, offering alternative narratives, celebrating uniqueness, diversity, and function, as well as taking the emphasis and focus off a particular unobtainable aesthetic. I further aim to decrease the anxiety, shame and guilt that women may have internalised, and intend to change the conditions of possibility towards embracing any changes to their bodies since childbirth and what they now embody. This process may also open up discursive spaces for women to talk about their experiences and bodies with each other or their peers, thereby creating new understandings and opening up the possibility for change.

A large part of the analysis process was also reflecting on and acknowledging the cultural, political, and social context in which the women live. Living in a modern society within Western culture where women are represented at very high political, social and legal levels meant that these women might be afforded certain privileges that other women in different cultures or countries may not have access to. However this same sociocultural context may also place extra pressure on them to conform to even higher expectations of femininity, mothering and sexuality to meet the requirements for neoliberal subjects.

Chapter 3: Method

Ethical Considerations

This research project was evaluated by peer review under the Massey University Human Ethics Committee Southern B guidelines (HEC: Southern B Application 15/80) and received ethical approval. There were however some ethical issues to consider particularly around my emotional safety and that of my participants due to the sensitive nature of the topic. There may have been a strong emotional reaction from either my participants or myself if they were to disclose experiences of physical or sexual abuse/harm; a traumatic birth, stillbirth or abortion and this would have required further support. I addressed these concerns through consultation and support with the service manager of Family Works Northern, who advised me that, for no charge, they had available four counsellors with experience in working with trauma, grief and loss, abuse and relationship difficulties (Appendix A).

This information and the contact details for Family Works Northern were relayed to the participant before and after the interview and the women were informed that they could stop the interview or a particular line of questioning at any time. All of the women felt confident in telling their stories and the conversational style of the interview enabled the participants to only talk about what was relevant to them and to only disclose that which they felt comfortable with. None of the women or myself felt that additional support was needed either during or following the interview process.

Another concern raised by the Ethics Committee was the potential dual role of myself as the researcher. Using a recruitment technique of snowballing and living and researching within a small community meant that any conflicts of interest could not be avoided. The dual role needed to be managed and minimised through the process of obtaining informed and voluntary consent. Potential conflicts of interest were communicated to potential participants, as was the nature of the research and the type of questions that would be asked through the Information Sheet (Appendix B), so they could make an informed decision whether to participate or not. The participants were informed that all information would remain private and confidential, that any identifying material would be removed from the transcripts and all names would be given pseudonyms. The participants were also given the opportunity to read through the final transcript and remove any material they felt might lead to their identification.

Confidentiality and privacy was considered incredibly important to the safety of the women and was maintained throughout the research process. Prior to and during the interviews, I reminded the participants that the aim of the research was to provide a space for them to share their stories, feelings and experiences, and that at their request, I could stop the interview and/or the recording at any time. Each woman read the information sheet prior to contacting me and a hard copy was provided and discussed again prior to the interview commencing and before the Consent Form (Appendix C) and Confidentiality Form (Appendix D) was signed. These forms were kept in a locked cabinet at my personal residence before being couriered to my research supervisor at Massey University. The audio recordings and transcriptions were kept on my personal computer and were password protected.

It was suggested by the Ethics Committee that I interview the participants either at their own home, place of work or another location chosen by the women, as my physical safety was of concern. I therefore agreed to carry a mobile phone at all times, informed my supervisor of the time and location of the interview and also let her know once I had finished.

Another concern raised regarded cultural safety and in particular Māori cultural safety considering the large population of Māori living in Whangarei/Northland and the likelihood of Māori participation in the research. I addressed this by seeking support from the Māori Cultural Advisor at my place of work, NorthAble Disability Services. He offered to be available in a consultative capacity to discuss how best to apply principles of tikanga Māori and Treaty of Waitangi to all aspects of the research process (Appendix E).

The topic of female genitalia and sexuality for Māori may hold intricate themes and issues, which are potentially not present for participants from other backgrounds. Māori women may apply spiritual significance to areas of the body associated with sexuality and fertility, for example they may view the female genitals to be tapu or sacred (Cook, Clark & Brunton, 2014). This may reflect on the number of Māori women who consider, have access to, or elect to have caesareans, or participate in genital modification practices such as waxing and female genital cosmetic surgery. As a researcher, I was willing to openly communicate my own background and/or whakapapa and motivation to pursue this subject of study. A potential avenue to achieve this openness is through the chosen method of conversational interviews, which privileges *kanohi ki te kanohi* as it enables “the seen face” and implies “being prepared to show one’s face and share of oneself” (Jones, Crengle, & McCreanor, 2006, p.68).

This research also employs aspects of kaupapa Māori principles in that the participant and researcher negotiate space and the researcher does not assume the role of expert, but rather of learner or listener. Participants would be invited to bring whānau or family support to their interviews if this is more in keeping with their tikanga and helps them to preserve

their mana. If a participant chose to bring a support person to attend the interview with them, then the confidentiality would be negotiated between the participant and the person they bring. There was also an additional confidentiality agreement to be signed for the support person, should the participant require more reassurance (Appendix F). Furthermore, to share in the meaning making of the research, participants would be given their transcripts to enable further discussion of the issues raised prior to analysis; this engages the kaupapa Māori perspective by sharing knowledge with the participant and pursuing a research methodology of partnership as opposed to imposition of thoughts and analysis.

Recruitment

Due to the sensitive and personal nature of the research topic, the use of FPDA as a methodology, and because there was no aim to generalise the inferences made from this research to women in general, I decided to recruit my participants through a snowballing technique. Although the sample was anticipated to be homogenous in some respects, diversity was still anticipated both within and between the women's accounts.

Not only was the intimate level of the topic considered when choosing this technique but it was also discussed with my supervisor that it would be advantageous to be an "insider" so that the participants felt both a sense of commonality and comradery when discussing women's experiences of postpartum bodies and sexual relationships. The choice to investigate this area of everyday experience and the aims of the research informed the decision to recruit and interview my peers. The sample was to be a purposeful sample, in that selection was made to meet the specific criteria of the study. Selection was based upon predetermined criteria, that being between the ages of 25-45 years old and having given birth to a child within the last ten years.

Although the numbers of women volunteering was anticipated to be between ten and twelve, I was only able to recruit and schedule interviews with six participants within the allocated timeframe. The decision around sample size was threefold; firstly it was to make the project manageable given the time and resource constraints imposed on myself as the researcher. The second factor was the use of FPDA as a methodology and the opinion that it is best suited to small-scale ethnographic case studies (Baxter, 2008). Finally and more importantly, a small sample size allowed for rich data sets. In order to obtain enough data to make sense of the women's talk, it was necessary to keep the sample size small enough to permit time for long conversational interviews, transcription and deep analysis. As Potter and Wetherell (1987) argue, due to the focus on discursive formations the success of investigating a phenomenon "is not in the least dependent on sample size" (p.161).

Participants

All of the women were aged between 25-45 years old and all had given birth to at least one child in the last ten years. The youngest of the sample was 25 and the oldest was 39 and while some of the women had only recently become mothers with children as young as four months at the time of interview, others had children as old as fourteen. Some of the women were stay-at-home mums, some worked part-time and some were in full-time employment. With regards to ethnicity, five of the participants were New Zealand born Pākehā and one was of British descent, having been born in Britain and immigrating to New Zealand as an adult. All women were highly educated, having either graduated from University or were in the process of doing so. The demographics of the participants were mostly anticipated because a snowballing technique was used and this also ensured a good fit when using FPDA, particularly choosing "subjects that have some degree of agency to change their conditions" thereby supporting the aim of social transformation (Baxter, 2008, p.247).

Although it was not part of the criteria, all women identified as heterosexual and all but one of the women were in a long-term monogamous relationship with the father of their children. Given the primacy of the talk itself with regards to the chosen methodology, and the focus on co-constructions of experiences, my demographics afforded me the location of an insider. I am a 38 year old New Zealand Pākehā, a University graduate, heterosexual, and have been married for twelve years with two children aged ten and seven. Given the phenomenon of interest in this research, having similar demographic characteristics to those of the participants may have facilitated the women's willingness to share because they felt comfortable and confident.

Data Collection

Initial contact was made through personal connections. Those contacts then talked to, and provided an information sheet to, women that they knew may be interested in participating and met the criteria of having given birth to a child in the past ten years and were aged between 25-45 years old. It was then up to the potential participants to contact me if they required more information, wanted any questions answered and/or were willing to participate. I provided both my mobile number and email address and after each woman made contact and any concerns were addressed, the time and location for the interview was discussed and confirmed.

The information sheet provided to potential participants outlined the purpose of the study, the interview procedure, confidentiality, and that it would be audio recorded and transcribed. Samples of some of the ideas that might be discussed were provided so that the

participants knew the nature and level of personal details that would be required. It also provided an outline of potential risks and discomforts such as unexpected negative or strong emotional responses like embarrassment, guilt and grief due to the highly personal questions. Assurance was given that the interview could be stopped or paused at any time, the participant could withdraw at any time up until signing off the release of transcript, professional support would be available to the women if they requested it following the interview and that personal and professional boundaries would be maintained. Confidentiality and respect for privacy was kept at the forefront of my practice throughout the project.

Before the interviews started, I again presented the information sheet and gave an outline of the study, as well as explaining that it would be recorded and transcribed. I asked the women if they had any concerns or questions for me and once it was confirmed that the women would like to commence, they signed the consent and confidentiality forms.

I conducted the interviews individually and the duration ranged from 45 minutes to 90 minutes with the majority being completed within an hour. In total the interviews generated 114 pages of text for analysis. Most of the participants chose to carry out the interview in privacy at their home, while one participant chose a private room at her place of work. Some of the women were both mothers and employed in paid work, and chose to conduct the interview in the evening or during the weekend and consequently had their partners and children at home at the time of the interview. Allowances were made for interruptions and if the women needed to come and go; the audio recording was paused during those times. As previously stated, for my own safety I informed my supervisor of the address and time of interviews prior to the date.

Although the aim was to have a conversational interview with each participant, to get things started I did ask the women why they volunteered to be part of the project. Once I felt a rapport had been established and the woman felt comfortable, I steered the conversation to more personal and intimate themes through prompts and questions, always seeking to expand on whatever direction the women chose to go in. The purpose of this was to focus the conversation on the topics of interest whilst simultaneously minimising restrictions on narrative productions. This allowed the women space to freely talk about their experiences in ways that were meaningful and made sense to them. I wanted the interviews to elicit everyday talk around bodies, genitalia and sexual experiences and therefore I acknowledge my role in actively co-constructing and negotiating female subjectivity and female experiences. At the end of the interview, I thanked the women for the time and informed them I would email the transcription for them to read.

I personally transcribed all the interviews verbatim with the exclusion of pauses, and disfluencies such as "ums" and "ahs". The complete conversation between the participant and myself was transcribed in order to retain the integrity of the methodology. Confidentiality was

ensured through the use of pseudonyms on all transcribed materials and removing or changing any identifying features such as place names. On completion, the transcripts were emailed to each participant for them to review. Each participant was asked to read through their transcript and given the opportunity to discuss it with me and either one of us could make deletions, changes or additions as required. All of the women stated that the transcript sent to them was correct and nothing needed changing. Upon this confirmation I mailed out an Authority for the Release of Transcripts Form (Appendix G) for them to sign and send back to me in the post-paid self-addressed envelope. Once I had received these forms, I deleted the audio recordings from my computer.

Data Analysis

Gill (1997) argues that because discourse analysis "depends on the research question that you are asking" there is no one-way, or step-by-step methodical instructions that pertain to all projects (p.144). However, she also states that there are some commonalities that occur and one of the first steps is becoming familiar with the data. My starting point was transcribing the interviews; I started the analysis process through keeping notes on narratives, discourses, and areas of talk I felt stood out. I then read each transcript over several times and each time I became more and more familiar with the data.

The literature review and research questions informed the categories with which to code the material (Gill, 1997). For some categories, particularly those storylines that pertained to sets of statements that come together to produce the dominant discourse, such as talk about postpartum bodies, genitalia, frequency of sexual intercourse, and diminished libido, it was easy to highlight and comment on those sections. However other storylines that were not expected, such as talk about paid work, domestic work, biology and bikini bodies were more difficult to code and relate back to the research questions. Throughout this process, each time the transcriptions and comments/notes were read through, the categories shifted, merged and changed altogether as my understanding of the method and methodology became more sophisticated.

Gill (1997) states that one of the most important points about coding is inclusiveness, that is making sure that from the beginning any talk that may seem even vaguely relevant to the research questions should be included in the analysis. For some of the sections that were highlighted early on, it was not until the very end of the analysis that I could see where it would fit in and why. An example of this was deciding whether to put comments about the vagina returning back to its pre-pregnant state under a discourse of 'bouncing back' or under a discourse of 'the coital imperative'. I decided that because it was so important and brought together both embodiment and the intimate relationship, I had to create a separate category altogether.

Once the data had been coded, that is either placed into one of the categories as determined by the literature review and research questions or placed into a newly created category, I then moved onto the analysis stage of noting patterns in the data, similarities and differences between and within the accounts. At a functional level, I observed how the women constructed their stories to do certain things, the subject positions they took up within the dominant discourses, any examples of challenges, resistance, contradictions and conflicts. One of the participants, Sarah, provided a good example of this when commenting about her desire to be a good role model for her daughters by having a positive body image but at the same time not feeling confident enough to wear a bikini out in public. As Gill (1997) explains, discourse analysis focuses on the "ways in which accounts are constructed and to the functions that they perform", and ultimately it is a method of making analytical sense of talk and text (p.144).

In order to present my analysis, I organised the sets of statements that came together to produce discourse under four main sections: Mothering, work and family; Controlling women's bodies; Postpartum bodies: Comparison to the ideal; and Intimate relationships. Within each of these sections discursive formations, assumptions and understandings that were related, contradictory, cooperative, and or acted to uphold each other to produce and reproduce discourse were grouped, discussed and examined. Subject positions and positioning was analysed and how these enabled or limited particular actions of the women was considered. Discourses that challenged and offered women space to resist the dominant discourses were also identified as were the choices and actions they made available or unavailable for women.

Chapter 4: Analysis and Discussion

Mothering, work, and family

Combining and negotiating multiple responsibilities was a theme of considerable importance to the women when they talked about their bodies and intimate relationships. Many talked about being time poor and sleep deprived and the effects of this on their ability to look after their bodies, health and relationship. Some also referred to an unequal division of domestic labour, a separation of physical and psychological worlds, and the emotional gap that these issues can create between partners. Barstad (2014) found in her research on the correlation between the division of labour and relationship quality, that women who have partners that do little or no domestic labour have more relationship quality problems than those whose partners equally share domestic chores. Furthermore, women who are unsatisfied with the division of domestic labour are more likely to consider a break up than their partners.

All of the women interviewed had completed or were completing a tertiary qualification and almost all were, or had been, professionals in their chosen field prior to becoming mothers. The inclusion of these demographic details serves to illustrate the access to resources available to these women, making available life course choices not available to women who are not as well resourced. Based on previous research it could be assumed that a higher education and higher status job could provide opportunities, alternatives, negotiating power and reflexivity (the ability to examine one's life and choices), that would in turn produce particular expectations and outcomes both at home and work for these women (Walters & Whitehouse, 2012). However although generally well resourced, the enactment of traditional ideas of femininity, as well as the limitation on available subject positions within dominant discourse, constrained the women's agency.

The relative ease with which modern Western women are able to access higher education and therefore higher echelon jobs is starkly contrasted to the previous generations of women where the cultural expectation was that they would stay home, taking care of the domestic and childcare duties. The normalisation of women as natural caregivers and nurturers not only solidified the division of gender roles, but also rendered 'women's activities' invisible and of no value (Marcal, 2015). Further, Marcal (2015) states that to a large extent economic rationalism has historically excluded mothering, and as such, care work by women is not included in measures such as Gross Domestic Product (GDP) and is considered a natural resource that can be used indefinitely without remuneration or

recognition. Similarly American psychologist Chodorow considered that the activities of the maternal role lay outside economics and the exchange of money and were therefore unmeasurable (Kahu, 2006). Simultaneously men's work outside of the home laid the foundations for economic theories and models valuing paid labour over unpaid labour.

The end of World War II saw a shift for women in the division between home and the public realm as increasing numbers of women entered the paid workforce. This labour trend continued right through the last 60 to 70 years and now reflects a contemporary culture that champions the principles of both neoliberalism and postfeminism (Gill & Scharff, 2011). However despite this movement, traditional constructions and assumptions of gender roles continue to persist and women continue to perform the majority of childcare and household duties (Walters & Whitehouse, 2012; Williams & Cooper, 2004). Despite the opportunities, resources and alternatives available to the participants in this research, the stories that emerged through the interviews clearly illustrated that the gender difference between men and women performing unpaid domestic labour has endured over time and continues to be of significance in the ways that women live their everyday lives.

Apart from Sarah, all of the women had given up paid work for some period after their child was born, and none of the fathers' left paid work to look after their children when they were babies. This is despite the changes to New Zealand legislation that enables women to transfer up to fourteen weeks parental leave to their partners (Lynch, 2009). This phenomenon aligns with the argument of feminist scholars, that domestic and care work are ways of 'doing gender' (Barstad, 2014; Lyonette & Crompton, 2015). Informed by dominant cultural understandings as well as current social and economic policies, activities of men and women are not based on knowledge, skills, experiences or rational economic decisions but on men and women fulfilling traditionally constructed gender roles. Rocco's (2004) research found that women were active in taking up discourses and practices that sustain a patriarchal system and gendered power relations that disadvantage them and are inequitable.

For the women interviewed in this research, negotiating power and the ability to determine and control their own outcomes was not only shaped by personal attributes and educational levels, but also determined by a patriarchal structural system. The normalisation of 'institutional arrangements', such as marriage and the nuclear family seemingly advantage men and disadvantage women, through the perpetuation of gender inequality by subtle power processes (Fox & Murry, 2000). Furthermore constructions of feminine and masculine identities serve to produce men and women through binaries and constrain and enable certain actions and choices. This extract from discussion with Poppy reproduces a heteronormativity that constructs masculinity as independent and femininity as nurturing, thus ensuring women are responsible for home and childcare:

Poppy: He's very very active, very independent, very independent and felt that children would really tie him down. Would really suffocate his life I guess. And I'd always wanted children, oh you know like I had to do that like whole do I want to be with him and not have kids?

Although modern women have opportunities to work or volunteer and so forth, they are also constrained because of their adherence to enacting gender through childcare and domestic labour. The expectation that men are the main breadwinners and women are the homemakers is reinforced and the reproduction of gender differences continues to position women as both binary oppositional and inferior to men, in order to maintain the status quo and men's interests (Walters & Whitehouse, 2012).

Constructions of the ideal worker are shaped by a 'gender neutral' neoliberal ideology, espousing the virtues of individual responsibility, self-interest, hard work. There is a prioritising of paid work over unpaid work, an assumption of rationalism and commitment to the job (Williams & Cooper, 2004). However this ideology reproduces a gender binary, where many of the virtues of an ideal worker are those traditionally constructed as having an affinity with masculine characteristics. Women are conversely positioned as complimentary to men and have difficulty exhibiting these characteristics because they are expected to be responsible to home and children (Marcal, 2015).

The following account from one participant normalises how both institutional arrangements and an assumption of binary differences reproduces ways of doing gender:

Teresa: So how long have you been married then?

Dani: Just over 2 years

Teresa: Has it changed anything do you think?

Dani: Not really no, well not for me, I think for [Shane] it did, it made it a bit more real for him.

Teresa: Permanent

Dani: Yeah exactly. Joint money and all that sort of thing mean a bit more to guys.

Dani's talk reproduces and reinforces gender differences between the way that men and women take responsibility for their wealth. She also understands and assumes that both joint money and commitment to a long-term relationship is more significant and meaningful to men, positioning herself within the have/hold discourse.

A political shift, based on a discursive constitution of equality, resulted in women not only having to do what they have always done in the private sphere, but that they must also

now participate in the public sphere. The duties of mothering, household responsibilities, paid work and being a 'good wife' are proclaimed to all be achievable through a neoliberal rhetoric of agency, choice, empowerment and responsibility. Kahu's (2006) research on family and paid work examined this ideological shift and discussed the changes from traditional notions of masculinity, whereby men were considered the sole breadwinners, to a more current understanding of men as the main breadwinner and women's earnings as supplementary. This dominant narrative represents the nuclear heteronormative family as an economic unit. The contemporary social, economic and political environment positions women as both economically independent, able to support themselves, as well as financial contributors to the household, or 'co-providers' (Kahu, 2006).

The complexity of messages within this dominant narrative both enables and constrains women's choices and available actions. Whilst the ability to become fully independent is rendered impossible for the majority of mothers due to the time and energy commitments required for mothering and household responsibilities, the ideology does permit and even encourage women into the workforce through part-time work, which an increasing body of research has proved beneficial for mothers (Maas, McDaniel, Feinberg & Jones 2015; Frech & Damaske, 2012). However the question still remains, how do women negotiate the expectation to financially support themselves when they are both unable to work full-time and when they do contribute, their position is constructed as supplementary?

Women are not only positioned in and through the discourse of a heteronormative family but also position themselves within the discourse, because being part of a nuclear family provides them with a sense of identity and affords them a certain status in society and the social benefits accorded to this status. Being a single mother is considered undesirable, unsustainable and a status to be avoided; it's a social symbol of failure, laziness, incompetence and irresponsibility (Wolfinger, 2014; Kahu & Morgan, 2007a). Wolfinger (2014) argues that this negative construction is based on an assumption that single parenting goes against the neoliberal imperative and its focus on economic participation, because many single parents are dependent on the welfare system for support to raise their children. Poppy's account reproduces how women are positioned as responsible citizens ensuring their children are brought up within a two-parent family.

Poppy: So she [sister] had a kid at 20 and then she had her second one at 22 to save the marriage and then divorced soon after that. Which was, so she's a single parent and it's hard, hard, hard work. I just kind of looked at that and kind of was like, no I don't want to be in that situation and so I, I don't know, I didn't actively avoid getting pregnant with previous boyfriends but didn't want to be in a relationship that

was maybe unstable. So I wanted to wait until maybe I'd met someone who I was really sure that this was going to be it.

This extract reinforces the expectation that children are best supported within the confines of a stable relationship suggesting that there are not only cultural and social implications of single parenting, but there are also financial or economic costs. Poppy's talk about the hard work involved in being a single parent strengthens a heteronormative assumption of a two-parent home. Another participant also reflected on the social and financial benefits afforded to women in partnerships:

Jamie: Finances? It's expensive to be apart; most people see the value in a two-parent household, where the kids get the benefit of both genders within a household, yeah and the cost factor. You know, even just power for one person, you know it's a huge cost.

Within this extract, Jamie's talk normalises and self-validates being part of a heteronormative nuclear family as economically viable, sensible, and a natural life trajectory because of the hetero assumption that children need both genders in the home. The heteronormative assumptions are so normalised that they have become common sense and for Jamie it is taken for granted that this is the way parenting should be. This reference to a two-parent household is both a reference to heterosexuality and the normative construction of a nuclear family consisting of a mother, father and their biological children. The benefit of having both a mother and father within the home is reinforced by economic rationalism. Structural heteronormativity commodifies heterosexuality and reinforces gendered power relations by reproducing women as the non-wage domestic labour and men as waged labour. For example, research on single mothers, operating outside the authority of a male head of household, are often positioned as a threat to the social order and are often labelled as irresponsible in their failure to provide conventional domestic economic care often embedded in rhetoric that emphasises the need for father figures (Mann & Roseneil, 1999).

Talk about the benefits of both genders in the household is not surprising given the legitimacy of the heteronormative narrative in which claims are made that children 'suffer' from the absence of a father in the home. The narrative argues that boys do not learn how to be a man and girls miss out on man's protection. Claims are made that children living in households without a resident father figure need monitoring because they are at a higher risk of developing depression (Teel et al., 2016).

Jamie positions herself within neoliberal ideology as 'normal', a responsible parent, a good citizen and a good mother. For her to remain committed to the relationship is considered

'best' for her children. However, this position concurrently constrains her capacity to leave the relationship and the choices available to her within the nuclear family, not only because her children would be deprived (of the benefits of living with their father) but also because of the economic pressure that means she could not afford to leave.

Sarah's story about the criticism she received from others for leaving her marriage displays how structural expectations of femininity and heteronormativity are upheld through public sanctioning. Sarah's decision to end the marriage positioned her as selfish in the eyes of others and while she challenges the position of the selfless mother expected in mothering ideology, she still defends her position as a good mother through her declaration of devotion and dedication.

Sarah: ... I didn't want to model mum as the sacrificial slave of things. It isn't, that's not what I want for my girls when they're grown up, so I have to not model it myself. And I've actually felt judged by some people who have said to me, you've walked away from your family. And all I can say is, I have, but it will be better in the long run. I haven't really, I'm still really really dedicated and devoted and they're my number one priority. I don't think necessarily, making someone your number one priority means you have to be at their beck and call.

The dominance of the nuclear family narrative and a new cultural norm for women to contribute economically is also reflected in current New Zealand economic policies and social incentives. The Ministry of Education objectives to get 98% of children attending early childhood centres, incentives such as 20 hours free childcare once a child turns three, stricter conditions for those on the Sole Parent Benefit and the Working for Families tax credits, reinforce and normalise the expectation for mothers to enter paid work as soon as possible (Ministry of Social Development, n.d.b; Kahu & Morgan, 2007a). In asserting these strategies, the caregiving role is constructed as 'doing nothing' and in turn informs women that to be an active contributing member of society, and to be 'rewarded' for it, they must be employed in paid labour.

Not only do such policies reinforce the construction of mothering or caregiving as non-work, but they also normalise and naturalise women as primary caregivers and constrain the choices of both mothers and fathers. In Kahu and Morgan's (2007a) discourse analysis on New Zealand government policies, they found that the 'Action Plan' specifically targeted women with regards to work-life balance concerns. The work-life balance theme focuses on increasing women's participation in paid employment, particularly full-time paid employment, while constructing women's unpaid work, primarily childcare, as a barrier to their participation. The language used in the plan suggests that caregiving is inevitable and

natural to women and it is up to the individual to take responsibility for caregiving while they also participate in the paid workforce. Rather than suggesting solutions to systemic or structural barriers for women's participation in the workforce, these policies draw on a neoliberal ideology of personal responsibility (Kahu & Morgan, 2007a, 2007b; Ravenswood, 2008).

The poor status of care work is evident in the NZ Government's current legislation on paid parental leave. A maximum pay of only \$516.85 gross per week for 16 weeks signifies the lack of value placed on the 'work' of 'parenting', and in particular, mothering (Woodhouse, 2015). When broken down even further, this wage does not meet the minimum adult rate of \$14.75 per hour and for a large proportion of women this means a dramatic decrease in income. A complete loss of income between the end of paid parent leave and the beginning of 20 hours free day care for three year olds informs women that household and childcare duties do not contribute to the economic wellbeing of society and therefore do not need to be either recognised or supported, but in large remain invisible (Kahu & Morgan, 2007a). Kahu and Morgan (2007a) further argue that this policy reinforces the invisibility of mothering by omitting the word "mother" from the policy, and draws on an egalitarian discourse to construct men and women as equal parents with the same responsibilities to childcare and work. However this is clearly not the case and women struggle with negotiating their position between the intensive mother discourse and economic rationalism (Kahu & Morgan, 2007a).

One of the participants was able to give an example of a workplace that challenges these assumptions:

Dani: Yes, he was really lucky, well we're both really lucky that the Airforce has some sort of loop hole where the guys or the woman of course can take six weeks off unpaid and then they get it paid back to them if they stay in six months after that.

Dani acknowledges that she and her husband were fortunate to both be able to take parental leave at the same time when their child was born, as this is not the norm in New Zealand, despite government rhetoric suggesting equal parenting roles. Her construction of the experience as 'lucky' suggests that this arrangement is firstly an exception to the norm, and secondly that it was advantageous to both parents that they could stay home with their new born and not be financially penalised. The lack of support for fathers to stay home with their new born child positions women as natural primary caregivers and fathers as breadwinners and to oppose this may incur financial hardship. Although there is an emerging economic independence discourse, it appears that New Zealand legislation still harks back to the male breadwinner economic ideology (Kahu & Morgan, 2007a, 2007b).

Adjustment to Mothering

Despite cultural constructions of the maternal role as worthless, the strength and dominance of mothering ideology instructs and informs women that being a mother is the definitive life course and is intrinsically linked to constructions of femininity. The following series of comments from the participants show how the women make meaning of dominant understandings of motherhood, paid work and unpaid work and how this produces their identities and their relationships in particular ways at certain times and in particular contexts.

Russo (1979) outlines the motherhood mandate as a requirement for women to have at least two children and for her to raise them 'well'. A 'good' mother does have permission to do paid work, become educated and assist in community life, however these activities must not be undertaken at the expense of children's interests and wellbeing. A 'good' mother must always prioritise her children first and foremost; in infancy she must be physically present for every need and once a child gets older, she must still be immediately available should her child need her. Any violation of the motherhood mandate may result in feelings of guilt, shame and disapproval from self and others.

This discourse is reflected in a recent survey undertaken by Cohn, Livingston and Wang (2014). The results found that whilst the majority of Americans (79%) did not suggest women return to their traditional role in the home, only 16% regarded a full-time working mum of young children positively. In contrast, only 4% of those surveyed said that having dad stay home full-time would be the ideal situation. So whilst second-wave feminism opened up opportunities in the public sphere for women, they were and still are considered primarily responsible for child-care (O'Brien Hallstein, 2011).

The latest census in New Zealand suggests although the amount of time men are spending on childcare is increasing, even when both parents work full-time, 'father only' care constitutes 20 percent of childcare, while 'mother only' care constitutes 50 percent (Statistics New Zealand, 2013a). Kahu and Morgan (2007b) found in their research that there is an underlying assumption that a man's life, usually as the primary breadwinner, remains unchanged while a woman's life must shift and change to accommodate both childcare and the possibility to do paid work in some capacity.

