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Squishy, soft, strong, sturdy:  
How do women feel about their bodies since having babies?

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## Abstract

For centuries, Western society has taught women that they are second class, hysterical, and messy because their bodies bleed and grow as they accommodate menstruation, pregnancy, and menopause. Women are subjected to unrealistic body ideals that require them to be thin, toned, and beautiful; these standards often lead to women feeling unhappy with their bodies. These processes can be more pronounced when a woman is pregnant—and after she has been pregnant and is expected to “get her body back.” In this qualitative study, I explored how women felt about their bodies since having children and how representations of postpartum bodies from social media affected them. I interviewed eleven women and used photo elicitation with photographs of postpartum bodies participants brought to the interview. I analysed the data using Reflexive Thematic Analysis with a feminist and embodiment lens and developed three themes: Reality of Postpartum Bodies; Journey Toward Body Acceptance; Navigating and Engaging with Representations of Postpartum Bodies. Participants spoke about their saggy, soft, and completely changed body. They discussed their feelings about their bodies, ranging from sadness, shame, and disappointment to feeling empowered and proud of what their body had done. Each participant had a different journey of accepting their postpartum body. For some it was a constant struggle, whereas for others the journey was more positive. Learning to accept their bodies was a journey characterised by times of difficulty, the presence of a negative voice and pushing back against it, and surrounding themselves with people who were supportive. Body norms and ideals complicated this journey by reinforcing to participants that their body was not acceptable. Participants did not simply passively receive these ideals; they often resisted them, while still feeling their impacts. Participants’ accounts highlight the importance of making this journey easier by emphasising body appreciation and function, using strategies that counteract negative thoughts and managing social media carefully. However, supportive, caring relationships from people around us, and societal changes toward body acceptance, can play a key part in body acceptance.

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## Table of Contents

Abstract	i
Acknowledgements	ii
List of Appendices	v
<b>Chapter 1 – Introduction</b>	<b>1</b>
<b>Chapter 2 - Literature Review</b>	<b>2</b>
2.1 Menstruation	2
2.2 Pregnancy	4
2.3 Body Image and Embodiment	6
2.4 Body Ideals	7
2.5 The Othering of Race, Sexuality and Indigenous Peoples	9
2.6 Media and the body	12
2.7 Body Ideals in Pregnancy	15
2.8 Positive Body Image	17
2.9 Context of this Research	18
<b>Chapter 3 – Methodology</b>	<b>20</b>
3.1 Research Design Overview	20
3.2 Recruitment	20
3.2.1 Inclusion/Exclusion Criteria	21
3.2.2 Participant Demographics	21
3.2.3 Cultural Responsiveness	22
3.3 Procedures	22
3.3.1 Photo-elicitation Methodology	23
3.4 Theoretical Framework	24
3.4.1 Feminist Theory	25
3.4.2 Embodiment	25
3.5 Reflexivity	27
3.6 Data Analysis	30
3.6.1 Phase 1 – Familiarising Myself with the Data	30
3.6.2 Phase 2 – Data Coding	30

3.6.3 Phase 3 - Searching for Themes	31
3.6.4 Phase 4 - Reviewing Themes	31
3.6.5 Phase 5 - Defining and Naming Themes	32
3.6.6 Phase 6 - Writing up Thematic Analysis	32
<b>Chapter 4 – Analysis</b>	<b>34</b>
4.1 Theme 1 – Reality of Postpartum Bodies	35
4.1.1 Subtheme - Physical Reality of a Postpartum Body	35
4.1.2 Subtheme - Emotional Reality of a Postpartum Body	37
4.2 Theme 2 – Journey Toward Body Acceptance	40
4.2.1 Subtheme - Struggle to Accept the Body I Have	40
4.2.2 Subtheme - Acceptance for the Body that Exists after Babies	43
4.2.3 Subtheme - Body Acceptance is a Journey, It Takes Time	46
4.3 Theme 3 - Navigating and Engaging with Representations of Postpartum Bodies	51
4.3.1 Subtheme - Looking like you’ve had a baby is not OK – Invisible body ideals	51
4.3.2 Subtheme - Negative body ideals are enforced through society	54
4.3.3 Subtheme - Resistance to these ideals	58
<b>Chapter 5 – Discussion</b>	<b>62</b>
5.1 The Complex Nature of Understanding, Knowing, and Accepting Your Body	62
5.2 Supportive Conditions Can Help with Body Acceptance	66
5.3 Study Limitations	71
5.4 Conclusion	72
<b>References</b>	<b>73</b>
<b>Appendices</b>	<b>98</b>

## List of Appendices

Appendix A - Full Ethics Approval - Human Ethics Application SOA 22/24	98
Appendix B - Advertising Flyer	99
Appendix C - Information Sheet	100
Appendix D - Consent Form	103
Appendix E - Interview Schedule	104

## Chapter 1 - Introduction

Throughout history, women have been constructed in negative ways (Shildrick, 1997; Kukla, 2005; Fox & Neiterman, 2015). Although women produce life through growing and birthing babies, people hold negative attitudes towards all parts of reproduction from menstruation through to breastfeeding (Chrisler et al., 2018). Moreover, women are held up to standards about how they should look that affects all aspects of their lives and means that they may continually feel unhappy with the way they look (Rodin et al., 1984). Within these difficulties, women have strength in ways that are not acknowledged, some can birth and nurture children, gain employment whether paid or unpaid, explore their worlds, and profoundly contribute to the society they live in. For these reasons there is value in exploring the experiences of women to begin to understand how they live in their bodies and manage the joys and difficulties of being a woman in the Western world. The aim of my research was to understand how women felt about their bodies at a particular stage of their lives when their bodies contravened thin body standards: when they had birthed children. In this research I interviewed women who have had a baby at least a year before to understand how they described this experience and its impacts on their bodies and lives.

Before I begin this literature review, I would like to acknowledge that gender and sex diversity means that the boundaries of male and female are not clear cut. I am aware that not all women bleed, some trans men and non-binary people still experience menstruation, pregnancy, birth, and breastfeeding. Although this research is not intended to be exclusive, when discussing this context of this study, I will be referring to a body of research that mostly looks at how cisgender women experience their bodies. All of my participants also identified as cisgender women.

In the following literature review, I will traverse how society views a woman's body from ancient Greek to present times and will look at different stages of a woman's life such as menstruation and pregnancy to understand how they are depicted. I will then move on to discuss body image and how societal body ideals can impact body image, with a particular focus on how the media portrays these ideals and how this affects women. Lastly, I will examine how body ideals affect women with postpartum bodies and the research that has already been done in this area.

## Chapter 2 - Literature Review

In a patriarchal society, the cis male body is seen as the normal way a body “should be” and anything that differs, such as the functioning of internal reproductive organs, is perceived as abnormal and inferior (Battersby, 1998; Kissling, 2006; Johnston-Robledo et al., 2007). This can be seen in the shame and secrecy that is associated with bodily fluids such as blood and milk, as well as how bodily states like pregnancy and menstruation produce reactions of disgust whenever they are discussed or alluded to (Chrisler et al., 2018). These perspectives and the reactions they elicit can be traced back to ancient, gendered ideas about men and women. Aristotle thought that women were “botched men” who were unable to be fully formed in the uterus and subsequently did not develop to their full potential (Battersby, 1998; Shildrick, 2002). Greek philosophy espoused a separation of mind and body where the mind was seen as rational, intelligent, superior, and represented the true self (Shildrick, 1997; Bordo, 2004), and the body was irrational, akin to animals, (Weiss, 2018) out of control, and vulnerable to getting its needs met (Bordo, 2004). Men were thought to be like the mind: superior, rational creatures, capable of logical thought, who could ensure that they were not controlled by what occurred in their body (Bordo, 2004; Kukla, 2005; Battersby, 2011; Weiss, 2018). Women, however, were linked to the body: inferior, equated with ‘unreason’ (Bordo, 2004), and seen as ‘other’ because their bodies bloat, gush, drip, leak, sag and deflate (Kukla, 2005) in response to menstruation, pregnancy, breastfeeding, and menopause. The female body with its sagging, curves, changes, and secretions was strongly associated with nature and viewed as animalistic (Johnston-Robledo et al., 2007; Ussher, 2005). Historically, these “conditions” have been viewed as exerting control over a woman, making her unstable, emotional, and irrational (Shildrick, 1997; Kukla, 2005). These ideas about women have permeated Western society and have resulted in the oppression of women for centuries (Grosz, 2020).

### 2.1 Menstruation

The positioning of women as inferior can be seen in historical representations of menstruation, pregnancy, and motherhood. Women’s bodies were often constructed as leaky, permeable, frail, and unruly (Grosz, 2020). Some of the earliest texts from Greek and Roman writers indicate that because women menstruate, this was evidence of their inferiority (Hufnagel, 2012). In medieval Europe superstitious beliefs about menstruation were common (Hufnagel, 2012). It was thought that menstrual blood could poison water, food, and drink, that it could kill plants and animals (Chrisler, 2011; Hufnagel, 2012), that it was poisonous to men, and that sexual intercourse during menstruation could produce deformed babies (Green, 2005). Jewish, Muslim, and Christian beliefs in medieval times proposed that a woman was ritually unclean when menstruating and intercourse should be avoided (Green, 2005). Any illnesses or problems for women were also seen as connected

to menstruation. In the 1930s, scientists were still trying to prove that women excreted poisons in their menstrual blood (Chrisler, 2011; Johnston-Robledo & Chrisler, 2013).

There are taboos about menstruation that still exist in Western society today. Menstruation is still seen as a curse or as a sign of a women's uncleanness and their lesser status (Kissling, 2006). Strong sociocultural messages promote secrecy about menstruation (Johnston-Robledo et al., 2007), women are taught to behave as if they do not menstruate (Bobel, 2010), and there is next to no discussion of it except privately (Chrisler et al., 2018). Advertisements that sell period products often use oblique references to menstruation, focus on hiding any leakages, do not show or reference blood at all and emphasise that using their products will restore cleanliness and femininity (Kissling, 2006; Chrisler, 2011). Menstrual etiquette in Western society centres around the idea that menstruation should be kept hidden (Moffat & Pickering, 2019). In this etiquette, it is deemed important to hide menstruation, avoid any "embarrassing" leakages, and act as if menstruation does not occur (Johnston-Robledo & Chrisler, 2013). Research has shown that people believe menstruation should not be discussed in public, mixed gender situations or if it is discussed it is done using euphemisms such as "I've got my friend today" (Johnston-Robledo & Chrisler, 2013). Because of these kinds of taboos, women may become self-conscious when they are menstruating and avoid some clothes or activities to ensure that their period is hidden from view (Johnston-Robledo & Chrisler, 2013). Nash (2022) interviewed people who lived and worked in Antarctica for long periods of time and found that menstruation was not discussed in Antarctic field manuals, there was no briefing on how to manage menstruation before deployment to Antarctica, a lot of mental energy went into managing periods so that they were hidden, there was little consideration around toileting regularly when out in the field, and there was a culture of silence around menstruation that made it difficult to discuss. This is just one example of the cultural silences around menstruation, which continues to be shrouded in secrecy and shame and mark a woman as different and abnormal (Kissling, 2006; Johnston-Robledo & Chrisler, 2013).

In addition, there is a new issue relating to menstruation that has been "discovered" in modern times: the premenstrual woman (Chrisler, 2011). Premenstrual syndrome (PMS) is a condition that occurs just before women menstruate and can include psychological and physiological symptoms such as mood swings, irritability, depression, backaches, headaches, and sore breasts (Eshetu et al., 2022). PMS can be a debilitating condition for some women and has been shown to increase body dissatisfaction and shame (Ryan et al., 2020; Ryan et al., 2022); however, it is often used to describe women when they display unusually angry or aggressive characteristics, as a way of minimising them, and has become another way of linking women with unreasonable, irrational behaviour (Chrisler, 2011). In Western society, PMS is depicted as a being a monster, turning women into moody

and dangerous people (Chrisler, 2011) who are controlled by their hormones (Figert, 2017) and capable of being aggressive and destructive. In this way, women are again seen as being like animals and unable to manage themselves.

## **2.2 Pregnancy**

Pregnant and mothering bodies are also seen as outside the norm. With their expanding flesh, leaky breasts, and bleeding, liquid discharges, mothers are associated with animals, in bodies that cannot be contained (Ussher, 2005). As far back as Hippocrates and Plato, it was thought that the uterus had its own desires and was able to influence a woman and her pregnancy (Kukla, 2005; Ussher, 2005). Kukla (2005) notes that at this time, it was believed that although a female body could develop and grow a baby, it was permeable, able to take on poisons and toxins that could harm a baby. Here, the maternal body was seen as treacherous, requiring careful monitoring to ensure a healthy child. A woman's thoughts, desires, and experiences were thought to be capable of imprinting on the foetus, resulting in a baby born with deformities (Shildrick, 2002) and if this occurred, the mother was at fault: she was solely culpable, solely responsible (Shildrick, 2002; Kukla, 2005).

Up until the 1800s, pregnancy was attended by women, managed by women, and was a women's domain (Ussher, 2005). Doctors were not usually involved in pregnancy and birth before this time. However, from this time on, as medical knowledge increased, pregnancy began to be seen as something that needed constant vigilance and monitoring, preferably by a doctor (Young, 1984; Ussher, 2005; Kukla, 2005). Medicine had become established as a profession and with this profession came more oversight of illnesses and diseases and pregnancy was considered to fit into this category (Kukla, 2005). Pregnancy and birth then became something to be examined and checked and the presence of a physician (if you could afford it) was assumed (Kukla, 2005; Ussher, 2005). As well as more information about the internal dimensions and understanding of the female body, books were written that focused on what a woman needed to do to ensure a healthy pregnancy and baby (Kukla, 2005; Ussher, 2005). It was thought that careful regulation of activities during pregnancy such as eating, sleeping, and exercising would help to ensure that when children were born they were not marked or difficult in any way (Kukla, 2005). If there was a failure in pregnancy and birthing the mother was responsible (Ussher, 2005). This became the start of pregnancy being seen as a risky enterprise, requiring medical governance and intervention (Lupton, 2012).

In contemporary times, pregnancy is managed carefully. Rather than a natural process, pregnancy is often framed as a risky undertaking and women are expected to work at their pregnancies to ensure a healthy baby (Kukla, 2005; Ussher, 2005). Technological advances mean that regular scans occur to monitor the baby's progress or check for abnormalities and

issues (Ussher, 2005; Lupton, 2012) alongside routine midwife or obstetrician check-ups where blood pressure, blood sugars, urine, and the foetus's heartbeat are monitored to ensure everything is going well with the pregnancy (Marshall & Woollett, 2000; Ussher, 2005). Aside from medical surveillance, there are clear guidelines women must follow to ensure a healthy baby (Marshall & Woollett, 2000; Ussher, 2005). The foetus is again positioned as at risk and any delays or issues with the baby are attributed to the mother's failure to adhere to proper care while pregnant (Lupton, 2011; Lupton, 2012). As in earlier historical periods, pregnant women are singled out as bearing the full responsibility for their unborn baby (Lupton, 2012) and are expected to put the needs of the baby above their own and be especially vigilant when pregnant (Lupton, 2017). There is an extensive list of things to do or avoid in pregnancy to shield the foetus from potential pollutants and/or stresses. Deborah Lupton (2011; 2012) writes about how women are positioned as being responsible for the "outcome" of the baby. This means they need to carefully regulate themselves when pregnant and when they "do wrong" in their responsibilities, they take the blame for the outcome.