The high cost of early childcare and inflexibility of many full-time jobs demonstrates the expectations on men and women at an institutional level and reinforces the gendered roles of the nuclear family. In many respects, the current ideology requires women to return to work, but at the same time it makes it very difficult for them to do so (Kaplan, 1990; Kahu & Morgan, 2007a). The expectation on women to be the primary caregiver is also reinforced at an economic level. Since 2001 more women than men are likely to hold formal qualifications, and yet despite this, men receive a higher annual median income, based on full-time work

only, compared to women in almost all of the 96 level three occupations (Statistics New Zealand, 2013b).

Dani's decision not to return to work in the immediate future and instead stay home with her baby regardless of the financial disadvantage reproduces the intensive mothering ideology. This is an interesting decision within the broader context of the conversation. Towards the beginning of the interview, Dani had stated that her husband had started selling off his electronic games in order to make more money and supplement their household income. So although on the surface it appears that their discussions regarding who will be the main income earner are more progressive than the male breadwinner ideology, their continued enactment of traditional roles and 'doing gender' constrains both their economic decisions and household/childcare responsibilities. O'Brien Hallstein (2011) asserts that "something about baby encourages the resurgence of traditional gender roles" (p.113). This 'something' may be the desire for women to position themselves as feminine subjects through the dominant mothering narrative.

Teresa: And [Shane] wouldn't be, or would he have the opportunity to stay home and be a full-time dad?

Dani: He could have but he'd have to leave his job. So we did talk about it cause I can probably earn more than he does, long term that might be where we go but short term I think he'll stay in the Air Force.

The next extract shows Dani's prioritisation of her child's needs over her desire to return to work. Dani positions herself as a good mother, being responsible for childcare, but she also acknowledges her responsibility to be a co-provider for the household finances. Dani's comments highlight how her choices and actions are defined in terms of the two competing discourses:

Teresa: Have you thought about that then, when you'd start back?

Dani: Yeah probably not in the job that I was doing because it wouldn't fit around having a little one, but I'm quite keen to get back into doing some part-time work once he's a little bit older

Postponement on (re)entering the labour market until children are slightly older, as mentioned by Dani, is indicative of a standardised 'life trajectory' for women, influenced in part by both intensive mothering ideology and co-provider discourses.

A standard or normalised trajectory for women entails full-time mothering when the child is an infant, based on constructions of women as natural nurturers, and 'breastfeeding is

best' discourse (Knaak, 2006). Any deviation from this is interpreted as selfishness and bad mothering on the part of the woman. Once a child reaches the age of two or three, it is expected that women will start back in part-time work and their worked hours will continue to increase, as the children get older. This is reflected in the criteria for the Sole Parent Benefit, that states recipients must be available to work part-time once their youngest turns three (Ministry of Social Development, n.d.a). Part-time work is necessary at first in order for women to continue to fulfil the expectations of the intensive mothering ideology (Levy & Widmer, 2013).

The birth of the first child appears to be the turning point in the life trajectory and at this point what was once a similar life course to a male begins to separate (Levy & Widmer, 2013). Research has shown that life trajectories for women, particularly their labour-market component, seem to be more strongly influenced by family life than men's. Paid work for women is usually subordinate to family life whilst men's work trajectories are generally isolated from family life and fatherhood (Levy & Widmer, 2013; Kahu & Morgan, 2007b). The adjustment to and prioritisation of motherhood not only creates a division in life trajectories but may also create an emotional division between partners, as Claire expresses:

Claire: But there were other issues as well like our worlds became so different and I just felt like he didn't really understand me anymore. And little things would become a blockage for me to feel close to him... and if I had had a particularly hard day, say the baby had cried a lot or whatever, he didn't seem to understand. So he was going to work, so if I felt like he wasn't understanding me or didn't take seriously the gravity of the things that were impacting on me, then it just kind of widened the gap of the intimacy.

For Claire, the divergence in roles and responsibilities between herself and her partner created an emotional detachment that impacted on her intimate relationship. Whilst her partner's sense of self and life course continued uninterrupted after their child was born, Claire's world had completely turned upside down with the implication that she feels some resentment regarding this. Assumptions that mothering comes naturally to women and that they will find the adjustment to motherhood joyful and fulfilling may have reinforced the expectation that she would find looking after her baby easy. Constructions of motherhood as invisible, of little value, and essentially not really 'doing anything' at home also inform both men and women that issues at home are of little concern. For Claire, these assumptions and understandings depreciated her experiences and silenced her voice.

As Sarah reflects here, becoming a mother effectively placed any personal or employment ambitions on hold, something she believes men do not need to consider when becoming fathers:

Sarah: Tiredness is a big thing. Really different for men and women, for women, the 30s, that decade is just a write off in terms of personal development. And I feel now that I'm 40 it's kicking in again and I actually feel like this cloud from children has passed. Lots of good times, you know I absolutely love being a mother and really wonderful, beautiful experiences, but that's all it was, my 30s.

Teresa: When you say the 30s, do you think that's because that's when most women are having their children now?

Sarah: Yes that's what I mean, those years.

Sarah's talk about the differences between men and women's life choices once children come into the picture clearly shows how gender determines what actions are available and to whom. Her acceptance that this is just the way things are reinforces and normalises standard gender roles, where women stay at home and men are the main breadwinners. Despite Sarah's regard for the caregiving role as a positive experience, she proceeds to declare that it did not add any personal value to her life, at least not in the way that a career could do. This belief reinforces the notion that mothering is of little value except perhaps to the children themselves.

Sarah also suggests that alongside mothering comes a sense of a loss of self and time. This comment is consistent with the work of Kahu (2006) and Kahu and Morgan (2007b) who argue that because identity is increasingly tied to paid work through a neoliberal discourse, the transition to motherhood is experienced as a time of loss of self and has a significant impact on women in their motherhood journey. Furthermore the decision to return to the paid workforce is considered a way to resolve this loss of identity.

When the construction of motherhood is considered to be of little value by society, then this can further diminish a woman's worth. Our sense of self and identity produced through the constructions of motherhood and worker constrain choices, making some actions possible and others impossible (Kahu & Morgan, 2007b). Claire's comments add further weight to this assertion and she reflects that a new identity was formed in relation to others once her children started to become more independent of her:

Claire: Well like there's a sense of losing yourself a little bit to your children in those early years and then slowly claiming it back, and you're still theirs, but you're starting to become yours again. That's happening

Teresa: Absolutely, that's definitely been picked up

Claire: And then you have to figure out how you are also your partner's, how does that work. It's like a total realignment of your priorities

Although Claire recognises that becoming a mother and juggling multiple responsibilities changed her, her story suggests that this has added value to her identity. In contrast to Sarah, Claire resists notions that mothering is valueless and instead attributes the process of becoming a mother to a period of personal growth. She also mentions the struggles she had combining mothering, paid work and unpaid work, and her ability to overcome this has provided her with a sense of accomplishment.

Teresa: So do you think as a person then, your identity has changed, from before having children to now?

Claire: Yeah for a start, faith in my ability to deal with things is grown hugely, you know because a lot of the experiences weren't that easy, starting with childbirth and then after childbirth stuff, then figuring out how to be a working mother and all those things. I mean a lot of that hasn't been very easy so I definitely have more confidence in myself that I can deal with stuff, which makes me less feeling like I need him. It would suck if his main job in life was just to provide the money, you know, that's not very nice.

Teresa: You know from the sounds of it, you've grown as a person

Claire: Absolutely

In the following accounts, some of the women share their stories of negotiating their identities as both independent and agentic, but also their resistance to an ideology of economic independence due to their other childcare and home responsibilities. Despite socio-cultural constructions of unpaid work as valueless, Kahu and Morgan (2007b) discovered that one strategy that women used to both resist pressure to enter paid work and to warrant the choice to stay at home, was to construct motherhood as a job.

Teresa: That's made me wonder then about your identity as a person. Has that changed?

Dani: I think it has changed in some ways. I only just picked this up but when he was first born I had an app on my phone that recorded when he slept and when he ate and I was just really really tracking it all and I got really grumpy when I couldn't track it. Cause I was missing that work data and structure

Teresa: Looking for the patterns

Dani: Exactly looking for the patterns and trying to show that I'm doing something measureable and then afterwards I thought, I don't need to do that, I can stop but I think it's that. And I think it's that other thing where people say what do you do, and you go well I'm employed but I'm not actually working and I change nappies and feed all day. That kind of identity definitely changes a bit

Teresa: Do you feel then less valued by other people?

Dani: I think some people are really supportive, saying that you're doing a full time job; it's just not what you used to do. But yeah I think other people are, so when are you going to start back at work. That pressure of, when I'm ready.

This extract provides insight into the power of the emerging discourse of economic independence within our neoliberal society and the pressure on women to not 'just be a mother', but to contribute to society by being a good citizen through participation in the paid workforce. Dani's use of phone apps, or technologies of mothering, to measure time spent on activities is cognizant of work place monitoring to ensure that workers are doing their share and contributing to the whole. Dani uses technology to justify how she spends her time so that it is valued as work, and that she is contributing to society.

Poppy was also a stay-at-home mum at the time the research was conducted and because of her prioritisation to mothering, she was unable to be a financial co-provider. However, she was very aware of the requirement to contribute to the household in a fiscal way, not by bringing money into the household but by limiting the money going out. Poppy achieved this through breastfeeding instead of formula feeding, despite the intense struggles she had with it and the mental hardship it caused her at times. Poppy felt the pressure to not add more financial hardship at a time when she was not in paid employment and felt that her physical sacrifice would in some way address her concern. In her case, breastfeeding was constructed as being economically responsible.

Poppy: So for me to breastfeed was quite a personal, you know, I can do it. And also [Michael] is very very money conscious, a big argument for him about not having kids is the money. And so to have added formula to that, in my mind, was just going to add another straw to an already fragile [pause]. So yeah in my mind, I was like I can do it, it's free.

Due to the limited financial support through government policies towards mothering and childcare in New Zealand, as well as high childcare costs and inflexible workplaces, women are often positioned in a dependent relationship with the earning partner, particularly as new mothers. For some of the participants, this new identity was not welcome and they

resisted through a number of different actions available to them within the economic independence discourse.

Dani: We kind of, because we knew we wanted to have a baby. I changed jobs about a year before we got pregnant to a much higher paid job and I actively saved for the year and tried to put away as much as I could. So that was really good

Teresa: And you get maternity pay?

Dani: Yeah whatever the government typically gives, so yeah that was good as well and we're lucky to be in Air Force housing cause it's really affordable, especially being in Auckland...

Teresa: It's not really a stressor then

Dani: No. I think [Shane] is quite aware of it, hence the selling of games and stuff. But yeah, I suppose it is one of the things of why I actively saved because I knew that some of my friends had found it really hard when you weren't earning and you wanted to get coffee or something and you'd suddenly have to go oh I don't have my own money I'm going to have to ask my partner for money. It's a really bizarre thing when you've always been quite independent. So yeah I think that's why I was so determined to save up lots of money, not because [Shane] wouldn't give it to me, but because I was thinking I don't want to say I want to go out for a coffee can I have ten dollars ... And I think having my money makes me feel secure no matter what.

In order to protect her identity as a good neoliberal subject, responsible for her own economic sustainability, Dani actively prepared for motherhood through various decisions and activities. There were discussions and plans about having a baby and what this would mean for her work status and their finances. Before becoming pregnant Dani purposely sought out new employment and it is evident that this was for financial gain in order to prepare for motherhood. At no point does she talk about job satisfaction or career advantage in taking up this new position, but rather, it was preparation for the anticipated effects of losing financial independence. Dani doesn't mention whether Shane also prepared for the reduction in household income and her use of "I" suggests that she felt this preparation was her responsibility as she would be the one without an income once the baby arrived. Dani frames the choice to save hard before becoming a mother as an empowering action, so she would not have to ask her husband for money each time she wanted it. The choice to save makes sense to her when she talks of the experiences of her friends who are also mothers, and her resistance to being in a position of dependence. Dani seeks to protect her position as a co-provider, fulfilling her financial obligations in the partnership, as well as distance herself from 'having to ask' while she is mothering.

Further on in the conversation Dani shares that she and her husband have separate bank accounts. Dani stated that they have one joint account and they both pay into this for rent, power and other living costs. So in order for Dani to keep up with her payments for her half of the living costs once she was a mother, she in fact did not have a choice, she had to earn as much as she could prior to leaving her paid employment. Within the dominant economic rationalist ideology, every individual has the responsibility to pay his or her own way and the power of self-surveillance is evident in Dani's discomfort at the prospect of asking her husband for money and then spending it on herself. In Kahu's (2006) research, concern over the source of money rather than the amount of money resulted in feelings of guilt. It was found that "the strongest control over women's spending was that exercised by the women themselves" (p.114).

Through protecting her position as economically independent, by having her own savings and not having to ask for money from her husband, Dani diminishes her value as being a stay at home mum and reinforces the notion that there is no economic value attached to mothering; there is no economic worth. Traditionally, mothering is viewed as a natural resource and therefore has not been recognised either by society, community or family as economically productive. Levy and Widmer (2013) challenge the understanding that 'she' profits from the resources that he brings into the home, because it is 'she' that takes on the majority of essential home 'work' and childcare that frees him to pursue his occupational objectives and goals.

The relationship between paid labour and non-paid labour has generated extensive research over time that in turn has produced various terms to address this; family, unpaid work, paid work, life interface. While work-life balance (imbalance) is a significant concern for both genders, women still do the majority of domestic and childcare work and are still considered the person 'responsible' for these tasks, even when they also participate in paid labour and despite social class (Risman, 2011; Kahu & Morgan, 2007b). The expectation of female responsibility for household labour is "evidence of the continuing significance of gender" (Risman, 2011, p. 19).

Paid work

The scarcity of stories about career advancement, personal attainment, and upward mobility in the workplace by the women in this research was of significance. It highlights how the demands placed on the ideal worker and the demands of household labour and childcare are mismatched, potentially pushing women out of opportunity and choice to advance their careers and interests (Williams & Cooper, 2004; Williams & Dolkas, 2012). Although almost all of the women in this study were either in paid work or had plans to return

to paid work once their children were old enough, this dearth indicates that fulltime employment and higher echelon jobs may be out of reach for the vast majority of mothers, particularly when caring for pre-school aged children (Metz, 2005).

So why are mothers returning to employment in lower status, lower paid part-time jobs? It is suggested here that women are returning to paid work because it is expected of them, and this is consistent with the work of Levy and Widmer (2013) on gendered life courses, in which they state that the majority of women's life courses are structured simultaneously between two competing imperatives; paid work and family life. Kahu and Morgan (2007b) also argue that women feel pressured to return to paid work partially from an economic need to increase household income and provide for the family and partially from a desire not to be dependent on their partners. They state that the pressure on women to return to the paid workforce after childbirth and the early years has never been greater in Western societies, and this includes New Zealand.

An insight into the coercive nature of a standardised work/life trajectory is illustrated in the following conversation. Claire states she is feeling pressure to return to work full-time once her youngest turns 5 and starts school, suggestive of her internalisation of neoliberal ideologies that both render household labour as valueless and paid work (ideally full-time) as a display of good citizenship. The way that Claire frames her account also suggests that she does not anticipate that returning to work full-time will be a positive experience. The fact that the literature shows that women continue to take responsibility for most of the household and childcare labour even when they work full-time, and consequently experience increased stress and guilt, may be contributing to her reluctance (Risman, 2011; Guendouzi, 2006). The other issue that also needs considering will of course be who does the childcare afterschool and during the school holidays.

Claire both resists the notion of returning to work full-time and defends her position as co-provider by citing evidence that she is already contributing to the household in working 20 hours a week and is resistant to the idea of working full-time. Claire's emphasis on 'time spent' in paid employment communicates her position in the ideology that coerces subjects to work full time as an expectation of economic responsibility:

Claire: We may be at the beginning of the shifting point, so he'll be five in a couple of months

Teresa: So perhaps once they're at school?

Claire: It's going to depend so much whether or not I have to work. I already have a 20 hours a week job

Teresa: So pressure on you to work full-time?

Claire: Yip

An understanding that women will return to work full-time once children are at school underlies a normalised life trajectory and Claire's choice is limited through the discourses available. There is no clear expression of a desire to work for self-satisfaction or career prospects and in addition it appears that the decision may not be up to her but others, further diminishing her control over life choices.

Jane also discussed the amount of time spent in the paid labour market as her contribution to the household; however, in contrast to Claire, Jane positioned herself as a willing subject. Despite the pressure to increase her 'shifts' because of staff shortages, Jane constructs this as a desirable choice, not only because she is produced as contributing in a co-provider role, but also because it enables her to have 'time out' from mothering.

Of note is Jane's pleasure at having 'time out' from mothering. At first this desire appears to be a violation of the expectations of intensive mothering; however Jane's identity as a good mother is defended through the act of expressing breast milk and making sure the baby's needs are met through soliciting the help of the grandmothers as opposed to placing the baby in formal day care. Johnston and Swanson (2006) argue that utilising relatives to take care of children is a strategy that women use to reframe their construction of intensive mothering to one that allows intensive functions to be accomplished by other caregivers. Reframing in this way reduces any tension or conflict that may arise from not being present 100% of the time. Although Jane is not physically present, she is still in charge of the childcare. Her decision to be away from her baby in four-hour shifts is indicative of her desire to fulfil the expectations of both the intensive mothering ideology and economic responsibility ideology.

Teresa: And so do you work as well?

Jane: I try to yeah. I do all of the paperwork at home and I was doing one day a week in the shop helping out, but now I'm lifting it to two or three just four hour periods per week. Yeah just because we're running a bit short staffed.

Teresa: And the breastfeeding?

Jane: Yeah so I express for my mum or Craig's mum

Teresa: So you get a bit of time out then?

Jane: I do! And I think that might be the answer to depression and things, I don't know.

Teresa: Do you feel like you're contributing as well?

Jane: Oh yeah, yeah

Sarah's story offered an alternative position both to intensive mothering ideology and to the one and a half breadwinner ideology. She was also able to resist a position of dependence through her return to paid employment and study soon after she gave birth to all three of her children, affirming her position as a responsible neoliberal citizen:

Sarah: Oh yes always worked you know. My first baby was born and then I went back to work after some weeks and then I started studying to become a teacher and she was 3 months old when I started and it was hectic. And my husband worked night shifts as a chef.... I would go off to study, I would express all this milk, go off to study, he would be at home with our baby with expressed milk in the fridge, doing that. Then I'd race home at about 2 o'clock in the afternoon, take the baby, then he'd go off to work...

...Second baby was born, I went back to work after a couple of weeks and my husband would bring her in and I'd breastfeed her on my breaks...

...Third child - I went back to work straight away, I went to work with him in a backpack, I don't think he ever had a day without toast crumbs in his hair [laughter].

In this extract both parents shared the financial responsibilities of the household as dual breadwinners. Sarah positioned herself within the co-provider discourse in a noticeably different way from the other participants, not only as an equal and willing economic contributor, but also driven to achieve her own career goals. The domestic and child rearing responsibilities for this arrangement and type of employment undertaken, enabled both parents the flexibility to fulfil their career ambitions. Although elements of the intensive mothering ideology still overarch Sarah's participation in the labour market, such as carrying her baby in a backpack while at work and expressing breast milk, these activities are subordinate to the more important and prioritised activities of study and work.

Sarah: We did that for quite a long time, then I went part-time, we both worked only part-time and we were very broke but really happy, and those were great years. We had no money, like it was always a stress for money but that aside, they were the best times.

The decision for both partners to work part-time and equally share in contributing financially to the household and to parenting challenges the expectations and prioritisation of intensive mothering. Resistance to mothering ideology occurs as Sarah takes up the parental

care discourse, rather than maternal discourse, through part-time work arrangements of both parents. However despite Sarah describing this lifestyle as the “best times”, this arrangement was not sustainable long-term suggesting that resistance to economic responsibility was limited.

Unpaid work

Despite women’s increasing presence in the labour market, there is a disproportional undertaking that women remain responsible for a larger share of the household duties and childcare (Walters & Whitehouse, 2012), and the current research certainly adds more weight to this argument. All of the participants had left their employment to take on mothering duties and most of them had continued to perform the majority of household duties regardless of how old their children were at the time of interview.

Jane’s narrative regarding life prior to children suggests that both she and her partner were equally responsible for domestic duties, however since having a child there has been a shift away from this equality framework. Blaming her “motherly instinct” as the reason for the increase in her share of the housework naturalises the norms of motherhood and femininity. Her statements about desiring more hands in order to complete more tasks so that her partner does not need to worry, reinforces traditional constructions of femininity; that is to be responsible, nurturing and responsive to the needs of others (Lawler, 2002). Jane’s comments resonate with both the motherhood mandate and the super mum syndrome discourse (Choi et al., 2005). Furthermore, Jane’s construction of a feminine identity clearly overlaps with those of a ‘good’ mother throughout this extract. Through nurturing others (partner and baby) and taking care of the household, Jane’s identity as a good woman and a good mother are safeguarded.

Jane: ...Like housework and stuff, I think I do more housework than I used to. I don't know if that's just, maybe it is a motherly instinct, keep the bugs at bay. Not that we lived unhygienically, like wiping the table down every day rather than every few days. I don't know, I feel like more of that stuff is taking up my time. I don't know, we've always sort of shared household duties, grocery shopping and making dinner, cleaning and things. We've always kind of shared, and so it might also be that [Craig] has been working so much lately that I have to take a lot of that responsibility off him.

Teresa: Do you feel sort of begrudging of that or

Jane: No, I don't think so. If anything I just wish I had more hands, more time, so I could get more things done. But it is hard juggling a small baby, with all the

household items. Like at the moment I'm struggling to get him to sleep during the day. At night it's fine, I mean I still have to wake up once but during the day I'll put him down and sometimes he'll have a decent nap of an hour and a half to two hours but for the majority of the time, he'll only go down for 20 minutes. And then it's like ah he's a sleep, I've got to do everything. Yeah, I don't know, so like I don't mind that I have to pick up the slack, I just wish I could get it all done. Like I want the house to be tidy for [Craig] when he comes home, so it's another thing he doesn't have to worry about. Tidy house, tidy mind, sort of thing.

In Claire's account, the division of labour in her household was also gendered. Whilst her partner did help out around the home, this help was limited to garden work and house maintenance. Claire meanwhile had the responsibility of all routine household duties and childcare, reinforcing *how* people do gender particularly within a heteronormative relationship (Barstad, 2014):

Claire: I don't know what [your husband] is like, but my partner doesn't help with that stuff much at all. It's quite a burden, like my daughter wrote a poem about my partner. It was for school and it was 'write a poem about your father' and in it, it says pretty much, he will do anything to stay outside. It's pretty much what it said, it said he very rarely comes indoors and it's true he hardly ever comes inside. It's tricky eh.

Impact

The significance of gendered normativity, adjusting to motherhood, paid and unpaid work has material effects on women, their bodies and their intimate relationships, as expressed by some of the participants in the following extracts.

Jamie: I will go through phases, where if I'm really well rested, I'm not over worked, I've got no stress in my life, I will have a sex drive. We will have sex maybe two, three, four, maybe five times in a week, but those times are few and far between. Like I know I'm sexually attracted to my husband but the fact is, the moons don't always align. And we talk about this quite a bit ourselves you know

Teresa: So the rest of life?

Jamie: Yeah the rest, so the rest of life gets in the way, at least for him, I don't know he's somehow able to just go whatever, but for me I'm up marking, I'm doing this, I'm doing that. I need relaxing time to actually feel like doing something else, otherwise I kind of go to bed and it's another job to do. So we will make

compromises, cause I know it's still important in a relationship, and we'll do things like, he knows I enjoy nothing more than a back rub, that's ideal for me. So yeah, we'll make sure, like he'll cook dinner, which is one less thing for me to think about, but as you've seen, sometimes it's just as stressful, in fact more so. Yeah, we'll make sure I finish work at like nine o'clock or something like that, so that by nine thirty we're actually in bed.

Jamie's talk about her intimate relationship is significantly related to her household and economic responsibilities and she positions herself through sometimes competing discourses. The discursive production of co-provider and good mother orientate Jamie's need to not only contribute economically to the household, but to also prioritise her employment. This is shown in her commitment to working 40 hours a week and putting in overtime (Barstad, 2014). Here, her participation in paid work is mediated through the motherhood mandate and constructions of femininity so that she takes up the multiple positions of nurturing (good wife and good mother) producing herself through the gendered position that O'Brien Hallstein (2011) argues has the unobtainable characteristics of superwoman. The desire to 'have it all' constituted through dominant narratives renders Jamie responsible for managing sexual intimacy.

Claire: I don't think women can just have sex if they're not feeling close and that definitely came up after childbirth. Yeah it didn't get any better when you add another child on top and you're more tired. I don't, I find it really hard to fit exercise in for my life because I have a job as well as the kids, and he works full time and we live far out of town. So it's really a mission to fit exercise in but I think exercise would make me feel better about my body, so I'd feel more sexy. Well also having some time for exercise will also just be having some time for me, and I think that mothers are just so over handled that their time is never their own. And I think it's really hard to feel really attractive or inspired towards sex if you just don't get any time to be a person in your own right.... If I started having regular good quality sleep which I haven't had since my first baby and some time in my week for myself which could include exercising and not this constant feeling that I'm constantly chasing my tail that there's, like I have a huge list of things to do all the time and I only knock a few things of it every week and then it just gets bigger. If that got all under control and then my partner and I could feel more connected,

Claire's story is similar as she constructs herself as a responsible and responsive good woman, as well as a fully contributing partner. Claire's belief that mothers are not entitled to

address their own needs reinforces dominant constructions of femininity and good mothering and the pressure to always remain selfless and serving. However, by putting the cares and concerns of all other members in the family first, her position constrains her own interests and activities, including sleep and exercise. Within the competing responsibilities for successful femininity, Claire also takes responsibility for the lack of sexual intimacy.

For Claire and Jamie there appeared to be an awareness of the inequity in the performance of household duties, however as they reflected on their narratives during the interviews, they both took responsibility for the lack as a consequence of their own management, reproducing their failure through neoliberal ideology.

The relentless pressure women feel to be economic co-providers, good mothers and good woman through the acts of paid work, putting others first, being responsible, being responsive and nurturing, manifests itself as exhaustion, and impacts on their sexual intimacy. In this extract, Claire negotiates the gender neutrality of partnership, despite claims that her partner does not contribute equally to the household tasks. Competition over who is more exhausted is reproduced through the gendered positioning of the value of work outside the home.

Claire: So one of the issues is when we're in bed at night exhausted, we might have both been at work and done all the things for the children and all the domestic stuff, then I just don't feel at all sexy. But I do think that if I could fit exercise in that would help but it's quite hard to do that...I feel very, not that I didn't love having my children and part of me would love to have another, but it was extremely hard work and very painful and I'm older and need sleep. And sleep is a big part of our intimacy barrier too because we are both so tired. It's like a competition about who's more tired. Like from when Amelia was little, he would come home and it looked like he would have been rehearsing in the car, and it would be like ahhhh! Like he would be showing me all the signs that he was exhausted and had a hard day and I felt like he just had to get in first to show how exhausted he was before I had a chance to show him how exhausted I was after my hard day. I felt like we were competing rather than supporting each other. So that still happens now...

Lack of sleep and chronic tiredness emerged as common concerns for the participants, especially as new mothers. The general understanding or assumption for this period in a woman's life is that it comes with the territory of caring for a new baby and their needs during the day and night. Troy (2003) states that fatigue is often considered a presumptive symptom of pregnancy and early mothering and is to be assumed and expected. Traditional understanding follows that fatigue is expected to abate within six weeks of giving birth, however research has found that it can last up to 19 months after birth and is one of the

top five major concerns of mothers. Furthermore, chronic fatigue has the capacity to significantly impact functional status, mood changes or depression, mother-infant relationship and quality of relationship with partner/spouse (Troy, 2003). Whilst talk about exhaustion in this research was expected for 'new' mothers, what was realised in this study was that fatigue continues to affect women's wellbeing, energy and time spent on enjoyable activities for years after giving birth. Sarah and Claire's children were school aged at the time of the interview and both women were feeling exhausted from competing cultural expectations to 'do it all'.

Sarah: I think I've been chronically tired since my first child was born without a doubt....

Teresa: Yeah yeah definitely. So you don't need to answer or anything but have things resumed in the bedroom for you guys?

Dani: Yeah as I said probably a lot less frequently than before baby, not from lack of wanting to but just so exhausted that I need the sleep and also when he's asleep, I'm asleep. And when he's awake it's not very appropriate.

The long-term consequences of juggling multiple responsibilities can start to take its toll not only on women's psychological and physical health, but also on the relationship as a whole. Lack of time, mental space and energy for intimacy as well as lack of support from a partner can contribute to the eventual end of the partnership, as described here by Sarah:

Sarah: And then my husband stopped working restaurants. He was still working them when he [child] was born, that was hard those first six weeks because my husband wasn't there at night, but then he quit working at restaurants and started working part-time, and now he actually works at the school where I work. So we're together, then we had lots of time for him. But by that time, things were over for us, so it was a bit of a shame really, that that didn't happen sooner.

Teresa: Timing

Sarah: Yeah timing

The emerging economic ideology has enabled women to return to the workforce if they choose, which can be beneficial for women on a number of levels, as shown in the research by Maas et al. (2015) and Frech and Damaske (2012). For other women returning to work is not a choice but a necessity, however regardless of whether it is a choice or not there are still the other responsibilities that women must meet if they are to retain their identities of

good mother, good woman and valued member of society. The nuclear family narrative and motherhood ideology shapes the expectations placed on women and determines when to return to work and how to structure their work in order to prioritise their mothering, while still fulfilling their economic duties to the household. Unfortunately for women, current dominant discourses continue to reinforce the performance of household tasks as women's work and as a natural extension of good mothering. So as modern mothers struggle to fulfil all their parental responsibilities and increasingly become contributors to the household economy and society in general, their own health and wellbeing suffers and their choices and ability to act in ways outside of these norms is limited.