Pregnancy apps which are now often used to help track and maintain healthy pregnancy position the pregnant body as high risk and in need of supervision (Marshall & Woollett, 2000; Thomas & Lupton, 2016). Women are aware of the "risk" of their pregnancies and developing babies and may feel anxiety about how they manage pregnancy and caring for newborn babies (Lupton, 2011; Lupton, 2017). Using a pregnancy app means women can be "responsible" parents, managing the risk and ensuring that their vulnerable children get the best they can (Johnson, 2014). Research that has analysed these apps has shown that mobile pregnancy apps exploit information about users; this research also illustrates how apps can influence ideas about the pregnant body and the relationship between the body and the self (Barassi, 2017). These apps help to prompt or provoke women to engage in pregnancy in certain ways and provide techniques to evaluate, manage and keep track of pregnancy and motherhood (Johnson, 2014). Through these measures, the pregnant body is treated as one that must be disciplined and managed (Ussher, 2005).

Of course, there is complexity around the use of such apps, and deeming them wholly negative would neglect to acknowledge the potential utility of this kind of technology. Indeed, many women find these apps reassuring and helpful when pregnant and mothering for the first time, as they can provide information about their situations that gives them assurance that their pregnancies and their children are following "normal" guidelines (Lupton, 2016). Similarly, other research into how women use digital health technologies found that the use of apps and using the internet to search up health related advice gave participants a sense of agency and control about managing their health (Lupton & Maslen, 2019). Whichever way pregnancy apps are employed, there is complexity involved; while these apps may help to

support pregnant women, they are not neutral advice givers. They give specific cultural messages about pregnancy that “push” women to monitor their weight, diet, exercise blood sugar levels etc. that continues to promote the idea that a responsible mother must actively “work” at her pregnancy in order for it to be normal (Johnson, 2014). When analysing and understanding body image, body ideals, and the management of the leaks and flows of a women’s body, it is important to consider the complexity and context involved in these situations so that the analysis can be thoughtful and nuanced.

### **2.3 Body Image and Embodiment**

Women are also given strong messages regarding the suitability of their bodies. Social constructions about what a woman should look like have changed over time. What has held consistent, however, is that these constructions are used to control and regulate women (Dworkin & Wachs, 2004; Palmer-Mehta & Shuler, 2017). These ideas about what is an acceptable body become pervasive in society and internalised by women which can result in them monitoring and disciplining their bodies in order to ‘fit’ these constructions (Gill, 2007). Body image and embodiment are key concepts when thinking about this. Body image can be defined as how a person appraises, thinks, and feels about their body (Grogan, 2022). One way of understanding body image is that how we perceive our outward appearance is not done in isolation, but rather is influenced by the culture that we live in and the people we interact with (McBride, 2018). Body image includes an evaluative aspect where the body is assessed and judged according to what is considered to be a good and attractive body within the culture that a person lives in (McBride, 2018). There are many theoretical perspectives on body image. These include the idea that the sociocultural influences of media, family and peers affect body image (Thompson et al., 1999b; Hazzard et al., 2019). Another approach to thinking about body image is through the lens of cognitive behavioural theory, which posits that body image is influenced by environmental factors, personality, and physical characteristics. (Cash, 2002; Tylka, 2019a). Others use objectification theory to explore body image; this theory proposes that because women’s bodies are objectified by Western society, they in turn view their bodies as objects which leads to surveillance and monitoring of themselves (Fredrickson & Roberts, 1997; Grogan, 2022).

Regardless of the theoretical perspective espoused, there are many factors that influence body image. For example, in the Western world, negative body image or dissatisfaction with our body is often connected to thin-ideal internalisation and self-objectification. Thin-ideal internalisation refers to internalising the idea that thin bodies are the most desirable (Thompson et al., 1999a). Self-objectification occurs when a person takes an outsider’s perspective of their bodies, thinking about how their body and appearance will be assessed and appraised by others (Quinn et al., 2011). In Western society, self-objectification often occurs for women because there is a focus on their bodies being sexually attractive so that

they internalise an outsider perspective on their bodies (Roberts et al., 2022; Dryden & Anderson, 2019). Thin-ideal internalisation and self-objectification are important contributors to body dissatisfaction. In a meta-analysis of research looking at the link between the internalisation of body shape ideals and body dissatisfaction it was found that there was a very large positive relationship between thin-ideal internalisation and body dissatisfaction (Paterna et al., 2021). In addition, self-objectification has been shown to relate to more thoughts about the body and its appearance and more negative emotions about the body (Quinn et al., 2011) and people who have higher levels of self-objectification have lower levels of positive body image (Karsay et al., 2021).

However, body image has its limitations in terms of explaining how a person feels about their body, lives within their body, and interacts with the world. It tends to focus on the cognitive aspects of the appearance or image of the body and does not incorporate those internal sensations and intuitive knowings of living in a body (McBride, 2018). These things are not separate, but are interconnected and linked. When looking at how women relate to their bodies, embodiment can be a useful concept because it incorporates how a person feels about their body as well as how they live in their body. One prominent embodiment theorist is Merleau-Ponty (1962), who suggested that we cannot understand or live in the world without bodies. He proposed that everything we know and do in the world is done through our bodies (Chrisler & Johnston-Robledo, 2018). Embodiment can incorporate constructs of body image, but it also includes the sensations of living in a body, what it feels like to eat something, or experience pain. These ideas are important when looking at how people feel about their bodies, because how a person lives in their body can affect their wellbeing. Researching embodiment can help in understanding the various difficulties people can have with their body that includes eating disturbances, drug and alcohol use, and self-harm (Piran & Teall, 2012). Niva Piran (2016) has researched embodiment with women and girls and has found that how women and girls relate to their body is complicated and related to whether they are in tune with their body, take pleasure in it, feel like they can make conscious choices about their lives and whether they take are engaged in meaningful activities. The concept of embodiment helps to capture the complexity of experiences that people have living in their bodies.

## **2.4 Body Ideals**

Body image and embodiment are important when considering body ideals that women have been subjected to in the past, as well as how these ideals continue to have an impact today in Western society. In the 19<sup>th</sup> century, a “prized” female body was an hourglass figure that accentuated breasts and a very narrow waist that could only be achieved through wearing tight corsets that imprisoned women in their bodies (Bordo, 2004). When worn, women were unable to move around or sit comfortably. Their use was couched as a form of control and

self-restraint for women's bodies but because of their uncomfortableness, they impacted on women's ability to do anything outside of domestic life (Bordo, 2004).

Towards the end of the 19<sup>th</sup> century and the beginning of the 20<sup>th</sup> century, being fat or having excess flesh began to be seen as problematic (Walden, 1985). Prior to this time, being fat was admired; this change in body ideals resulted in people who would not have been considered overweight suddenly being judged as too fat and needing to shed their extra weight (Walden, 1985). This was particularly emphasised for women. From the late 19<sup>th</sup> century, body management and diets began to preoccupy middle- and upper-class people, and an idealised thin body shape became the focus (Bordo, 2004). Fat became the enemy and achieving an ideal body type began to feature more prominently (Bordo, 2004). This can be seen in the change in 'desirable' women's bodies that emphasise a slender waist and legs, which then moved to a slender, boy-like body in the 1920s flapper era (Swami, 2015). From this time on, women's ideal bodies have become smaller and smaller. Research that has examined models, Miss America pageant winners, and Playboy centrefolds has found that the waists, busts, hip sizes, and weights of these women have decreased since the 1960s (Morris et al., 1989; Wiseman et al., 1992; Garner et al., 1980).

Being fat today is stigmatised. If you are fat, you are thought to be lazy and unable to control your appetites (Lupton, 2018). Lupton (2018) notes that fatness is presented as being associated with ill health, which can be seen in the rhetoric about the obesity 'epidemic' in Western society. Overweight and obese people are assumed to have higher rates of illness, disease, and early death (Lupton, 2018). People who are slender are seen as virtuous and upstanding citizens whereas fat people are equated with gluttony and sloth (Saguy & Gruys, 2010). Being fat is couched as a moral failing of someone to take care of themselves and monitor their food and exercise patterns (Murray, 2008). Managing health is framed as an individual's responsibility, and when someone is overweight, it is a visual reminder that they have been "unsuccessful" in this endeavour (Murray, 2008). Media portrayals of overweight or obese people imply that they are lazy and have failed in their duty of adhering to the thin, white ideal (Saguy & Gruys, 2010). These representations reinforce stereotypes regarding the suitable body and mask the complexities of people's lives that affect their health.

Today in the Western world, there is pressure for women to conform to increasingly unrealistic and narrow ideals (Nash, 2014; Swami, 2015) so that many now feel continually dissatisfied with how they look because they are not young, white, thin, beautiful, hairless, and sexually attractive (Palmer-Mehta & Shuler, 2017). This dissatisfaction has been called a 'normative discontent' (Rodin, Silberstein & Stiegel-Moore, 1984), a term used to describe women's dissatisfaction with their body and weight that is now thought to be the norm rather than an exception (Tantleff-Dunn et al., 2011). Whitehead et al. (2017) found that that in over

30 countries in Europe and North America, one third of 15-year-olds that were normal or low weight saw themselves as overweight. Fallon et al. (2014) found that in America, 13-31% of women and 9-28% in men experience body dissatisfaction. While a thin body is held up as being ideal because it is seen as the most attractive female body, it is also idealised for the attributes ascribed to it. A person with a thin body is seen as a desirable person who will be successful romantically and economically (Donovan et al., 2020). While body ideals are fixed, bodies change as they age as do the experiences of women in relation to how they adjust to their ageing bodies. There is little acknowledgement in Western society that as women age their bodies naturally wrinkle, they gain weight, and they often no longer adhere to these ideals (Montemurro & Gillen, 2013).

Although the thin ideal has been the main beauty standard for women, there is a recent trend that is emerging called the fit body or fitspiration that espouses a healthy muscular body (Donovan et al. 2020). Initially it was proposed as a challenge to the thin ideal; however, it has become a new standard for people to aspire to (Slater et al., 2017). Often found on social media sites, fitspiration promotes a lifestyle that is based on strength not thinness (Dignard & Jarry, 2021). Its focus is a lean, toned, and muscular body which is obtained through exercise and healthy eating (Dignard & Jarry, 2021). Despite the ostensibly “healthy” focus of fitspiration sites, most images used on fitspiration social media represent one type of body that is thin and toned, suggesting that an unattainable ideal is still promoted (Tiggemann & Zaccardo, 2015). Furthermore, this content may not be hugely different from “thinspiration,” which is often associated with eating disorders. Alberga et al. (2018) compared fitspiration with other social media that focused on thin body image ideals (thinspiration) from three social media sites and found that both types of content focus on restricted eating, appearance-based images, and sexually suggestive poses. This suggests that while fitspiration appears to be a ‘healthy’ option by focusing on healthy eating and fitness it still emphasises the desirability of thin body types and promotes restricted eating (Tiggemann & Zaccardo, 2015; 2018; Alberga et al., 2018).

## **2.5 The othering of race, sexuality, and Indigenous peoples**

There is added complexity here when a woman is not white, heterosexual, cisgender, and/or affluent. Women of colour, and those who are queer, are subjected to even more surveillance and othering (Bobel, 2010). This intersectionality adds complexity and discrimination that increases as the categories of colour, sexual and gender identity differ from the norm (Nash, 2011). A woman of colour will experience discrimination as a woman, as a woman of colour, and in ways that are different depending on the context or person (Nash, 2011). In this way, a Black woman’s body is experienced very differently to a white woman’s body—and again, there is no singular experience within the broader categories of ethnicity or other axes of intersectionality. Andrea Shaw (2005) writes about how the fat

Black woman's body is triply removed from the idea of a normal body because it is Black, it is female, and it is fat. In general, these things are stigmatised (Pickett Miller & Platenburg, 2021).

Gentles-Peart (2020) writes about how the othering of Black bodies can be traced back to before slavery. Black women's bodies were seen as sub-human because they differed from what was "normal" in Western society (white, thin) and this justified the violence used towards them (Gentles-Peart, 2020). The justification of slavery was founded on the shame and disgust for female Black bodies that was engendered when white males encountered them (Morgan, 1997). Black women's bodies continue to be treated with contempt in Western mainstream spaces and their "otherness" is evident in the colour of their skin which frames them as even more monstrous than the white women's body (Gentles-Peart, 2020; Pickett Miller & Platenburg, 2021).

This othering of different bodies can be seen in how the Indigenous Māori community in Aotearoa New Zealand is treated, as well. Since Aotearoa was colonised by white settlers, Māori bodies have been viewed as monstrous, inferior, and savage (Hokowhitu, 2014). This continues today and can be seen in the rhetoric surrounding the health statistics for the Māori population which problematises Māori health and continues to construct their bodies as other, less than, and abnormal (Hokowhitu, 2014). Colonisation in Aotearoa has resulted in differential access for Māori to goods, services, and opportunities which means that Māori experience more difficulties with their health than Pākehā (white people) (Warbrick et al., 2019). Fat Māori women are discriminated against in many ways that intersect based on sexist, racist, and fatist ideologies which restrict equal access to opportunities and equitable education, employment, and healthcare (Warbrick et al., 2019; Gillon, 2020). This results in them being unable to live full lives where their wellbeing is assured.

Prior to colonisation, fatness was not negative, and instead denoted ideas about nurturing, caring, and embracing bigness; it signified vastness and the life force (Gillon et al., 2022). In more recent times there has been a resurgence amongst Māori, wherein many Indigenous people are reframing their health and their bodies in Indigenous, culturally rich ways (Gillon & Pausé, 2022). Māori words used for fatness have positive connotations, meaning rich, plentiful, and important (Gillon et al., 2022). Words such as *mōmona*, which means abundant, nurtured, and well looked after, or *tuawhiti*, which means thick and of good quality, can be used to counteract the narrative of negativity that surrounds fat indigenous bodies (Gillon & Pausé, 2022). Ashlea Gillon (2020) proposes alternative representations of fat Indigenous Māori women's bodies using a Māori understanding of body sovereignty which prioritises Māori women's knowledge and understandings about bodies. For fat Māori women, Māori Kaupapa and knowledge can help to resist discriminatory ideas and practices

about their “othered” bodies.

In addition, queerness is seen as an inability to conform to “normal” categories of colour, shape, and heterosexuality (Isoke, 2014). Fatness and queerness have been treated in similar ways in society. They are stigmatised and have resulted in interventions that have tried to erase them and make them ‘fit’ into the normal body ideal (Wykes, 2014). These categories make the woman/person even more outside of the norm than just being female and categories of disgust become more pronounced. Lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) communities have historically been positioned as abnormal and deviant (McPhail & Bombak, 2015). When people within these communities are fat, they are further stigmatised and abnormalised.

Black people, racial minorities, and those of lower socioeconomic status are overrepresented in statistics for overweight and obese people in the Western world. The ‘obesity epidemic’ that has been described as a public health crisis puts the focus on individual responsibility for this issue and assumes that fat people have failed in their duty to be responsible, healthy citizens and lose weight (Wykes, 2014). This rhetoric ignores the surrounding issues that have contributed to these statistics such as systemic racism, discrimination, and poverty. Hokowhitu (2014) describes how the thin, healthy ideal is about privilege and power. To maintain a healthy body, a person must be able to have an education, so they earn enough money to buy the right foods and have the time to exercise (Hokowhitu, 2014).

However, curvy, and voluptuous Black women’s bodies are being reclaimed by Black women. The “thick” Black body is being rethought and taken back from racist and sexist ideologies to be made in their own ideas and not the ones society has proposed (Gentles-Peart, 2020). Research conducted on Caribbean women living in the US has illustrated how these women redefined negative ideas about black, curvy women’s bodies into sources of strength and community (Gentles-Peart, 2020). Within communities of like-minded and similar women they discussed the challenges and struggles of their bodies not fitting into the “ideal” and recounted ways that they affirmed themselves and pushed back against the racist, sexist ideals. This research showed how these women experience the “otherness” of their bodies in everyday interactions with others. It should be noted here that although the thick Black body can be used to resist beauty ideals of thinness, it can still stigmatise Black women and those that do not typify this ideal (Hughes, 2021). Discourse around the embrace of the thick Black body—and, potentially, the pressure to embrace one’s body despite cultural stigmatisation—can also hide the struggles that Black women have with their bodies, particularly when they do not fit any body ideal (Hughes, 2021).

The intersection of race, sexuality, and socioeconomic status adds complexity to these body ideals. When filtered through these intersections a Black or lesbian woman will interpret and navigate them from their own particular cultural, and sexual standpoints. However, the focus needs to continue to be on societal change on body ideals so that individuals are not made responsible for historical and cultural contexts that have promoted racist and discriminatory views and actions towards those who do not “fit” because of their ethnicity, sexuality, income status, or so on.

## **2.6 Media and body**

In the last 15 years, smart phones have changed how people interact with media. Information is now easily accessed from the Internet and there is ubiquitous use of social media such as Twitter, Instagram, Facebook and TikTok. Social media has become a big part of people’s everyday lives. However, media use can affect how people feel about their bodies. Traditional forms of media (magazines, television), including social media have been shown to negatively influence how people feel about their bodies (Fardouly et al., 2017; Nagl et al., 2021; Wu et al., 2022). Social media, however, has distinctive features that contribute to its impact on body image (Rodgers et al., 2021). It differs from traditional media in that the people that are portrayed on social media are more often people who are similar to those that view the content whereas traditional media tends to use celebrities and models (Fardouly et al., 2017; Rodgers et al., 2021). In addition, editing tools are used on social media to manipulate the images to be less like how the person would look “in real life” and there is much more user interaction on social media so that people can ascertain whether a person’s post is more well liked or not (Rodgers et al., 2021). These things all significantly contribute to how social media affects body image compared to traditional media.

Research has shown that exposure to the thin ideal body image in media (magazines, television, photographs) is linked to body dissatisfaction (Grabe et al., 2008). Grabe et al. (2008) found, in a meta-analysis of 77 studies, that overall, when exposed to media images of thin bodies, people report more body dissatisfaction, a higher internalisation of the thin ideal and more anorexic and/or bulimic beliefs and behaviours. More recent meta-analyses have illustrated how viewing appearance focused social media that uses body ideals (e.g., fitspiration, thin bodies) negatively affects body image and is more damaging to body image than other types of appearance images on social media (de Valle et al., 2021).

Social media plays a part in controlling and surveilling women’s bodies. Social media platforms such as Instagram, TikTok, and Facebook mean that women are bombarded with images of what is an acceptable body. A significant amount of research has been conducted on how social media use can affect body dissatisfaction and disordered eating. In general, appearance focused social media such as Instagram can have a negative effect on body

image (Myers & Crowther, 2009; de Valle et al., 2021). Time spent on Instagram has been positively correlated (increases) with depression, anxiety about physical appearance and disturbance in body image (Sherlock & Wagstaff, 2019). Visual platforms such as Instagram affect body image more than textual ones because these platforms are more likely to include content that focuses on physical appearance resulting in more opportunities for users to self-objectify, internalise appearance ideals and then make negative comparisons with their own bodies (Vandenbosch et al., 2022). As noted above, fitspiration is increasingly common and reflects a shift in body ideals toward toned, “fit” bodies. Researchers have suggested that exposure to fitspiration pictures leads to negative mood and body dissatisfaction (Tiggemann & Zaccardo, 2015; Rounds & Stutts, 2021). Engaging with fitspiration and clean eating content is associated with higher levels of compulsive exercising and dysfunctional eating patterns (Wu et al., 2022). This is because fitspiration still endorses a lean, thin body type and can include shaming and stigmatising messages about eating and exercising (Bowles et al., 2021). Thus, social media can affect body image and can also result in unhealthy behaviours and beliefs about exercise and food.

Social comparison theory may help to explain some of these findings. Social comparison theory proposes that humans compare themselves to others as a way of trying to understand who they are (Festinger, 1954), which can affect body image (Chrisler et al., 2013). These comparisons can be upward, comparing yourself to people who are ‘better’ than you; similar, comparing yourself to people who are like you, and; downward, comparing yourself to others who are unlike you (Festinger, 1954). If comparisons are upward, they are more likely to decrease self-esteem and when they are downward, they are more likely to increase self-esteem (Festinger, 1954). Social comparisons may be particularly pronounced in relation to social media because, as discussed above, idealised images of people are often presented in these spaces and it is easy to alter images to make a person look more in line with ideals (Fardouly et al., 2016). Myers & Crowther (2009), in their meta-analytic research on how social comparison predicts body dissatisfaction, found that women are just as likely to compare themselves to their peers on social media as to celebrities or influencers. McComb & Mills (2021) found that body dissatisfaction still occurred regardless of whether the images were of peers known to the participants (Hogue & Mills, 2019), similar aged peers who were unknown to them, celebrities (Brown & Tiggemann, 2016), or Instagram influencers (Fardouly & Holland, 2018) suggesting that it does not matter who the comparison is made with, it still affects people’s satisfaction with themselves. Thus, social comparison theory helps in understanding how social media affects body image because it allows us to explore how idealised images are promoted in online spaces, encouraging comparisons to celebrities and laypeople alike. In turn, we can see how these comparisons may impact women in detrimental ways.

However, there are positive aspects to social media as well. Since its beginnings, activists have used this digital platform to express opposition to the objectification of women in media (Darwin & Miller, 2021). Social media can be used to change the prevailing narrative about women's bodies (Zavattaro, 2021). Body positivity and fat acceptance movements have used this type of media and also other online activities to promote their ideas, challenge dominant discourses about thinness, and creatively protest these discourses (Zavattaro, 2021; Baer, 2016; Afful & Ricciardelli, 2015). Fat acceptance online content employs strategies that emphasise the visibility of fat bodies, refusing to cover or hide them so that the focus is on embracing bodies rather than tolerating their supposed deviation from the "norm" (Afful & Ricciardelli, 2015). There has been a growth in body positive social media that includes selfies of larger bodies with fat rolls and cellulite and includes captions and information that focuses on loving the body that you have giving marginalised bodies a "voice" (Cohen et al., 2019a).

Social media can also be used to promote positive body image through body positive social media pictures and accounts. Exposure to body positive content has been associated with an increase in women's body satisfaction and mood (Cohen et al., 2019a; Fioravanti, 2021). When women are shown images of bigger bodies, this can result in an increase in appreciation for their own body which could be because viewing images that do not conform to the thin ideal may inspire participants to accept their own body or they could have felt superior to the images used if their own bodies conformed to the thin ideal resulting in a more positive evaluation of their own bodies (Williamson & Karazia, 2018). Also, when women see body positive social media, they can also experience an increase in self-compassion and an increase in positive thoughts about their bodies (Rutter et al., 2023) which suggests that viewing bigger bodies on social media may result in more acceptance of a wider range of bodies. In a content analysis of body positive Instagram accounts, Cohen et al. (2019b) found that these posts depicted a wider variety of body types and ethnicities and included usually hidden parts of bodies such as stretch marks, cellulite, and stomach rolls. However, exposure to body positive content is not always positive. Rodgers et al. (2021) conducted a review of research that investigated what kinds of social media content help to support positive body image and found that images that contain people are more detrimental to body image than those that do not contain people. In addition, images of more average sized and realistic bodies have been found to be less harmful to body image. Portraying diverse body types can mitigate the effects of viewing idealised images on body image, however, it is not as clear whether this increases positive body image (Rodgers et al., 2019). Social media, then, comes with nuanced influences that are not all detrimental to wellbeing. The interactions between social media and body image are complex. How people react to social media and the types of social media used that affect people are complicated and

dependent on the contexts, personalities and factors involved in each person's life.

## **2.7 Body ideals in pregnancy**

When a woman is pregnant, her body naturally differs from the Western beauty ideals (Johnson, Burrows & Williamson, 2004). Contemporary discourses about pregnant bodies focus on the disciplining of pregnant women's bodies (Hine, 2013). Historically, and as noted above, women have been told that their pregnant bodies, with their abundance of flesh and discharges, need to be managed and controlled to be considered "normal." However, in recent times, the focus has become the 'ideal' pregnant body and the behaviours needed to make the body fit this image. Media portrayal of celebrities' bodies postpartum focus on their ability to slim down and "get their body back" (Upton & Han, 2003; Roth et al., 2012; Hine, 2013; Nash, 2015; Fox & Neiterman, 2015; Hallstein, 2015; Hopper & Aubrey, 2016) or it shames the celebrities who do not do this (Hine, 2013; Maddox et al., 2020). Research on the portrayal of pregnancy in women's magazines in New Zealand from 1970 to 2008 found that there was little focus given to the issue from the 1970s to 1980s (Hine, 2013). However, from the 1990s onwards there was an increase in material in the magazines that prioritised celebrity bodies, diets, exercise, and fashion. This increased coverage also included pregnant celebrities. Many of these articles focused on the "success" of pregnant celebrities because they were able to have it all together, stay fit and healthy throughout their pregnancy, and lose the weight quickly after having their children (Hine, 2013). However, there were also articles that discussed celebrities who had transgressed the "successful" pregnancy ideal by gaining weight, dressing inappropriately, looking frumpy and tired or pursuing their own careers after having a baby (Hine, 2013). Celebrities in this category were portrayed as "bad" mothers and as unsuited for motherhood because they did not adhere to the above ideals (Hine, 2013).

The ideal pregnant body is taut, toned, and only the pregnant belly is allowed to put on weight (Steube et al., 2022). The rest of a women's body "needs" to be svelte and attractive. Cramer (2015) writes about how the media focus on pregnant celebrities highlights the way pregnancy is represented and performed in society. By using images of thin celebrities who have only appeared to gain weight on the belly there is an implication that this is the "correct" way to do pregnancy (Cramer, 2015). Steube et al. (2022) in their research of Instagram posts that promote a Belly Only pregnancy found that this trend portrays an ideal of a pregnant woman that controls her diet, and exercises regularly to reduce weight gain in pregnancy. A quick google search of 'pregnant celebrity bumps' brings up numerous pages that show pregnant celebrities. Overwhelmingly these images are of thin bodied women with big bellies (e.g., <https://www.cosmopolitan.com/uk/body/g32219878/celebrity-pregnancy-body-bump-pictures/>).

Being pregnant means your body changes; it gains weight and becomes “fatter.” This can be difficult for pregnant women because, as discussed above, weight gain or loss is seen as something that a person can control and being fat or putting on weight indicates that a person has a lack of willpower or has failed. Earle (2003) conducted research on body image in pregnancy and found that their pregnant participants were keen to emphasise that their bodies were pregnant and not “just fat” and were concerned with ensuring that people understood the distinction. Johnson et al. (2004), in their research on bodily changes for women after pregnancy, found that the women interviewed felt unattractive, fat and that their bodies did not fit how they ‘should’ be. Hodgkinson et al. (2014), in a meta-analysis of 17 studies on pregnant women’s body image found that the women thought that a pregnant body was acceptable, but a fat body was not. This research highlights the pressure pregnant women feel when their body changes to justify their weight gain and body changes so that they will not be perceived as unable to control their weight (Earle, 2003).

In addition, there is a new industry that focuses on women getting their body back after pregnancy using products, diet, and exercise to achieve this (Maddox et al., 2020). Research has shown that for many women getting their body back to its pre-pregnancy shape is a focus and a source of concern (Prinds et al., 2020). This helps to strengthen the idea that a pregnant and post pregnant body needs to be controlled and made satisfactory again so that its weight gain, stretch marks, sagging flesh, heavy breasts are erased (Hooper & Aubrey, 2016; Maddox et al., 2020). However, for most women their body will not go back to its former shape, as it is naturally changed by carrying a baby (Maddox et al., 2020). This is not shown in celebrity images of postpartum bodies where a lot of ‘behind the scenes’ work is carried out to get their ‘body back.’

Quantitative research on the issue of body image for women post pregnancy has illustrated how exposure to the thin ideal when pregnant or in the postpartum period is harmful to the participant’s body image (Becker et al., 2022). Additionally, women can experience strong pressure to lose weight once they have given birth (Lovering et al., 2018), in response to trying to fit the ideals described above, and despite the potential unattainability of this goal. Further, most women experience body image dissatisfaction post pregnancy (Boybay Koyuncu & Duman, 2022), and the risk of perinatal depression is higher for women that are dissatisfied with their body image (Riquin et al., 2019). In addition, body image dissatisfaction has been shown to increase in the first year postpartum compared to the later stages of pregnancy which may be due in part to the idea that now the baby has been birthed it is no longer acceptable to be carrying extra weight (Rallis et al., 2007). Even when people lose weight after birthing their babies, this may still not be framed as “enough” (Gjerdingen et al., 2009). Body image satisfaction affects more than just how a person feels about their body; it can also affect overall satisfaction and wellbeing. Body image

dissatisfaction has been linked to lower self-esteem, decreased well-being, and feeling less competent in parenting abilities (Hutchinson & Cassidy, 2022).

Qualitative research that has explored how women feel and experience their bodies postpartum has highlighted the pressure felt by many to adhere to the cultural norms set out for them (Palmer-Mehta & Shuler, 2017; Johnson, 2018; Fox & Neiterman, 2015). When talking about their bodies, women often express their dissatisfaction with their postpartum bodies (Upton & Han, 2003; Clark et al., 2009; Nash, 2014; Nash, 2015; Johnson, 2018; Fox & Neiterman, 2015; Hartley et al., 2021). A meta-analysis of qualitative research on this issue found that women thought their pregnant body was transgressing the “normal” body of a woman and that they felt pressure once their baby was born to work on their bodies and lose weight (Hodgkinson et al., 2014). Keyser-Verreault (2021) conducted research with women in Taiwan who were pregnant or had just had a baby and found that for the participants, pregnancy and the ideal of beauty were seen as incompatible. Pregnancy was seen as breaking women’s bodies and a deterioration of their biggest asset (their beauty). This meant that many participants tried to diligently keep track of their weight during pregnancy and be careful about what they were eating.