Claims that women who participate in multiple responsibilities such as paid and unpaid work are more likely to experience sexual intimacy and satisfaction are contextualised through a neoliberal ideology that values work-life balance. However within this context, when time and energy across multiple positions is 'unbalanced' then there is a reduction in sexual intimacy (Maas et al., 2015). This context suggests then, that women's feelings of responsibility for lack of intimacy are embedded in the successfulness of how well they balance multiple positions. Kaplan (1990) argued that the combination of sex, motherhood and paid work as the impossible triangle, acknowledging that to successfully combine these expectations is unrealistic for most women. In addition, Woolhouse et al. (2012) found that women who experienced a loss of libido and a drop in sexual satisfaction in their adjustment to motherhood, experienced feelings of guilt at their inability to 'do it all'. One participant expressed these feelings of guilt, frustration and exhaustion and how it all lead to a lack of emotional and sexual connection with her husband:

Sarah: Totally. I mean you look, maybe not so much here, but you go into town and you see mum's with their strollers and they're out at the library and stuff and it's like what is this, the mummy Olympics or something. It's just, it just becomes the centre of your life and you disappear. Well you disappear except still manage to hold onto all the guilt. Even though you've got hardly anything left of yourself, you still manage to feel guilty for not doing enough, even though you've just about lost yourself in that process. And you know, I stopped going to the doctor, of all the post childbirth physical stuff, that's not my number one priority. Just pushed it off the side, you know I could have gone to my GP and said I'm still incontinent. If I jump up and down, I can't stop myself peeing. I didn't, it was just on the backburner all of that stuff.... Yeah and it's hard to believe, how can you be too busy to not go to a doctor's appointment, but actually you're too busy to get your haircut. And that kills intimacy, if you're too busy, you can't get your haircut, you know you don't have the space in your brain to put into someone else's emotional and sexual, their own wellbeing.

Controlling women's bodies:

One of the key concepts to emerge through the interviews with the six participants was how the women saw their bodies and other female bodies as public property or externally controlled. Although not explicably expressed as such, the women constructed themselves and their identities through the eyes of others, with a constant awareness that their bodies were not just their own but belonged to the public, the medical community, their children and their partner. This is a pivotal concept to examine in order to understand how women feel about their bodies postpartum and their intimate relationships because gendered power relations and self-surveillance regulate, inhibit and enforce particular actions, feelings and experiences.

The public gaze of the maternal body and the construction of the maternal body as risky shaped how women saw and experienced their bodies and their intimate relationships. Sarah first became aware of the construction of female bodies as public property in her childhood through the comments proffered by her mother and mother's friends. Sarah clearly remembers the other women commenting on her body without her invitation; she was merely 'in the room'. The conversation amongst the women positioned Sarah as an object of public commentary. Sarah's sense of self and personhood was diminished as her body became the sole focus and was dissected through the talk of others. She began to take up position within dominant understandings of the desirability and social value of an ideal feminine body; that is youthful, slim, nimble and flawless. The construction of the female body as an object that can be separated out into components to be compared, measured and considered is normalised in everyday talk.

Sarah: But in my childhood, like there were a couple of times and it was always my mum who would implant these negative thoughts and not very often, like I can only think of two times. So I was with my mum and her friends having a dinner thing or just having a visit and they must have been talking about their bodies and I was in the room and they said, look at Sarah, look at her beautiful young body, look at those gorgeous legs. And something just clicked, like oh young and beautiful, I guess was the thing. So in my mind that just set me up for life almost, the concept that beauty is youth, and slim, and nimble and all of that. And I guess it was always those little comments, Oh I wish I had your skin, or oh I wish, you know, and it was perfectly innocent from her but women do that to each other all the time.

Jamie's comments about her teenage body highlight an internalisation of the ideal feminine body discourse. She segregates her body into parts almost like it's a tick-box

exercise and through comparison to the ideal, considers some aspects to be a credit while others are considered lacking. Overall, her feeling towards her body is one of dissatisfaction and this results in the pursuit to put on weight as she considers herself too skinny to meet the ideal. Jamie also has awareness that certain bodies and body parts hold a currency of value to men. However while a desirable body does give women some social power, it is inauthentic power based on patriarchal standards of beauty and sexual desire (Bartky, 1990). Bartky (1990) argues that women are constantly under surveillance through norms of femininity. “In contemporary patriarchal culture, a panoptical male connoisseur resides within the consciousness of most women: They stand perpetually before his gaze and under his judgment” (p.72). Women are always aware that they are being judged, watched and objectified and thus discipline, dress and present their bodies accordingly.

Jamie: No, I've never been completely comfortable with my body anyway. Ever since, as a teenager I was always really skinny and so I tried to put on weight. Skinny calves, not much waist, no boobs, credited in the fact that I had long legs and I wasn't fat, and that gets you a certain way in life and with men.

Later in the conversation, Jamie reiterates her dissatisfaction with her body and the subsequent shame she felt when others took it upon themselves to publically comment and criticize her physical form. Although Jamie enjoyed having big strong muscles in her bottom, she was aware that these body characteristics were not desirable in the eyes of others or for a woman of her slim size as the boundaries that define the ideal form are indeed narrow. This knowledge served to control her actions through self-surveillance and hiding her body. Jamie positions herself as a ‘typical’ feminine subject through her statement that girls are always sensitive about some part of their body and she was sensitive about her bottom. This discourse naturalizes and normalizes the inferior female body in comparison to the ideal feminine form.

Jamie...for a skinny chick I had a bigger butt, I have an outy bum, and then when I joined the Army, it didn't get any better. Cause my bum got stronger, I had good strong butt muscles

Teresa: Gluts

Jamie: Yeah great gluts, like we're on basic training and they're calling out, get your arse down, that will be Davidson, and it's like fuck. You know girls are always sensitive about somewhere in their body and for me that was the only place I actually carried any sort of weight. And yeah, always filled out the arse on my jeans. And so I guess I felt funny about people seeing my butt, so I've always just worn shorts.

Women are not only subjected to surveillance, but they also position themselves as active participants of bio-power by making judgments and comments about other women's bodies. A constant comparison between self and others is one of the ways through which the system of regulating women's bodies is achieved. Indeed, there is no big brother surveillance system sanctioning women; they are instead cultured through normative discourse to enact it themselves.

Jamie: I do look at other chicks that are able to walk around in togs at the swimming pools, I mean there are some there that are in not that great shape, but they're far more confident in their bodies than I am.

Sarah: Oh I do life drawing classes and I've done that for years and years

Teresa: You draw or

Sarah: Yeah, no I'm not the model. That's a good question, could I be the model? I don't think I could be the model

Teresa: But then you said you were quite shy

Sarah: But just that, that's just regular women, all shapes and sizes going in there and I would think wow. You know you get judgmental and think your body is like 10 times worse than mine and you're still happy

Teresa: When you say worse?

Sarah: Worse ok, this is, this is women doing this eh. Worse? Oh she's fatter, her stretch marks are bright glowing red at least mine are faded to silvery white, they say silver don't they to make themselves sound almost lovely, like little fairy stripes. They're not silver. Her boobs are saggy, her tummy rolls right over, you know things like that. But I still think she's beautiful and I love to draw her you know. It's not, but those thoughts come into my mind. But then the thing that I think is, she is beautiful because look at her, she's just standing in this room full of people and happy as.

These extracts from Jamie and Sarah draw focus to the negotiation of discursive representations of women's bodies. A first response appears to be an instant comparison between self and other; body parts are pitted and measured against each other as women try to ascertain whether their body is closer to the ideal form than the other. As they reflected on their adherence to the norm by offering alternatives that resist dominant constructions of femininity, such resistances did not destabilize the norms. For example, silver (fairy) stretch

marks did not conceal their ugliness showing the intrusive nature of the disciplinary gaze at work.

Another example of resistance to the ideal feminine body discourse was realised in Claire's talk and the use of a neoliberal health discourse, in which a healthy body is considered the most important goal. This discourse offers new knowledge and speaks new truths, however it also has the power to control actions and behaviour through self-surveillance. Taking responsibility to exercise more and eat the 'right foods' might resist the notion of producing her body for the male connoisseur but she also reproduces the ideal feminine figure attained through healthy disciplinary practices as slender.

Claire: My physical body is important in terms of I want it to be healthy, I want to be capable for my kids, I want to live long for my kids, and I want to feel good about myself when I look in the mirror, but I don't really, not much of it is geared towards my partner and what they think about my body

Teresa: What about society in general?

Claire: Yeah not really

Claire: And now that I'm starting to thin down a little bit, mostly because I'm aware of eating well, my stomach is not so much bigger than I'd like and I like that too.

The separation of her identity from her body supports her resistance to the male gaze, her healthy body is a vehicle to achieve her goals. While Claire engages health discourse to achieve a body she likes, it is not how she understands her identity.

Claire: I'm not my body, like I'm a person who lives in my body. Like my body is the vehicle from which I live my life rather than it is who I am.

The data revealed that for some of the women, constructions of an ideal and sexualized pregnant body became another measuring stick against which ideal bodies were pitted.

Jamie: And I think with my first son I put on 30 kilos and I was only 60 when I got pregnant with him, that kind of knocked me about a bit 'cause it was the first time in my life that I'd actually been fat

Teresa: I've achieved weight

Jamie: Yes gained weight alright and I didn't like it. But people still said that I was skinny 'cause my calves were still the same size, my arms were still the same size but it was just all from my chins down, didn't feel cool.

Jamie: ... certainly when I was pregnant and had boobs, he [husband] certainly commented on, you know, that looks really good.

These two extracts from the conversation with Jamie demonstrate her construction of subjectivity through the available discourses on the body, obesity and pregnancy. Jamie expresses her negative feelings towards her pregnant form as she felt she put on too much weight, or in other words, her body transgressed acceptable boundaries. Jamie is aware that although pregnancy can offer legitimacy for weight gain, it still needs to remain within accepted socio-cultural boundaries and not deviate from the ideal feminine form. That is, putting on weight is acceptable during pregnancy but only up to a point and only on certain parts of the body (Harper & Rail, 2011). The sexualisation of pregnancy (Tyler, 2011) and in particular maternal breasts, also serves to reinforce how specific weight gain is constituted in pregnancy. The fragmentation of Jamie's body into good or desirable features versus undesirable features under the male gaze reveals both self-surveillance and surveillance from significant others at work.

In the following extracts Poppy and Jane share their experiences of being women with bodies that fall outside the expectations of both the ideal female form and the ideal pregnant form. The stigmatisation of carrying extra weight is related to the increasing attention paid to the dominant obesity discourse within Western culture that qualifies a slender body as normal. Excess weight is constructed as risky and unhealthy, and against the morals inherent in neoliberal discourse, is considered to be the visible proof of inherent laziness, greed and irresponsibility (Harper & Rail, 2011).

Jane is aware of these understandings and this is evident in her description of her desire and excitement to 'look pregnant' as opposed to just 'looking fat'. 'Looking pregnant' is an acceptable and even celebrated feminine form and provides a sense of legitimacy for weight gain (Johnson, 2010). However 'looking fat' elicits the opposite reaction, one of disgust and revulsion, and this may result in feelings of shame and embarrassment. Looking pregnant provides a relief from these negative emotions as the public judges these changing bodies as socially acceptable (Hodgkinson, Smith, & Wittkowski, 2014), although there are still limitations around how much weight is acceptable for the pregnant body before it is deemed risky to the unborn child (Harper & Rail, 2011; 2012; Warin, Zivkovic, Moore & Davies, 2012).

Jane: While I was pregnant, maybe because I was holding a little bit of extra goods, it took a while for me to starting showing, I don't know. So I didn't start showing until I was about six or seven months. And yeah, I don't know, I just got really excited when I started showing. There was a long period of time where I just thought, I don't look pregnant, I just look fat.

Poppy states that because her body didn't fit into the 'normal' sexually desirable feminine form, others assumed she must be pregnant and felt comfortable to ask her about her expected due date. These assumptions from the general public work as a form of surveillance, reinforcing norms around both acceptable and unacceptable bodies and also appropriate reasons for transgressing body ideals. These assumptions of a maternal body are only made possible when a woman is of a reproductive age. Or in other words, the only socially acceptable explanation that a woman of reproductive age would be 'overweight' is because she is pregnant.

Poppy: Before pregnancy people would always say you know oh how long have you got? I'd be like ok thanks. So I don't feel like that's gone away, although actually I don't care, I'll wear the tighter things where I used to think oh no I'll avoid that, but now I guess I'm kind of proud or perhaps I just feel like having [Sally] with me is just an excuse you know. People might not ask me when I'm due when I've got a little kid, so she's kind of my little shield. I've had a baby, I'm allowed to be fat. Yeah I used to wear baggier clothes I think to try to deflect people's comments, not that I was ever, you know I'm tall so I never looked 'fat', but there were periods in the months that I would feel more bloated and people would go 'oh I didn't know you were pregnant', well I'm not. So now I'm prouder to show off my figure, show off my curves.

Although since having her daughter Poppy is now less concerned with carrying extra weight and resists the feminine ideal of being slender, she still reflects on the social feedback she receives about her body from others and integrates them into her sense of self. In this way Poppy's body is constructed as a social object inscribed with meanings (Ogle, Tyner & Schofield-Tomschin, 2011).

The surveillance and control of female bodies is further enhanced through the construction of women's bodies as 'out of control', 'leaky', 'unpredictable', and 'weak' in comparison to the 'other' contained, solid, strong male body (Shildrick, 1997; Gatrell, 2011). Women's reproductive capacity in particular is increasingly defined as problematic and biomedical discourse and discursive practices have been engaged to contain, measure and control it. These practices include reproductive technologies concerned with fertility,

gestation and birth, such as prescribing hormonal and contraceptive medications, weight monitoring, scans, urine sampling and blood tests (Lowry, 2004; Warin et al., 2012). Poppy's account below provides an example of the medicalisation of women's bodies and how they are controlled through the authority of medical discourse that renders their bodies 'uncontrollable' and 'abnormal':

Poppy: I've been on the pill since I was about 12. So I'd had really heavy periods when I was young, so they put me on the pill. So I think, yeah I was 35 when I had her.

An increasing normalisation and institutionalism of medical discourse, medical authority, and the construction of disordered female bodies, in turn produces childbirth as a particularly risky event in the lives of women. Through this construction women have come to distrust their labouring bodies and there has been a shift away from home births to hospital births (Hielkema, 2014). Dani's description of her labour as 'textbook' frames and reinforces the normalization of medical intervention in childbirth even when the risk is low.

Teresa: And so how was the labour and stuff?

Dani: Pretty textbook, no major complications or anything....

Teresa: So when you say textbook

Dani: Yip so starting having contractions on the Saturday night and they kind of kept going all night and then petered off during the day. And we were like do we fly or do we stay, 'cause we were meant to be flying that night.

Teresa: Sorry so would you have been allowed to fly?

Dani: Yeah they let me fly down fully pregnant as and didn't ask anything, and after we rang the airline and said you know we've been to hospital and they've said it's fine to fly. But yeah rang Air New Zealand and they said it's fine to fly. I was like no it's not fine, I'm not having a baby in the middle of the sky so yeah, no we stayed in Christchurch. Yeah and then the contractions got stronger, went into hospital, had some gas, it didn't really do anything so had an epidural and he came out about four in the morning.

Teresa: So was that, you know how you have a birthing plan, was that sort of what you

Dani: Yeah I'd sort of gone into it just going I've got no idea what this is all about and completely open to whatever happens on the day. So I think that's probably the best way to be for me. So I didn't want to plan it and then have it disappoint me.

Didn't really want to have an epidural but after having one I'm totally going to do it again for the second one

When Dani further expands on what 'textbook' means, it is constructed as a hospital birth with the use of analgesics such as gas and an epidural. Dani's reluctance in creating a birth plan for fear of disappointment and her decision to have an epidural in the future indicates that she has taken up the dominant discourse that positions labour as unpredictable and uncontrollable and that with medical intervention, these aspects can be managed. Dani's acceptance of childbirth as a medical event also plays out in her decision to not travel back home.

In the following extract Jane negotiates her position within the binary between birth as a medical event and birth as natural. Jane's decision to call an ambulance to take her to hospital was one of conflict because of her desire to be a good mother and have a natural water birth but also her understanding that birth is a risky event possibly requiring medical intervention. Although Jane eventually had her baby in hospital, her position as a good mother was maintained because she laboured without medical intervention. This position is informed by the motherhood mandate and the premise that a good mother makes sure that the baby is birthed unharmed.

Jane: I was quite keen on the natural birth and I'd booked myself into the birthing centre, and my plan was to have a water birth and have the laughing gas and that was it. I was pretty open to having anything, if I couldn't handle it or something was going wrong. I was happy to go to hospital and have all the good drugs I guess, but I managed to stick with my plan, although I don't know, maybe five hours before I gave birth I decided the pool wasn't enough and the laughing gas wasn't enough and I managed to wait a few more hours and then I was like call the ambulance, I'm going to hospital, give me an epidural, and I got to hospital and the ambulance drive was probably the worst experience of my life. And yeah got the hospital and then 20 minutes later he was born.

The role of medical intervention in managing the labouring body and the perceived danger of childbirth underlines the power of the biomedical discourse and legitimises hospital births. The construction of birth as a risky event requiring constant monitoring and observation originated in the early twentieth century and despite a rise in 'natural' or homebirths, the majority of women still choose to give birth in a hospital environment where medical interventions, such as administering epidurals, has become routine (Hielkema, 2014).

It was not just the women that came to view pregnancy and labour as dangerous and

risky, but also their partners. For Jane's partner, the arrival of the ambulance and the subsequent admission to hospital elicited an emotional response to the discursively produced risk implied. What is evidenced in this account is Jane's positioning as responsible for the care of his emotional response, despite it being her 'risky' body.

Jane: Yeah, he was really funny. I remember looking at him, leaving the birthing unit, 'cause the ambulance pulled up and we all walked outside and someone was holding me by my arms and as soon as he saw, as soon as my partner saw the ambulance he just started balling his eyes out, it was so cute. I was like, it's ok honey, you're all right. Then when I got to the hospital and my mum was saying, 'cause my mum was there for the birth, and she was saying how after I left, he was hyperventilating a bit. She managed to calm him down and he was fine for the drive home, sorry the drive to the hospital. He wasn't allowed to drive, but that's fine, that's ok. And apparently he was fine until he got the hospital and then when he saw me he started balling his eyes out again.

In a similar vein, Poppy believed that her partner viewed pregnancy as something inherently dangerous. Her partner understood the phenomena of nausea, vomiting and pain as symptoms of pathology, that something was wrong or abnormal. Within the biomedical discourse, when a person displays dis-ease or symptoms of an underlying condition, that person is considered ill and treatment is sought. An overlap between this discourse and the discursive production of women's bodies as uncontrollable and unpredictable, means pregnancy understood as a risky event is normalized.

Poppy: Yeah, really [he] would do anything for me and [Sally] kind of comes second sort of thing. So he was always looking at pregnancy as this is hurting Poppy. It's making her sick, it's making her uncomfortable, this is a terrible thing.

There were however pockets of resistance to the biomedical narrative of risky pregnancy in the narratives by some of the participants. Jane experienced medical symptoms such as reflux, morning sickness and heartburn but these were interpreted as normal and not requiring intervention. Normalising bodily changes enabled her to construct her pregnancy as something 'easy' and quite 'cruisey', and this experience empowered her to maintain control of her body as well as resist external involvement.

Jane: I had a really easy pregnancy I think, and that might just be because I knew people who had had really awful pregnancies. But yeah no I had a little bit of

morning sickness within a couple of weeks in the first 12 weeks. I think I might have been seven to eight weeks pregnant. And even that I don't think I had it too badly it was like a mild hangover for those two weeks straight. Yeah I had it really easy, I mean I had things like heartburn, reflux, but it never really affected me that much. I didn't actively search for something to help it, I was just like oh this again.

Teresa: It will pass

Jane: Yeah. Started getting uncomfortable in the last eight, nine months and um yeah I thought it was quite cruisey.

Pregnancy is also constructed as risky due to its length. Being 'too overdue' is considered dangerous for the wellbeing of the child (Simonds, 2002) and there is evidence of confusion and resistance from Poppy to be induced. The authority of the biomedical discourse to produce risk was enacted by her midwife through the threat of maternal responsibility endangering the life of her baby. Here consent is questionable, where any form of resistance would position Poppy as unethical, irresponsible and ultimately a bad mother.

Poppy: ...and she's {midwife} like "How many weeks are you"? I said "I'm 41 and five days or something". "Oh my God no, ok you've got to come into the hospital, you've got to have an induction". I was no no no no I've never been told I was having an induction. "Nope you can't leave it, it's dangerous. I'm like hang on and [Michael's] like what's going on? So I was in a real panic and she was just adamant, she was like, "you either have me as your midwife and you come in for an induction or you don't have me as your midwife and no one else will take you on"... And I was just like can't you just give me some time; you know let the acupuncture work and. "Nope it's the weekend, you're going to have an induction".

The construction of pregnancy and childbirth as a biomedical event, requiring the interpretation, knowledge and skills of a professional, reduces the control and power women have over their experience whilst at the same time enforcing discipline and docility. The response from the midwife for Poppy to come in immediately for an induction when Poppy tried to negotiate more time, demonstrates the power imbalance inherent in the patient/professional relationship and the control that the medical community have over women's bodies.

The medicalisation of pregnancy and labour constitutes pregnancy as pathological outside of particular time frames; that is pregnancy is constructed as being normal if the duration lasts between 37-42 weeks. Simonds (2002) states that the calculation of gestational time and due date matters for different reasons and that precise knowledge of the age of the

foetus is necessary for medical obstetric management. She also argues that the use of rigid time standards maintains practices that achieve conformity and social control. Morgan (2005) states that the regulation of the population through technologies of categorisation and measurement to produce norms is directly concerned with processes of birth, death, reproduction and the health of its citizens and is a pervasive method of social control. These technologies of knowledge and power control the movement, location and capacity of people and act on bodies.

A pregnancy that threatens to end outside the normal 42 weeks is subject to intervention by the medical community and it has been argued that historically a longer pregnancy threatened patriarchal propriety and the paternal legitimacy of the child, rather than any uterine risk to the baby (Simonds, 2002). Within modern society a longer pregnancy is considered risky through claims that post term babies will be too large for vaginal deliveries and there is also the threat of women suing practitioners if something does go wrong in uterine or labour. Consequently the rates of caesarean births in the US has increased fourfold since the 1970s. Lastly it has been contested that letting a pregnancy continue longer than 42 weeks may interfere with the time frames around paid parental leave (Simonds, 2002).

In the following extract, Poppy critiques the construction of pregnancy as a risky state due to her knowledge about the introduction and normalization of a 42-week pregnancy and the subsequent normalization of inductions. However, although Poppy felt comfortable to extend her pregnancy beyond 42 weeks, those involved with her care denounced it as a risky decision.

Poppy: I'd done some research as well and they were saying about how since 1960 or whatever somebody had decided that 42 weeks was the cut-off point so there is no data about what the dangers are after 42 weeks because nobody has done it.

Contradictory to the medical discourse of maternity as risk is its binary opposite, the natural and drug-free birth discourse that affirms the power of the maternal body (Grigg & Tracy, 2013). However, both discourses are problematic for women when they maintain the gaze on the foetus; either way women are positioned as either responsible (good mother) or as inadequate (bad mother). In this way, women's power and autonomy to choose is compromised on both sides (Malacrida & Boulton, 2013). In the next extract, Poppy illustrates the expectation from one of her prenatal health professionals that a drug free birth is something that she should desire and any deviation from this pathway including induction, caesarean or drugs will jeopardise the outcome for the baby, "the baby is going to come out drugged". Both positions advocate first and foremost for the wellbeing of the baby, further

reinforcing the exclusion of the mother's embodied experience. Control over her body and decision-making resides with others as they seek to produce the perfect end product – a healthy baby.

Poppy: Ok so before that I had gone to the prenatal class and the teacher we had was a La Leche League lady, very very very passionate and she had talked to us about not having inductions, because once you have an induction then everything else sort of tumbles down and you end up having a caesarean. You shouldn't have drugs, it should be natural 'cause the baby is going to come out drugged and have a terrible start.

The binary between medical and natural birth discourses are constantly negotiated; so much so, that a natural or normal birth has become “a process described by the measurable absence of particular medical interventions” (Akrich, Leane, Roberts, & Nunes, 2014, p.141). The assumption that women are able to assert choice or have the ability to question the authority of medical professionals is limited where medical intervention is presented as being in the best interests of the unborn child. Dani's decision to take the ‘risk’ of medical intervention reproduced the dominance of the foetal gaze and the desire to be a good mother. Negotiating the contradiction between a drug free birth and her own bodily fatigue as a medical risk protected her positioning as a good mother.

Teresa: were you worried about then possibly going on to have a caesarean or anything like that?

Dani: Not so much, I mean it was something that I'd thought about, it was more the fact that I was worried about it crossing over to the baby and just wanted to try and do it without if I could but yeah after I hadn't slept in a day and a half, just found my contractions really really painful and so yeah.

This combination of discourses has a persuasive effect on women and sets up an expectation and idealization of a natural, drug-free birth. This not only limits the choices available when it comes to childbirth but also constrains identities of new mothers. Embedded in this extract is the assumption that a good mother would not want to drug her baby and at the same time, it is necessary to reproduce her body as risky to maintain her integrity.

It is interesting that there is no mention in these accounts of the mother's health, wellbeing or comfort during the birthing process, but all emphasis is on the welfare of the child. The mother's position is reduced to that of the vehicle through which the child is carried and born. In the following account, Poppy shares her experience of childbirth in which

her desire to assume a particular birthing position is not only denied to her, it constituted a form of legitimated violence. The medical professionals involved imposed their authority over her body and the birth, literally forcing her to open her legs:

Poppy: And then, you know 'cause I'd done all this yoga and stuff, I wanted to have a crouching birth, but of course they lie me back on the bed, they're trying to make my legs go out.

The women's experiences of the knowledge produced through biomedical discourse did not match how they understood their own embodied knowledge. The differences were not always as traumatic as feeling forced. For example, the labouring that women *do* is not the same as the technological terms of medicalised labour.

Teresa: Yeah. So how was the labour and all that sort of stuff for you?

Jane: Labour was long. I think 32 hours, um I don't think it's what the doctors consider a full labour though, do you know what I mean? Like from when I started having contractions

Teresa: Yeah, so what do they call it, active labour? Is that what they call it?

Jane: Yeah, that's what they call it but like from my point of view, when I started getting contractions

Teresa: Valid point

Jane: About 32 hours having contractions

The medical narrative defines labour within certain physiological and time constituted boundaries interpreted by skilled and knowledgeable professionals (Simonds, 2002), however Jane's personal experience speaks of a different story, with labour experienced through her body. For Poppy, her embodied experience of labour was contested by the midwife effectively positioning her as unknowing and subject only to the gaze of medical discourse.

Poppy: I'm like I'm in labour. No you're not in labour, it's just the gel.... And they kept on saying it's not contractions, it's just the gel. You're not contracting, you're not in labour. So then one of the hospital midwives said go in the shower and you'll feel a little bit better. And we stood there for probably 2 hours, contracting, contracting, contracting, and I didn't move. I remember looking at my knuckles and they were just white from holding onto this bar for dear life... So I'm sitting on the toilet and I'm like oh God I think I need a poo, and I realized I was pushing! I was,

“Michael, I’m pushing, I’m pushing, I’m going to have this baby on the bloody toilet, this is just awful” ... He opens the door and says I think she’s in labour. So they all come running down. “Ok Poppy, stand up”, walks me to the room which is opposite the toilet... So I lie on the bed and they prize my legs open and say oh we can see the head, you were in labour, well done, you’re 10 cm. I was like I’ve been telling you for the last however many hours.

The refutability of women’s embodied knowing by the medical profession legitimates the disciplining of women and women’s bodies. It is the authority of the medical profession, in the very moment of the medical encounter that privileges the best interest of the unborn child that renders women vulnerable to intervention (Crossley, 2007).

Despite birth plans, some of the women struggled with making meaningful decisions regarding consent to medical intervention, which constrained their ability to control their birthing process, and the idea of agency was increasingly problematic. The lack of choice was realised through Claire’s inability to intercede in medical decisions. Again, normalisation of time through medical discourse, rather than attention to time being related to the women’s bodily processes meant that practices such as cervical sweeping were common.

Here the technologies of midwifery, the procedure of sweeping the cervix with the fingers to induce labour, is completely normalized through the midwife’s casual remark “we’ll do a sweep to get this baby coming”. Although Claire expresses her reluctance to partake in the procedure at that time, the midwife overrides her concerns and tells her to “just lie on the couch”. Claire’s position as the patient in the relationship renders her powerless and she is coerced to give consent. Again, the concern for the safety and viability of the foetus is put first before Claire’s interests and discomfort. Claire’s agency over her body and her pregnancy are compromised through the power inherent in the medical discourse, the good mother discourse and the rights of the foetus discourse.

Claire: ...I remember when I went for a sweep with the first baby and we went into the midwife’s office, which was just in a villa, and she just had a couch in her office. And she said well we’ll do a sweep to get this baby coming and I was like ok so we’ll book that in and she was like no we’ll do it now, and I was like now, right now, and she was like yip now’s good, just lie on the couch. And I was just like you want me to lie on the couch. I do remember like things have definitely progressed from how I felt about it pre children, like now I’m like ok if you need to we’ll do that. And then afterwards I walked out thinking I’m off to the police station to report what you’ve done to me [laughter]. Little did I know you know, like the bar moves, what you can bear prior to having children, like totally the bar moves.