As this body of literature illustrates, pregnant and post pregnant body ideals can impact how women feel about their bodies. These ideals continue to communicate to women that their swelling, bulgy, changing pregnant body is only acceptable when it complies with the ideal and once their children are born there should be no indication that they have been pregnant. These ideals convey that a woman is only acceptable when she is contained and managed.

## **2.8 Positive Body Image**

Of course, feeling dissatisfied with your body is not the whole picture for women in the Western world. Although there have been many studies that have looked at negative embodiment, negative body image, and impacts on women, there is also a body of research that has looked at positive body image and how to promote and strengthen it (Tylka & Wood-Barcalow, 2015). This research is concerned with enhancing aspects of positive body image so that people can begin to care for, respect and celebrate their bodies (Tylka & Wood-Barcalow, 2015). Positive body image can be defined as loving and embracing your body, including the parts that do not meet body ideals, appreciating how it functions, and celebrating its uniqueness (Tiggemann, 2015).

Research into positive body image has found that it is multifaceted and includes body appreciation, body acceptance, having a broader concept of beauty, caring for the body, and filtering information that helps to protect body positivity (Tylka & Wood-Barcalow, 2015). Women with higher levels of body appreciation may be less affected when viewing

advertisements, suggesting that body appreciation can help to protect women from negative appearance messages (Halliwell, 2013) including those described above. Positive body image has also been shown to be related to beneficial health indicators such as higher self-esteem, less depression, less engagement in unhealthy diet behaviours, and more intention to care for their body (Gillen, 2015). Linardon et al. (2023), in a review and meta-analysis of functionality appreciation research, found that appreciation for body functionality is associated with better mental health and wellbeing, fewer problems with body image, and fewer eating disorder symptoms. In addition, they found that interventions that target body functionality appreciation produce improvements in this construct which suggests that it is possible to acquire and grow in functionality appreciation (Linardon et al., 2023). Researching how people feel about their bodies including this lens on positivity helps us to gain insight into the complexity of body image and embodiment and highlights ways that people can positively improve how they feel about their bodies.

## **2.9 Context of this research**

As discussed above, for centuries women have been viewed as lesser beings, likened to animals because their bodies spill substances regularly and accommodate many changes throughout their lives. Because of these things, women's normal bodily functions such as menstruation and pregnancy are treated with disgust and are kept hidden or sanitised to make them more palatable for society. Furthermore, their bodies are scrutinised and held up to standards that are unachievable and when they fail to meet these standards they are shamed for it. They are also surrounded by images in the media that consistently remind them of this issue. Living in a society that represents women in this way means that many struggle to live in their bodies and love them and this is especially true when they have had babies as their bodies are deeply altered by this process. However, this is not the whole story; women can and do resist and challenge these representations of themselves. Living in their bodies and learning to love them can be a lifelong process.

Within this context then, I was interested in researching how women in Aotearoa New Zealand feel about their bodies after having babies and how they make sense of what they see and hear about postpartum bodies. I was also interested in how images from media sources including social media can affect this issue because I wanted to understand how this impacted how they felt about their bodies. I combined interviews with photo-elicitation, asking participants to bring photos of postpartum bodies to help when discussing how media affects their feelings about their bodies. In this way, I was hoping to increase understandings about this topic and the specific influence of social media on how women feel about their bodies.

Thus, my research questions were:

1. How do women in Aotearoa New Zealand who had a baby at least a year ago feel about their bodies?
2. What sense do these women make of what they see and hear about postpartum bodies?

There is a range of qualitative research conducted on the issue of postpartum embodiment and body image; this research has used various methods such as photovoice (Nash, 2015), focus groups (Johnson, 2018), and interviews (Johnson et al., 2004) to explore how women feel about their bodies since giving birth. Qualitative research is helpful for providing understandings of how people make sense of their lives (Merriam & Tisdall, 2016). It can offer an opportunity to include and analyse people's lived experiences through methods such as interviews that allow participants to spend time speaking about specific issues.

Given the sensitive nature of discussing body image, using methods that help to make participants feel comfortable or that can allow them some ownership over the process are appropriate when discussing these kinds of issues. Visual methods have been shown to be beneficial when discussing deeply emotional experiences (Creighton et al., 2013; Krantowitz-Gordon & Vandermause, 2016). Photo-elicitation is a visual method that inserts photographs into a research interview to help solicit responses (Copes et al., 2018). The photographs can be participant generated or researcher generated and can range from photos that the participants took themselves, ones they found, or ones that the researcher found (Copes et al., 2018). For this research, photo-elicitation was used because photographs can be used as metaphors, can help to deepen interviews, and can call to deeper understandings of things that people may not be conscious of (Harper, 2002; Krantowitz-Gordon et al., 2016). This method has been used in conjunction with interviews to help deepen the information obtained.

Qualitative research conducted on postpartum body image, including that which I have reviewed above, has been conducted in several different countries. In my research, I aimed to contribute to this existing body of scholarship with an Aotearoa New Zealand lens by researching women in Aotearoa. Although it could be said that Aotearoa is much like many other Western countries, it still is a different culture to its nearest neighbour, Australia, and has unique characteristics that mean researching this population can help to add to the body of knowledge about this complex phenomenon.

## Chapter 3 - Methodology

### 3.1 Research Design Overview

In this section, I provide an overview of the research design, data collection methods and analysis process that was used for the research. Data was collected using semi-structured interviews and photo-elicitation with 11 participants. Participants resided throughout Aotearoa, New Zealand. Data was analysed using reflexive thematic analysis (Braun & Clarke, 2006; Braun & Clarke, 2013) from a feminist and embodiment theoretical positioning. Full ethics approval was applied for and was obtained (See Appendix A) on the 15 July 2022 (Human Ethics Application SOA 22/24).

### 3.2 Recruitment

Participant recruitment occurred from July to August 2022. An advertising flyer (See Appendix B) and blurb was placed on my personal Facebook account and groups that I belong to, such as the Naenae Community Notice Board Facebook page, and a Garage Sale Facebook group. In addition, it was shared on Massey University's Psychology Facebook page. I specifically recruited in my local community (Naenae Community Notice Board) because Naenae is a lower socioeconomic neighbourhood with a lower median income, educational achievement and higher numbers of Māori and Pasifika people (Statistics NZ, 2018; 2020). The perspectives of people from these communities would be particularly important to hear, given that they have not been included in as much research on this topic. I posted on the Garage Sale Facebook group because it is used by many mothers to buy and sell items from around the Wellington Region. The Massey University's Psychology Facebook page was also used because Massey can facilitate online and distance learning which can be helpful for many mothers who hope to study while looking after their children. Through my own postgraduate study, I have met many women caring for children who are also studying.

I wanted to engage 7-12 participants for this qualitative research. I engaged with Malterud et al.'s (2016) concept of information power to assess my sample size (11). Malterud et al. (2016) propose that the more information a sample holds that is specific to the topic being researched, the fewer participants are needed. They also state that if the research that is conducted has an already well-established theoretical background, a smaller sample size can be obtained because the theoretical framework has ways of explaining how the data connects (Malterud et al., 2016). For this research, the methods used (interviews and photo-elicitation) and the specificity of the participants obtained (women who had children) provided in-depth information about how women felt about their bodies. In addition, this research was closely linked into theories (e.g., embodiment theories and feminist theories) which were used extensively when trying to analyse and understand the information

obtained. This sample number is also in line with Braun & Clarke's (2013) suggestions that the sample needs to be big enough to see the patterns across the data but small enough to obtain a deep engagement with it. Eleven interviews allowed for a thorough exploration of the accounts of the participants that produced rich and complex knowledge about this research topic.

Twelve women responded to the recruitment. Eleven were from the Massey University Facebook page, and one from the Naenae Community Facebook page. While all these participants signed the consent form, one person who initially consented to be interviewed did not get back to me about times and dates for the interview. Participants were given a \$40 Prezzy voucher after the interview was conducted as an acknowledgement of their time given for the interview.

### ***3.2.1 Inclusion/Exclusion Criteria***

Participants were eligible to take part in the study if they were at least 18 years old and had given birth to a baby at least one year ago. I was careful to use inclusive wording in recruitment. The advertisement asked for people that had given birth and did not use labels such as women or female, to include anyone that did not identify as a woman (including transgender, non-binary, or gender fluid people). Ultimately, all participants identified as women.

Participants needed to have had a baby at least a year ago. I wanted to obtain a sample of people who had different ages of children in the hope of hearing people from a range of situations. I also wanted to speak with participants whose youngest child was at least a year old. I specifically did not want participants who had young babies/children (under 1 year) because the first year of a child's life is exhausting for a parent, they are often still breastfeeding and very connected to their infant, and participating could be an added burden. Having a child at least a year old meant that participants may have had a bit more time and breathing space to reflect on their body than if their baby was still quite young.

Participants needed to be aged over 18 years old as this is the age of consent as an adult. I thought that the experiences of adults may be different than for under 18-year-olds and so the sample age was narrowed accordingly. Participants came from around Aotearoa New Zealand. There was no restriction on where participants had to reside within Aotearoa, as interviews could be conducted via Zoom as well as face to face.

### ***3.2.2 Participant Demographics***

Demographics were not specifically obtained; however, before getting into the more formal interview guide questions, I worked to build rapport with participants. During this time

participants discussed their children and background, including their and their children's ages, their ethnicity, and so on. Participants ranged in age from mid-20s to mid-50s. Participants ethnic background were: 8 Pākehā, 1 from South America, and 2 not disclosed. One participant had 4 children, seven participants had 2 children, and three had 1 child. Children ranged in ages from 16 months to 17 years old.

### **3.2.3 Cultural Responsiveness**

I took part in consultation with Pikihuia Pomare, a Kaupapa Māori Senior Lecturer at Massey University. This occurred prior to ethics approval, via a Zoom meeting and emails. I did this to help ensure the advertisement, consent form, and information sheet were culturally appropriate for Māori. Interview questions were also adapted where appropriate to include Te Reo and to ensure that the language used was inclusive for Māori. Interviews began with whakawhānaungatanga (getting to know each other) where appropriate personal information was shared between participants and myself so that rapport building could begin. However, as there were no Māori participants, further cultural consultation was not required for the rest of the research. All participants spoke English and did not need the services of a translator.

### **3.3 Procedures**

Participants who had seen the advertisement for the research and were interested in being involved or wanted to read the information sheet contacted me via the Facebook post, Facebook messenger, or email. An information sheet (See Appendix C) was emailed to all those who responded. After reading the information sheet, people who were still interested were sent the link to a Consent Form (See Appendix D) using a Qualtrics survey link. After consent, interviews were scheduled via Zoom or in person at a day and time of the participant's choosing.

When interviews commenced, participants were taken through the consent form and information sheet again and asked if they had any questions. Consent continued to be negotiated throughout the interview, particularly when participants were distressed or upset. Participants were asked if they would like to choose a pseudonym for their interview. Five participants selected a pseudonym and six were assigned one. This was to ensure that privacy and confidentiality was maintained for participants.

Data collection began in late July 2022 and continued until mid-August 2022. Data was collected using semi-structured interviews (see Appendix E) that were conducted via Zoom except for one which was face-to-face. Interviews that were conducted by Zoom were at a time of the participant's choosing and were usually in their home via their computer. Some interviews were interrupted by children, which was managed as needed. This included stopping the interview so that the participant could respond to their child, do things for them,

or let the child say hello to me and introduce themselves before moving back into the interview. When these interruptions occurred, I checked whether the participant was ready to proceed again. For one interview, all the participant's children were at home at the time which meant there were several interruptions. The face-to-face interview was conducted in the participant's home. This participant responded via my local community Facebook page and was known to me through community circles. However, as the participant was not a close friend, I decided that this would not present a problem when conducting the research.

Semi-structured interviews were used because this method can help researchers obtain a comprehensive picture of someone's beliefs, knowledge, and perceptions of a topic (Smith, 1995) and attempt to capture the richness of a person's lived experience (Tracy, 2013). Interviews can also help to build rapport with people (Smith, 1995) which is beneficial when discussing personal topics. This method is also flexible enough to enable researchers to probe into interesting and salient comments that may arise from the conversation and expand on others when needed (Smith, 1995).

Interviews ranged in duration from 36 to 54 minutes. All participants except one brought along 3-5 photographs of postpartum bodies to aid the interview (see Photo-elicitation methodology). The participant who did not bring any photos looked at ones that others had brought to previous interviews to help support the questions that covered social media and idealised bodies.

### ***3.3.1 Photo-Elicitation Methodology***

In this research, photo-elicitation was used to understand how women's bodies are portrayed in the media, and participants' thoughts about these portrayals. Participants were asked to bring 3-5 photos of postpartum bodies to the interview. I hoped that by bringing photographs of postpartum bodies, participants could discuss how these kinds of images affected them. Media representation of women's bodies are often idealised, unrealistic and can impact negatively on how women feel about their bodies (Grogan, 2022). I was interested in how media representations portray women's bodies and hoped that the photographs would help the participants to discuss the often-unseen rules and ideas about what is an acceptable postpartum body.

Photo-elicitation is a methodology that uses existing visual images to stimulate and generate discussion about a particular topic (Reavey & Prosser, 2012). Using photographs in combination with interviews can help to access different emotions and understandings; they can evoke memories of things forgotten or emotions that were felt at various stages of a person's life (Reavey & Prosser, 2012). Photographs can have many meanings depending on the person or situation (Hidalgo Standen, 2021). They can also help people voice the

unspeakable or unsayable that is often not covered in conversation and can help to “disrupt” narratives, allowing people to reflect on contexts (Reavey & Prosser 2012). Visual methodologies can also be more empowering for participants as they have control over what photographs to bring and discuss (Bailey et al., 2021). Research conducted by Bailey et al. (2021) that used photo-elicitation to research body image illustrated how the process of collecting and sharing the photographs helped the participants to reflect deeply on this issue.

The photos participants brought to the interviews were varied and ranged from personal photos of themselves or loved ones to media images of postpartum bodies. The images were also a mixture of body types from idealised bodies that represented ideas about needing to lose weight after birth or were more realistic “normal” images of postpartum bodies that showed wrinkles, stretchmarks, and saggy bodies. For most of the interviews, these images helped to spark conversations about societal body ideals and their impacts on participants. However, there were a few interviews where participants struggled to discuss the images, or only wanted to discuss one photograph and in those cases, it was more difficult to generate conversations about these issues. One participant did not bring any photos to the interview, so photos that had been brought to previous interviews were used to aid in this part of the interview. I decided that the photos I showed her would not be personal ones from participants but would be ones that were of celebrities or social media influencers that ranged from being idealistic to realistic so that this participant could decide what photos she wanted to discuss. I asked for her permission to bring in these photos to the interview. It does need to be noted that this was not ideal because the participant did not have control over what images were discussed, but I thought it was important to provide some photos in order to be able to ask the questions associated with this part of the interview.