In Claire's experience of the 'intervention', the monitoring and control of her body, and the legitimacy of the procedure led to feeling violated; her body was symbolically renounced.

The experience of bodily violation is contrasted with the female body as public property and continues following childbirth, and as Claire stated, the metaphorical bar moves. Dani's experience of breastfeeding rendered her previously private body public and accessible. Dani's joke that even "the cleaning lady had seen my boobs" implies that it's just a fact of life, something to get used to.

Dani: Yip, we stayed in hospital for three days and you know you kind of got to know the ones you liked and

Teresa: Ah yes who's on duty

Dani: Exactly, oh god do I ring the bell or not. Nah they were really amazing day and night, just coming in and helping. Again it's one of those things my friend had said to me, just get used to every man and his dog seeing your boobs and grabbing your boobs

Teresa: No dignity any more eh. What do they say, you can leave your dignity at the door

Dani: It was like the cleaning lady had seen my boobs, anyone walking down the hallway had seen my boobs, yeah yeah.

Despite the openness and acceptance of breasts on display immediately after childbirth, this phenomenon is confined to certain spaces. Whilst acceptable in hospitals, birthing units and amongst other mothers, and yet despite legislation, the expectation in public spaces is that breastfeeding breasts are to be hidden (Grant, 2016). Women's breasts are public property when they function as sexually desirable objects under the male gaze, but when they serve other functions, such as feeding a baby, there is a dominant discourse that they be covered (Lee, 2008) suggesting that women's public bodies are constantly under surveillance. The repeated messages on social media platforms where women are denied their rights to breastfeed in public spaces means women self-regulate their behaviour to avoid social sanctions (Grant, 2016).

Teresa: Were you quite private before about that kind of thing?

Dani: Yip, so I think that's been one of the big changes after having him, 'cause beforehand I would never have, even my closest friend I wouldn't have had them out. I used to get changed in the changing rooms carefully and everything and now it's just like drag them out cause it's your (baby) lunch eh.

Teresa: So you're happy to breastfeed in public and

Dani: Yeah, I tend to use, I've got this shawly type thing, not so much cause I'm embarrassed but more because I know some people are, so I found when I went home to my parents place my little brother was like oh just tell me when you're doing that, I was like oh yeah sorry

Teresa: Is he younger?

Dani: Yeah a couple of years younger

Teresa: Does he have children?

Dani: No no, so it just was like woah put that away.

Dani's positions herself as both compliant and resistant to the regulation of breastfeeding. While self-regulating in public spaces through practices of discretion (Grant, 2016) she also values the nurturing value of breastfeeding. Dani's action to cover her breasts with a shawl while feeding in public is evidence of her self-surveillance and the regulation and external control over women's actions and bodies.

The normalisation of external control over women's bodies ensures that women actively self-regulate their bodies and keep undesirable, unacceptable and abnormal features out of the public space. Only bodies and body parts that meet patriarchal standards of ideal feminine subjects are sanctioned, and extend beyond the breast. In the following two extracts, Poppy and Claire express their consequent shame and psychological discomfort at the thought of someone else seeing their genitalia. There was an understanding that their bodies fell outside societal expectations with regards to what was acceptable and they regarded their own as problematic and something to be hidden away. This self-surveillance served to diminish both their sexuality and femininity. Shame also meant that they also could not talk specifically about their "private" sexual anatomy due to the social conditions that render "private parts" taboo (Braun, 1999). While women's 'parts' remain not talked about, our embodied identities remain troublesome, and even pathologised.

Poppy: Yeah yeah, I mean I've had a smear since which wasn't very pleasant, I mean just the idea. I used to be fine, it was no big deal, but the idea of anybody being around that area. I don't know what it is, I don't want somebody to criticize me or to, I think when I had the constipation, after giving birth, the doctor said Poppy you're full of shit [laughter] and she said you have absolutely no muscle tone at all and I think that, she wasn't being mean or anything, she was stating a fact. I think that shamed me. I think I feel shame around that, that I haven't been able to fix it perhaps. That I haven't been committed enough to do the exercises. I guess cause it's inside, it's not like I need to lose weight from my stomach for people to see and so I feel

shame that because people can't see it I'm ignoring it sort of thing and I know that I should do something about it.

*Claire: ... like I had all these stitches as well as this really sore bottom. So that whole area was not, it became an area that you didn't want to share with somebody else
{laughter}*

Braun and Kitzinger (2001) state that the use of generalised terms rather than correct terminology to reference female genitalia reproduces discursive silencing and this is evident when Jamie firstly apologises and then talks about issues she had with her vagina. When Jamie questioned her midwife about a concerning abnormality in her pelvic area her concerns were minimised through a conversation that even in the sanctioned environment of the medical model, was experienced as an over-reaction to the risky maternal body. Jamie sought clarity and the knowledge of her midwife as she was considered the expert, the one with the experience. The authority, power and control held by professionals about the maternal body within the biomedical narrative enabled the midwife to make quick assumptions about what was normal or abnormal or an overreaction. Jamie's insistence that the midwife check the ailment was a form of resistance to regain control back, but the disingenuous reassurance she was offered, left her feeling like she was exaggerating. It is a fine line women must negotiate between embodying the risky pregnant state and being constructed as 'drama queens' when they do seek out reassurance.

Jamie: Yeah and I ended up with this, sorry you'll get the details, so varicose veins around the outside of my vagina

Teresa: Like bulging veins?

Jamie: Yeah like big bulging purple veins and I said to the midwife, what is going on? And she's like, oh you'll be right, and I actually said that time, can you check?

Teresa: She hadn't even looked at them, she just said, you'll be right.

Jamie: No, she said it's quite normal, quite normal. So I actually did get her to check and she said oh no, they should resolve after pregnancy but if they don't you can get it dealt with then. So you kind of feel like, well maybe I'm just overreacting.

The following two extracts from my dialogue with Claire and Jamie further highlight the indifference to the female body, when women try to take back their autonomy. Both women voiced concerns about their genitalia after childbirth to their health professionals and both had their concerns diminished and dismissed.

Claire: I have got definitely scar tissue inside my vagina, I can feel it, it's like an extra fleshy bit but it's just scar tissue. 'Cause I asked when I was having a smear was that normal that bit there and she said oh vaginas are so funny looking, made light of it.

Jamie: It's like any other part of your body, you should be able to look and go, is that normal? There's no point pretending that it doesn't exist, so mum's always encouraged that and so did my dad, you know, make sure everything is fine. So no I've still got like, yeah it's not healed up properly at all. And I remember I brought it up a couple of times with the midwife and she was like, oh it will come, it will sort itself out

Teresa: So that was during that six week sort of

Jamie: Yip. Not once did she check up and you kind of, I did want to say, can you please look at my vagina but it was never offered

Teresa: Of all the people eh, of all the people you could ask that of

Jamie: Yip it should have been a midwife. She was a registered nurse and I had a good relationship with her and I hinted at it very strongly several times and she was, oh yeah it will be alright. You can see the doctor, when do you see them? I think you see them at 12 weeks or eight weeks or something, I remember going to see the doctor and I brought it up, you know, things aren't quite the same. Oh yeah well you can expect some changes and off we go, I can take your blood pressure though. I was like, well there's no problem with my blood pressure.

The continual dismissal and ambivalence from health professionals reinforces cultural understandings that women have little or no control over their bodies. Not only that, but when they do speak their opinions, their thoughts and concerns are silenced, rendering them 'docile bodies'. The responses from medical professionals in both cases consequently shut down the conversation. Research has shown that women report a lack of interest in their bodily concerns from health professionals in the postpartum period, and dismissing their concerns reproduces a negative social construct around symptoms that result in women not speaking about their experiences (Priddis, Dahlen & Schmied, 2013). It is as if the postpartum body is no longer of interest, reproducing the postpartum body as 'used', (Malacrida & Boulton, 2012), that is, positioned outside the norms of feminine sexuality and therefore dismissed. Silencing women inhibits their ability to seek help from both professionals and peers and may lead to further physical complications and psychological barriers such as shame and embarrassment.

A disregard for women's bodies and women's autonomy can be seen in the following account of Jamie's Tubal Ligation procedure following the birth of her last child. Jamie not only felt disempowered but also violated due to the ambivalence and disregard from the medical community:

Jamie: And when I met with the specialist, he said, oh yip it's keyhole surgery and we just go in through your abdomen, we'll just put little clips on and it's all done, you'll be home, no heavy lifting for a couple of days but good as gold. In and out, you'll be home in the afternoon. So I thought ok, and the fact is, when I got home I felt like I'd been gang raped and did a bit more research and spoke to a few people and nurses, who said no, you actually have to go, it's vaginally, they have to stabilize your cervix to then. But that's not surgical, that's just an insertion, the surgical is through your abdomen.

Jamie: So they stabilize your cervix physically and then surgically go keyhole through your abdomen to do it. But I was like great, so, I know that a chick I play netball with was in the room, cause she was on the surgical team, she was a surgical nurse, and you've got your legs apart and your butt ramped up and someone's got their hand up my vagina holding my cervix in place.

Jamie's narrative shows how practices of reproductive technologies (Lowry, 2004) are sustained through the medicalisation of women's bodies and consequently women are positioned as powerless. The medical authority omitted giving Jamie full disclosure about what was involved in the procedure through fragmenting the process into surgical terms, herein exhibiting the imbalance of power inherent in the patient/doctor relationship and the power afforded to those who produce the knowledge. Jamie felt further violated because in omitting full disclosure, the physicality of her cervix was ignored.

The assumption by medical staff that someone physically holding Jamie's cervix during surgery would be inconsequential is achieved through an understanding that the postpartum body has transgressed the socially constituted ideal of femininity and therefore any impact on the body is easily dismissible.

Postpartum Bodies: Comparison to the Ideal

In our everyday lives, women draw on the socio-cultural discourses that construct the desirable feminine body, and in the talk of the participants, the construction of the bikini body, bouncing back and postpartum loose vagina together emerged from dominant cultural

discourses of the ideal feminine body that references both a problematic neoliberal discourse of the normalised body, and the requirement for its improvement (Moran & Lee, 2016). Dominant discourses construct the naturalised female body as pathological, and normality can only be obtained through adhering to idealized constructions. These understandings and beliefs work together to shape and communicate an ideal feminine body in Western culture as an aspirational goal that all women should strive for. The construction of norms within neoliberal discourses subjects all parts of the female body including body hair, breast shape and size, bottoms, vaginas and even labia, to intense systems of scrutiny, self-surveillance, policing, control and management.

The women in this research were largely aware of this pressure and while some offered pockets of resistance or challenges to these norms, most attested to their postpartum bodies as problematic within the boundaries of the dominant discourses that positioned their bodies as unacceptable through social and cultural sanctions.

Bikini Body

The bikini then becomes the ideal vehicle for highlighting a new mom's quick recontainment and erasure of the "fat" of pregnancy, the out-of control bulge, because the focal point of any bikini is the woman's stomach. Indeed, the bikini is a perfect way to display a woman's stomach, because highlighting the stomach is the primary difference between the bikini and other kinds of bathing suits. (O'Brien Hallstein, 2011, p.121)

Talk about bikini bodies was a prominent storyline that emerged when the women were sharing their experiences and feelings about their postpartum bodies. The women drew on the bikini body discourse and it was used as a metaphorical benchmark with which to measure them against and construct their own bodies in comparison. Even where the women recognised the construction of the bikini body as socially imposed, they also struggled to resist it. The bikini body image is based on a homogenized female form in Western culture, characterised by unblemished smooth (white) skin, and a figure that is slender, toned (not muscular) and with perky youthful breasts (Jordan, 2007). It is also an image that is wholly unattainable to most women without a great deal of effort, but none the less has the powerful effect of compelling women to engage in practices of idealised normative femininity.

The bikini as a measure of femininity is not universal and is historically and culturally located. The bikini, consisting of 2 triangle pieces of material to cover the breasts and 2 triangular pieces of material to cover the genitalia and bottom emerged in the 1940s, and at first was deemed too controversial due to its revealing and risqué design. However

since the 1960s and the adoption of the attire by celebrities and film stars, it has seen a huge rise in popularity and is now commonplace within Western culture (O'Brien Hallstein, 2011). The bikini body image is essentially a passive one, always waiting for the collective gaze whether this be reclining in a sun lounger or sitting by the poolside; it is not an image that is active and doing (Jordan, 2007). Other cultures around the world, such as Muslim and Hindu, do not construct wearing a bikini as normal for women; in fact to wear a bikini or any swimsuit in public is considered shameless, offensive, and immoral (Hamzeh & Oliver, 2012; Oza, 2001). This contrast brings to the forefront how the bikini body is produced as a specific cultural phenomenon. The bikini body reproduces the ideal slender body, but it depends on economic, racial and heterosexual boundaries privileged through neoliberal discourse.

Neoliberal discourse and second wave feminist movements can be understood as adhering to an ideology of individual freedoms and choice, and the bikini body, perhaps, symbolizes a form of successful emancipation and liberation. As the image has become embedded in our postfeminist contemporary culture, young women are increasingly taking up the ideal as a form of empowering women's bodies, and are invested in taking back the power of objectification as resistance "*in the service of* demanding that moms create new, even better, post-partum bodies" (O'Brien Hallstein, 2011, p.119).

Neoliberal ideologies have provided the landscape against which the bikini body discourse has been normalised and like feminist philosophies, it embraces a system of self-governing subjects who are constituted as autonomous and enterprising citizen, agents of their own destiny within a free society (Gill & Scharff, 2011). Furthermore, it is a system that promotes self-improvement and self-discipline.

Consistent images and features within popular media, advertising and magazine articles, such as 'Get Bikini Ready in 10 Days', 'Bikini Body Confidence', and 'Are you Beach Body Ready?' produce and reproduce a perpetual retelling of the ideal feminine form so that it becomes ingrained in culture and assumes an unquestionable legitimacy (Stuff.co.nz, 2015; Jordan, 2007). The message is clear; not only is the bikini body a cultural construction but it is also a gendered construction, due to both the evident design of the bikini to cover female anatomical parts, and because of the cultural messages embedded within its use. The bikini is not simply a piece of beach attire but it is a piece of text in itself; it represents a feminine ideal.

Bikini bodies are bodies that have engaged in technologies of femininity, participating in the knowledge and skills involved in discursive practices to become a feminine subject, such as waxing, dieting, and spot exercising (Bartky, 1990) to produce the new postpartum body norm. Hairlessness is taken for granted as a characteristic of feminine bodies; it is considered hygienic, clean and sexy, and in contrast hairy female bodies are constructed as masculine, more aggressive, non-heterosexual and dirty (Braun et al., 2013).

As Gill and Scharff (2011) state, the image is one of hegemonic femininity where femininity is determined through a “tightly policed set of practices, dispositions and performances” (p.2).

Sarah’s account of her grooming practices attests to these discursive feminine practices and the expectation and pressure to present a smooth hairless body through shaving and waxing. In the following account, Sarah makes sense of hair removal through notions of her right to choose on her own terms, rather than for the interest of a man. In this way individual choice is privileged and hegemonic femininity is resisted:

Sarah: Grooming. Ah well I shave my armpits and my legs normally and I wax my bikini line, not for this man in particular. In having said that, with my husband, I would let that go, true. So I’m definitely aware of things that might make myself look more attractive or into the ideal.

Tyler (2011) argues that new maternal markets have become so economically successful because they are built upon a type of ‘negative narcissism’ that always leaves the consumer wanting new and improved products. This is precisely the type of culture that predicts exponential consumption and embodies neoliberal discourse and the commodification of women’s bodies, providing the means by which postpartum women can take control through the discipline of diets and controlled and intensively marketed exercise. As a good citizen of neoliberal discourse, not only does she choose these practices, she is also responsible for performing them.

It is also an image that is set against a background of bodily deficiency and those bodies that do not measure up need to be covered up (Bartky, 1990). The bikini body both objectifies and commodifies women and simultaneously limits the type of bodies that are ‘allowed’ to be commodified. Thus as O’Brien Hallstein (2011) argues, through the mechanisms of postfeminism and neoliberalism, the bikini body symbolises both women’s strength and power while also reproducing the feminine body disciplined and controlled by exacting standards of beauty and sexual appeal that is the object of the male gaze.

As a garment, the bikini restricts activity, and therefore women’s bodies are constituted as passive and docile, always at the ready for the ‘male gaze’, always looking sexually appealing and sexually available. But it is more than that. Another way that this discourse works to control women is through fear; fear of being too fat, hairy or wobbly, not attractive enough, not measuring up. Or as Tyler (2011) states, fear of ‘failed femininity’. We are cultured to believe that our bodies are tied intrinsically to our worth. If we do not have a bikini body then we have failed as women, and failed as neoliberal subjects and consequently feel shame, guilt and embarrassment. We are individually responsible for our failing bodies

through lack of exercise, eating too much and not consuming the right products. Working alongside these concepts is the principle of disciplinary power, the “power that inscribes femininity in the female body is everywhere and it is nowhere; the disciplinarian is everyone and yet no one in particular” (Bartky, 1990, p.74) and enables certain choices and constrains others.

The choices available to women that feel they have failed their responsibilities or do not meet the ‘ideal’ are to either hide their flaws from the public gaze or to challenge or resist cultural norms. Dani is aware of the expectations and responsibilities of femininity and the disciplinary practice of hair removal is engaged in but this is limited to her visible lower legs. Dani does not feel that it is necessary to remove hair from body parts that will not be seen by the public and in this way resists full self-surveillance. She also resists the construction of female bodies as docile bodies and instead chooses to wear a wetsuit that allows her body to be fully active. Wearing a wetsuit is an empowered choice, providing her with a form of respite from feeling the need to conform to feminine discursive practices and affords her a legitimate way to cover her body from the public gaze.

Teresa: Did you get stretch marks?

Dani: Not really no, I already had them from puberty so no real difference. Mummy is never going to wear a bikini eh. No.

Teresa: So you’ve never worn a bikini or

Dani: No

Teresa: Would you wear togs though? So you surf so

Dani: I wear a wetsuit, which is awesome, so you’re all covered up anyway.

Teresa: Would you wear togs then?

Dani: I do wear togs but I would usually wear board shorts, ‘cause I’ve got hairy legs

Teresa: Do you shave your legs then?

Dani: I epilate, though I never bother with my upper legs though, wearing boardies is easier

Jamie also felt the need to cover particular parts of her body from others, however this practice occurred within the context of working and living in the armed forces. Jamie positions herself within the constraints of hypermasculinity, where strength, self-sufficiency and heterosexuality, although reflecting civilian life, are amplified (Bell, Turchik & Karpenko, 2014). The sexual double standard is reproduced within this location where to be a good soldier requires adherence to masculine discourse, and signs of femininity are subjected to degradation. To minimise the impact of the coerciveness of the double bind and not

become a target of sexist discourse that positions her as 'out to get a man', Jamie self regulates by covering her body.

Jamie: And so I guess I felt funny about people seeing my butt, so I've always just worn shorts, and the Army didn't help there either because all girls wear shorts over their togs pretty much in the Army or like I used to wear cycle shorts, like swimming short ones and I'd wear them over top of my togs and yeah really any girl who didn't in the pool on PT days was kind of, who are you trying to snare?

While none of the women interviewed explicitly shared that they wore a bikini, some of the participants clearly expressed that this was something that they felt that they should be doing but how they experienced their bodies was through a lack of meeting the ideal:

Sarah: I always, I have no problem to be seen around the house, but I wouldn't show my belly out in public and I actually think that I should. I don't wear a bikini... I love swimming, but I don't wear a bikini because I don't want people to see my stretch marks or my belly. And I want to wear a bikini because I want my girls to know that this is a normal tummy, but I don't do it. That's a shame because I'm not really following through with what I believe in.

In this extract Sarah's talk about her belly makes reference to the bikini body as the pinnacle of femininity although she does not meet the required standards for the public view. While she embodies the notion of stretch marks being normal for postpartum bodies in private spaces, she does not meet the criteria for public display, her body is deficient. Such separation between public and private spaces produces a conflict between being a good role model for her daughters while also having an awareness that her body is not good enough for the public gaze.

In an almost contradictory stance, the normality of a postpartum body locates a space for resistance and rebelliousness to the bikini body where the acceptance of the body regardless of how it measures up to the bikini body standard. Although this position offers a resistance to the normalisation of the ideal feminine body, it also contains its own power to constrain and disempower and is based on postfeminist and neoliberal understandings that wearing a bikini symbolises empowerment. Sarah acknowledges that to be a good role model to her daughters she should embody body confidence despite her perceived flaws and should wear a bikini in public, however the same flaws delimit the possibility.

In the tension between the ideal body and the normalised body Jamie is constrained and disempowered by both discourses simultaneously. While she argues the deficit public

body does not limit her wearing a bikini because she did not have the confidence before pregnancy to display her body in this way. However, strengthening the power of surveillance over the postpartum body is realised through her experience of stretch marks being visible, even momentarily, in other physical spaces.

Jamie: Yip got stretch marks on my tummy and while it hasn't stopped me from wearing a bikini, cause I wouldn't have worn one in public before that anyway, it has made me more concerned like netball training when you're reaching up to defend someone and I think, oh my god my top is lifted up can people see my stretch marked tummy. I would like to have the confidence to wear a bikini but the chances are, I didn't have the confidence to wear a bikini on its own before I had kids, so the chances are I'm not going to have the confidence to wear one after.

This talk reproduces an assumption that childbirth results in a body that is even further estranged from the bikini body ideal and a neoliberal desire that cannot be achieved. The relationship between neoliberalism and postfeminism resonates throughout the women's accounts where women's embodiment is caught in the tensions between self-regulating and freely choosing individuals.

Bouncing back

Ideals of contemporary motherhood now prescribe a new set of tasks beyond the first shift of work and the second shift of household labour and childcare. There is now a required third shift of bodywork. After birth, there are clear warnings that 'letting the body go' constitutes failed womanhood and motherhood. (Dworken & Wachs, 2004; as cited in Tyler, 2011, p. 27)

The idea of pregnancy and new motherhood offering a period of relaxation from the discourses of femininity that require adherence to beauty and heterosexual desirability has been disrupted through the commodification of maternity and against a backdrop of celebrity culture which has produced a new form of maternal identities and practices that focus on bodies bouncing back (Tyler, 2011). Western contemporary celebrity culture perpetuated through women's magazines and popular media has hijacked the postpartum recovery period and reconstructed it as a time when women need to strive towards regaining their pre-pregnant bodies in the shortest time frame conceivable (O'Brien Hallstein, 2011). In this sense, the postfeminist discourse reproduces the pregnant body through the norms of

femininity against which women continually measure discipline and correct themselves (Bartky, 1998).

Like the bikini body the body that bounces back advocates for a slender postpartum figure that draws on postfeminist discourse positioning women as having it all (Tyler, 2011), and is enabled through the construction of the yummy mummy and MILF, both of which position the postpartum body as a sexually desirable and available one (O'Brien Hallstein, 2011). Not only should a pre-pregnant body shape be the objective, but an improvement on the before body is exemplary, something that only celebrity mums or mums of a certain privilege are able to achieve. In addition to revealing a new better body, celebrity mothers also begin to perform a new kind of femininity or 'sexy', a postpartum sexually desirable body (Littler, 2013).

Littler (2013) argues that while the redefinition of the maternal body from the traditional asexual body to sexually desirable is not necessarily negative it does have limits. For example, it is coercive through the ideology of choice; it reproduces traditional characteristics of feminine (flawless) beauty, and offers feminine desirability to the male connoisseur (MILF), rather than offering women a position as a desiring subject. What has been achieved is the obscuring of any trace of birthing a baby; no leaking bodily fluids, no stretch marks, no saggy skin and no varicose veins. By presenting the idealised mastery of the pregnant body, and of motherhood, the realities become silenced, abnormal and pathologic, reproducing the "incompatibility of maternity and neoliberalism" (Tyler, 2011, p.30). Additionally Pauls et al. (2008) found that body image significantly impacted on sexual function in the postpartum period and worsening urinary symptoms (incontinence) were correlated with poor sexual function and sexual practices.

Sarah's construction of her experiences of incontinence creates spaces of resistance to the pathologised maternal body. Sarah seeks to naturalise and normalise this condition through a desire to talk openly about it and her claims that she is comfortable with it. However she also recognises that her challenge is a quiet and individual one, and whilst alternative spaces to the dominant discourses are becoming available to show and discuss postpartum bodies these are still limited and leaky bodies are still not included:

Sarah: And then incontinence, that's not really to do with sex actually but that's another ongoing thing with your body that

Teresa: Doesn't make you feel sexy though does it and so does feed into

Sarah: Yeah, well it makes life hard. . To always be thinking about, you know, I'm a teacher and do running around with kids and skipping and stuff. Well I can't do skipping, I have to take an extra pair of knickers to school kind of thing. And the

thing is, it actually doesn't worry me that sort of leaking, I don't feel bad about it, I just wish everybody didn't think it was a big secret.

Teresa: I've had a few jokes with my friends as well, like jumping on the trampoline and it's like oh.

Sarah: Yeah, why isn't that just part of what post birth is like, and then it doesn't have to be an issue

The notion of a 'bouncing back' body is a prominent feature in headlines and stories of celebrity mothers and is a term synonymous with the recovery from illness, hardship or an abnormal state back to a normal state. Within Western culture then, pregnancy is constructed as an abnormal state from which one must recover back to their old self (Roth et al., 2012). Dieting products, magazines, and fitness programmes commodify the maternal body and promise to help ordinary women return to their pre-pregnant forms and to achieve optimum body bounce back (Tyler, 2011).

For clarification, in the following extracts from this research, bouncing back exclusively refers to the physical body including recovery after childbirth. Like previous research, it was a common term used by the participants to make meaning of their experiences and bodies intelligible. Various subject positions were taken up through questioning and resisting the assumptions implicit in the discourse, while others reinforced and perpetuated its use.

The extracts below are consistent with the outcomes from Roth et al.'s (2012) research on the Australian media's portrayal of the postpartum body. Their study highlighted that the expectations women have of a speedy and full return back to a pre-pregnant state was manipulated by the repeated exposure to the feminine ideal found in many media publications. They concluded that women routinely constructed their bodies as abnormal and troublesome, and felt that something was 'wrong' with them if they had not returned to their pre-pregnant (normal) state in a timely fashion.

In this first extract, Claire talks about a slow recovery back to her previous pre-pregnant form, or 'best' form as she refers to it. Claire's experience of being bigger than usual had a negative material effect on her identity. This is not surprising given that the dominant discourses surrounding weight gain and fatness produce delinquent (obese) bodies as counter to both the ideal feminine form and the responsibilities of self-care and self-management purported by neoliberal ideologies:

Claire: I wasn't exercising so even though I wasn't overweight per se I wasn't in my best form, and yeah I'm slowly coming back to that.

Teresa: And did that bother you at all?

Claire: Yeah I didn't really like being frumpy

Jamie also produced her body as deeply flawed in comparison with that of the ideal feminine figure flaunted by contemporary culture, and through the commodification of discourses of femininity:

Jamie: Since having babies I haven't really been all that confident in myself, you're fat, your tummy doesn't quite go back how it was, my waist seems to have thickened up more, like I don't seem to, like I used to have, even though I didn't feel like I had much of a waist cause I've got high hips, I seem to have lost even more of the waist that I did have. Your boobs go big and then go small and they don't seem to have the same firmness that they used to. And yeah so when you look in the mirror, while it's not that bad really, it's not what I would hope to see. More here (boobs) and less here (waist), and yeah that doesn't make me particularly confident in terms of lights on and that sort of thing. In fact it creeps me out to have the lights on cause then they're watching you.

Jamie's description of individual body parts reflects how each is defective in some way when compared to successful bodies disseminated within popular media and celebrated through their ability to bounce back. And here, not only does she self-surveil her own image, but is acutely aware of the watching gaze of the male connoisseur.

Teresa: Did you wear push up bras and stuff like that?

Jamie: Yip definitely, I think most of the bras I own now are push up bras, to give something back to me. Cause it's not like you're looking for compliments from men or people at work or anything like that, but for me if I'm wearing a dress or a t-shirt, there's more shape it helps to shape the rest of you as well.

Jamie then talks further about how she manages her constructed body deficiencies through her choice of underwear and clothing. However, such a choice is already limited through the production of beauty norms against which the self continually measures and seeks improvement (Tyler, 2011).

Jane's construction of her changed body was also produced as undesirable. However there are accessible alternative constructions of stretch marks as symbols of accomplishment, as observed by Harper and Rail (2011), where the unruly markers illustrate women's physical strength. This produces a tension between the uncontrollable but strong natural body, and

dominant discourses that emphasise controlling the effects of pregnancy through regimes of diet and exercise to maintain sexually attractive and unmarked bodies.

Jane also constitutes stretch marks as inherently ugly and counter to dominant feminine ideals where control over her body failed “out of nowhere”:

Teresa: Has your body changed then do you think?

Jane: I definitely, in my stomach region, I'm a bit pouchy {laughter} and I did get stretch marks. It kind of sucked cause I didn't get any stretch marks up until 8 and a half months and then they just grew out of nowhere

Likewise Claire also reproduces and naturalises the dominant understanding of stretch marks as unattractive and expresses concern about being unable to maintain her body during pregnancy. Embedded in discourses of heterosexuality maintaining an attractive (unmarked) body is important to retaining a male partner. Through this discourse, the possibility of visible permanent effects of maternity is the motivator for bouncing back.

Claire: I'm quite self-conscious of my stretch marked stomach, 'cause I know for sure that he won't find that attractive.

Jane's continued construction of her body is one in which she takes up different subject positions both within the ideal body discourse but also challenging it through a discourse of healthy, natural and reproductive bodies. In some instances, she appears concerned about how her body compared to the ideal body and at the same time produces herself as indifferent and her healthy body is prioritised over aesthetics. Although Jane acknowledges the expectation to return to a pre-pregnant state and is aware of the discursive practices she would need to employ to do this (exercise, diet) she does not concern herself too much with how her body looks. Whilst this position and the refusal to partake in these discursive practices may initially appear to threaten Jane's feminine identity, she upholds it through her talk about reproductive bodies and her desire for more children:

Jane: ... I used to think a lot about losing weight not about putting it on.

Teresa: When you were younger?

Jane: Yeah and before pregnancy, 'cause you know it's inevitable that you are going to get bigger when you're pregnant. But before pregnancy I was always thinking of what I could do to get slim and slender and beautiful. I think since then, my focus has changed into kind of more being just healthy as opposed to looking a particular way....

Jane: It's crazy, you just get a few overnight and then it's like oh no there it goes. All of a sudden ahhh you know. Yeah so I do have stretch marks now and it's like a pouch, I don't really know, it's like flappy skin. It's a lot better than it was when I first gave birth for like a month after, but I'm not sure that it's going to go away or without cosmetic applications, I don't know.

Teresa: But you don't think like exercise or diet would do that?

Jane: I'm sure it would help, but you know, that skin has been stretched a lot and I intend on stretching it some more children so

Teresa: Ok

Jane: I don't know that I really want to stress out too much about it. Maybe if I exercised more and did more sit ups, and cut down the amount of fat and sugar in my diet, might help, but I just prefer to focus on putting good stuff into my body and getting adequate exercise. Not going too much out of my way.

One last point to address is Jane's reference to cosmetic surgery as a means to correct her 'flappy skin'. This is by all means not an isolated comment, but renders cosmetic surgery as a viable option at some time, adding to the potentials of the commodification of women's bodies. O'Brien Hallstein (2011) found that increasing numbers of postpartum women elect to have plastic surgery as a means to recover their sexual feminine identity. Olsson et al. (2005) also found similar results in their study on women's thoughts about sexual life after childbirth, with some women mentioning plastic surgery as a way of circumventing perceived negative body changes.

Similarly, Claire's construction of her postpartum body is also one of contradictions and tensions. Whilst she finds her stretch marked stomach problematic in terms of unattractiveness to her partner, in the following extract she prioritises a healthy functioning body over a sexually attractive body. In this way she is able to claim a good mother position through the motherhood mandate as if it excludes her feminine sexual identity.

Teresa: How does that then translate to the physical body. I mean do you feel like the physical body is just as important as how you've grown inside?

Claire: Not really, my physical body is important in terms of I want it to be healthy, I want to be capable for my kids, I want to live long for my kids, and I want to feel good about myself when I look in the mirror, but I don't really, not much of it is geared towards my partner and what they think about my body.

Teresa: What about society in general?

Claire: Yeah not really.

Claire challenges the dominant discourses constituting beauty and body ideals in her construction of her postpartum breasts. Not only does Claire outright resist the expectations on women to have ideal bodies, but she goes further to construct her new breasts as pleasurable and pleasing despite their ‘sagginess’ and stretch marks. She states they are womanlier as opposed to the girly breasts she had before children. In constructing her breasts through aesthetic rather than sexual desires, she challenges Western contemporary culture’s obsession with infantilized feminine bodies:

Claire: Well I really liked my boobs after the baby; I had a massive cleavage. I was terribly impressed with them, I don’t think he noticed much difference; he’s not really a boob guy.

Teresa: But did you feel, like did you enjoy them more I suppose, if you are saying they were bigger and that

Claire: Yes but not sexually, more aesthetically... But yeah I actually like my boobs better than pre children, even though they are a bit stretch marked and everything, but they seem more womanly. And I had a friend tell me that I’ve got a really great butt, and I said it’s not like I’m J-Lo or anything and she said yeah just like that.

Teresa: So why do you like your boobs more now do you think?

Claire: Like my pre children boobs, they didn’t have as much shape like they were just more girlish and not womanly. Yeah now they have more, like even though it’s more really a droop kind of shape,

Teresa: They’ve filled out a bit?

Claire: Well yes although they’ve actually gotten a little saggy. I can put, like I was showing the kids in the bath that I can put a piece of lego under my boob and drop my boob and I can hold it there. But I could no way do that before children and for some reason I don’t mind that. Like it feels more voluptuous, funny eh.

Poppy too, embraces a postpartum aesthetic, however it is held in tension with the male gaze and the idealised feminine form, producing a body that is embraced and at the same time disciplined.

Teresa: So have your breasts sort of changed? So they say when your breastfeeding that your boobs get saggier or whatever?

Poppy: I don’t think they’ve not got saggier, they were quite small to start with. I don’t feel like they’re down here. I feel like they’re still quite swollen, Michael thinks they’ve shrunk, but I don’t think they have. I can’t wear the bras I wore pre-

pregnancy, so I had to go out and buy myself some new bras, which isn't such a bad thing. Apart from those full-length mirrors and those bloody, you know

Poppy: So now I'm prouder to show off my figure, show off my curves. I don't think my body has changed, apart from my prolapse.

In the following extract from Dani the bouncing back discourse is taken up slightly differently from mainstream understandings. Dani instead constructs her pre-pregnant body with words often associated with the problematic postpartum body, such as saggy and droopy, but these are understood as normal. While Dani has maintained her pre-pregnancy body in contrast to the experience of other women, she reproduces the dominant discourse that constructs the desirable pregnant and postpartum body through the panoptic function of weight control and regaining the pre-pregnant body.

Dani: But again I think I was lucky being pregnant and being sick because I didn't put on heaps of weight or anything, I'm pretty much the same as I was before. I haven't had to, I know I've had friends say oh I don't want my husband to see my body, it looks so different, all my stretch marks. I don't think I look that different, I've never been particularly slim, skinny anyway so that's quite good.

Teresa: I suppose the image that we have of a sexy female body. I mean it sounds to me that it's not something that you ever really aspired to or

Dani: I think in that way I was quite lucky, and you know you never think you're lucky when you're big boned but one of the things I always thought I was lucky was that I've always had a little bit of a pot stomach, droopy boobs and things like that and I always thought well it can't get much worse. Whereas I have had friends that it's been really tough for them particularly if they were quite slim, to get stretch marks and things like that. Whereas for me, it's the same as I've always been

O'Brien Hallstein (2011) states that even mothers who pride themselves on seeing through the mediated images of ideal feminine bodies have trouble sidestepping the invisible pressures of exacting beauty standards and this stance is reflected in both Dani and Jane's account:

Teresa: Yeah so you don't feel uncomfortable being naked or him seeing your body, stretch marks and what not.

Jane: Sometimes, but he's seen my body a lot, I mean we do have sex in the dark the majority of the time

Teresa: Is that what you used to do?

Jane: Yeah, like I don't think it's changed. I was self-conscious about my body before having a baby. I was probably slightly overweight. And, I don't know, I would have always liked to be skinnier, but I don't know if being skinnier would have removed my self-consciousness. You know I just think it was so ingrained that even if I was skinny as a twig, I would still be like ah, and I just think that's me, and maybe part of my upbringing, I don't know.

(Talking about the lights being off during sex...)

Jane: It's almost dark, it's not only the atmosphere but it means I can kind of hide a little. But I don't know that, yeah I don't think it's changed for me. I've always been a bit like that.

Sarah's talk demonstrates that women are not necessarily passive recipients of media representations and that regardless of the changes that happen to the postpartum body she offers a position of resistance to pathologising it:

Sarah: I mean I was really nervous I think, here's a man who is going to see me naked and I've, I don't know, what was he going to think. But if you're confident and you believe that your body is worth something, other people will too. And he did, he was totally into me, and it was a really, healthy, good thing for me.... So he enjoyed my body, I said I'm saggy and baggy and urgh, and he said, how do you know I don't like saggy, how do you know I don't like baggy. And he was just great for me and vice versa you know.

Sarah continues:

Sarah: So my husband was an amazing man and I've never felt, like he always thought that I was amazing. Very supportive and very, probably he was the one who set me, made me feel the most comfortable about what my body was like afterwards. Stretch marks, differences in your vagina, and all of that stuff, he was very accepting. And it was really because giving birth and producing children is a pretty cool thing. I think that was kind of, just that amazing thing that happened was bigger than all the technical details.

Sarah's accounts offers the internet as a space where bodies can be contested and that this can open up possibilities for engaging alternative bodily discourse leading to more realistic, inclusive and healthier representations:

Sarah: I've actually just thought of something, you know there are quite a few websites about, honouring and being really truthful to what a woman's body is like after childbirth, photos and, I look at those, I actually look at those websites to confirm reality. Because you talk about the magazines and everything and they're not real and I know that, I'm well beyond that, like that doesn't even touch me. But we're so personal, we're so covered up, that you don't really know what another woman's body is like. I do look at those websites and think, that's exactly right, you know on Facebook and things like that.

Vaginas bouncing back

The messages embedded in the discourses that construct the bikini body and require bodies to bounce back not only apply to the public visible body but to the private one as well. The postpartum vagina narrative was initiated by the participants themselves and it appeared that the majority of the women in this study needed to share their experiences in order to make sense of their bodies.

According to Braun and Wilkinson (2001) the vagina has both material and symbolic meanings. The biological body is infused with socio-cultural meanings and particular representations of the vagina as private, or not talked about, which affects women's experiences of their bodies in relation to sexuality and health. Knowledge of what constitutes normal genitalia postpartum was important for the women in this study. Jamie refers to the absence of talk about the vagina in public spaces, to make sense of what is normal and what is not.

Teresa: I'm pretty happy with how this has gone, what about you?

Jamie: Yeah I think I've got it out there. I mean it is a story that you do want, well I've wanted to tell, but there aren't many people you could sit and talk to and go, I'm worried about my vagina muscles, they're not really, you know. I mean yeah.

The interview process provided space for the women to talk about their concerns in meaningful ways. What emerged was that professionals working in reproductive health reproduced representations of the vagina through the medicalisation of sexual function, ignoring how women specifically feel about their genitalia post birth.

Medical discourse disciplines the meaning of normal through establishing a time at which women should bounce back assuming that at the end of the six week postpartum period, women's bodies should have returned to their pre-pregnant state. Medically the puerperium period is defined as the time between the birth of the placenta and membranes and the return of the body to 'normal'. However women's experiences indicate that in reality it takes much longer (Wray, 2011). As a result of the construction of pregnancy and childbirth as risky events and consequently society's increasing faith in the medicalisation of childbirth, the six-week marker has been granted a medical legitimacy that normalises a standard 'recovery' pathway (Hielkema, 2014). Dani's talk reproduces this understanding and she uses this to position her recovery as normal because it falls within standard timeframes:

Teresa: So going back to before when you said you tore and got stitches, as far as you know is that all good? So no pain or anything?

Dani: Nope. Yeah it took quite a while, I think they say it usually takes six weeks or something anyway so yeah pretty normal.

However, the problem embedded in medical discourse that standardises timeframes for recovery is that it limits women's understandings of their own experience. The institutional discourse that women should bounce back to their pre-pregnant form within six weeks establishes a norm that is often unachievable and unrealistic and repositions women's bodies as deficient, and women as failing maternal femininity. For Sarah, the lived experience of postpartum bodies is made meaningful not as a pre-pregnant state, but as a body that has given birth.

Sarah: I think, you know, when you're going to have your first baby and you have questions, even the midwives do this, you have questions about what is my body going to be like afterwards, and the most common thing they say is, you'll bounce back... they (midwives) try to put you at ease, like it's not as damaging as what you might imagine. What they should say is, you are never going to be the same again, because that's the truth.

T: You're right

S: And if they were to say that, you can be prepared and you can also start thinking that you're never going to be the same but you're going to be great.

Sarah offers an alternative narrative to the dominant medical norm, suggesting that bouncing back limits women's bodily experience. The new body post-partum here is constructed as a changed and differently positive body rather than a pathological body.

Sarah further adds:

Sarah: I think it is implied by midwives and other mums, oh you'll tighten up again, your vagina is designed to stretch for the baby and come back into shape. I think people shouldn't say that, the few women that I've talked to about that have all said my vagina is bigger, and looser, and floppier, and doesn't have the same muscle strength, so why do midwives even say that? They say it to make us feel ok...

The assumption of the body bounce back is further naturalised through specific claims that the vagina is 'designed' to stretch and come back into shape. Whilst Sarah positions herself through an alternative bodily discourse that opposes the notion of bouncing back, she simultaneously reproduces the bio political production of the optimal vagina as the standard. The 'loose postpartum vagina' as opposed to the pre-pregnant tight vagina reproduces the same binary - there are no other spaces available to women and no other available discourses except the tight or loose vaginal dichotomy (Braun & Kitzinger, 2001a).

Braun and Kitzinger (2001a) state that it is not hard to find cultural evidence within the media, comedy, and slang that vagina size is important and the ideal normal vagina is 'nice and tight' (for a penis). The vagina becomes yet another site of surveillance of the female body, and disciplinary practice of midwives, for example, reproduce regimes for its improvement.

Jamie: So yeah that was one of the things that the midwife had recommended, these balls, hold onto them, do the pelvic floor yip, do the sit ups and do the sit ups where you're lifting your legs up, but yeah.... But it is one of those things that you really can't, you know you don't get the platform to talk about it and I do think that midwives should fucken check.

Due to the assumptions that childbirth ruins the vagina, midwives will often offer advice to strengthen the pelvic floor muscles without even examining a woman or reflecting on the reasons why they would need strengthening. Again Braun and Wilkinson (2001) offer an alternative stance by stating that although Kegel exercises may tighten and strengthen the vagina, potentially enhancing a woman's sexual pleasure, they argue that the desire for tightness is based on women's bodily function for the pleasure of men.

The vaginal size binary is based on professional and cultural understandings that vaginal size is static and fixed, which contrasts starkly with the penis, an organ that is celebrated and revered for its changing state and size (Braun & Kitzinger, 2001a). In turn,

assumptions about a fixed vaginal size negate its ability to change shape due to childbirth, sexual arousal, orgasm and menstruation. Clear understandings about the function of female genitalia are thus kept secretive and unfamiliar and disallow space for another truth and alternative discourses to exist. In contrast to Braun and Kitzinger's (2001a) study, the women in this research were not concerned about being positioned as promiscuous because of their 'loose vaginas', rather their concerns centred on their sexual relationships with their partners and overall feelings of being uncomfortable with the changes that childbirth had brought to their genitalia. The following extract from Jamie is an example of how the women used the 'loose vagina' discourse to make sense of their bodies and sexual experiences:

Jamie: I mean I guess it's not as bad as it was, certainly not as bad, but like my husband notices, sex is pretty easy {laughter}, just slip on in. Aim in that general direction, whereas before you have kids, you did have to be turned on in some way to have sex cause otherwise, you know, things needed to fit. But now, it wouldn't really matter

Teresa: No resistance?

Jamie: No, there's no resistance

Teresa: So you're saying that you feel it's looser?

Jane: Oh much! And my husband and I have discussed it and he, while he doesn't want to say oh you're a house, he agrees it's much looser. But it also makes sex much more accessible these days {laughter}, and he's like it still feels great

Teresa: Still appreciative?

Jamie: Yeah exactly, but like I know that I used to be able to use my muscles to clench and I can't. I'm like can you feel that? Oh maybe a little bit, you know. So I mean, we're fairly open, he knows that I've got these hang ups about my vagina and post baby stuff and he's actually pretty good about it.

Jamie constructs her story using the available discourses and in doing so positions her genitalia as problematic and abnormal since having children. She uses dominant understandings to describe her vagina as loose and that this is an undesirable state. Throughout the extract, Jamie's appraisal of her genitals as 'loose' is always in relation to the penis, and its fit, reproducing the construction of the vagina as a passive receptacle designed to fit the penis (Braun & Kitzinger, 2001a). The concept of vaginal size being relative is both supplementary to the construction of vagina as receptacle but also in many ways contradictory to another dominant construction of the vaginal size as fixed.

When Jamie talks about her vagina being ready and waiting without arousal needing to happen first, she positions herself within both of these discourses simultaneously. Jamie's

understanding is that her vagina remains loose and gaping, just as a receptacle does, waiting for something to fill it. In contradiction she then also constructs her pre-birth vagina as having the ability to change size and open up wider to accommodate a penis when aroused. Jamie is not alone in drawing on this discourse. In the work by Braun and Wilkinson (2001) they maintain that a too tight vagina is culturally constructed as a psychological problem and that a woman just needs to be aroused or comfortable with her body in order to relax and open up. Overarching all these constructions is the significance of the coital imperative and heterosexuality.

Within dominant discourse, not only is a tight vagina constructed as a psychological problem, but dryness is also attributed to a woman not being aroused enough. Claire's talk about the inability to lubricate adequately positions her genitalia as problematic and the use of a lubricant as unnatural. Claire's construction of the 'problem' not only positions her as psychologically responsible but also that in having to use lubrication she is heterosexually inadequate and therefore not sexy. This is based on an assumption that the vagina naturally lubricates in anticipation of a penis and a 'dry' vagina is not desirable because it doesn't accommodate the penis as well, locating the vagina as receptacle, and women's bodies as problematic.

Claire: Then I couldn't get lubricated so since having children, I've never been able to get lubricated which isn't just physical, I think it's a state of mind thing as well. So there's always been KY since the first, if you want to have sex then there has to be KY since the first child and that's not real sexy in itself. I had what the doctor called vaginitis, so I was just really dry.

Sarah's story also draws on the dominant discourse of heterosex where penetrative sex, the construction of the vagina as a receptacle, fixed size and tight pre-birth vaginas are contrasted with postpartum loose vaginas.

Sarah: Pre childbirth you've got this amazing vagina, seems indestructible at the time, and then post childbirth you realize, that was nice times wasn't it. And everything becomes complicated, but just because it's complicated doesn't mean it's worse.

Later in the conversation, Sarah further elaborates:

Sarah: No. So what I realized was that it's all about penis size. So since my husband, I've had sex with 2 men, and my husband actually has quite a big penis. And it was

uncomfortable, he was just too big for me and the other 2 men since him have had much smaller penises than him and are more comfortable. I don't like, like I feel really self-conscious, the thing I feel the most self-conscious about is having a looser vagina than pre-birth. But what are you going to do you know.

Teresa: Why do you think it's looser?

Sarah: 'Cause it is.

Teresa: But how do you know?

Sarah: Oh how do I know, tampons don't stay in, my husband told me. Not in a critical way though, it's never, I would ask him, does that feel the same and then he would tell me what that feels like. It's different because of this this and this.

Teresa: So he sort of never said the word looser?

Sarah: Oh I'm sure he did, yeah, I'm sure he did. That's probably the thing that I feel the most self-conscious about, but I feel like it's a fact.

Sarah's understanding of sexual intercourse post-partum resists the idea of the vagina as inadequate by locating the problem with penis size. At the same time, the vagina as penile receptor for the function of heterosexual sex is reproduced and a loose vagina as problematic is restored. The idea of penile receptivity informs vaginal reconstructive surgery, where functionality is equated with the ability to have heterosexual intercourse (Cairns & Valentich, 1986; Freundt, Toolenaar, Huikeshoven, Jeekel, & Drogendijk, 1993). Surgery on intersex people to create a vagina, or lengthen a 'short' vagina, is intended to create a vagina that will fit an ('average' sized) penis (Dreger, 1998).

The relationship between the coital imperative and a loose vagina impacted on women's health, sexuality and identity.

Poppy: I didn't feel attractive any more, I felt baggy and I worried I guess when he was taking longer I couldn't arouse him...

She then adds:

Poppy : And I wonder how that feels to Michael. It feels really gross to me. It feels really, mentally it feels really uncomfortable to me so I don't want him to go near me when I can feel it myself and then when I can't feel it myself I worry that he can feel it...I don't think my body has changed, apart from my prolapse. And just feeling really baggy down there, I feel really really uncomfortable with that.

...I contribute the not being able to come so easily to me not being so tight or something you know. I don't know if that's true, then there's the guilt

Teresa: So when you say you're uncomfortable, are you uncomfortable physically or uncomfortable with the idea of it?

Poppy: A bit of both, more the idea, but physically sometimes

The inadequacy of a loose vagina allows for a certain self-surveillance and positions her as responsible for his sexual pleasure. Not all of the women constructed their loose vagina as a cause for concern but rather that any change to their genitalia was inevitable:

Claire: That's childbirth, kind of expected that. Then the midwife was stitching me up and she said you have really thick scar tissue and I'm just stitching it up and I was like yeah I thought as much. So it is different down there but it's still got the same basic functions

Teresa: It functions just as well as it did before?

Claire: I think so, it's probably not as tight, but it's not super stretched either, it's ok.

Despite the expectation of change, the tight vagina was held up as the marker of desirability.

[‘Vaginal’ misunderstandings](#)

What was also apparent in the accounts from Poppy and Claire and some of the other women is the generalised reference to the vagina when talking about genitalia. They did not talk about labia, mound, perineum or the uterus, and Sarah is the only participant to use a specific label to name a part, the cervix. Not only was the word vagina used to reference other parts of the genital anatomy but euphemisms were also prominent, particularly ‘it’ and ‘down there’. Braun and Wilkinson (2001) have argued that a lack of language to name aspects of genitalia is related to the experience of women’s sexual organs as absent. Braun and Kitzinger (2001a) found that non-specific language, and the use of euphemisms to not name women’s genitalia renders them not only absent, but lacking in legitimacy. Rodriguez and Schonfeld (2012) state that "language has power and naming the body parts accurately gives it legitimacy" (p.21).

For these participants, it appeared there was a general misunderstanding and lack of knowledge to make meaning of different diagnoses. The following extract from Jane demonstrates the inaccessibility of vocabulary not only to reference particular body parts but also to describe certain sensations or experiences:

Jane: ... But yeah breastfeed straight away, he was on my chest for like an hour, while I was getting stitched up and all that good stuff. I didn't have many stitches, I think it was about 7, but it was like just an external tear

Teresa: Like a graze?

Jane: Like a graze.

Teresa: So that was your like only war injury?

Jane: Yeah, nothing else.

Teresa: How was it the first time?

Jane: Really, pretty weird. I didn't, I don't know that I enjoyed it, but I don't know that I didn't enjoy it, if that makes sense. Just it felt really different, slightly tender still, possibly. Not so much the canal {laughter} but the upper region.

Teresa: So where you had stitches?

Jane: That was fine. Yeah completely fine. It was on the inside where it kind of felt more tender.

Teresa: Painful?

Jane: No not painful

Teresa: But just like

Jane: That feels different, like a small bruise if you press it, I don't know.

There was also a tension between vaginal birth and coital sex where a lack of language meant that she was unable to locate her physical discomfort, or to assess what was normal or abnormal, lessening the likelihood of informed medical intervention. Rodriguez and Schonfeld (2012) argue that a lack of using correct and specific terminology to talk about female genitalia runs the risk of reducing all body parts to the 'vagina' and leads to a not knowing what is part of the normal diversity of genitals, or the functions that different parts have in female pleasure. Examining dictionary definitions and occurrences of the words vagina and clitoris in popular media, Braun and Kitzinger (2001b) found that they are mostly described in terms of their location within the body whereas the penis is usually described in terms of its function reproducing women's sexuality as passive as opposed to his as active.

The following extract from Jamie also refers to the absence of diversity and the range of normal:

Jamie: And even if, like you said about that vagina documentary, even if there were pictures of, this is the range of what normal can look like, so then you can go, ok well maybe I am somewhere in that normal. You know this is a range of pre baby vaginas and this is a range of post baby vaginas

Teresa: And not just for women, men as well

Jamie: Yeah, this is what could happen. Because I don't know whether it's meant to go back to looking like it was, all I know is that it doesn't, and things get stretched, things are longer and danglier than they ever used to be where as it used to be quite tidy looking really

Jamie's questioning about diversity and what is on the normal spectrum offers an alternative position that challenges the ideal vagina discourse. She argues that through making a range of vaginas more visible in the public space, women would have greater understanding of their genitalia and not just believe that a 'pornographic' looking one is the only one acceptable. Her talk resonates with Braun and Wilkinson's (2001) research that found women are not aware of the diversity of 'normal' genitals. Jamie's separation and categorisation of vaginas into pre-birth and post-birth also reproduces an assumption that childbirth ruins the vagina and they don't just 'bounce back' but are changed for good. However her reference to the changed look of the vagina is also problematic because her description of 'it' becoming longer, stretched and danglier does not represent the anatomy of a vagina but of labia.

Claire's talk about the recovery of her genitalia following childbirth also lacked a language of specificity, and the effect of a vaginal birth is marked as unpredictable and a risk to women's bodies.

Claire: I think it's come back well from its mistreatment like those 2 births.

The recovery time for Claire was not consistent with the normative ideal of a six-week bounce back legitimated through medical discourse, and was not expected, rendering her body as abnormal. The effect of the legitimate period of time to bounce meant there was an absence of knowledge when bodies did not meet the ideal.

Claire: So that took, like I said I was surprised how long that took my body to recover from that (episiotomy). It was not quick, it took maybe a year or more for everything to kind of fit back into place...I don't want all that aftermath, for me, I don't know what it's like for all the other people but the aftermath went on for ages.

Furthermore, Claire adds:

Claire: So I have one of those (rectocele), I knew that I did, you can fix it with surgery or you can just tolerate it. So I had one of those and I feel like the first port of call is to make sure that your body is well and healed, and that can actually take

years which I didn't expect... So these things are not that uncommon, really like after having a baby there are so many things that can go wrong.

The idealised bounce back body is contested in this account that constructs the postpartum body through subsequent risk of abnormality. Claire's account of her experience and her understanding that childbirth can result in a number of physical and health complications challenges the narrative that the body will return to normal, particularly in a short time frame. Contrasted with the notion of bouncing back, she opens up the possibility that recovery is not always complete, and vulnerable to damage resulting from childbirth where medical intervention is required (Braun & Wilkinson, 2001).

Claire was not the only participant that had expected the recovery or bounce back process to be quicker. Both Jamie and Sarah experienced years of discomfort and pain while their bodies recovered from childbirth. Also noted was their generalised reference to the vagina and 'that little area':

Jamie: [My son] he's 7 years old and things still aren't even close to what I would think. I would have thought that your vagina would go back to similar sort of thing, but no.

Sarah: And that's (pain) gone now but that's years and years later. Really years of that little area coming right. And again there is an implication that it's short term. Nobody ever said, you know you might have a tear and scar tissue and maybe five or six years down the track, you'll stop noticing it. They don't say that, I suppose if they did, there would be no more babies being born {laughter}. I actually feel there's a lot of dishonesty and most of it comes from women.

Not only is the absence of specific terminology confusing and reductionist, but there is an absence of a language through which to articulate the significance of bodily abnormality post-partum. What was missing for these women was the lack of recognition by health professionals of an experience outside the ideal of bouncing back, constraining women's knowledge of their own ordinariness, or normality. If the medical discourse continues to legitimate the idea that the postpartum body will bounce back and heal itself, then women who do not meet these expectations are positioned as unnatural, or as having failed.

Jamie: I don't know, the first kid I tore and then the midwife was like, oh we don't bother stitching because it will just heal itself naturally, and so you spend ages sitting on witch hazel pads and all that sort of stuff

Teresa: And did it?

Jamie: No not really... So no I've still got like, yeah it's not healed up properly at all. And I remember I brought it up a couple of times with the midwife and she was like, oh it will come, it will sort itself out

Jamie's story also draws attention to how the absence of talk about genital disfigurement and the absence of concern from professionals produces a culture in which the women believe themselves to be the exception to the six-week bounce back norm. In reality, the everyday normal becomes the abnormal as women's stories and experiences are isolated and not shared. The absence of talk further pathologises any changes and silence brings shame and embarrassment, as Sarah notes in the following:

Sarah: I've always felt like having kids was such a huge achievement and such a source of pride and women do, they love to talk about their birth stories, but they don't like to talk about how difficult sex can be after the birth and that's just our society I guess.

Having experienced two births already and realising her body had not bounced back, with her third child Sarah approached her midwife for help. Although the midwife took her concerns seriously and a referral and appointment was made with a gynaecologist, no clear and certain answers were given to explain the pain Sarah experienced during sex. She continued to have painful sex with her husband for many years as no solution was ever recommended:

Sarah: I did pursue, no treatment, but talks with the gynaecologist after birth and that was through, because the midwife, like I had talked to the midwife. You know after the birth of my other 2 children, sex was so difficult that I didn't want that to happen again and so before she discharged me, she referred me to the gynaecologist within that six weeks. And said it is kind of early but we'll do it now because I can do that kind of referral. So that was good... So the issue is, I think, they're not so clear, what's causing the pain I think is that the cervix is in a different position, much lower down. So I think that's pretty much the guts of it.

Similarly, for Poppy some 15 months after childbirth, discomfort and complications from her prolapse have still not been fully resolved even after seeking out professional help from her doctor:

Poppy: So I went to the doctor and she confirmed that it was a prolapse.... It's never been resolved and it's caused an issue in the last month actually

For some of the women, the expectation and pressure on them to return to 'normal' resulted in feelings of shame, embarrassment and failure when they could not reach their goals. Rather than a surgical solution, the women were positioned through medical intervention as responsible for the management and control of their bodies through exercise. As neoliberal subjects, when the third shift of bodywork (regain their femininity and get their bodies back) fails, women are held responsible for their failure (O'Brien Hallstein, 2011).

Jamie: I even bought those balls, you know those balls that you put up and you hold, fucken couldn't stay in {laughter}, what am I going to do with that, I tried them twice and they're still sitting in my drawer. I couldn't hold them!

Teresa: Have you tried it now?

Jane: No, probably should, but it was like, ah that's a waste isn't it. So yeah that was one of the things that the midwife had recommended, these balls hold onto them, do the pelvic floor yip, do the sit ups and do the sit ups where you're lifting your legs up, but yeah.

Poppy: It was the constipation and you know like where I'd not done my pelvic floor muscle exercises and stuff...I think I feel shame around that, that I haven't been able to fix it perhaps. That I haven't been committed enough to do the exercises. I guess cause it's inside, it's not like I need to lose weight from my stomach for people to see and so I feel shame that because people can't see it I'm ignoring it sort of thing and I know that I should do something about it.