### **3.4 Theoretical Framework**

When conducting the research and analysing the data, I used feminist and embodiment theoretical frameworks to explore participants’ experiences of living in a postpartum body. How women feel about their bodies is affected by the sociocultural context within which they live. This research is situated within a Western, Pākehā culture that maintains that an acceptable woman’s body is a thin, white one and a fat, wrinkly, ugly one is not. Adopting a feminist theoretical framework to understand this research means not taking what is said in this cultural context about what is a “good” female body as an ultimate truth. This means examining the underlying assumptions that are occurring to see what women are being told about how they need to look, and how these assumptions are affecting them. In addition, an embodiment (how we live in our bodies) lens can give insight into how this sociocultural context affects how women inhabit their bodies. These frameworks enable deeper understanding about the complexity of living in a women’s body in the Western world. They

are discussed in more detail below.

### **3.4.1 Feminist theory**

Feminism has a broad spectrum of positions but involves the struggle for equality between men and women that also includes empowering those who live under many intersections of inequality such as race, class, sexuality as well as gender (Braidotti, 2022). Feminist theory in research seeks to place women's lives as well as those who are marginalised at the centre of research and challenges knowledge that excludes women and other oppressed groups (Hesse-Biber, 2012). According to Hesse-Biber (2012) there are numerous feminist lenses one can use when researching; however, their commonality is that they highlight multiple areas of oppression that cover not just sexist but also racist, colonialist, and homophobic points of view. The focus is not just the individual stories of people but looking to the wider issues that result in these forms of oppression. This emphasis means looking at the multiple ways people are being oppressed, with the goal of a political commitment to challenging and changing these structures of oppression (hooks, 2015). Using a feminist lens to understand how women feel about their bodies means understanding the way that Western society emphasises that women's worth is determined by their looks even though the appearance standards that are held for them are unobtainable (McBride & Kwee, 2018). These gender constructs are implemented throughout society to manage and control women. When a woman does not fit these standards, she often knows it.

In this research, the goal was to understand how women felt about their postpartum bodies, but to focus not just on their lived experiences of those bodies, but also the societal structures and ideas about women that affected these experiences. Using a feminist lens meant looking for the ways society constructs women as other and different, or alternatively looking for ideals that society uses to constrict the ways that women can be and live in the world. By listening to the experiences of women, noting when women are trying to "fit" how their culture says they should live in the world, and the issues that are created because of this I could pay attention to how they were being oppressed and inhibited (Hesse-Biber, 2012). Taking this perspective when interviewing participants meant I would look for times when participants felt they did not meet societal expectations about themselves and their bodies, and how this was enacted and shown to them.

### **3.4.2 Embodiment**

Embodiment, or "being in the world" (Merleau-Ponty, 1962) refers to what it is like to live in a body and includes not just the individual inner experiences of living in a body (McBride, 2018), but also the way this experience is shaped by cultural forces (Piran, 2017). Through living in our body, we can know the world, communicate with others, feel, touch and taste things around us (McBride, 2018). Thinking about embodiment is important because it can

show that the way we inhabit and live in our body links into our wellbeing (Piran, 2017). Niva Piran (2016) conducted a large research project into how girls and women experienced living in their body and from this research the Experience of Embodiment emerged. This construct attempts to understand how women and girls inhabit their bodies and has found that there are 5 dimensions to it that include connection and comfort in your own body, understanding and expressing your desires, taking care of yourself, participating in pleasurable interests, and resisting objectification (Tylka & Piran, 2019). The Experience of Embodiment can range from positive embodiment which means feeling positive with your body and being attuned to its needs through to negative embodiment which is when your connection with your body is disrupted and can result in neglecting your body (Tylka & Piran, 2019). Each dimension ranges from positive to negative and can identify the subtleties involved in living in our bodies (Tylka & Piran, 2019). If someone has disrupted embodiment, which can be characterised by evaluating their body negatively, not being in tune with their bodily needs and functions, not taking caring of their body or taking pleasure in activities, and not feeling like they can change or influence their lives they are more likely to experience depression, eating disorders or dysfunctional eating patterns and low self-esteem (Piran, 2017). In addition, looking at embodiment can help us to see the way that societal forces affect how a person lives in their body (Piran, 2017).

For women this is particularly important, because societal constructions of women's bodies are carefully prescribed and often result in women feeling more body image dissatisfaction and having more disordered eating because they are trying to fit these constructions (McBride & Kwee, 2018). Factors associated with body image need to be understood within the Western sociocultural context that seeks to disadvantage women and teach them that their only importance is their appearance (McBride & Kwee, 2018). Embodiment can help to capture these other wider cultural influences. However, it needs to be noted here that embodiment also encapsulates more than just sexist, misogynist structures that affect women. Race, disability, sexuality, and socioeconomic status are all factors that affect the ability to inhabit the body in a positive way and for those people who live with a number of these factors their oppression is greater and has a more lasting effect on their embodiment (Piran, 2017). Embodiment can also be seen as a form of resistance to the oppression of women and their objectification (McBride & Kwee, 2018). To fully inhabit a body, experience it in all its fullness, and be themselves as they are, pushes back against societal imperatives and refuse to comply with its strictures about how they should look and be in the world (McBride & Kwee, 2018).

In this research, using the lens of embodiment allowed me to look for areas where participants discussed what it felt like to live in their body, the sensations that occurred when pregnant and postpartum, whether those sensations made their bodies feel different, how

their body was and is functioning, whether they were in tune with it, whether they cared for their body, and whether they like the way it looked. In addition, it allowed me to explore whether a participant embraced the body they had and/or whether they resisted societal ideas about what their body should look like.

### **3.5 Reflexivity**

Qualitative research is subjective and context bound, and therefore it is important to acknowledge the factors that will have influenced this research. Reflexivity is a way of navigating and managing these factors and it occurs when the researcher continually evaluates and takes responsibility for how their background and knowledge changes the research (Berger, 2015). This includes ethnicity, gender, sexual orientation as well as how individual experiences, biases and political stances affect it (Berger, 2015).

I am a 45-year-old Pākehā, middle-class, heterosexual, cis-gender female, master's student. I have two teenaged children and gave birth in my late 20s to early 30s. As a woman growing up in the Western culture of Aotearoa New Zealand, I have been surrounded by unrealistic body ideals, I have lived in a postpartum body, and I can understand the difficulties of living in a body that is not “ideal.” However, because it has been a long time (15 years) since I was living in a postpartum body, I have more distance from a postpartum body than those who have young children.

It needs to be noted here that I have struggled with my body image since I was a teenager. I grew up in a family where skinny was better, and putting on weight was bad. As an adult I have been working on learning to love my body and this means that I have times where I am accepting of my appearance and at other times harsh on myself. When I am upset or stressed, I tend to feel more unhappy with the way that I look. However, as I have engaged in therapy and tried to understand and accept myself, I have begun to be more neutral about my body. I know now that there will be times of difficulty and times of joy, and I have learned how to welcome whatever occurs.

It is important to acknowledge how the above personal factors may have influenced this research. A researcher's history, their understandings about it, how they are positioned in relation to the research, their beliefs, values, and ways of conducting the research have an impact on the results (Mann, 2016; Berger, 2015). Berger (2015) states that the positioning of a researcher will impact research in the following ways: getting access to the community that they are wanting to study, shaping the relationship between the researcher and their participants, how they manage the research, what lens they look at it through, and how they analyse and interpret the information. All these factors will shape the findings of the research. In addition, researchers are often inside or outside the research. An insider to the

research has a personal understanding or experience of what is being researched or knows the community well (Hellowell, 2006). An outsider to the research is not familiar with the setting being researched or the people (Hellowell, 2006). These factors are not linear but play a complex part in the outcomes of research.

Reflexivity requires self-examination of my subjectivity and positioning within the research so that I notice and account for how I have shaped the research (Berger, 2015). It means that I need to consider when I have tried to be less influential and consciously stepped back, as well as when I have asserted my perspective and intentionally guided and affected it. There is often a tension between these things (Berger, 2015). As someone who has given birth and lived in a postpartum body, I am an insider to this research, because I have personal intimate knowledge about postpartum bodies (Hellowell, 2006) and the difficulties that this can bring. This insider status gave me knowledge of how to “access” people who have had children because I knew how communities of mothers stay connected and communicate with each other and meant that I was able to approach the interviews with an understanding of what it was like for my participants which helped in building a rapport with them. This would have shaped the relationship between myself and the participants because there would have been an assumption on both our parts that we had things in common. Lastly, my understanding about postpartum bodies and how that was for me will have shaped how I have conducted my research, the things I focused on, and the analysis I did.

There were benefits to my insider status as a researcher. At the beginning of the research interview, I always self-disclosed that I had two children, which meant that participants knew that I had experienced a postpartum body. This similarity helped in building a rapport and it also meant that I had knowledge of certain areas and could ask questions that others without this knowledge would not have been able to do. I was careful to follow what the participants wanted to discuss as I did not want to unduly influence on the conversations, there were occasions where I would probe or ask questions about things that I thought were important and was corrected by the participant. This was valuable information for me because it showed when I had brought in my own perspective about what was relevant for them. However, because they corrected me, I was able to get back to what was important for them and not go off on a tangent of my own making.

Given my inside knowledge of postpartum bodies I was surprised at times by what participants discussed as it was not what I had expected. This was a good sign for me that I was not following any preconceived path about what I was looking for, and instead was able to go along with what was important for the participants. My knowledge of what a postpartum body felt like supported me in the interviews because I was able to use that experience to explore parts of the participant’s stories that might not have been explored by another

person with no experience of this situation. One of these instances can be seen in the analysis when I elaborated a bit on what the participant discussed about her “leaky” body. This deepened the research, but it would have also influenced how the interviews proceeded. At times, this insider status could have been unhelpful because it may have meant that I did not explore certain areas of the interviews because I had some assumptions about what they were meaning.

At times I was also an outsider in this research because it had been 15 years since I had my children. This meant that I was further away from a postpartum body than most of my participants, and I was no longer embedded in the exhausting world of small children and the salient changes in my body. Because of this, I could have missed important moments in their interviews that could have been explored by someone with more recent understanding of a postpartum body.

As part of the research, I would discuss with my supervisor and/or my friends and family particular issues that were coming up for me at various times in the research. These were things such as wondering if I was leading participants when I asked certain questions or noticing how some of the participants had similar experiences to me. Talking about these issues with people helped me to reflect on how I was reacting to things during the research process, and meant I was able to take a “step back” at times when that was needed. When I discussed the research with friends and family, I did not talk about what participants said, only how I was conducting the research or reacting to it so that I could protect participants’ confidentiality. When I was upset or moved by my interviews, I journaled my thoughts and feelings to process what parts were “triggering” my issues and what parts were genuine feelings in response to the participant’s stories.

When analysing the data, I was aware of how my own ideas, and experiences would influence this process (Berger, 2015; Gerstl-Pepin & Patrizio, 2009). This is because my perspective about what I think is important influences what I focused on and may have led me to miss other significant information. However, when coding the data, I used an inductive approach, which meant the data was coded according to what was said without trying to fit it into any preconceptions or theoretical ideas I already held about the research (Braun & Clarke, 2006). This was important because I wanted the themes that were generated to be from the data set and the participants own experiences. In addition, I coded all data in the interviews, not leaving anything out so that I did not miss any potentially pertinent information. While there were many stories that had similar themes to my own, most importantly the interviews surprised me by their variations and by their differences to my own journey. The data gave insight into this area in ways I had not expected.

### **3.6 Data Analysis**

I used Reflexive Thematic Analysis (RTA; Braun & Clarke, 2006; Clarke & Braun, 2016) to analyse the data. RTA is a method of analysis that enables researchers to identify and analyse patterns across a data set (Braun & Clarke, 2006; Clarke & Braun, 2016). Exploring these shared meanings and understandings about the research topic being studied enables researchers to generate themes. It is a flexible method because it is not tied to one specific epistemological foundation of knowledge and can be applied using a variety of theoretical frameworks (Clarke & Braun, 2016). It also does not set out what methods can be used making it particularly useful to be applied to qualitative research. This flexibility meant that it was an appropriate technique to use when looking at how participants felt about their postpartum bodies because it could help to look for the meanings and patterns in the interview data for how participants experienced living in their postpartum bodies. The semi-structured interviews were transcribed and analysed from a feminist and embodiment framework. Analysis was conducted inductively, grounded by what was in the interview data (Clarke & Braun, 2016). Reflexive thematic analysis was used in 6 phases to analyse the data (see Clarke & Braun, 2016). These phases are detailed below.

#### ***3.6.1 Phase 1 – Familiarising Myself with the Data***

Doing a full transcription of the interviews was helpful for familiarising myself with the data and meant that I had noticed some interesting points prior to embarking on coding. After transcription, the interviews were read and re-read, and points of interest and similarities were noted as potentially valuable information. This stage of the data analysis means not just taking what is said at face value but looking for the deeper meanings and broader assumptions that might be occurring (Clarke & Braun, 2016).

There were several similar words or phrases used across the interviews, that I noted as potential links or patterns. When surprising, unusual, or different ideas or thoughts were discussed, these were noted as areas to look at later in the analysis. Using the feminist and embodiment lenses meant that I was also looking for times that participants were referencing ideas about what it means to be a woman or what women should look like to see the underlying cultural assumptions being used.

#### ***3.6.2 Phase 2 – Data Coding***

Using a computer programme called NVivo, I coded data inductively using what I noticed in the interview transcripts to create codes. This data coding was informed by the feminist and embodiment theoretical frameworks. Some initial codes were checked with my supervisor to ensure that I was coding appropriately. Codes were often labelled using participants own words such as “You’re not 20 anymore” or at other times reflected the meaning behind the sentence such as, “Thin and ideal body adherence”. When all transcripts were coded, codes

were checked again. At this point I discovered that some codes needed to be split or changed as the categories were too big, or not specific enough. These codes were recoded, or amended to ensure consistent coding across the data and to make it easier when it came to looking for the themes.

### **3.6.3 Phase 3 – Searching for Themes**

All codes were transported into a Word document from the NVivo programme. Codes were grouped together that were similar such as, “Postpartum body acceptance” and “Wanting to own and accept postpartum body.” Codes that were descriptors or had little in common with other codes were put into a miscellaneous category. Often similar codes overlapped with others, making it hard to know where to categorise. At times it was difficult to establish whether some categories were relevant. When this occurred, it was useful to consider whether these categories helped to answer the research questions. When clusters of codes did not seem to answer the research questions they were moved into a more miscellaneous category. However, they were not disregarded until they had been checked a few more times.

Visual thematic mapping helped with finding the links across the categories and identifying what the initial preliminary themes were. In conjunction with my supervisor, preliminary themes were broadened, incorporating, and connecting those that aligned. A central organising concept (Clarke & Braun, 2016), which is a principal or central idea that supports a theme, was used to help with incorporating all the various categories that were part of a theme. This was particularly helpful with two of the potential themes because they encompassed a large and varied number of ideas. Reflexivity was important during this phase because it identified when there were biases towards some ideas that might have ignored or excluded other valuable information that was relevant to the themes. These were identified when noticed and an effort made to ensure they were not influencing how the themes were shaping up.

### **3.6.4 Phase 4 - Reviewing Themes**

This part of the analysis involved checking the proposed themes against the data that was coded to them to ensure that the themes fit and then to check that the whole data set fit with the themes (Clarke & Braun, 2016). This required finding excerpts from the transcripts to check that the data coded to the themes were relevant. When the quotes were not relevant, these sets of data were moved to other themes or removed altogether. This was important when some categories overlapped, to ensure that the themes were clear, and distinct enough from each other. In one proposed theme, I found that overlap had occurred between how people felt and how they were affected by societal norms which meant moving some of them into the more relevant theme.