From these accounts, understanding how the dominant discourses and cultural representations of women's genitalia both position women and limit their knowledge, embodiment, and ability to even language their normal/abnormal genitalia impacts on their sexual experiences and sexuality, raising the question that Braun and Wilkinson asked as early as 2001; for whom do women need to tighten their vaginas?

The dominance and perpetuation of the bounce back discourse through the collective talk of midwives, the medical community, popular media and women themselves sets up an expectation that the body will be back to 'normal' at a magic six week mark. Overall the bouncing back discourse prioritizes the look of the body; it objectifies it, thereby downplaying function and health. Women are expected to eliminate any signs of pregnancy and childbirth, and to embody the expectations of femininity, that is to be thin, beautiful,

toned, hairless and flawless. Overall is the quest and prioritisation of sexiness as central to femininity and success as a woman (O'Brien Hallstein, 2011).

Intimate relationships

The woman drew on a range of discursive resources when constructing the stories of their intimate relationships with their partners, and although it was not part of the selection criteria, all women identified as heterosexual. The narratives told by the woman were punctuated with examples of dominant discourses of heterosexuality and heteronormativity including the realisation of Wendy Hollway's (1984) male sexual drive discourse, have/hold and permissive discourse that emerged as an analysis of women's power in heterosexual sex.

Within heterosexual relationships, gender is reproduced every day in the performance of sexual and social encounters and ways of being. Men and women internalise dominant discourses that inform them regarding how to be masculine and/or feminine and how this translates into being sexually and relationally desirable to the opposite sex. Not only do constructions of gender inform people about how to arrange their heterosexual relationships but also how different gendered social positions shape the most intimate of relationships (Santore, 2011).

The historical placement of women in the private sphere (home) and men in the public sphere as part of a patriarchal capitalist system, means that each gender experiences a different social world. Within heterosexual relationships, women are expected to take care of family needs and by virtue take care of a man's needs, including his sexual needs. Men on the other hand are expected to be more assertive and the initiators of sexual intimacy, and whilst the permissive discourse claims women have sexual agency and autonomy, they are still positioned and position themselves within a narrow heteronormative sexual script prioritising male pleasure (Santore, 2011).

The narratives the women produced in this research were rich with examples of the dominant discourses at play. I have broken their stories down to make sense of how the women were positioned and positioned themselves within the available discourses. The discourses informed the women about available choices and actions within their relationships and within their ascribed gender and offered very little room for challenge and contestation.

Coital Imperative

Evident in many of the accounts is an overarching assumption or understanding between the women and the interviewer that sex meant intercourse, even though it was not specifically expressed as such in all of the accounts. The penetrative imperative is taken for granted as the most normal, natural, proper or 'real' form of heterosexual and in fact intercourse

is assumed to 'be' heterosex (McPhillips et al., 2001). Furthermore the coital imperative informs and is informed by the prioritisation of male pleasure and conflates with male orgasm whilst simultaneously rendering female pleasure and intimacy of little significance. Any acts outside of coitus are constructed as superfluous or not really sex and this is articulated in the following accounts:

Poppy: Yeah so I'm feeling way more connected to him which for me is actually more important. I would any day have gone for the cuddles and all during this no sex period or very little sex period, cuddles were still there and kissing, intimacy and touch was still there, there just wasn't penetrative sex I guess. But for him that's the drug you know, for me the cuddles and touch is the drug. Actually having orgasm is really really key for him.

The coital imperative constructs intercourse as the ultimate goal, or natural progression of sexual encounters and male orgasm as the natural conclusion (McPhillips, et al., 2001). In other words all roads inevitably lead to intercourse and male orgasm signifies the end of the sexual encounter. One of the participants expressed her assumption of the 'natural' progression of sexual activity in multiple accounts:

Claire: So like I just don't get any nice contact with him that doesn't lead to him wanting to have sex. I have said that to him in the past, like why couldn't we just have a cuddle and it not always mean that you have to have sex. But it always does, he never gives me a cuddle that doesn't mean he wants to have sex.

Teresa: I was just thinking as well, like the whole physical thing, touch, and when you have children

Claire: You're touched so much

Teresa: It's fulfilled, that part, you don't need it.

Claire: Like you just don't want to be touched, if you loved me, you wouldn't touch me [laughter]. Like my partner did this thing, he did it the other night and he hasn't done it for years and he touched my nose with his nose and it was meant to be a loving and intimate thing, but I couldn't stand it, I hated having him at that proximity. I hated his nose touching my nose and I was just like ah just bear it, just bear it, it will be over soon. It was just like the total opposite of what his intentions were I'm sure.

Claire: And that's the thing, you have to make sure you get yours before they do, because when they do it's all over. It's got to be before or with, it won't be after.

For another participant, intimacy was achieved through touching, cuddling, and breastfeeding her children which offered a position of challenge to the coital imperative. The following account is reflective of previous research in which mothers stated that touching their child satisfied their need for intimacy (Olsson et al., 2005).

Sarah: You know and our kids always slept with us so I felt I always got plenty of intimacy, breastfeeding and having babies snuggled into my arms all the time, an intimacy overload really. So there's that side and not wanting, you know not really needing your partner for intimacy any more. That went on for a while.

The coital imperative provides the foundation for the sexual script that Jamie follows as she understands that coitus is essential to male pleasure and abstaining from intercourse altogether is not an option. Jamie positions herself as a responsible and giving partner and understands that intercourse is at the essence of a healthy functional relationship, even if one of the partners is not particularly interested in it. However a discourse of reciprocity enables Jamie to form an alternative discursive space whereby she receives pleasure as well. However this space is still rife with doubts about deviancy because even a discourse of reciprocity assumes that both partners are expected to give and receive pleasure in the form of orgasm (Braun et al., 2003). Jamie's resistance supports Gavey's (1999) argument that the orgasm imperative reduces both intimacy and sexual pleasure to orgasm, and this becomes the goal of sexual encounters, however many women find pleasure in other activities not represented by orgasm.

Jamie: I remember buying, I bought a book, can't have been long after my son was born and it was called 'Be Better in Bed', cause I thought fuck you know, we hadn't been together that long really and surely if we're going to be together another 20, 30 years... And so I kind of thought, maybe there's something wrong with me, the fact that I don't feel we have fantastic sex all the time. And so I got this book about being better in bed and there was lots about looking after your partner and making sure they get what they want and all the rest of it and I think almost for me it did the opposite. I thought, well what I want, is actually a back rub. You know, I'm actually not too fussed about having an orgasm because if it's going to happen, it's going to happen, but I'm certainly not going to work hard to make it happen because that just defeats the purpose in my books. I'm happier with a back rub and yeah...So we will make compromises, 'cause I know it's still important in a relationship, and we'll do things like, he knows I enjoy nothing more than a back rub, that's ideal for me. So

yeah, we'll make sure, like he'll cook dinner, which is one less thing for me to think about, but as you've seen, sometimes it's just as stressful, in fact more so. Yeah, we'll make sure I finish work at like 9 o'clock or something like that, so that by 9.30 we're actually in bed. I'll get a nice back rub and then part of that will be sex. And while sometimes I give him a bit of shit, you know it's kind of like prostitution in payment, the fact is, I enjoy the back rub and he enjoys the sex, so I see that as being a mutually beneficial

Teresa: Absolutely, both your needs are being met.

Jamie: Exactly, exactly. I mean he doesn't give me a back rub and then I give him a back rub cause that's not what interests him, so

Teresa: Absolutely

Jamie: So yeah, I'm giving him what interests him and it's still consensual. It's not bad.

I 'should' have sex

The frequency of sexual activity in the relationship was of particular importance to the women in this research and for some was clearly linked to societal and cultural expectations of a normal sex life and a normal relationship. The following extracts aligned with Nicola Gavey's (1992) research on heterosexual coercion. She found that dominant discourses and norms regulate sexual practice by governing the frequency of sexual activity. In other words, women were positioned and positioned themselves within the dominant discourses to monitor and control the frequency of sexual practice in their relationships in order to fit with perceived norms.

Gavey (1992) further adds that what may be perceived as women's complicity in their own sexual coercion is actually the result of disciplinary power. She uses the term "technologies of heterosexual coercion" to describe the practices, strategies and knowledge that produce women as active subjects in self-policing their behaviour in accordance with normative heterosexual scripts that demand consent and sexual availability (Gavey, 1992). This invisible power as well as knowledge produced through dominant discourse enables only relatively passive subject positions for women. Simultaneously, men's desires and needs continue to take precedence and women are persuaded to fulfil them. So while women may not consciously position themselves as submissive, disciplinary power ensures their compliance, or docility, in sexual encounters despite their own desires (Gavey, 1992).

One area where dominant discourse and the technologies of heterosexual coercion were active was in the frequency of sexual encounters, as articulated in the following extracts:

Jamie: Ah there have been in the past, yeah, when I say we don't have a highly sexualized relationship, we'd probably have sex every week or two. There will be the occasional times when it's like shit, it's probably coming up to a month, I kind of use my periods to guide, think I'm due, shit have we had sex this month, I don't know if we have, we should do that, you know. It's not like we go six months without sex or anything like that, but it's not a priority in the relationship.

Teresa: So has that changed then? So before children would it have been a lot more often?

Jamie: Yeah so before children it would have been two, three, four times week...Yeah so it certainly has dropped off, the amount of sex has dropped off since having kids.

In this account from Jamie there is clearly an absence of talk about any specific desire for sexual intimacy but rather an expectation to be sexually active at least once a month. Jamie has positioned herself within the have/hold discourse as responsible for monitoring and regulating the amount of sexual intimacy she has with her husband. In doing so she performs femininity through taking care of the relationship and sustaining monogamy where sex is a small part of a much larger relational context and women act as gatekeepers of sexuality as reported by Braun et al. (2003). Burkett and Hamilton (2012) state that the irregularity or even absence of sex undermines the perceived stability and health of the relationship. In order to reduce any potential risks as well as associated feelings of guilt and fear, women will engage in sexual practice regardless of their own desires and needs.

There is also a desire by Jamie to appear as a normal married couple both in her eyes and in the eyes of others. In order to meet this expectation, sexual activity must be engaged in a specific number of times per week/month/year. Gavey et al. (1999) state that women and men end up controlling themselves by means of the social regulation of personal life to ensure they have regular intercourse in order to infer normality. Sexual norms encourage sexual compliance in intimate relationships because women believe that regular sexual activity is what is expected of them in a loving, committed relationship (Burkett & Hamilton, 2012).

In contrast, Jane's experience of regulating sexual intimacy is less about the pressure to appear normal and more about the coercion of gender and expectations of femininity within discourses of heteronormativity and heterosexuality. Jane's assumption that her partner would like to have sex more frequently is informed by her position within the male sex drive discourse, that men have an insatiable need for sex and are always willing, and able, to engage in sexual activity. Her position within the male sex drive discourse also informs her understanding that it is normal for men to be the initiators of sex and for women to fulfil 'his' sexual needs. Further talk about regularity constructs sex as a carefully monitored and scheduled activity although there is some inconsistency between her needing to know a day in

advance if sex will be required and his requests for sex every other night. This implies that although he is requesting sex, this is not necessarily fulfilled every time and indicates her role as the gatekeeper of his sexuality which is expected within the have/hold discourse:

Teresa: Is Craig then ok with the amount you are having now, as opposed to before?

Jane: I'm sure he would prefer more. And he does most nights, or every couple of nights, 'cause that's sort of how our routine was before. Every couple of nights he will kind of say something and I'll be like, can't you just give me some more notice. I kind of like to know a day in advance so I can kind of work myself up. Do you know what I mean? Like today is Saturday, so he's going to want it today, so I don't know, shave my legs, yip, kind of get into the mind set of feeling sexy and feeling like it.

Of importance in Jane's narrative is the (timely) preparation to produce a sexualized body as a performance of gender, where women are expected to present a certain type of body that is considered appropriate for sex.

For Claire the pressure to have sex from her partner was overt and while Claire did not construct her story as one of explicit coercion, it is certainly bound up with the expectations on her as his sexual partner and heteronormative expectations of sexual frequency. Her position within the have/hold discourse informs her understanding of the conflation of love, intimacy and sex which sets up potentially oppressive expectations about love and sex (Gavey, 2005). Claire feels coerced by the assumption that 'giving' sex is a way of showing love and commitment and simultaneously constructs sex as unreal when it occurs without love and desire:

Teresa: So how often do you think you would have it now?

Claire: Have sex now? It goes through stages so like it might be twice a week or it might be twice a month

Teresa: So do you think there is kind of like a time limit I suppose. Like there's only so many no's you can get away with?

Claire: Yes definitely, you can't get away with too many no's. He really does sulk which is so unattractive, like he really feels unloved and he will sulk. It basically doesn't make me feel like the precious apple of his eye, like I'm just the person he's allowed to have sex with, because I'm the mother of his children and he lives with me. He wants to have sex and it's not a real

Teresa: Like a desire for you yourself

Claire: Yes rather than thinking I'm a magically wonderful person.

Claire further adds:

Claire: Yip and like he will make little noises like groaning and you'll be like what was that, and he'll be like oh nothing, and I'll be like what, and he'll go, well it hurts. It hurts when I don't get to or whatever, you know.

Claire's position of responsibility for the regulation and management of sex and her limited ability to say no runs parallel with the work of both Burkett and Hamilton (2012) and Jeffrey and Barata (2016). Both explored sexual consent within intimate relationships and found that physical violence does not need to be present for sexual coercion to occur. Not only do women comply with sexual activity due to verbal and emotional manipulation by their partners but they also tend to minimise and justify this coercion through positioning themselves within the context of gendered norms implicit in heteronormativity and heterosexuality. Their desire to re-establish peace in their relationships and alleviate personal guilt results in an exchange of sex (Burkett & Hamilton, 2012).

Emotional manipulation and technologies of coercion are also articulated in the following account:

Jamie: Something like that, so he was always needy, in terms of I need to have sex, I need to have sex, but then played hard to want in terms of, because he wasn't having sex, he'd be obnoxious and a bit of a dick. I'd be like needy but hard to want, doesn't really match up to me, you know, how about needy and attentive? But yeah, he got needy and hard to want down pat for a while, and I think it was just purely the fact that he still really needed a lot more sex than I had the time to give him, you know. When the baby was asleep, then I was pretty keen to go to sleep or just have an hour sitting on the couch with nothing on me.

The construction of men as the pursuers and initiators, or active subjects of relationships and sexual encounters through the male sex drive discourse both limits female ability to initiate sex and positions them as passive subjects. A coital imperative informs talk about sexual availability and female passivity in the next passage:

Sarah: Men, in my basic experience, don't really care about tight/loose vaginas; they're more about available vaginas.

Gavey (2005) argues that female sexuality is positioned as absent of an embodied sense of desire and instead as always in receipt of male advances. Burkett and Hamilton

(2012) reiterate further that it is not necessarily a woman per se, but women's bodies in general that men desire. Further this behaviour is not constructed as exploitative but rather normalised and naturalised through the uptake of dominant discourses such as the male sex drive:

Teresa: Yeah, great. So how is Craig with your body, is he

Jane: I don't think he cares, as long as it's still available to him.

Teresa: When you say available to him?

Jane: Yes available yes, you know what I mean

Teresa: Yes I do know what you mean

In order for a woman to provide an 'available' vagina she must relinquish her own needs and preferences in order to consent to sex as and when requested.

Dominant discourse constructs femininity as the attendance to a partner's needs (sexual and nonsexual) and the management of relationships. Compounded by the naturalisation of men's biological sex drive, women are positioned as obligated to have sex in order to fulfil their gender role and maintain their relationships. A postfeminist sensibility further constructs any engagement in sexual activity as an autonomous choice that is freely and rationally made by the individual. Female sexual agency then becomes a dance between enacting proclaimed sexual freedom and the continuation and reproduction of traditional and restrictive heteronormative sexual scripts that prioritise men's pleasure (Burkett & Hamilton, 2012). This tension between female sexual agency and traditional sexual scripts is illustrated in Claire's narrative below:

Claire: It is another to do, and it feels like an obligation. So it's a dilemma because really you should say no if you don't feel like having sex because it's more honest and genuine but you can't always do that. Like it's another person that has a need so it's just another need that you're trying to meet.... I do feel like I have to, he's like something that needs a bit of attention every now and then to keep him from feeling miserable. But yeah it does sort of feel like another job.... But sex is something that I've felt like I have had to do because I know it's a need for him. And I don't want to be disconnected from him because it then impacts on our whole family. So I want him to feel loved, and he feels loved by having sex.

As part of her position as good mother and good wife, Claire feels obligated (through disciplinary power) to meet everyone's needs including her partners sexual needs. Gendered

norms govern her role to tend to the needs of others and maintain relationships and in not doing so there are risks to both herself and the family unit. By reframing his sexual pleasure as just another need, or job to do by her, she can downplay or put aside any feelings of guilt, coercion and manipulation and instead look at the situation more favourably. Claire's decision to prioritise her partner's pleasure over her own has in some sense exerted her own agency and freewill.

Within heterosexual relationships coercion is enabled through the inappropriateness or unwillingness to verbally say no to sexual partners and the avoidance of conceptualising sexual encounters as coerced and unconsented, ultimately resulting in the idea that the woman is 'unrapeable' (Gavey, 1992). Gavey (1992) argues that women will consent to sex even when they do not desire it to avoid positioning themselves as victims and also to avoid positioning their partner/ husband/loved one as perpetrator. Jane speaks of the complex nature of consent and coercion within monogamous heterosexual relationships:

Jane: Yeah, yeah I think Craig is quite a sexual person

Teresa: Can I ask how old he is?

Jane: Yeah he's 31. So he, if I told him no, he wouldn't, but I kind of feel like I have to. And usually, well probably the majority of the time, once you reach a certain point, you get into it anyway.

Jane's position as the gatekeeper of 'his' sexuality reinforces the heterosexual prioritisation of consent over actual enthusiasm, however it also defends her position as empowered, having the ability to say yes or no to his advances. Nevertheless the capacity to say no is still limited by disciplinary power inherent in heterosex.

Another example of the inappropriateness to say no within a monogamous relationship or to stop a sexual encounter once it has started is expressed in the following:

Claire: Yeah, and then I'm like we've come this far we better have sex. There has been lots of times when I've felt like, just let him use your body and I hate that it's come to that. But it has, there's been lots of times when I've felt like that.

The discourse around the duty and responsibility on women to fulfil men's sexual needs, especially within the confines of a monogamous relation makes a refusal to engage in sexual intercourse feel like an inappropriate action for Claire. Positioned within the dominant coital imperative means that male orgasm is prioritised and also makes it impossible to interrupt or discontinue coitus particularly when she has already been engaging in other

sexual activities. Gavey et al. (1999) describe coitus as the primacy of vagina-penis intercourse and a continuation of this act until the male achieves orgasm; to stop prior to this is constituted as 'interruptus coitus' and deviates from the 'normal' trajectory of sexual activity.

The 'choice' to continue with sex is even more complicated for Claire because feelings of guilt and shame arise out of a perception of an inauthentic intimacy between herself and her partner through her uptake of the have/hold discourse. Here a form of consented coercion exists through disciplinary power where the woman is undertaking surveillance of own behaviour with regards to sexual activity. Claire's decision to participate in sex is similar to the findings of Gavey (1992), in which women often mentioned that it was easier to 'let sex happen', than to keep resisting it when they do not want it.

Interestingly, later on in the interview, Claire moves away from an assumption that sex must continue without interruption. A history of physiological problems provided the space to challenge this assumption and instead a position of respecting her body is prioritised over a fear of interruptus coitus.

Claire: Like I like hygiene too, I always have a wash after I have sex too because I don't want to get a urine infection or anything like that. Like I'm super careful about my body now, like I don't want to get thrush 'cause I've had thrush and so many things going wrong, I just look after stuff now, always go and have a wash. I am more assertive now, like in the past we might have been having sex and something might have been hurting or something and now I would say ...Yeah 'cause I don't know, I feel like my body deserves that.

Six weeks postpartum

The time period after giving birth was of particular significance in terms of the women feeling a duty to resume sexual activity. It appeared to be a time when the women wanted to devote their time and energy into their new babies but also felt a pressure (both within themselves and externally) to participate in sex. While some women experienced more overt pressure to engage in sexual practices than others, all of the accounts reflect disciplinary power in controlling women's actions and choices.

Clearly missing from the following accounts is talk about female sexual desire, and none of the participants mentioned their own desire to resume sexual intimacy in the weeks/months immediately following childbirth. There is a clear focus on male sexual 'need' and fulfilment driven by the uptake of dominant discourse that prioritises the coital

imperative and male orgasm. The position of women to fulfil this need was further reinforced by the have/hold discourse and gendered norms.

Midwives and the medical community have normalised a specific healing trajectory and time frames, informing the expectations of both men and women that resumption of sex can (and will) begin around six weeks postpartum. Talk of pleasing and pleasuring women without intercourse during the postpartum period is absent while talk of pelvic floor exercises, contraception and the healed vagina are prevalent (McDonald & Brown, 2013; Barret et al., 2000). In the research interviews undertaken by Woolhouse et al. (2014) women commented that the timing of the six week postnatal check-up promoted the idea that everything will be 'back to normal' within six weeks after childbirth.

In the following account from Poppy, the normalisation of the six week mark functioned as a technology of coercion and she felt responsible and pressured to resume intimacy due to this expectation. Her position within both the male sex drive discourse and have/hold discourse meant that not only would it have been inappropriate for her to keep refusing sex after this timeframe, but that to fulfil her partner's sexual needs was an expression of her love for him. Disciplinary power effectively and subtly coerced her into engaging in intercourse despite her own lack of desire, bodily discomfort and emotional wellbeing:

Teresa: So I guess, yeah taking that into account, and taking the fact that you were breastfeeding, possibly had post natal depression, had sore boobs, like can I ask when you sort of resumed having sex? You know 'cause it was, is a big part of your relationship

Poppy: Yeah it was, a really important part. It was certainly after six weeks, I can't remember the exact date, it was reasonably soon after

Teresa: Was there pressure?

Poppy: No no, well not, no, I knew he wanted and he was fed up with having to, having to do it himself as it were.

Teresa: Did he express that though, like how did you know?

Poppy: Yeah probably, he would say gosh you know I really want to be with you, but it wasn't a pressure type it was, I miss you, that kind of thing you know. I didn't feel like it was passive aggressive or anything like that, it was honest you know. I enjoy being physical with you and I miss that.

Waldner (2011) argues that sexual coercion is the exercise of power over another and this misuse of power can come from both formal and informal sources. Within a romantic or

pure relationship, while neither partner occupies a recognized power position, systemic patriarchy supports male power over female power. Furthermore because mild or subtle pressure can be, and often is, constructed as seduction, the boundary between sexual coercion and socially accepted seduction is blurred (Waldner, 2011). The following account is an example of the blurring that occurs between gentle persuasion through seduction strategies and coercion.

Poppy: And he would try you know, like get the candles out and do the massage thing and I was just like oh God you want to have sex like I can't, I can't do this.

Gendered norms within heteronormativity reinforce men as active pursuers of sexual intimacy and women as passive recipients which also puts pressure on women to be both responsive to sexual advances and become sexually intimate even when they have no desire or need themselves. The absence of an explicit or expressed pressure results in a problematic situation that easily falls outside the scope of interpersonal sexual coercion. Jane's account illustrates the often indiscernible coercion that takes place between heterosexual long-term partners:

Jane: No, I mean he was very keen on getting back on schedule after the birth. So I read lots of things that said you shouldn't really have sex before four weeks or, you have a period of down time. And I think I kind of said that and he circled that date on the calendar [laughter]. And that became The Date, and I got the OK from the midwife and then yeah

Teresa: And was it on that date?

Jane: It was on that date, it was. I couldn't tell you what the date was but he could I'm sure.

Marking the date on the calendar when sex was going to resume was used as a technology of coercion. Although subtle, it still reinforced an expectation of coitus, making it inappropriate for Jane to deny it. The fact that intercourse resumed on the marked date indicates that disciplinary power overrode any real choice Jane may have had to refuse.

In the next account Jamie talks about the 'not so subtle' expectation of sex she experienced from her husband, following the birth of her child:

Jamie: And I think like straight after having kids, it was kind of, you've just squeezed like 9 pounds out of your vagina and you know, massive heads, and within a week, they're going, oh haven't had sex for ages, and you're like fucken really! Like, no!

Yeah and so I think you start getting, well for me from my husband, you started getting that pressure within the first week or two, well are you ready? I don't know where they get the expectation from, I don't think it's that much portrayed in social media or movies or that sort of thing, that people are having sex straight away... I don't know if they are, and when, I know that at one stage we did talk to the midwife together and my husband was asking about sex, and she was like, you guys will know when you are ready. But then that's different for a man, 'cause he would have been ready that same day you know

Teresa: Cause it's already been possibly a month or whatever since you did cause of the uncomfortable nine months, for some people.

Jamie: Yeah exactly. So there's a bit of a gap and it's all of a sudden that pressure is on, when are you going to be ready to have sex, when are you going to be ready to have sex? And you've got this kid waking you up at night and you've got milk coming out your boobs all the time, you bleed for a while, your tummy takes ages to go down, you're not feeling like the sexiest woman in the world and you've got this nag of, when are we having sex, when are we having sex....Yeah, cause it's kind of like you lose your breasts because they're feeding and your vagina has just been ripped to shreds and it's still uncomfortable to sit down, and your guts is not the guts you knew before you got pregnant. Yeah and then you've got someone else on you going, well what about me. You end up feeling like a bit of a piece of meat. And I think that was quite a big turning point for me, was the, Jesus really?!

This overt coercion, or 'nagging' as Jamie expressed it, is an illustration of one person exerting power and control over another. The male sex drive discourse and gendered norms positioned Jamie as responsible in both fulfilling his insatiable sexual needs and managing the relationship. A belief that men are always ready for sex naturalises their sexual needs and drive, as if they have no choice in the matter and cannot help themselves. This assumption takes away the onus of personal responsibility on men to behave themselves and control their actions and women are left to manage (consent) to the amount and frequency of sex. Female sexual desire is then left out of the picture altogether and the focus is entirely on his pleasure, which is apparent in Jamie's account.

Not only did Claire not want to engage in sex and physically expressed this to her partner, but she also found the whole experience painful and one she felt unable to resist:

Claire: Yeah and I do remember the first time we had sex after the first baby, she was nine weeks old. He just really wanted to get back into it and I was like quite happy to

not, cause I had had so much discomfort. And he said well we'll just give it a try, and I had what the doctor called vaginitis, so I was just really dry. And it was so painful, just hideously painful and I wasn't that impressed with him that he just wanted to continue. It was painful.

Teresa: So did you verbally say something or your body language?

Claire: My body language

Teresa: And he didn't pick up on that

Claire: No not really or maybe he didn't get the extent of it.

Gavey (1992) states that there is an assumption by men that partners are not only always available to them but that due to the cultural understandings of long-term relationships as well as gender roles, women always consent to sex. The postfeminist and neoliberal sensibility also constructs women as having sexual agency and the choice and freewill to engage in sex or not. However discourse around risk (rape) prevention has set a precedence on verbal consent, and for many women and in many situations they find it nearly impossible, and lack the language, to be able to say no (Gavey, 1992). Focusing on the verbalisation of consent constructs women as responsible for asserting sexual boundaries and regulating men's actions. Any negative consequences that stem from her inability to communicate these are considered her fault. A sustained focus on female consent also shifts the motivation for sex away from a pleasurable and desirable act coveted by all of those involved. Claire's account illustrates the prioritisation of verbal consent over physical communication and reinforces the belief that men cannot be held responsible for decoding women's permission or not (Burkett & Hamilton, 2012).

Claire continues her story illustrating the difficulty she had in expressing to her partner that she no longer wanted or desired to continue sex once they had started and were then interrupted by the baby crying. The decision to continue sex is informed by heteronormative sexual scripts that prohibit any deviation from the normal trajectory (Gavey et al., 1999):

Claire: way back in the beginning when it had been about nine weeks and my partner wanted to start having sex again and it was very painful. The baby woke up and started crying, I just had such a strong, like nothing could stop me from going to the baby. He wanted to leave her and let her settle so we could carry on having sex and I was like we cannot, I cannot have sex while my baby is crying, cause like duh! So that was a disconnect, he was like so duh about it. So then I went and got her and cuddled her and he was like well you can hold her while we're having sex if you have to. So

like we were trying to have sex with this baby and I was like. So way back in the beginning there was this disconnect, I was just like we are not on the same page.

Not only is there complexity around the concept of 'consent' in this account but there is also a lot of tension between prioritising her partner's sexual needs and the needs of her child. The coercion of gender, that is, being a good partner and a good mother, positioned her as unable to deny either of them their needs. This extract is similar to the findings of Burkett and Hamilton (2012), who found that even in situations involving unpleasant sexual encounters, the participants still chose to follow through with intercourse to avoid feelings of guilt.

Transgression

Another point of significance shared by the participants was around the tension they felt between the embodiment of both motherhood and being sexually active, sexually desiring subjects. Connell and Hunt (2006) state that constructions of motherhood capture the female virtues of sensibility and modesty and this has extended from conduct to bodies, resulting in the avoidance of female sexual desire and abstinence of sexual pleasure:

Poppy: The whole of our lives just revolve around Sally, it's difficult to be a sexual person when you call each other ma and da, you know, you're not sexualising that person.

Jane talks about using discursive practices to produce herself as a sexual subject instead of a mother:

Jane: Um I don't think I can turn off the motherly feeling, until we're right in amongst it all.

Teresa: Until things are going

Jane: Yeah until it's started already. Kind of trying like doing things that I would have done in the past, like going on a date night, I would shave my legs, maybe put on make-up, try to make myself feel sexier and maybe that will help bring on the feeling. If that makes sense?

Tension between these positions resulted in the women feeling confused, disconnected and more resistant to becoming intimate with their partners because of a perceived moral transgression.

Poppy: There's something in my mind about having kinky sex that these hands have got to touch the baby, I mean obviously you wash your hands and what have you, but the idea of then going and touching an innocent child afterwards just makes me cringe a little bit, you know, being this kinky person and then a mother.

Teresa: Mmm like how do you combine those roles in the one body?

Poppy: Yeah I hadn't thought about it like that, it's something that really plays on my mind, especially when [Michael] is like let's do something a bit more interesting and I'm like no. I mean I can just about do sex without it being a revolting thing but to do anything than that, I don't know.

Poppy continues:

Poppy: We used to use toys and stuff, we used to have quite an active and varied sex life, now that just doesn't interest me at all. I want it over and done with, I don't want to have to do foreplay and get the toys out and wash the toys after, oh god and if baby found it, oh god can you imagine {laughter}.

Poppy's account speaks of the competing discourses that shape femininity and sexuality. On the one hand motherhood and mothering is constructed as morally sound, honourable, almost to the point of being puritanical or saintly (Connell & Hunt, 2006). In stark contrast, a women who is sexually desiring has historically been constructed as promiscuous or a whore (Jackson & Cram, 2003) creating a moral binary between the 'good' mother and the 'bad' sexual deviant. Despite the expectation of female sexual agency within permissive discourse, mothers in particular still struggle to combine the two contradictory subject positions. Furthermore a discourse of female sexual agency creates tension for Poppy as to the best way to model a 'healthy' sexuality to her child:

Poppy: So you know, to get the kinky stuff out is like not so kinky anymore. Just to see a baby holding something like that is just really really really wrong. I think that's why I do it; I just don't even want to entertain the idea. Sometimes she goes into [Michael's] drawer and gets the lube out, and I'm like oh please. And I don't want her to have a bad image of sex either, I really want her to have a fun and positive view of sex.

Another aspect of transgression was the construction of the baby being a third person in the room or a voyeur to the sexual relations between the parents. This construction creates a strain between the performance of motherhood and that of a sexual subject. In order to manage any moral transgression, some participants chose not to engage in sex at all. This act of self-surveillance replicates the experiences of the participants in the research of Olsson et al. (2005), with women reporting that if their child woke up during sex, then they felt that they could not continue because they were distracted and tense.

Poppy: He struggled with it just as much as I did cause she was in the same room as us as well so any time she'd make a noise or a sound, we'd be oohh no this is too weird.

Dani: And when he's awake it's not very appropriate

Teresa: So it wouldn't be something that you'd consider sort of him being awake and being content and so you guys

Dani: I'd feel weird about it

Teresa: And would [Shane] feel weird about it as well do you think?

Dani: I don't know. I'd just prefer it when he's asleep

Teresa: Why do you think that is?

Dani: I think it's just the idea of someone else being in the room even though

Teresa: So it's kind of like there being almost a voyeur of sorts

Dani: Yeah and I suppose if he's awake he usually wants your attention, can be a bit distracting.

Jane's story of having sex while pregnant involves a similar production of the baby as a voyeur. This consequently reduced the amount of sex Jane had as a way of avoiding feelings of transgression:

Jane: Like I used to want it quite regularly, like we'd have sex every day or every couple of days. It would be strange to go more than three days, but yeah after I got pregnant it was kind of weird 'cause there's something else inside your body.

In the following account, the participant expresses how the boundaries between mothering and sexual intimacy become blurred for women and in order to re-establish her position as a good mother, she needs to ask her husband to leave:

Sarah: Well why do men suck on nipples? It's a sex act that happens, all men seem to do it, and I mean it feels lovely and everything and it feels wonderful, but it's. That's the other thing that happens with sex, pre-children, sex is just sex. Post children, you're also breastfeeding, your breasts have got milk in them. The lines of intimacy are just so blurred. I mean I can remember times just lying in bed with a kid attached and my husband lying behind me, stroking my leg, feeling kind of, I don't know, getting affectionate. I was like, this is just too much for one head to contemplate. One of you is going to have to go and I've got my commitment to the little person.

It was not just mothers with young babies who did not feel comfortable with the 'moral' transgression of body, space and identity. This passage from Jamie describes her feelings of unease and her desire to separate her every day self from her sexually desiring self. Jamie positions herself as responsible for managing her husband's sexual objectification of her:

Jamie: Yeah yeah, and it's like I actually don't want you looking at me like that. If you could keep it just in the bedroom then that would cool, but it doesn't just stay in the bedroom, it's like yeah

Teresa: Why do you think that is? What does it make you feel or, but why do you want to only keep it to the bedroom? Because of the kids or?

Jamie: Yeah the kids, I think in some ways it kind of objectifies women again, to make you a sexual thing, whereas I think if sex is a consensual activity that occurs between two people, why should it impact on any other area of your life really. Yeah if my husband or any guy was able to keep what you did in the bedroom, just in the bedroom, then probably for me, more would happen in the bedroom. But I don't want someone who I drink a cup of tea with and eat toast with and sit on the couch watching Game of Thrones with, thinking oh yeah I'm going to be able to do that, or oh I wonder if she'll do this tonight. I actually just want to be me and not that, and I just don't know if guys can separate out between the bedroom part and the real life part.... cause I see something that I do with my husband in the bedroom and then I see him making a cup of tea and toast and looking at me in the morning going, oh I did that, cause you know they do. They look at you differently.

Interestingly in the following extract from Jane, her vagina was constructed as having a primary function of accommodating her partner's penis, while delivering a baby vaginally

was construed as a transgression of this space. In positioning herself within a normative sexual script she suggests that men have rights and control over women's bodies and that she must always be sexually available to accommodate his needs:

Teresa: Did he watch, sort of did he see him coming out?

Jane: Yip

Teresa: He was down the business end?

Jane: Yip down the business end.

Teresa: Have you talked out that?

Jane: Yes we have, he thought it was the most disgusting, amazing thing he ever saw [laughter]. Yeah so

Teresa: Has it changed his view do you think? You know what that part of the anatomy is for?

Jane: Ah I don't know if it's changed his view, I just think he has a bit more insight into what it's all about. He still calls it his, you know. It's still his property. But it can be used for other things apparently, I think he's just realised.

Problematic intimacy

Whilst changes to libido and tiredness were to be expected in the narratives, the variety of meanings to the participant's experiences of intimacy was unanticipated. The women's talk covered sexual positions, bodily changes, orgasms, lack of time, and lack of foreplay, with many of the women citing multiple reasons for their now diminished sexual relationships. On the whole, changes to intimacy were constructed as problematic with many of the women taking personal responsibility. The following narrative from Poppy is quite lengthy but illustrates the complexity of disciplinary power in the form of coercion, consent, and sexual duty as well as the performance of femininity. Poppy's expectation that her sexual relationship would remain the same following childbirth and the responsibility she feels for both the changes to the relationship and her failed femininity are expressed here as dangerous. In order to manage the relationship she puts aside her own desires, needs and wants:

Poppy:.. And he would say it's like being with a different woman, you know cause like your boobs are bigger and you feel different and so he was trying to be nice but it was horrible cause I didn't want that to happen, I didn't want that part of us to change you know. And so that made me feel really sad.

Poppy: My body wasn't up to scratch any more, you know every time he touched my boob, I'd spray milk everywhere. It was like oohh that's really not attractive. I guess all of those things started taking a toll and I'd rather just not put myself, I haven't got enough energy to add that extra pressure into my life you know. So I really kind of went into survival mode, I'm not going to put myself into any dangerous situations and sex became a dangerous situation where I was so worried that [Michael] didn't fancy me anymore, I couldn't bring him to orgasm, or the baby were to wake up and I was just exhausted.

Poppy: [talking about sexual positions] Like it's missionary all the way, absolutely, I don't think we've even tried to put my legs up or anything. Just trying to think why. I think when I was breast-feeding; going on top or anything would jiggle my boobs. I mean my boobs have to be absolutely still otherwise it feels like they're going to drop off. Ugh they are just so heavy and so ugh. So I think it's like, what is the less impact on me, if I could be totally still in one position and comfortable and that's that's a big thing as well. Being right under the sheets is not about not wanting to be seen, it's about comfort, I just want to be warm. And I guess that's kind of like a disconnect from the sex, you know, it's like I'm not interested in the sex at all but I'm doing this to satisfy you, in the meantime I need to be in a good a place as I can be. I guess, we're certainly not adventurous in where we're doing it it's always in the bedroom and being aware of not waking the baby.

Positioned by a coital imperative limited the range of sexual expression for both Poppy and Claire, and Claire talks further about the impact this had on feeling connected to her partner, demonstrating the complexity of sexual relationships post birth:

Claire:.. I don't know why, but the main, like after the children maybe because I was sore, but the position I could tolerate was spoons. But then you didn't have eye contact with your partner which adds to a disconnect during intimacy.

Orgasms were another area of change mentioned by some of the women and through their talk they reproduced dominant understandings of the orgasm imperative, this being that the goal of sex is to reach orgasm. Informed by the coital imperative, the importance of penetrative sex in order for a man to climax is stressed, whilst female sexual agency positions women as responsible for their orgasm and failure to have one is connected to failed femininity:

Poppy: So I think to start with though I was kind of enjoying it but then so I kind of imagine that where everything's happened I've expanded a lot and where I used to enjoy and really be able to have orgasms and stuff like that easily I didn't any more and my orgasms are really really different to what they were yeah.

Teresa: So you're still able to reach orgasm though

Poppy: Yes but there's not an intensity that I used to feel and it's not as satisfying somehow you know it's somehow just very mellow, in the background kind of thing

Whilst some of the women did not have any issue with achieving or having an orgasm, an understanding of the 'natural progression' of intimacy contributed to sex becoming focused solely on the orgasm imperative. It shaped and informed their sexual encounters, sometimes to the point of denying other forms of sexual expression and this was often due to a lack of time and energy:

Jamie: Yeah, yeah I guess so. Because, I don't know, still very capable of having an orgasm but most of the time, it's not really going to happen unless you've got quite a bit of time to put into it, or you wake up in the middle of the night and you're feeling quite randy because your body is rested, then it's easy.

Jane: Maybe this might be too much information I don't know but in the first year of our relationship, we probably, or I probably practiced a bit more foreplay, and possibly got on top a bit more often. And then as we got better acquainted and further into our relationship, I probably got quite lazy. We also figured out which positions do it the best for us and that's two specific positions and we kind of stick with those.

Teresa: And those two positions are they still what you do now and are they comfortable for you?

Jane: Yeah they are what we do now, doggy style seems to be a good one, and while I was pregnant at the beginning, at the first half of my pregnancy that was the best for us, but then the other half it wasn't good at all for some reason. And right at the end we just did the spooning. But missionary has always been number one. When he's on top, he's right there and it's like ah, animal instinct.

Teresa: So that's not feeling self conscious about your body or anything like that?

Jane: No I don't think so, that's like the number one way to reach my destination. To reach the big O, that's the way to do it.

Claire: Yeah, like when my partner and I have sex, even when I'm not feeling close to him, I always have an orgasm. I mean like 98% of the time, because of me, because I know my vagina and I'm comfortable with it. It's nothing to do with what he does [laughter]

For Sarah an orgasm imperative became problematic when her intimate relationship became focused on the orgasm rather than the sexual and emotional connection with her husband:

Sarah: Sex became less and less about being close and more about a physical fulfilment. And as time went on I kind of started to feel dead to my husband. And the sex became more kinky and extreme I suppose....I mean my husband and I had a very high functioning relationship, that's how I would describe it. Which then became emotionally empty after some time, and the sex was also always like high functioning as well. Like it served a purpose, sometimes the purpose was just to help you get to sleep at the end of the day, you know.

Being tired was a significant barrier to sexual intimacy mentioned by the participants, particularly when the children were young, and was also closely tied to discourse around gendered norms and female responsibility to meet the needs of others first and foremost. The women expressed that their desire to sleep was well above that of sexual intimacy:

Poppy: I was tired and I wasn't enjoying it and I was aware that the baby was going to wake up any second now and you know the 5 minutes that I could be sleeping, I wanna be sleeping.

Dani: Yeah as I said probably a lot less frequently than before baby, not from lack of wanting to but just so exhausted that I need the sleep and also when he's asleep, I'm asleep... all your time is taken up and when you're not with him you try and sleep so yeah I think that's the main thing.

Sarah: Well you know some couples talk about date nights, unheard of in my marriage, no.

Teresa: Well I suppose if he's a chef as well

Sarah: Actually that was probably the main reason, we never had the money to go out anywhere. I mean we could have done things for free, just go for a walk together and

that kind of thing, but we were tired, really tired... it's a bit of a killer, actually I do know that part of what happened with my marriage is I ran out of stamina. Kind of over did it with the first 2 kids.

The consistent pressure and expectations of intensive mothering and structural or institutional gender inequalities combined with a neoliberal imperative of independence and self-sustainability impacts on women's choices, time and energy. At the end of the day, women are tired and sexual intimacy is sacrificed where possible. Claire expresses this in the following:

Claire: And sleep is a big part of our intimacy barrier too because we are both so tired. It's like a competition about who's more tired.... So it always had been that way, so my sleep has always been more disrupted than his. When he complains to me about his poor sleep I want to thump him in the head, 'cause he hasn't had anything like I've had since that first baby arrived.

As a result of feeling both tired and responsible for managing her relationship through sexual engagement, Poppy resorted to 'consenting' to sex because it was considered the easiest option rather than enduring the consequences of resisting:

Poppy: I just felt very very neutral. There wasn't enough energy to feel passion. I said to a friend the other day, she said um oh you know the worst thing about having a baby is how much we argue now. I thought it's awesome that you argue 'cause I have no passion left, I have nothing to give any more you know. I can't even argue you know, I'm just like whatever, you do what you want to do, I'll follow along. I haven't got the energy to argue.

In contrast, when Poppy is well rested, she is able to not only freely give consent but the idea of sex is more appealing and her participation more autonomous:

Poppy: Yeah yeah, I'm like yeah I could be open to it. But you kind of have to catch me at midday or something, ok I'm not tired.

As a consequence of becoming mothers, not only was feeling tired an issue but many of the women commented on not having enough time for intimacy or for the actions that sustained intimacy. The demands and duties of good mothering were prioritised over being

intimate with one's partner. This is certainly a gendered issue, whereby women's time and energy is consumed through their parenting and other responsibilities whilst the pressure and demands on men continue to remain largely unaltered post childbirth (Walters & Whitehouse, 2012). Time is spent on childcare, domestic chores, paid work and community work as women feel an expectation and pressure to do it all. The constructions of a good mother, good wife and good citizen is one that puts others needs first and works for the good of all. Simultaneously the worst thing a woman can be is selfish by putting her own needs and interests before others, and in doing so, she fails femininity:

Claire: So that was one of the things that was hard with intimacy was that we, prior to children, we would enjoy having sex in the afternoon, particularly on the weekends. With the children, you couldn't really do that so we, the only time we could have sex was after she was asleep, and I would be exhausted and there would be all this domestic clean up stuff to do and I didn't feel at all sexy and I never really have since having baby... Yeah and like before children we would have like an afternoon cuddle, 'nap nap', we would be like let's go for a 'nap nap' and we would have a cuddle, have sex and then go to sleep, it was just so nice.

Claire's narrative further clarifies her uptake of intensive mothering discourse and the expectation on women to sacrifice their time, energy and interests for others:

Claire: Well also having some time for exercise will also just be having some time for me, and I think that mothers are just so over handled that their time is never their own. And I think it's really hard to feel really attractive or inspired towards sex if you just don't get any time to be a person in your own right.

Not all of the women felt the need to sacrifice themselves or their needs for the good of the family. Although others questioned Sarah's position as a good mother and even she herself questioned her selfishness, by separating from her children's father she challenges gendered and institutional norms. Sarah's separation from her husband and consequent sharing of custody offered her space and time to not only pursue the activities she enjoyed outside of parenting and paid work, but also to spend quality time with a new partner. This was something that was never available to her within her marriage because of her position as responsible in meeting the needs of everyone else:

Sarah: But it is hard to be intimate with someone, if we're not talking the physical intimacy but to actually be emotionally connected and to be really present with the other person, that's such a deep thing for two people to really be emotionally connected. I mean kids make that really hard cause they suck all your time, you don't have the time any more to lay around on Sunday morning, talking about your thoughts in bed with each other, that's gone... But time is a big thing, that's what I'm realising now, I actually have the time to spend with a man on an intimate level, like I never had this time a year ago with my husband.

Jamie's account also illustrates how the limits on time and loss of identity as a result of intensive mothering impact upon women's sexuality and sexual relationships. As children get older the demands on women tend to change and the sacrifices expected of them as good mothers start to fall away. By no longer breastfeeding, getting up in the night or fulfilling every physical need of their child, women can start to engage in other activities or pursuits that may not have been prioritised during the early years, reclaiming both their body and sexuality:

Jamie: It's getting better now, the kids are getting older, we're getting more sleep, they're looking after themselves, I don't have to get up and get them breakfast, they're not hanging off me, I feel like my body is finally starting to become my own again in some ways. We're starting to creep out the other side and maybe we'll be old people with no kids at home and enjoy a lot of sex, but I don't know. I'd like to be one of these couples who says, oh the more we've got to know each other, the better our sex life has been.

McPhillips et al. (2001) argue that from the 1960s women were not only given permission to enjoy sex but also 'expected' to enjoy sex. The naturalisation of the male sex drive normalises male desire and libido, however any mismatch of sexual desire between partners is constructed as a dysfunction or abnormality of female libido. The 'loss' or reduction of libido was described by some of the participants as a natural consequence of childbirth, reproducing a pathologised postpartum body. Many of the participants experienced a change in their libido following childbirth and attempts were made to understand this phenomenon through positioning themselves within a biological discourse.

This set of understandings foregrounds biological, physiological, hormonal, and evolutionary reasons to rationalise the level of interest in sexual relations and sexual desire. These sociocultural assumptions have been based on positivist, reductionist science that constructs male sex drive and sexual desire as the 'norm' against which women are measured

against. Baumeister, Catanese and Vohs (2001) argue that even if there are 'biological differences' between the genders when it comes to sex drive, a weaker or stronger sex drive cannot be equated with gender superiority or norms. What emerged in the women's accounts however, were the effects of heteronormative discourses that were in constant tension.

Additionally women were also positioned as responsible for changes in sexual intimacy through the dominance of the have/ hold and permissive discourse that proclaims women can and should be engaging in regular and fulfilling sex.

Jamie: Why is it? My husband is a nice guy, he's still in reasonable shape he looks very similar to what he looked like when we met, he's not an arsehole, why don't I have that same sex drive for him as I did when we first met?

Teresa: Is it something that you think about often?

Jamie: Yeah

Teresa: Like how often?

Jamie: Every week, like it's a regular thing. I do wonder why

Teresa: Ok, so then would you ever initiate it?

Jane: I haven't of late. Probably not since half way through my pregnancy. Which is a bit sad, like I feel really bad for it, and I'd like to initiate it again, but I don't know, I just don't feel like it as much as I used to. Like I used to want it quite regularly, like we'd have sex every day or every couple of days....

Teresa: So the whole libido thing

Jane: Gone, gone. I have a hope in the back of my head that it's going to come back one day. I kind of feel like it might come back after breastfeeding is finished. It's kind of what I think might happen. I don't know, I haven't really read about any of this sort of this....I don't feel, I wish my libido was the same as his so we could both enjoy sex as much as we used to, and as regularly as we used to but I do feel like it's a time thing...No I still enjoy sex, it's just getting into it. Yeah like I said, I need a day in advance to plan.

Not only does Jane construct her libido as abnormal but absent altogether and this is problematic, as it does not match that of her partners, consequently reinforcing the normalisation of the male sex drive, but at the same time she experiences her lack of desire as missing the intimacy previously shared. Her position within the have/hold discourse informs her decision to participate in sex regardless of her diminished libido. The normalisation of

male sex drive and pathologising of female libido is also illustrated in the following account from Claire:

Claire: Ok so this is what I remember is that I never have since having my first child really had a sexual drive. Which has been hard for my partner... Like I've never been a super horny person, but more so than after children.... And I keep thinking, you know I still wonder if my sex drive will return. Maybe when I'm well rested and everything is not so much pressure on me it will come back.

Teresa: So then how do you think your sex drive could come back?

Claire: If I started having regular good quality sleep which I haven't had since my first baby and some time in my week for myself which could include exercising and not this constant feeling that I'm constantly chasing my tail that there's, like I have a huge list of things to do all the time and I only knock a few things of it every week and then it just gets bigger. If that got all under control and then my partner and I could feel more connected.

These dominant understandings not only position women as abnormal for their diminished interest in sex but also responsible for getting it 'back'. The strong narrative that holds women accountable takes the onus off men and they become responsible for the 'problem'. Factors such as exhaustion, stress, guilt and resentment and lack of emotional connection are reminders of women's failure. Hipp et al. (2012) argue that communication between partners around sexual expectations is incredibly important following childbirth because even just perceiving that partners have high desire or a strong 'sex drive' can negatively affect women's sexuality.

Hipp et al. (2012) also contend that the majority of research to date both assumes and focuses on low sexual function postpartum, while a focus on high desire is often occluded by research questions. Although scarce, one story did emerge that offered a position of challenge to both female passivity and the pathologised postpartum body. Sarah positioned herself within the permissive discourse and this enabled her to express her desire and enjoyment in engaging in regular sex. She also challenges the orgasm imperative by constructing sex as a way to express herself and not necessarily as a path to orgasm.

Sarah: In the bedroom, I'm not, I've always enjoyed sex, right from day one and never felt that I had to keep my mouth shut about anything [laughter]. I'm not like that, no, and I guess I find it quite a good activity where it's part of your general wellbeing and it's important to me. And it's a form of expression.

Non-sexual relationship

Hipp et al. (2012) state that the literature surrounding sexual health in the postpartum period consistently demonstrates a link between relationship satisfaction and sexual desire and enjoyment. Furthermore those women that have high levels of partner support are more likely to participate in frequent and pleasurable sex. In the research by Woolhouse et al. (2014) physical pleasure within the sexual relationship increased gradually in the twelve months following childbirth but emotional satisfaction continued to drop over time and was at its lowest 4.5 years postpartum.

The interaction between emotional connectedness and sexual intimacy in a relationship was a narrative mentioned by nearly all of the women interviewed. This interaction was a significant source of reinforcing gender roles through the have/hold discourse and male sex drive discourse and together they strengthened and naturalised normative heterosexual scripts. The women positioned themselves as needing to feel cherished, understood and adored by their partners and if this occurred maybe their willingness to engage in sex would increase:

Jamie: he's never made me feel like I'm a sexual, lovely, on a pedestal type of person, and I don't know, maybe that would make you want to have more sex?

Jamie: Yeah I don't think I would know a time since we've had kids that he's said you're gorgeous, or wow that looks amazing or you know, or held my hand in public. Whereas before kids, yes he would have and yeah certainly when I was pregnant and had boobs, he certainly commented on, you know, that looks really good. But since having kids, not really. So whether that goes hand in hand with him not having as much sex, and maybe if he got more sex he would be more outspoken, don't know.

Claire: Yes, but even more than that I miss being cherished by my partner. I've tried to explain that to him, that I just don't feel cherished, and if I did, I would be so much more into this [sex].

These accounts reinforce the have/hold discourse in which a normal healthy relationship involves an exchange of sex by women for intimacy, commitment and love by men (Gavey, 2005). Furthermore Gilbert et al.(1999) states that the male sex drive and male initiator discourse that underlies notions of modern romance, sends the message to women that their position is to lay in wait for men to pursue them and declare their undying love and

adoration. These actions then truly portray his commitment to her and to the relationship and this in turn increases her desire for him.

Not only does a discourse of romance inform sexual scripts between men and women but it also sets up expectations about how a marriage should function as a whole. Romance however, is also gendered. While romance may be understood to “erase power in its image of mutuality” (Wetherell, 1995, p.133), it reproduces the heterosexual norm where women are responsible for the romance, and men for the sex as an investment in the relationship. This expectation and the impact on the relationship is articulated in the following two accounts:

Jamie: I had a miscarriage. My husband was away, he was in Hamilton for work and I rang him and told him I was miscarrying and he was like, oh that sucks. And then that was pretty much the end of the conversation, he didn't come home, he didn't ask, how are you feeling or nothing and that pissed me off for a good couple of years.

Claire: Yeah like I do love him but I've always been hungry for his kindness, but he just isn't that guy. He's like very insular and I always wanted him to say you're doing such a great job with the kids, or, like even birth it would have been so nice if he'd said you did amazing, like you got that baby born and it wasn't easy or, but it never has been that way. Can't make someone be the way that you want.

For some of the women, having children brought about a disconnection in the everyday functioning of their relationship and this impacted on sexual intimacy. Talk about occupying different worlds illustrated a separation between the partners due to gendered norms and expectations of intensive mothering. All of the women stayed at home with their children when they were babies, reproducing traditional gender roles and further cementing female occupation of the private sphere.

Claire: But there were other issues as well like our worlds became so different and I just felt like he didn't really understand me anymore. And little things would become a blockage for me to feel close to him. So if he made light of, so for starters he didn't want to know anything about my sore bottom because obviously who wants to know about their partner's sore bottom, it's not very sexy. So he kind of shut off to talking about that and if I had had a particularly hard day, say the baby had cried a lot or whatever, he didn't seem to understand. So he was going to work, so if I felt like he wasn't understanding me or didn't take seriously the gravity of the things that were impacting on me, then it just kind of widened the gap of the intimacy. I don't think

women can just have sex if they're not feeling close and that definitely came up after childbirth.

Positioned within the male sex drive discourse and the have/hold discourse meant that Claire assumes a gender binary where men are constructed as able and willing to have sex at any time while women need to be emotionally connected before they can engage in sex. For another participant expectations of mothering ideology brought a disconnect to the relationship by prioritising the needs of the child as well as a sense of losing sexual identity:

Poppy: It's like let's just get all of this dirty, horrible bit away and then we can go into this great thing again and we can build again and come out the other side. I think that makes me sad as well you know we've accepted that it's shit and that's really sad, that's not how it's supposed to be...In the last month or so, we've been having conversations again and not about [Sally] and we keep on seeing glimpses of each other and going you're awesome you know and him not shouting at [Sally] and him going out with her and me not having to feed her every five minutes. All these things are like sweet, we are doing this, we are doing this, we can do this. We can come back out and be in love again, have kinky sex and you know, and go away on holiday just the two of us or something.

Talk of having a weekend away and making time to reconnect was also evident in Claire's narrative. However for her, the 'sexy' weekend away took on a very different narrative and was constructed not as a tool to reconnect but as a forced consignment that demands sexual engagement. Her position challenges a discourse of romance and socially acceptable seduction strategies that have a coercive agenda:

Teresa: Have you had the opportunity then, for you and your partner to go away for the weekend or anything like that where you've had a chance to be sexy?

Claire: I think the reason why I kind of avoid that is because I feel that it would feel contrived

Teresa: So you've actively avoided doing that do you think?

Claire: Yeah I kind of have I think. Like his mother suggested that we go stay in a hotel, 'cause he's having sleep troubles and she thought maybe he would have a better sleep that way. I didn't want to and I think it's because I just don't want to, we did that once before we had children, we went away for like a sexy weekend and it

was all very contrived and didn't feel real, genuine at all. And I would do anything to avoid that.

For another woman, having a very open, communicative and connected relationship did indeed translate to a healthy sex life, however despite a physical satisfaction she still felt emotionally disconnected and ended up separating from her husband:

Sarah: But then after enough time, after some time, you get back into sharing your body with your partner and I've always enjoyed that, but there were real physical, there still are, real physical problems that makes sex painful and uncomfortable and just seemed to mess it all up. So that, so I think I was lucky I had a really great partner who was always very understanding. It was always fun and it was always a conversation, and I wouldn't have those conversations with anybody else except him... You know my husband and I separated and it wasn't because of sexual issues or anything like that, it was just that we drifted so far apart and there was just no need for us to be together any more.

The responsibility of contraception was another contextual factor that impacted on the satisfaction of the relationship and women's sexual desire. Lowe (2005) states that dominant discourses of heterosexuality that define sex as coitus and construct men's sex drive as uncontrollable, also position women as the gatekeepers of male sexuality and responsible for preventing conception, because the 'risk' of pregnancy is located within women's bodies.

This understanding is articulated in the next collection of extracts from one participant who described how contraception has become a barrier to intimacy. Although Claire is fearful of the risk of pregnancy she resists being positioned as responsible for contraception and instead holds the belief that her partner should take care of it. An association between her partner taking responsibility for contraception and proof of his commitment to the relationship and his love for her is drawn on by her position within the have/hold discourse.

Claire: And there are also issues around contraceptives. Contraception is an issue in our intimacy as well because I would like for him to have a vasectomy because I don't want to be taking the pill, I don't think it's fair that I should have an IUD when he watched me give birth to two children, so it's not like I haven't had enough interference in that area.

Teresa: So it's like more trauma

Claire: Yeah and it's kind of his turn, like it would show me his commitment to our ongoing enjoyment of each other. So instead we just use condoms and neither of us likes them at all, so it's a deterrent to want to be intimate with each other...Yeah it's a physical thing and it's an unromantic stall you know.

Claire: Also I'm just totally petrified to get pregnant again. So even condoms don't feel, so you know like if we're having a cuddle then he happens to touch me, I'm like ah get away we need like a foot distance until it's covered

Claire: I really do think our intimacy would improve incredibly if he would go and get a vasectomy. And if he organised it, not me, because I would feel that he cared.

Biology/Hormones

A biological discourse was taken up by the women in this research in constructing their stories about mothering, work, bodies and sexuality. It was a discourse that was readily available to the women and used to explain a variety of concerns they had when talking about their intimate relationships. Due to its 'natural' foundations, the explanations were constructed as rational, universal and 'just the way things are'.