Four initial themes were proposed and using the quotes and the core idea of the themes, sub-themes were established. This ensured that the themes incorporated all the data and were the most comprehensive and thorough they could be. Keeping the research questions in mind and after continual reviewing of the themes, one theme became incorporated into the other three making the themes more nuanced and richer (Clarke & Braun, 2016). Additionally, as discussed above, some parts of the initial themes were moved into other ones because they were a better fit. Two of the themes had a lot of data coded into them, and these themes ended up with 3 sub-themes each, which helped to highlight specific aspects of the theme. These sub-themes were useful in “teasing out” salient information and variations within a theme. I then looked at the whole data set again to check that information had not been missed and that the themes were still fitting all the data.

### ***3.6.5 Phase 5 – Defining and Naming Themes***

This phase focuses on analysing the data in each theme and finding portions of the data to illustrate them. This phase also involves finalising the names of the themes. For each of the themes, quotes were selected that illustrated the points being made. These quotes were helpful in telling the story of the theme (Clarke & Braun, 2016). Emphasis was placed on ensuring that quotes came from across the data set and did not just concentrate on only a few participants so that a true reflection of the data could be shown. At times, it was difficult to narrow the quotes because there were so many insightful ones. In the write up (see phase 6) some quotes were changed, and new ones found once the themes had been analysed thoroughly.

Finding names for the themes was a mixed endeavour. Some themes were easily named or came from participant’s own words, whereas others were more difficult and required refinement until a satisfactory name was found. For instance, the last theme needed a bit of work to get the best fit. Checking in with my supervisor helped with this process.

### ***3.6.6 Phase 6 – Writing Up Thematic Analysis***

Analysis and discussion sections were separated for this research. Writing up the analysis section began with a summary of the themes. Each theme was introduced, and then sub-themes were analysed. Quotes that illustrated the points being made about the themes were used to support the analysis. When quotes were used, they were then analysed in accordance with an analytic approach to using data excerpts (Clarke & Braun, 2016). The data excerpts became embedded in the analysis.

When writing the discussion section, existing literature was used to locate this research study within current theory and research to see where it “fit” within current understandings of

the phenomenon that was being studied. Similarities and differences to current knowledge were also highlighted.

## Chapter 4 - Analysis

I developed three themes using reflexive thematic analysis: *Reality of postpartum bodies*, *Journey Toward Body Acceptance*, and *Navigating and Engaging with Representations of Postpartum Bodies*. The theme *Reality of Postpartum bodies* illustrates how the body that participants were left with after babies was unexpected, shocking, and had left a permanent impact on them physically as well as emotionally. The reality of living in a postpartum body meant that their body no longer “fit” societal norms for women. The theme *Journey Towards Body Acceptance* demonstrated how each person managed their feelings about their bodies in unique and personal ways. All participants struggled with their body in some regard. For some, this struggle was ongoing, a continued difficulty that meant they were left in a place of unhappiness with where their body was and a sense of hopelessness about it changing. For others, they had learned to accept the changes, embrace them, or even enjoy them and were working towards accepting themselves more fully. This theme showed the most clearly how this journey was nuanced, individual, and characterised by moments of both joy and unhappiness. The last theme, *Navigating and Engaging with Representations of Postpartum Bodies*, showed how the participants managed the body ideals they saw and heard around them. They all knew the body ideals they “should” adhere to, they had all experienced how these were enforced to them throughout society, and they all navigated these ideals differently. Each participant in this research experienced living in their bodies in their own distinct way.

Together, the themes illuminate the complex array of feelings, thoughts, messages, and sociocultural norms involved in women learning to love or accept their bodies. Participants did not necessarily feel wholly positive or wholly negative about their bodies, nor did they express having “made it” to a place of complete self-acceptance. Many expressed a sense of incompleteness, a journey of ups and downs, and ebbs and flows. They felt like they were on the journey towards loving their bodies but were also embedded in a society that held up ideals and ideas about how they “should” look in the world. Although pregnancy is an expected part of life for a cis woman, the body that is left once the baby is born is expected to bounce back and “fit” into the thin, beauty ideal for Western women. In addition, the construction of women as less than, other and abnormal (Kukla, 2005; Shildrick, 1997) impacted each of them differently. While most of the participants were intentionally engaged in critiquing these societal norms and working towards accepting their bodies since having babies, they felt that once they lived in a postpartum body there was an emphasis on erasing that body, of trying to get it “back” so that they would then fit back into “norms” set for women. The irony of this was that not one participant had ever felt that their body fit this norm at any time in their life. Each of these themes shows the complexity of how women face and deal with ideas about what it means to be a woman in Aotearoa New Zealand.

#### **4.1 Theme 1: Reality of Postpartum Bodies**

Overwhelmingly, participants were able to clearly articulate what it was like to live in a body that had birthed a baby or several babies. Living in a postpartum body meant living in a body that sat outside a “normal” or “ideal” body because it had expanded and changed to accommodate a growing foetus. Once their baby was born, the body that was left was different, changed, and unlikely to go back to the way it was before they had children. With these physical changes came emotional responses to their bodies. These emotions were mixed for the participants: some were difficult, some empowering, and some funny. Some felt overwhelmingly bad about the body they had, whereas others saw it as empowering and incredible. Each participant could move between these positions depending on what was occurring for them in that moment. Within this theme there were two sub-themes: *Physical reality of postpartum bodies* and *Emotional reality of postpartum bodies*.

##### **4.1.1 Subtheme - Physical Reality of a Postpartum Body**

For participants, living in a postpartum body meant coming to terms with how their bodies had responded to change. They used many descriptors for these changes, such as saggy, soft, squishy, less strong, and old, as well as describing differences in relation to particular body parts, like their breasts and pelvic floor. Some described how they missed their old body, its “tightness,” or “lushness” and having thick and gorgeous skin. A postpartum body, for participants, was one that had been through major changes.

Several participants articulated that their body had changed forever. They described how a finite experience such as pregnancy, which has a beginning and an end, produced long term effects. As Ellie described:

I don't think it's something that stops just after birth or just a year after birth I think it's something that will stay with you for a long long time. I feel like it changes your body's make up, how it functions. Which is really interesting because it's a finite thing that it goes through, but I do think it goes, like the changes, it doesn't go completely back to normal. So, well not normal I shouldn't say that, but it doesn't go back to pre-birth.

Ellie's quote illustrates the ways in which pregnancy did not only change the look of one's body, but also its fundamental “make up” and function. It highlights the indelible changes participants experienced from pregnancy.

Others detailed how birth could still be visible on their body long after 9 months had passed, including through saggy skin and stretch marks. For some, the changes were more

permanent than what they had anticipated. Many described the shock they experienced once their children were born. They were surprised by how much their bodies were impacted and how they had felt unprepared for those changes. As Rose explained:

When I had my son, I was 20, so I was just a baby myself really, and I remember afterwards looking at my body and thinking, “why did nobody warn me.” Like, one minute my body was whatever I thought it was but next it was something completely different and I thought, “nobody tells women that their bodies are going to change like this.” And so, when it didn’t kind of bounce back, it was ruthless, it was really hard to accept.

Rose’s comment shows how unexpected her body changes were for her, in part due to not having been told what to expect. Several other participants commented on this as well, describing how their hips had shifted, organs felt like they had moved, and things had stretched, settled, and dropped.

So I feel like my hips have changed like shifted, they just don’t feel the same like when I buy briefs, it’s not like going up a size fixes it, it just feels different. Things fit differently and it’s not a size issue it’s more a shape issue. (Ivy)

Ivy’s quote demonstrates the permanent changes of pregnancy on her body. It shows how pregnancy can change the way a body operates or performs so that body parts like hips, back and legs no longer functioned the way they used to, and their shape was changed. This change in shape meant that their postpartum body was unlikely to fit the body ideals espoused for women.

Participants also discussed how their bodies felt like they were not their own. Something had taken over and made it leak and bleed and spurt substances that stopped them from getting out of the house or made them conscious of their differentness. The physical reality of postpartum bodies meant getting in touch with substances that would seep from their body with no warning. As their bodies adapted to breastfeeding and bleeding once the baby was born this was a daily fleshy reminder that their bodies were changing. Maria expressed this reality well when I asked her if her body felt different since she had a baby.

Maria - Apart from that postpartum period where you’re oh like bleeding and milking everywhere (laughs).

Interviewer - (Laughs). Yeah, then your body’s been taken over by something else (laughs).

Maria - Yes, yes oh, I had so much milk and it was horrible like it was way past strange, you know like plastic sheets in the bed and things like that, so it was difficult but because it wasn't also the standard ah experience, people will all have difference you know, and they struggle to do breastfeeding and with me and (my baby) it was different, I had so much milk. She put like a kilo and a half in the first month. You know, you know I felt like I couldn't complain about my body because it was doing amazing at what it should do but it was a nuisance. To have to change yourself all the time and I couldn't get out of the house, it was yeah it was ridiculous.

This interaction shows the co-construction of knowledge between researcher and participant. My personal knowledge of the messiness of postpartum bodies meant that I could relate to Maria in the conversation about her, "bleeding and milking" body. I offered the suggestion that this leakiness related to the body feeling like it had been taken over. Maria agreed, and as we laughed and talked about this experience, we explored how women's bodies become uncontrollable, unable to be managed once a baby is born because they leak and gush with no warning (Shildrick, 1997). This bodily existence is usually managed and hidden (bleeding in menstruation), however, for the participants, it was on "display," noticeable to all.

This subtheme described the reality of living in a postpartum body. The physical changes from pregnancy were noticeable, long term and at times had completely changed the functioning of their body. This "new" body also required them to be in touch with their body flows and aware that these flows could be very public and uncontrollable. Ultimately, the reality of a postpartum body meant that it was changed permanently.

#### **4.1.2 Subtheme - Emotional Reality of a Postpartum Body**

The physical alterations to the body that have been detailed above produced emotional responses for every participant. Just as the physical changes were mixed and varied for the women, so too were their emotional responses. The reality of their changed postpartum body produced feelings of disappointment, sadness, shame, and self-consciousness. Sarah described grieving for her body, mourning the loss of her younger, sexy body and being left in a place of resignation. She felt resigned to being someone who was no longer, pretty, sexy, and able to turn heads. She went on to say:

Sarah - Or in the in the end, you're just sort of just like well I'm ruined now. You know there's no fix to this, I'm just ruined.

Interviewer - That's a really strong statement eh. Ruined.

Sarah - Yeah, you know like it's um, damaged beyond repair.

Her emotional reactions to her changed body had led her to feel dissatisfaction with her body that she felt powerless to change. She described how she felt like a failure because her body no longer fit the norms of ideal bodies for women. Sarah commented that she had made peace with her body and then clarified this by saying that it was not a sense of acceptance she felt, more a resignation.

Sarah - No well I suppose um not that like I feel good about myself I just have accepted that this is it, it's not gonna change so how about you direct your energy into something that you can change. Like a wall or you know

Interviewer - Mm. So it's acceptance but not acceptance like I'm fine, it's just acceptance like this is the way it is.

Sarah - No. Yeah it is, it just is. This is it. You know like people expect that they're going to die when they're terminally ill, they're not happy about it, they just know that that's what's happening. So why fight it, it's not gonna change anything.

Sarah was not happy about her body being the way it was, but like terminal illness, there was nothing she could do about it. This extreme language to describe her body indicated how intensely negative Sarah felt about herself. This links back into historical representations of women's as needing to be controlled and contained in order to be considered acceptable. It also highlights how Sarah's embodiment, her living in her body, has been impacted by the physical, mental and emotional shifts that have occurred since she has had her children. Since having children she now evaluated her body negatively, felt sad about the body she had, and did not feel that she could change or influence this situation. Here what Sarah described could be interpreted as a disrupted embodiment, as proposed by Piran (2016; 2017) which can be characterised by experiencing your body as problematic with a need to fix and repair it, not taking joy in physical activity, food, or caring for your body (Piran, 2017).

Other participants described mixed feelings about the body they had now. On the one hand, many were pleased with how their body had grown, birthed, and nurtured a baby. On the other hand, they still found themselves comparing their postpartum body to the ideals about bodies that they saw everywhere.

So there are certainly times when I notice that my body doesn't look like I guess the celebrity bodies. But now I think I notice it and accept it and be like, it's fine, my body's done some cool stuff, it's strong, it does this. But I do think there is still that comparison when you look in the mirror, it's not just that this is beautiful, it's that, Oh it's saggy. (Rose)

Although Rose knew that her body had done some amazing things, she still compared it to the ideals in society about what a woman's body should look like. This quote highlights how learning to live in our bodies and accepting them can be ever-changing and different depending on the circumstances. Body image is a complex construct, that is not just positive or negative, but can incorporate many different things including taking pleasure in life, in your body and looking after it (Piran, 2016). How someone feels about their body and lives in it can change every day. Participants expressed that at times they felt happy and accepting of their body and at other times they realised that it no longer fit the image it "should" which upset them.

Many participants talked about how they felt happy with their body since having babies, feeling proud of what it had done to produce a baby and were amazed at its abilities. For some, birthing and nurturing a baby had given them a sense of empowerment, that they could rely on their own personal resources to deal with anything. One participant, Krystal, talked about her surprise on finding that her body responded intuitively when she was in labour, that it worked naturally and only required her to trust that her body could do what it needed to do to birth her child. Another participant, Maria, talked about how empowered she felt because of what her body had been through that she now saw it as a machine with amazing resources to manage any changes that occurred.

I feel very powered. I think my experience having her changes for even better, like before I felt that my body was OK now, I feel it is a machine (Laughs). And it's amazing, it's I still don't understand how we evolve to have babies, the way we do (Laughs). You know like nourishing a child from the inside out like and even the baby's gone your body is, cos I'm still breastfeeding her, and I keep thinking, Oh my God, how much resources does that take, and my body can do that you know, and it does it really well actually.

Maria was amazed at a body that could nurture a child through all the changes that occurred and how it continued to adapt to them. Maria's emotions about her body were linked into its abilities and strengths, not the way it looked. This was the case for other participants as well. They were pleased with how their bodies had produced another human and their focus was on its incredible abilities, not its appearance. This focus on the function and abilities of the

body, called body functionality, may have helped participants to feel good about the body that they had (Mulgrew & Tiggemann, 2018) because it shifted attention from aesthetic appearance to what it can do, enjoy, or take pleasure in (Alleva & Tylka, 2021). However, as discussed above, given the change of function of their postpartum bodies, this body functionality may be different to how they saw their body previously. This “new” body may not function as it used to, but it had still done incredible things.

This subtheme highlighted the emotional reactions that participants had to living in their postpartum body. Some could laugh about the changes, and others felt wonder and admiration at what their body had done. Most also felt sad, unaccepting and not enough. The reality of living in the body they were left with was mixed and incorporated these different emotional reactions. Each participant managed these emotions differently.