Not only does this discourse produce a binary of gendered norms, femininity, and motherhood but it also gives weight to understandings of heteronormativity, heterosexuality and a sexual double standard. Connell and Hunt (2006) have argued that an assumption that males have a biological need for sex is based on positivist science that constructs men as active normal sexual subjects whilst women are passive abnormal sexual. Men are considered natural initiators of sexual practices and women are positioned as submissive objects absent of sexuality or desire. Furthermore, sex is considered a male performance where 'he' is always ready and willing to engage in intercourse driven by his instincts (Connell & Hunt, 2006).

A biological discourse naturalises and normalises male sexuality and male behaviour; actions, urges and pleasure are assumed the norm and therefore acceptable. Jane expresses this understanding:

Jane: I don't feel, I wish my libido was the same as [his] so we could both enjoy sex as much as we used to, and as regularly as we used to but I do feel like it's a time thing. I do think when I stop breastfeeding and my hormones and my body says ok number two, let's go. I don't know if it's that or it's just a time thing for me to get used to being a mum.

Gavey et al. (1999) claim that a narrative of the 'instinctual' drive to procreate in order for the species to survive implies that these urges are based on fact, are universal to all men and exist outside of culture. The following account of procreation is informed by a position within this discourse:

Jamie: Whereas men, a lot of them, don't focus on the children quite so much and they've still got that same need. Their need wasn't to create children, their need was to get their end away, and I still think that they have that.... So while monogamy isn't hot in today's society, I do still think there is an expectation. I don't know necessarily whether it's an expectation that's all that natural for men.

Evolutionary reasoning claims that to be genetically successful, men must mate with multiple partners (through intercourse) whilst women require monogamous partnerships for successful reproduction. A logical assumption derived from these claims is that men's sex drive will be higher than women's and that once a woman has reproduced her desire for sex [to procreate] will diminish (Brown et al., 2009). Women's position within biological discourse is one of powerlessness as female bodies are constructed as docile bodies. Women are produced as without power to change or override their 'biological' or natural urges and at the same time as accepting of their partner's natural drives. Not only is sex for procreation normalised, but there is also a normalisation of the loss of sexual desire as a result of fulfilling an 'evolutionary destiny'. There is an assumption that sexual desire and drive will decrease once a woman has reproduced and energy will be diverted to the wellbeing of offspring. This understanding further reproduces gendered norms and mothering ideology, by claiming that women are 'natural' caregivers (Marcal, 2015). These ideals are voiced in the following:

Jamie: And I think a lot of females once they've had kids, the sex drive does drop away. A lot of it is a hormonal, a natural drive to procreate and have children, and then once you do, a lot of that need drops away and you focus on the children.

Jamie: I do think a lot of that (sexual activity prior to children) was hormone driven, the fact is I wanted two kids. And like when you've had your kids, you know when you're done, that's it no more.

Jane: Yeah and then since having the baby my hormones are a bit out of kilter, my body's goal is no longer to get pregnant but to look after my small baby. That's the

way I see it. I studied a bit of biology and I tend to look at it from a more scientific point of view maybe.

Teresa: Maybe. Yeah you have a small child and to look after that is to produce milk and it's to rest, make sure you have the nutrients

Jane: Yeah and having sex and getting pregnant is not the best way to achieve that

Teresa: Yeah detrimental

Jane: Yeah so that's kind of why I think I'm not into it.

Claire: But I do think there is an aspect to it which is that, like we are so driven to procreate so we are biologically driven to find a suitable parent for our children, and to have children with that person and then once you've done that you've almost ticked a box sort of thing so you don't really need to have sex anymore. You've kind of already achieved the outcome.

Poppy: When I was growing up {sex} was to make a baby and I spent many many years enjoying sex and thinking no this isn't about making babies this is about having fun and do you know now, I think my body has done its job and I don't need to have sex any more. Unless I'm going to make a baby, what's the point, my whole mind set has gone back to how my parents raised me that sex is about making babies. I've spoken to a couple of people and they feel the same, you know unless there is something that is going to come of this, why bother, it's not fun, it's totally practical.

Poppy continues:

Poppy: I hope that if we do have another one or I come to some kind of settlement in my heart that we're not going to have another one, that I can switch off this overriding this is to make another baby, you know. Yeah I just totally see my body in this whole other way, you know. My understanding of my organs and everything, you know when I first got my period and I can feel now when I ovulate and I know when I'm ovulating and it's a totally different world.

Teresa: So you feel like a reproductive body rather than a sexual body?

Poppy: Yes totally, absolutely, that is exactly exactly how I feel. I feel like, yeah, this is what I was made to do. And I feel like all those things that my mother has drummed into me in my life, which I disagree with in my mind, but heart is saying I'm a reproductive person.

What is also evident in these accounts that normalise and accept a loss of sexual interest due to evolutionary and biological processes, is that these participants have dismissed any possibility that structural inequalities within cultural, psychological, economic, and institutional practices may be contributing to their experiences.

Intensive mothering ideology is informed by the construction of biological differences between men and women and one participant took it for granted that this equates to differences in mothering and fathering. Hormones and biology were considered responsible for Claire being 'hard-wired' to tend to the needs of her children. Through this discourse, Claire reduces any responsibility on her partner to wake during the night whilst also positioning herself as nurturing and responsible for her children. This talk reproduces an understanding that there are biological reasons, as opposed to cultural or social reasons why men and women parent differently, as well as reinforces childcare as a way of 'doing genders' (Barstad, 2014; Lyonette & Crompton, 2015).

Claire: ... And so we had a different philosophy about, like I don't want to judge him and say that he was being harsh or whatever, but he would sleep through their crying cause he wasn't as hardwired to them as I was, or he would think that the best thing was just to leave them because you are encouraging them to keep waking if you go to them. But as the mother, with all those hormones or whatever, I mean I did end up doing sleep training with the kids when they got bigger, but not as brand new little people.

Claire: He's wired differently and he's a guy.

The following narrative illustrates how a position within the biological discourse assumes there are fundamental differences in how males and females approach sex; men have sex for pleasure and women have sex to procreate. It is a position that reinforces and reproduces the expectations of male sex drive discourse and have/hold discourse. In the following, Poppy took responsibility to carefully manage the relationship and his needs by constructing sex as a pleasurable activity rather than an activity of reproduction in case it scared him off:

Poppy: I think he preferred it in that in a sense he didn't have to make too much effort to think about it. And I didn't kind of go on and on about you know about OK I'm fertile today, we have to have sex today and all that. I think that would have really ruined it for him. He wasn't keen on the idea in the first place and. So the

shock was probably better as he didn't have time to process it. Um yeah so that was that was interesting [laughter].

Teresa: What do you mean, like why?

Poppy: Well it was just difficult for him, I wouldn't say that he felt pressured but he certainly wasn't expecting it to be quite so quick and I think he would have preferred to have a bit more time to get used to the idea. But like I say I think he probably would have changed his mind if he'd had to and I've I'd have been too precious about you know right then. You know making sex about having a child it would have really ruined it for him. So yeah I think he would have struggled even more. So yeah it was a really big step for him.

One woman further illustrates the naturalness of the biological discourse when referencing a book she's read and can relate to:

Claire: I got diverted when I was talking about the biblical tent with the multiple wives, but what I was going to say is that I think there is a place for that because all the wives can play different roles. So that the older ones, maybe they're not the sex toy anymore and someone who is more appropriate for them to be can be. If you've had your babies, you're focused on raising them, teaching them and those things and that seems more naturally appropriate.

The assumption that men are both different from women and 'naturally' visual creatures, needing visual stimulation, legitimised one woman's acceptance of her husband's pornography use. A biological and male sex drive discourse is used to position him as a normal male with male urges while the have/ hold discourse positions her as taking care of his needs. Together these dominant discourses shape heteronormativity and heterosexuality within the relationship:

Jamie: Yip. You know so honestly, like I know my husband watches some pornography, not when I'm home and not when you know. And while it pisses me off that he's my partner and he does, I understand that lots of men do and I've got to, and if it was someone else's partner I would be counselling saying, you know, really is it such a big deal? So I let that go because it shouldn't be such a big deal but I don't like it, but it's not something I watch myself.

Teresa: Ok, so why, why do you let it go though? Why do you accept it I suppose?

Jamie: Well, I guess it's that age-old adage of he's a man you know, they're visual creatures dah dah dah dah dah. And this does link to your study 'cause of that fact that before having kids, he probably didn't have that much need for visual stimulation or whatever. I've always been a little bit shy but not that bad you know, it wasn't always lights off completely or that sort of thing, whereas after kids I know that I am more reluctant to show my body and I'm probably not as expressive towards him. And there are certain things that I would have done before having babies that I wouldn't do now. So I kind of go, well, he doesn't get that much and I don't exactly, well we don't have a highly sexualised relationship, and I do think that men hold onto that sex drive longer than females do.

While a postfeminist sensibility permits sexual agency through permissive discourse, there are still limits on how and when this is expressed and therefore it is a position taken up with caution. Some of the women in this research were not comfortable positioning themselves within the permissive discourse and instead drew on biological discourse to explain their sexual desire and urges. They constructed their actions as being driven by hormones and biology, something they had no control over and consequently no sexual agency. Both Sarah and Jamie's accounts defend their desire for sexual intimacy in terms of a biological production, and in doing so also protect their feminine identities within a sexual double standard (Jackson & Cram, 2003):

Jamie: At the beginning of a relationship, when it's all lust, you do lots of things, but again that's hormonal. Hormones take over and they drive your brain and you do all sorts of things that you don't do later on.

Sarah: I think that you are attracted to smells, I mean the man I'm in a kind of relationship with at the moment, you know I could choose somebody a lot less complicated than him and a lot more giving and loving than him, but he smells amazing

Teresa: Oh right

Sarah: Yip and the attraction is so strong that I keep going back for more and I shouldn't 'cause he's not the one for me

Teresa: So it's like a biological drive rather than a head

Sarah: Yip definitely. So yeah I think there is some truth in there eh.

From these accounts it is realised how the dominant discourses of heteronormativity and heterosexuality position women and their sexuality. We see assumptions based on taken for granted understandings of biological differences, coital and orgasm imperatives and male sex drive impacts on relationships, sexual experiences and sexual expression. Simultaneously systemic and institutional power relations concealed by a neoliberal and postfeminist ideology position women as responsible for both their sexuality and their relationships within the boundaries of sexual double standards and gendered norms.

Chapter 5: Conclusion

This research was driven by my interest in how women in my peer group made sense of their bodies and intimate relationships after having children and was informed by numerous conversations with friends commenting on the dissatisfaction of both their physicality and sexual intimacy with their partners. A literature review revealed that while many studies had sought to investigate the sexual experiences of women post childbirth, research on postpartum sexual health still remains underdeveloped and calls have been made to examine the influence of contextual factors on body image and sexuality (O'Malley et al., 2015; Hipp et al., 2012; Pauls et al., 2008). And although the number of qualitative studies have increased in this research area none have looked at the way dominant discourse within Western popular culture firstly pathologises postpartum bodies, and secondly how women constitute themselves in relation to these assumptions.

I sought to understand what the dominant discourses were for women's bodies and sexuality, where these came from and what effect they had in enabling and restraining choices and actions. One of the main objectives of this research was to explore language and social practices of women and how these are embedded in dominant discourses and how dominant discourses inform and are informed by social, political, economic and cultural conditions of women's everyday lives. This is considered important because discourse constructs the lived experience producing feminine and masculine bodies through expectations, rights, responsibilities and obligations of each gender, which impacts on embodiment and sexual experience. Furthermore a process of privileging particular discourse serves to position, control and manage women within gendered social power relations.

A feminist post-structuralist discourse analysis (FPDA) was selected as an appropriate methodology because it aims to understand how discourse and discursive practices affect embodied subjectivity (Weedon, 1999) through focusing on language, positioning and power relations inherent in discourse. Within FPDA sample size, demographics of the participants and aims of the research provide the opportunity for collecting meaningful and rich data that can then be analysed to challenge dominant discourse and elicit social change. It is also a methodology that embraces the role of the researcher and the experiences, knowledge and assumptions that they bring to the research. Being a peer and an insider afforded me resources with which to connect with my participants and help co-construct their stories in ways that were meaningful to them.

The dominant narratives extrapolated from the interviews were analysed by highlighting and categorising using four main headings: Mothering, work and family; Controlling women's bodies; Postpartum bodies: Comparison to the ideal, and Intimate relationships. These were further broken down in order to gather the dominant discourses that

the participants used to constitute their experiences. Subject positions and positioning were examined in reference to privileged constructions and how these enabled or limited particular actions of the women.

What became evident across all narratives was that the women were constantly negotiating their identities between the expectations of neoliberalism and constructions of ideal femininity and the reality of their lived experiences. Neoliberal ideology primed by a postfeminist sensibility informed the production of femininity, motherhood and good citizenship through rhetoric of choice, agency, empowerment and freedom. But in actuality the 'virtues' of neoliberalism ended up producing disciplined, responsible, obligated, pressured, shamed and guilty women. The notion that modern women are able to 'do it all' not only reinforces the privileging of certain bodies, races and classes, but also diminishes and masks maternal realities.

Combining and negotiating multiple responsibilities was a theme of considerable importance to the women and textured their talk about their bodies and intimate relationships. The significance of gendered normativity, adjusting to motherhood, and the relationship between paid and unpaid work had material effects on the women, their bodies and their intimate relationships. A neoliberal rhetoric of choice, agency and equality, as well as the privileging of work in the public sphere as opposed to the private sphere, informed the women about how to be responsible citizens by ensuring that they not only take care of their domestic and childcare duties but that they also must contribute fiscally to the household. In other words good citizenship means being 'productive'; not 'doing nothing' which is how mothering or maternity is constructed under neoliberalism (Tyler, 2011).

Mothering ideology and constructions of feminine and masculine identities served to produce the women through binaries, constraining and enabling certain actions and choices. Traditional gender roles were reinforced and this both limited the women's ability to work outside of the home, further positioning them as natural caregivers, prioritised maternal childcare and cemented their domestic responsibilities within the home.

Despite the privileged position of the participants in this research - the fact that they are educated, white and able to access financial resources, the stories that emerged illustrated that the gender differences between men and women performing unpaid domestic labour has endured over time and continues to be of significance in the ways that women live their lives. The women still performed the majority of domestic and childcare work regardless of whether they were also in paid employment. This resulted in the participants feeling like they had to do it all, consequently leaving them exhausted and with not enough time to either pursue their own interests and pleasures or to put any time or energy into their intimate relationships. Some of the participants commented that this separation of roles created a divide within their relationships that further impacted on their sexual and intimate desires and

experiences. Other women felt the need to justify and defend their decision to work or stay home with baby in order to retain their identity as both a good mother and an economically productive citizen.

The public gaze on the maternal body, the construction of the maternal body as risky and the medicalisation of female bodies shaped the women's embodied experiences of pregnancy, labour and motherhood and this further impacted upon their intimate relationships. The women constructed their bodies and identity through the eyes of others, with a constant awareness that their bodies were under surveillance. Gendered and institutional power relations regulated, inhibited and enforced particular actions, resulting in feelings of disempowerment, anger, frustration and violation. Actions ensuring the health of the baby were prioritised due to the gaze and rights of the foetus, while women's needs were classed as secondary, if at all. Surveillance of the unborn child was compounded by constructions of childbirth as a risky event leaving women to negotiate a contradictory position within a binary of labour as a medical event and a labour as natural.

The women drew on the socio-cultural discourses that produced the maternal body as problematic when compared to the construction of an ideal feminine form. The construction of norms within neoliberal discourses, subjected all parts of the female body including body hair, breast shape and size, bottoms, vaginas and even labia, to intense systems of scrutiny, self-surveillance, policing, control and management. Dominant discourses constructed the naturalised female body as pathological, and that normality could only be obtained through adhering to idealised constructions. Furthermore the commodification of women's bodies informed through neoliberal ideology produced the maternal body in particular as a site for improvement and control through diets and exercises.

The women in this research were largely aware of the pressure and expectations to perform femininity through looking a certain way. While there were pockets of resistance and challenges to these norms, most attested to their postpartum bodies as problematic within the boundaries of the dominant discourses that positioned their bodies as unacceptable through social and cultural sanctions. Many of the women told stories of feeling inadequate, embarrassed and unfeminine with respect to their bodies and in particular their genitalia and in turn this fed increased anxiety, guilt, and decreased pleasure or desire for sexual relations. The women placed high expectations on themselves to improve their bodies and genitalia through exercise, diet, Kegels, and one even suggested that future surgery may be the only option to return her vagina to its pre-pregnant state. Self-surveillance due to disciplinary power meant that certain body parts were kept hidden and covered from the public gaze and some women placed tighter restrictions around their intimacy such as only having intercourse with the lights off or dimmed, or refusing to let their partner see their body when getting dressed.

Most of the women assumed their genitalia had changed since giving birth and used words such as stretched and loose when sharing their stories; this was of particular concern when it came to the coital imperative and being the right 'fit' for the penis. Through these narratives the women reproduced the dominance of the pathologised and problematic postpartum body and also positioned themselves as responsible for improving it. The use of generalised terminology and euphemisms such as 'that area', when talking about their genitalia reinforced sociocultural understandings that talking about female genitalia is taboo, embarrassing and a 'troublesome topic' (Braun & Kitzinger, 2001a, 2001b). A lack of specific knowledge and language as well as limited exposure to images of 'real life' genitalia left some of the women feeling confused and unaware of the range of normal. A discourse of problematic postpartum bodies shifts the focus away from other contextual factors that may be contributing to intimacy problems such as the loss of identity, loss of autonomy, economic dependency, physical pain and emotional distress (Woolhouse et al., 2012).

Heteronormative sexual scripts and dominant discourses of heterosex shaped the women's experiences of both their bodies and sexuality by prioritising male over female pleasure and narrowing the sexual script to an assumption of penetrative sex concluding in male orgasm. The strength and dominance of the magical six week mark, authorised by a medical community, reinforced and reproduced the dominance of these discourses and coerced women into participating in intercourse regardless of their needs and desires. Understandings about how often sex should occur within a relationship for it to be constituted as healthy and normal and the naturalisation of a male sex drive resulted in women feeling obligated to have sex, particularly when partners used technologies of coercion such as seduction techniques and in some cases emotional manipulation. Most of the women defended the prioritising of male pleasure and male orgasm over their own by positioning themselves as responsible for their partner's sexual needs. The fact that there were only a couple of instances during the interviews where the women mentioned their own orgasm and pleasure indicates that hegemonic sexual scripts continue to sanction women's desire despite the emergence of the permissive discourse.

Through this research process I offered women the discursive space to share stories of their bodies and sexual relationships. Together we uncovered the effects of discourse and how they constrain and enable particular subject positions, understandings, assumptions, choices and actions. We also uncovered how discourse masks gendered power relations, gendered inequalities and lived maternal realities. Ultimately the experience of women in this research was that a change in the sexual relationship (overwhelmingly one of dissatisfaction) postpartum resulted in feelings of responsibility, guilt and failure on the woman's behalf whether it was because of her 'problematic' body or her 'dysfunctional' sexual function. This

was further compounded by the internalisation of normative discourse, neoliberal and postfeminist rhetoric that informs women they are equal with men and can “do it all” and “have it all” (Olsson et al., 2005).

However this is not to suggest that the women were passive and internalised dominant discourse when constructing their subjectivities and experiences, but were instead active and constantly making choices (Gavey, 1989). There were instances of resistance and challenge to the dominant discourses and the women negotiated new subjectivities in which diversity and uniqueness are celebrated through alternative discourses and spaces. These took the shape of accepting and celebrating a 'new' postpartum body, not prioritising childcare, defending the right to only work part-time and not full-time and taking ownership of female orgasm and female pleasure.

The analysis has shown that the discourses the women used in their narratives are so normalised within Western Culture that the effects are worthy of scrutiny. Focusing on feminist body politics, that is, "considering the disputed status of the (female) body within both neoliberalism and feminism" (Baer, 2016, p.19), it is evident that post feminism and neoliberalism have brought the female body under further regulation and oppression. Instead of feminism providing a platform for change to social power relations it has been appropriated within the ideology of neoliberalism, and through hegemonic discourses of personal responsibility, choice, and empowerment, the body is both commodified and constructed as a key site of improvement and control (Baer, 2016; Gill, 2007). Nonetheless a new feminism, or a 'redoing of feminism' is emerging due to disillusionment with historical feminist politics and the Internet is providing the space for resistance. Baer (2016) states that digital platforms enable new kinds of feminist protests and activism, such as providing the space to document digital photographs of 'real' postpartum bodies like those used in the work of Nash (2015b). Future research that explores the potentials of Internet and resistance to feminist body politics may help lay the groundwork to move away from a focus on the female body and instead draw attention to structural inequalities that truly impact on women's lived experiences.

I acknowledge that there were several limitations to this research and one of these was the homogeneity of the sample as a result of recruiting through a snowballing technique. These sample types can lead to an over-representation of people with similar or the same identity characteristics (Kahu & Morgan, 2007b) as was the case in this research. All six women identified as either New Zealand European or British, were educated to a university level, were between 25-35 when they had their first child, identified as heterosexual and all but one were in long-term monogamous relationships or married to the father of their child/ren. Therefore it is recommended that any findings from this data be used with abundant caution as it says little about the experiences of women from other ethnicities, women living

in poverty, homosexual women, single mothers and women with less education and less employment opportunities.

Also despite the limitations, snowballing helps to provide a purposive sample as opposed to a random sample and because this research aimed to study the effects of dominant discourse on a select group of people who would provide meaningful information (Kahu & Morgan, 2007b), a homogenous sample was not considered detrimental to the objectives. Kahu and Morgan (2007b) argue that a homogenous sample based on heterosexual, European New Zealand women from middle-class backgrounds reflects the predominant identity characteristics of women who have an interest and the time to volunteer for academic research. Nevertheless, postpartum sexual health and body image are areas rich for further research and the techniques used in this research certainly elicited results that were aligned with local and international literature on the topic. It is my hope that this research has both contributed to the body of knowledge on postpartum sexual health by examining contextual factors, as well as contributed to a wider conversation on female sexuality, desire and pleasure.

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Appendix A - Letter of Support, Family Works Northern

Dr Leigh Coombes
Psychology Department
Massey University
Private Bag 11 222
Palmerston North 4442



11 February 2015

Dear Dr Coombes

I am writing to confirm that Teresa Urquhart has discussed her proposed thesis investigation "*Turn the light down low: Women's experiences of intimacy after childbirth*" with me.

In our discussions Teresa demonstrated an awareness that there is a risk her study may raise past experiences of trauma for those who are participating. Given the cohort of women she is working with, I assured her that any of her participants can access the services of Family Works in Whangarei.

Our staff include four qualified counsellors all of whom have experience in working with trauma, grief and loss, abuse and relationship difficulties. At the Whangarei office we do not charge our clients, rather clients may choose to make a koha but there is no pressure to do so.

Teresa herself may also experience "triggers" that potentially could make her feel quite vulnerable and I have assured she can also make use of our services. I would be available to provide this support if she requires this.

I have included a pamphlet which outlines some of the services we provide and gives our contact details.

Please feel free to contact me at any time

Yours sincerely



Margie Matthews
Service Manager
Family Works Whangarei

TAMARIKI TE TUATAHI
OUR CHILDREN FIRST



Genesis Centre
16 Mair St, Whangarei
PO Box 8092, Kensington, Whangarei 0145
Ph: 09 437 6729 Fax: 09 437 6759
www.familyworks.org.nz

Appendix B - Information Sheet



MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪRENGA TANGATA

Information Sheet

Women's experiences of intimacy after childbirth

You are invited to participate in a research study conducted by Teresa Urquhart, from the School of Psychology at Massey University as part of a Master of Arts thesis. You have been asked to participate in this study because you are 25-45 years old and have given birth within the last 10 years. Your participation in this study is entirely voluntary. Please read the information below and ask questions about anything you do not understand, before deciding whether or not to participate.

- **PURPOSE OF THE STUDY**

The purpose of the study is to gather personal accounts from women about their experiences, feelings and thoughts with regards to their intimate relationships and body's since giving birth. The research also looks at common talk about postpartum bodies within Western culture and how women feel about this and manage this in their own lives.

- **PROCEDURES**

If you volunteer to participate in this study, you will be asked to do the following things:

You will be asked to participate in a conversational interview, which will last between 1-2 hours. I, the researcher, may ask some open-ended questions but the main focus is on your experience, opinions and thoughts. Some of the topics I am interested in hearing about are your thoughts, feelings and experiences about your body since giving birth; your experiences and/or thoughts towards intimacy since giving birth; your thoughts on popular understandings within Western Culture that describe postpartum bodies and how these are managed in your life.

This interview will be audio recorded by tape recorder during the face to face.

I will then transcribe our interview and it will be brought back to you as the participant to ensure that what has been transcribed is correct. You will have the opportunity to make any changes to your statements if you feel necessary. This review of the transcripts should take between 1-2 hours.

- **POTENTIAL RISKS AND DISCOMFORTS**

Although it is not the intention of the research or myself, due to the sensitive nature of the subject it is possible that talking about it may produce negative or strong emotions, such as embarrassment. Also due to the highly personal nature of the research, you need to be aware that I reside in Whangarei and we may encounter each other in a public space or through everyday socialising. For these reasons it is important that your participation is entirely voluntary. It is possible that this interview may bring up emotional responses, and these may be unexpected, especially if your experience is recent or unresolved. You have the right to pause or stop the recording at any point during the interview for any reason.

Te Kunenga
ki Pūrehuroa

Massey University School of Psychology – Te Kura Hinengaro Tangata
Private Bag 11222, Palmerston North 4442 T +64 6 356 9099 extn 85071 F +64 6 350 5673 www.massey.ac.nz

Both myself and my supervisor at the Massey University School of Psychology are well connected to national networks of support services and will provide you with referral resources on site if you find yourself continuing to experience a negative reaction once the interview has concluded. You are welcomed and encouraged to discuss any concerns or questions with me prior to signing this consent form and prior to the interview itself.

- **CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. However, if you should disclose potentially harmful behaviour, directed at yourself or others, I would need to inform my supervisor and report it to the relevant services for safety reasons. Confidentiality will be maintained by means of storing interview data separately from signed consent forms, securing consent forms in a locked office only accessible by the research supervisor and destroying the audio recording of the interview once you have signed off on your transcription. Consent forms will be securely destroyed after 5 years. All identifying information will be removed from the transcripts and any excerpts from the transcriptions included in the research will be incorporated in a way so as to avoid identification with any one participant. All names will be changed and participants provided with a pseudonym.

- **PARTICIPATION AND WITHDRAWAL**

If you decide to participate, you have the right to

- decline to answer any particular questions,
- withdraw from the study at any given point prior to the sign off of transcript,
- ask any questions about the study at any time during participation,
- provide information on the understanding that your name will not be used and be given access to a summary of the research findings when it is complete.

- **IDENTIFICATION OF RESEARCHERS**

If you have any questions or concerns about this research, please contact:

Teresa Urquhart (researcher)
School of Psychology
Massey University
Palmerston North
Phone: 021 077 4901
Email: teresa.urquhart@yahoo.com

Dr Leigh Coombes (Research Supervisor)
School of Psychology
Massey University
Palmerston North
Phone: (06) 350 5799, ext 2058
Email: L.Coombes@massey.ac.nz

- **RIGHTS OF RESEARCH SUBJECTS**

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 15/08. If you have any concerns about the conduct of this research, please contact Prof Julie Boddy, Chair, Massey University Human Ethics Committee; Southern B, telephone 06 350 5799 x 86055, emailhumanethicsouthb@massey.ac.nz

Appendix C - Consent Form



“Turn the lights down low”: Women’s experiences of intimacy after childbirth

PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being sound recorded.

I wish/do not wish to have my recordings returned to me.

I wish/do not wish to have data placed in an official archive.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: _____ **Date:** _____

Full Name - printed _____

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Appendix D - Confidentiality Agreement



MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKĒNGA TANGATA

“Turn the lights down low”: Women’s experiences of intimacy after childbirth.

CONFIDENTIALITY AGREEMENT

I (Full Name - printed)

agree to keep confidential all information concerning the project

I will not retain or copy any information involving the project.

Signature: _____ **Date:** _____

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Appendix E - Letter of Support, Cultural Advisor



13 January 2015

Maunganui te Maunga
Waipoua te Awa
Matatina te Marae
Tuohu te Whare
Te Roroa Te iwi

To whom it may concern

E nga mana, E nga reo, E nga hau e wha

Teresa Urquhart has approached me regards to an ethics application for her Thesis project. This letter of support is to confirm that I am available to provide advice regarding any cultural safety issues/matters she may encounter during the research process.

I wish Teresa well in her studies.

A handwritten signature in black ink, appearing to be "Noel", written over a faint circular stamp or watermark.

Noel Taoho Matthews
CEO NorthAble
0272268224
Noel.Matthews@NorthAble.org.nz

Appendix F - Confidentiality Agreement, Support person.



“Turn the lights down low”: Women’s experiences of intimacy after childbirth.

CONFIDENTIALITY AGREEMENT (support person)

I (Full Name - printed)
agree to keep confidential all information concerning the project
.....
..... (Title of Project).

I will not retain or copy any information involving the project.

Signature: Date:

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Appendix G - Authority for the Release of Transcripts Form



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AND SOCIAL SCIENCES
TE KURA PŪKENGĀ TANGATA

“Turn the lights down low”: Women’s experiences of intimacy after childbirth.

AUTHORITY FOR THE RELEASE OF TRANSCRIPTS

I confirm that I have had the opportunity to read and amend the transcript of the interview(s) conducted with me.

I agree that the edited transcript and extracts from this may be used in reports and publications arising from the research.

Signature: _____ **Date:** _____

Full Name - printed _____

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