#### **4.2 Theme 2 – Journey Towards Body Acceptance**

Each participant was in a different place in their journey around loving and accepting their postpartum body. Some participants mostly struggled with their body, while others loved their body but had times of difficulties with it. This theme shows the complicated nature of living in and loving one’s body. It covers a wide range of possibilities, and it illustrates the various ways in which participants had engaged with, questioned, and resisted socio-cultural norms about women’s bodies. The journey towards body acceptance was not linear or clear. It meandered and changed, was different depending on the participant’s circumstances, how they felt emotionally and/or within their bodies, and whether they had other people in their lives that were encouraging about their bodies.

While some participants appeared to be “further along” in their journey towards body acceptance, that did not mean that they had arrived in a place of complete body acceptance. Similarly, those who struggled with their bodies also had times when they did accept the body they had. Within this theme there were three sub-themes: *Struggle to accept the body I have*; *Acceptance for the body that exists after babies*; and *Body acceptance is a journey, it takes time*.

##### **4.2.1 Subtheme - Struggle to Accept the Body I Have**

All the women interviewed experienced times when they struggled with their postpartum bodies. For some this was something that happened constantly, but for others it occurred less often. Participants described many painful thoughts and feelings about the body they had now. Many discussed the challenge of learning to like their body. Several felt they needed to put in more effort to get a better body, or they felt invisible since they had children. Some even outlined how they thought it was their fault that they looked the way they did. All

of these discussions were painful and emotional. For a few, avoiding thinking about their body was a strategy they employed to stop them feeling bad about it.

So yeah I generally don't think I deliberately don't think too much about it cos there will just be like, I was, I was having a good day and then I remembered that I cannot fit those jeans which I've kept in the cupboard, when I can squeeze into them and they look alright then I know I've made it. (Sarah)

Sarah expressed frustration over her inability to bounce back, which turned to sadness, disappointment, and resignation about looking the way she did. Her journey was painful, difficult, and left her feeling ambivalent about her body. For Sarah, her struggle was ongoing because it was never resolved; she was not at peace with it. Because of this, she "deliberately [didn't] think too much about it." This avoidance enabled her to carry on without getting caught up in her feelings about her body.

Some participants felt invisible since having children. They felt that they were no longer noticed and had faded because they did not look a certain way. Ivy shared how:

And it's frustrating because you go through such hard work with pregnancy and having children and caring for them, and it's hard work and it just feels like you fade if you don't look a certain way, you're like, you just don't, you shouldn't exist. (Ivy)

Ivy's quote demonstrates how she felt invisible when she became a mother, particularly because her body now differed from the thin, idealised images portrayed in the media. She now felt unseen and forgotten - even as if she should not exist. There was a sense that the sacrifices and unseen work that went into having her children and then raising them was unacknowledged. These emotions were strong and painful. There is a lot of societal pressure to lose weight and get one's "body back" once children are born (Hodgkinson et al., 2014); participants' stories attested to this. However, the participants were doing many other things to raise their children, so many important jobs that meant that because the focus was on how a woman looked, this important work was dismissed, and neglected. This felt invisibility is mirrored in the way women have, throughout history, been made invisible. Historical accounts of great men who explored the world, or contributed to science or maths pointedly ignore the contribution of women in these spheres (Michel, 2021). Women also become invisible when they no longer look the way they "should" and when they no longer "contribute" economically. In addition, the work performed at home by women in caring for children and household tasks is unseen and unacknowledged. This invisible work is deeply engrained in a society that views women as primarily wives and mothers, and because it is

unseen, the implication is that it does not matter (Pinõn, 2020). Ivy's excerpt demonstrates this very clearly.

A few now felt self-conscious because they did not fit these body ideals and were worried about being judged by others. Many sat in between these feelings, aware of what they thought they should be, that they "should" not buy into these ideas or care about what others thought and that they should accept themselves. All these shoulds made the struggle harder.

Participants now often felt shame about parts of their body and that they needed to hide them, particularly those parts that more obviously did not fit with idealised bodies such as bellies and thighs.

I now worry about movement. Like I just used to walk on the beach, lay on the beach, swim. But chasing after kids, picking up your children, giving them shoulder rides, you can't do that in a bikini, and I don't know it just there's just a lot more to think about and I feel more self-conscious, because it feels like I shouldn't be showing certain parts of me, my postpartum body. (Ivy)

In this account, Ivy highlighted the unseen pressure she felt about her body once she had given birth. Ivy's experience highlights the broader societal norms about bodies. In describing the differences between before pregnancy and after, she explicitly reflected on the self-consciousness associated with not meeting unseen body ideals. Body ideals, even when unseen, affect us.

Participants compared their bodies to people or images that they saw, but also ones they held "in their heads." Often these ideals were hidden and internalised so that they were only noticed when they were faced with others whose bodies differed from theirs or when their bodies differed as is the case with postpartum bodies. These ideals are also culturally specific. For instance, one participant, Meg, noticed an absence of pressure when she moved to another country for a year.

Meg - "It's a subsistence, it's all about every day is about just doing the work to put the food on the table and it's not about this whole abstracted crazy culture. And they just dress their bodies for function you know. They dress up on special occasions and they wear you know traditional clothes like clothes for church or things like that. But day to day they wear long shorts and baggy T Shirts. I think I probably more noticed it going there as the relief to not have it. If that makes sense?"

Interviewer - Yeah, yeah, yeah. Cos you notice the absence.

Meg - Yeah. I just didn't ever, I just didn't feel self-conscious for a year at all.

Interviewer - Oh that would have been wonderful.

Meg - It was actually really nice (laughs).

Meg noticed the absence of pressure about body ideals that she usually felt when living in Aotearoa because the culture that she moved to had different ideas about women's bodies. This quote illustrates how cultural standards about bodies are not universal, they are often context specific and culturally bound. Other ethnicities such as Hispanic and African Caribbean can have different standards and ideas about what is an acceptable body (Swami et al., 2009) that may protect them against Western norms. In addition, cultural identity can play a significant part in people's body acceptance (McHugh et al., 2014). Cultural identity, an affiliation with a culture's practices, languages and values, can give a sense of belonging and contribute to people's wellbeing (Ministry of Social Development, 2016). Participation in cultural activities can foster pride in a person's body (McHugh et al., 2014) which is different to its aesthetic appearance. Meg felt this difference when she entered a culture that did not emphasise appearance because its focus was on cultural practices and shared values.

This subtheme explored the difficulties experienced by participants when their postpartum bodies differed from the norms about what women "should" look like. Each participant had to engage with the pressures they felt. These pressures came from their internalised body standards (Rodin et al., 1984) as well as the external pressure around them. While many knew that these standards were unrealistic, they were often incorporated into their own personal ideas about what was a good body even at the same time as they pushed against these ideas. This "struggle" complicated their ability to step outside of these norms and learn to love the body they had. It was an ongoing difficulty for them.

#### **4.2.2 Subtheme - Acceptance For the Body That Exists After Babies**

While all participants struggled with their postpartum bodies, several of them could also, at times, accept the body that they had now with all its changes. For many, this was because they had felt empowered by the way their body had managed pregnancy and birth. There was a sense of awe at what it had done to produce a baby.

It's (the body's) done amazing things. Like not only did it do the two, brought the two kids in the world, but it went through two major surgeries, it went through the trauma of being a solo parent at the same time as recovering from the C section and having to do everything. And then it went from gaining all that weight to losing it and taking

me like being able to run cos I was always a person that was like I'm not a runner, I can't run, dah dah dah and then you know you run for 30 seconds and you're like, Oh my God, and then you run for a minute and you're like, Oh my God, and like then I ran a half marathon. Like it's amazing. So, really grateful and that's helped my mental health like incredibly so if it wasn't for my body being able to do that you know I might not be here today. (Christene)

Christene felt proud of her body because of what it had gone through and what it had managed to survive. It had brought her through some tough times. Her body acceptance was about the strength and function of her body. Here, Christine appreciated her body's ability to get her through tough times. By focusing on the amazing abilities of her body, she was able to appreciate her body in a different way, separate from how it looked (Alleva & Tylka, 2021).

Other participants similarly discussed how they focused on being strong and fixing any issues that had occurred since having children. Their priority became whether their body was functioning well, and whether it was healthy and fit. By focusing on the functioning body and not its appearance, these participants were able to acknowledge and accept their body. This meant that they could prioritise wellbeing and health over appearance which helped them manage more positively the body standards that they felt. Focusing on body functionality is often related to higher appreciation for the body and more positive body image (Frisén & Holmqvist, 2010; Alleva et al., 2015; Alleva & Tylka, 2021).

So, before I had kids, I got to the stage where I was feeling pretty fit and healthy, and that was more of my focus than what I looked like. So that was quite I'm quite glad I go to that space before I had kids. Cos if I had kids while I was still in the space of, what do I look like, that probably would have changed how much time I gave myself to get strong again and all that kind of stuff and how patient I would have been with my body. (Ellie)

As Ellie illustrates, her focus before she had children was on ensuring her body was healthy and fit not on its appearance. After having her children, this continued to be on health and fitness but extended to include the mechanics of it. She wanted to ensure that it worked well as she tried to recover from the births of her children. This also meant trying to prevent any long-term injuries and getting back strength and capability.

So now about my body now I look at it more about the mechanics and to prevent injury with the acknowledgement of the weakness it went through and trying to gain that strength back 7 years later (laughs). I really should get onto it (laughs). Ah but

knowing that that was something that my body went through, and I need to get that strength back so that I can prevent injury. But I feel pretty good in my body and really stoked that I was able to grow two babies in it. Yeah. Quite proud about that and like yeah, my little tummy pouch is quite a good thing. (Ellie)

Ellie's quote illustrates her changed perspective on the priorities of her body. Knowing her body had been through a lot of changes and consequently was weaker than previously, meant that her primary goal became getting her body back to health so she could prevent any further weakness or injury occurring. Pregnancy and birth shift the perspective of the body to an emphasis on form and ability that moves away from appearance. Women can begin to appreciate how their body is used for something important such as looking after children (Bailey, 2001).

Some participants celebrated their changed bodies as marking a sense of achievement for having birthed their children. Stretch marks, soft squishy skin, and changed appearance were seen as trophies, visible evidence that their bodies had managed all the changes and survived. Acceptance for changes in the body encompassed more than just postpartum changes. Several participants used phrases such as, "You're not gonna be 20 anymore" or "Your body is getting older" to detail changes that occur with age as well not just for the postpartum body.

You know I'm mid 50s, so you have to come to the point where I'm not going to look like a 20-year-old and I'm not going to look like a 20-year-old and I'm not going to look like a 20-year-old and frankly my husband is almost 60 and he doesn't look like a 20-year-old either. (Emma)

I mean I think that part of it is that societal, once you get to a certain age and your body does not look like that 20-year-old cos frankly it's you know at 40 plus it's not going to look like a 20-year-old however much you exercise now, however much you dream it to be they're just two different things, they're not going to be the same. (Emma)

As Emma described bodies age and change separately from pregnancy and birth, and these changes are inevitable. Many participants talked about getting older, wrinklier, and having grey hair and how these unavoidable changes are also part of making women feel less OK with their bodies. Just as a postpartum body differs from body ideals, so too does an older body. In our culture where being thin and being fit are celebrated, if women differ from these ideals, they notice the changing reactions of others. Many participants used the example of getting older as a natural process much like pregnancy. Some participants discussed how a

body going “back” to looking as it did before babies was unrealistic, with some stating that there was no going back because they had a new body.

And it's to do also with age. We age, we get wrinkles, we get you know white hair and did you get back your body of 20 years ago. No, like you can't, you know. (Maria)

Here Maria normalised the process of bodies changing as natural. Her acceptance for her body encompassed more than just a postpartum body, and she recognised that her body would always change as she aged. Maria also discussed how her mind had changed and grown since birthing a child, that it was natural for this to happen and if her mind changed, then it made sense that her body would too.

This subtheme explored the process many participants had gone through to accept their changed body. There was a feeling of empowerment because of the body's capabilities and a change in focus, moving from body aesthetics to appreciating its abilities and functionality. With this came acceptance for how pregnancy had left its legacy on their bodies, and a sense that this process was normal and very similar to ageing. For these participants, their body was simply following an established rhythm—just as ageing changes us, so too does having babies.

#### **4.2.3 Subtheme - Body Acceptance is a Journey, it Takes Time**

This subtheme captures the journeying of body acceptance. In particular, the focus is on the idea that many participants were on the way to body acceptance, at times completely accepting and at other times they felt negative about their bodies. Some acknowledged the presence of a negative “voice” in their head that had not accepted their body. Others said that they had mixed feelings about their bodies since having children.

I certainly still struggle sometimes um, with thoughts that you know I'm too fat or ah I wish my boobs would sit up nicer in this top so that the top looked better. And I think it's an ongoing, you know, I almost have to remind myself quite consciously that actually I'm fine and I worry about it a lot less than I ever did but certainly they can still come in and creep in a little bit every now and then, for sure. (Rose)

In this excerpt, Rose identified that she had times when she only saw the parts of her body she disliked. While many felt that they were mostly body positive, there were times of self-doubt and uncertainty about their bodies. Rose highlighted that body acceptance was not linear; it could lurch from acceptance to disappointment depending on the circumstances. All participants expressed that their body acceptance was curvy, crooked, and messy. The idea of being “there” in a place of body acceptance but not quite “there” as they continually came

up against their thoughts and feelings as well as things around them that triggered old thoughts, or habits about the acceptability of their bodies. Some participants used the metaphor of a journey to describe the process, likening it to being a normal part of the process of birthing and having children rather than something to fix.

It's difficult because when I think about postpartum bodies, I think about you know the wrinkly belly, the stretch marks and things like that. But in thinking about that, you're focusing on the negative. So, I guess I would try not to think about it and then just be this is a life cycle that I've gone through. I've had children and this is what I look like. You know no different to you know you have a scar from an accident or it's just it's I guess it's a badge, and it's not something I would want to focus on when I think about postpartum bodies. (Krystal)

In this quote, Krystal identified that her focus for a postpartum body was that it was natural, and she did not want to think about the specific changes because they were a normal part of life. She described it as a badge, or a scar, something to acknowledge and accept. Krystal also commented that the body that is left after babies is justified because it birthed children and was natural. Here, Krystal described her changed body as natural and normal, and this allowed her to sit in a place of neutrality about her body. Body neutrality acknowledges that it is difficult to move from hating or disliking a body to loving it (Darwin & Miller, 2021). Instead, it recognises that women struggle to love their body, and advocates for accepting this struggle and learning to make friends with it (Darwin & Miller, 2021). While not explicitly stated, many participants had done this.

While many felt overwhelmed initially by their changed body after pregnancy, they were able to identify that it took them time to be comfortable with it. Some participants actively used tools that helped them with body acceptance. These tools ranged from catching negative thoughts, being careful about the social media they viewed, curating their social media to include more diverse bodies, and practical things to lift their mood such as exercising. Some participants ensured their social media only gave them valuable information and they were quick to remove anything that did not fit this positive perspective. One participant craved body acceptance information on social media and looked for it specifically because she felt she needed more of it in her life. Here, Ellie discussed a particular influencer that she follows:

She's often just in a bra or breastfeeding or something and is just quite real she's not hiding wrinkles and curves and stuff like that you'd often find when people would put their best foot forward online, so because she was so real with people about her

body, I think that's really attracted me to follow her on social media because I wanted more voices like that on my feed. (Ellie)

This quote illustrates one tool that participants used to help with accepting their bodies postpartum. These tools can support women as they try to acknowledge and respect their changed body. Several participants talked about wanting to be a good role model for their children, so they were careful how they talked about their bodies in front of them. Being a good role model also covered things like swimming with their children when they would rather not, or not hide their bodies so they could normalise what real women's bodies looked like, eating healthily, or exercising so their children could see healthier attitudes towards bodies.

I always swam with my children, after they were born and I hated getting in the pool with my togs but you kinda had to, cos otherwise my kids weren't gonna swim. So it's about being fearless for your children and not being ashamed and owning that and sort of participating in those activities you know being able to run around with them and not worry about. (Krystal)

This quote shows how participants felt they needed to represent healthy and positive body images to their children and were concerned with not passing on shame about their bodies. They wanted their children to grow up knowing their mother was unashamed and unapologetic about her body as a way of pushing back against what participants had grown up with themselves and as a way of trying to change the world their children lived in. This tool was helpful for the women in getting them to own and accept the postpartum body they had.

This illustrates how individual body image does not operate in a vacuum and is connected to relationships. Body image is shaped in and through our relationships to the world. The journey towards body acceptance incorporated how participants related to their children about body image as well as how their important relationships with others influenced their body image. Children are more likely to endorse a positive body image when their families are accepting of all bodies, there is no criticism of bodies, compliments are not focused on appearance, there is accepting talk about bodies and priority is given to moving their bodies rather than weight loss (Tylka, 2019c). In this way, participants were fostering body acceptance for their children.

A few participants discussed trying to care for their bodies now which was a change for some of them from before having children. Growing and birthing a baby had changed their

perspective on themselves and for the first time they wanted to be kind to their body.

I just try to like to drink enough water and like eat better food to fuel my body because obviously it does, I'm not growing a baby now, but you know it does a lot of amazing things every day, so it needs to be looked after. (Katie)

Before having a child, Katie described how she had not been “good at” caring for her body, preferring to consume soft drinks and chocolate rather than vegetables. So, this change in perspective was big. Katie's pride in her postpartum body and its achievements had changed how she looked after it.

Some participants found it helpful to talk about their changed bodies. Conversations about postpartum bodies helped them to normalise and make light of the changes in their body. These conversations were used to increase their acceptance of themselves. By discussing “embarrassing” changes such as incontinence or laughing about their saggy breasts and stretch marks they felt less isolated and alone and more understood in their changed bodies.

We do talk about the fact that you know your body does change and for some people you know who've had a caesar for example have like a little sort of you know lip you know on the stomach that just doesn't go away that's so frustrating to have that and other people have got you know their boobs have really sagged or they've got really bad stretch marks on their stomach or whatever it might be and you go, ohh I wish that wasn't happening. (Emma)

Here, Emma reflected on how helpful it was to have others to talk with about the changes, so she could see that she was not on her own in dealing with them, and that they happen to most women postpartum. This was also important for other participants. Their relationships with others who had been in similar situations helped to destigmatise some of the more embarrassing changes such as incontinence.

It was also apparent that supportive people helped participants to accept their bodies. Many of the participants had loving partners, friends, or family around them that encouraged them and supported them. These people were often in awe and amazement at what they had done to have their children. Relationships are central in understanding and normalising changes.

That inspired my acceptance of myself even, um I think cos after especially after the first baby ah cos you don't you don't know what to expect, you don't know that your body, cos again it's not talked really talked about so you don't really know what to

expect your body will be like after birth. So, when you get to after birth and you notice all these different things it can be quite confronting. But to have someone around you that is there every day that is supportive and encouraging and saying that's normal and for your pelvic floor there's this person at the hospital that can help you with that and da da da da. Um, having that positive input from him all the time was made those confronting things of oh well this is what it feels like to have such a loose pelvis and oh my goodness I can't lift as much stuff as I used to be and my tummy's so different now and yeah to have that was it boosted my acceptance of myself. (Ellie)

Ellie described the importance of having supportive, positive people to help in accepting her body postpartum. Specifically, it was helpful to have someone normalise changes, give her tips for getting her strength back and being positive about her body after having her children. Many participants reported that supportive relationships were important in accepting themselves. Acceptance from peers can help with body acceptance (Mafrici & Piran, 2019) and encouraging and caring relationships can enable women to critique and resist standards and ideas that are set for them (Piran, 2017). In this way, relationships become an important part of supporting women on their journey towards body acceptance.

However, just as understanding relationships can help with body acceptance, unsupportive people can undermine how we feel and contribute to our lack of acceptance of our bodies. Some participants gave examples of people around them who made negative comments about their body or did not comment at all once they had children so that it was noticeably absent. Others were given "tips" on what they could do to improve their body.

I mean my husband loves me and we're in a happy relationship, but there have been comments made where he will say, well you did do lots of exercise prior, maybe you can do it, you can just you can put in the work, and you know. But again, it's that perception or even my younger sister who hasn't had children, and I said well things shift with your abs and with your stomach and it just takes a lot longer to bounce back and sometimes you never do. And she kind of compared it to an experience of hers that wasn't pregnancy related and I thought, you know I didn't have gas for 9months, it's different. But there's just that implicit assumption that if you just stopped eating, if you just ran more, that you could look like a quote unquote regular person. But it implies that you're not beautiful as you are and that you should try to be who you were before you had children. and it's hurtful. (Ivy)

Ivy's quote illustrates how the people around us affect our perception of ourselves and contribute to the negativity that can be felt about our bodies. In this situation, Ivy's husband implied that her body was not acceptable the way it was. These kinds of issues occurring in

relationships meant that some participants found it harder to accept their postpartum body. Other people's judgements can affect our perspectives on ourselves.

This subtheme explored the journeying that occurred for participants in learning to accept and like their body. There was an awareness of the idea that they were on the way to acceptance but also not yet there. It shows the complexity involved in doing this, because while many may have been able to critique and challenge previous negative thoughts, those thoughts were still present in their lives, causing difficulties. Many had accepted this struggle and were trying to befriend it. Furthermore, many of those participants used strategies to carefully manage their negative thoughts and surrounded themselves with others who were supportive and helpful in their journey of body acceptance which contributed to more acceptance for them. However, for others some of their close relationships did not help and instead reiterated their negativity about their body.

### **4.3 Theme 3 – Navigating and Engaging With Representations of Postpartum Bodies**

Since having children, each participant had seen and heard ideas about what their postpartum body should be like. These ideas or representations had come from various sources, including from interactions they have had with people around them and from society via mediums such as social media. Participants had often internalised these ideals. By and large, participants received the message that their postpartum body was not OK. As a result, they have had to figure out how they would like to deal with these representations. Some have avoided all social media, others have critiqued what they have seen and heard, and many have resisted these representations of their postpartum bodies. Just like in the previous theme, this navigation and engagement with representations of postpartum bodies was not linear, logical, or clear. It changed depending on what occurred around the participant and was at times difficult, painful, and messy. This theme has three sub-themes: *Looking like you have had a baby is not OK – Invisible body ideals*; *Negative body ideals are enforced through society*; and *Resistance to these ideals*.

#### **4.3.1 Subtheme - Looking Like You've Had a Baby is Not OK – Invisible Body Ideals**

Every participant had, at some point, received the message that their postpartum body was not acceptable. The body ideals that surrounded them although not often explicitly stated were subtly reinforced through images and ideas that they saw around them. Some of these socio-cultural ideals were that being fat, or overweight was bad, that your body should bounce back after having children, that looking like you have had children is not OK, and that women are only worthy if they look good. Even though many could articulate these ideals and critique them, these representations still affected the way they felt about their bodies.

Many participants felt unseen judgement or expectations about their bodies and shame about how their body differed from these body ideals. At times, these ideals resulted in an overwhelming sense of not being OK.

Interviewer - Does it does it feel like there's a sense of shame about some parts of your body now?

Ivy - Definitely, yeah, yeah

Interviewer - Any particular parts like some more than others or just the whole package?

Ivy - Mostly my mid-section, my stomach. The story I tell myself is that if I wore this bikini and was running after my children I wouldn't be looking, it wouldn't be seen as she's birthed children, it would be seen as, oh she needs to put down the pies, you know (laughs). Like there's that perception in my head anyway that if women just ran enough that things would look toned and um you know.

Interviewer - So if you just worked a little bit harder at it, there's a kind of idea that that your body would have bounced back or something.

Ivy - Yeah and the perception around stretchmarks and sort of loose skin that it's lack of self-care as opposed to just having gone through you know a major life event.

Here Ivy highlighted the judgement she felt about her body if she were to let it be seen in clothes such as a bikini. As noted above, Ivy felt shame and pressure about her body after having children. She felt that her body did not measure up to a standard and that she looked fat or overweight and felt judgement about not working hard enough to get her body back. There was no compassion and understanding that her body, having produced children, would therefore naturally differ from the ideal. This quote highlights the pressure women feel about their bodies. All participants could identify instances when the focus was on their body and a sense of unfairness when this occurred. There was an awareness from many participants that women were held up to a patriarchal ideal about their bodies that was not the same for men. As Ivy explains later:

Ivy - I wish that people talked well not talked I wish that, I guess I wish that people celebrated Moms and accepted, showed not in a not in a condescending fashion of, I accept you, but more just treated us like normal people. I feel like if a middle-aged man with a beer belly was walking around on the beach, he'd probably feel fine about

it, and it just seems really really sad and unfair that we should try to hide ourselves. And it's a societal thing I feel, like no one's really telling you to hide but

Interviewer - You feel it.

Ivy - Yes, yep, we're not seen as beautiful, we're not seen as acceptable.

Here Ivy identified the injustice for women, where their bodies are constantly scrutinised even after having children, when this is not the case for all people. This quote highlights the discriminatory practices that each participant had experienced since having children. Ivy felt unacceptable and not beautiful because her body was too different, too unlike body ideals set for women. Ivy's comment illustrates the painful and difficult struggle it can be to inhabit a body that is seen as inferior and the invisibility of this struggle. Participants often felt an unseen pressure and an overwhelming sense of unacceptability about their postpartum bodies. The cultural directive to women is to hide, cover up, or fix those unattractive parts so she can be worthy, managed and controlled (Chrisler, 2018).

Each participant could name body ideals they felt or subconsciously held onto about their bodies. Particularly prevalent was the idea that thin was better and putting on weight was wrong. Some participants who usually liked their body still held onto these ideals without checking them and maintained the idea that thin was better.

The smashed legs I can't do anything, the veins I can't do anything about it, so I just go ok well they don't look great, but you know it's just one of those like those things. Whereas I think if I was carrying extra weight, I'd go, I can change that and that would weigh more heavily on me cos I'd feel that was a personal choice. (Emma)

Emma illustrated the difficulty of learning to care for and love your body. She was able to accept the changes in her body that were an inevitable response to pregnancy; however, she was unable to accept changes such as weight gain because that indicated personal responsibility. Emma's quote echos societal imperatives that being fat or gaining weight is a personal fault because it indicates that a person has a lack of self-control and has been unable to exercise restraint in eating (Nath, 2019).

All women in this research commented on the body ideal of bouncing back, getting your body back after having children, or trying to make your body look like it had not had babies (Malatzsky, 2017). Many expressed disbelief that this was promoted in society, but all participants knew this idea and felt the pressure of it whether they critiqued it or not.

But with my first boy in particular, I felt OK this is what it's gonna be in terms of body changes and ah you know you kind of have an idea about what it's going to be like and then it's completely different. And so I was thinking OK in terms of weight I will maybe put on 10, 15 kilos and I put on 30 kilos. I was huge, I was massive and then as soon as he was born it was just this you know to try and get rid of it, all this weight I had put on. (Krystal)

Here Krystal outlined the pressure she felt about her body once she had birthed her children. This quote demonstrates how participants “knew” that they should bounce back after having children. Over time, they had picked up this ideal and it shaped their responses to their postpartum bodies. Invisible ideals affected their ability to care for and love their bodies.

This subtheme illustrated the pressure all participants felt when their postpartum body differed from body ideals. All of them could discuss influential body ideals and even those participants who were generally more positive about their bodies still commented on body ideals they held themselves to unconsciously. Regardless of how accepting people are, body ideals are everywhere and ubiquitous in their influence.

#### **4.3.2 Subtheme - Negative Body Ideals are Enforced Through Society**

Body ideals are transmitted to women in subtle and surreptitious ways. Some participants came from families that talked openly about the importance of being thin and losing weight when they had transgressed this ideal. Others had these ideals communicated to them through school, friends, and partners.

Most of the participants did not like their bodies before they had babies, and this was the case even if their family of origin did not promote these ideals. Some participants had been subjected to body shaming from others that had contributed to how they felt about themselves.

I've kind of come from a family that's, more specifically my Mum, who's been quite conscious of weight and so and then her Dad I mean he's really intense. Like his wife is, my nana, is in care at the moment with Alzheimer's, and he's already mentioning that oh she's letting herself go. (Laughs). And she's like late 80s with Alzheimer's and he's commenting on her weight still. So, I understand where Mum gets it from, and she comments a lot on weight and still does a lot with anybody and everybody. (Ellie)

As children, women are taught about what is an acceptable body. Ellie's quote shows how these ideals are reinforced, in this case, through her mother and grandfather. Reinforcement about body ideals can also occur through other's comments, teasing and conversations

about bodies that discuss what an acceptable body looks like (Mills & Fuller-Tyszkiewicz, 2017). All participants had seen or experienced people being body shamed, teased or had been around body talk. For some of them it came from unlikely sources.

I have an older brother and right after I had my first child, like I'm talking like a couple of weeks I think, after I'd had him. We were all together having a BBQ and he didn't mean anything bad by it or anything, but he said to me, "Oh sis," He said, I remember he's like, "you know you got a bit of weight to lose." And it was maybe also too I realised that he didn't understand that when baby is born like it's all baby, it all just disappears, like you got a bit of padding there. (Krystal)

Krystal's conversation with her brother highlights how unseen body ideals can be continued through those around us. Krystal reflected that her brother may not have understood the changes that occur for post pregnant bodies; however, his comment supported the cultural ideal to lose weight. Negative conversations about bodies, called fat talk, can promote sociocultural norms, and is related to higher body dissatisfaction (Mills & Fuller-Tyszkiewicz, 2017). Although Krystal was able to challenge her brother's comments, she reflected that it was interesting that she still remembered the conversation many years later. How people talked about participants' bodies often stuck with them over time.

Conversations can become important mechanisms for transmitting ideas in society. Some participants recounted conversations they had about their bodies with their friends postpartum and how those interactions were mostly about weight, how to lose it, and how to improve the body they had.

Rose - I've definitely heard lots of friends say that you know that they'd like a boob job, or they'd like a tummy tuck. With friends, I suppose, oh, I would probably go along more with that. I would probably speak more negatively about my body to my friends than I would say my children. Like I'm a real fan of my children seeing my body so they know what a body can look like. But yeah, I think when I'm with friends I probably do buy into some of that negative talk around fixing as opposed to just being happy with what you've got. Yeah.

Interviewer - Yeah, it's interesting that those conversations come up, eh?

Rose - Yeah. A hundred percent. Yeah, but it they're not in a, they're never in a good way, I don't think. They're always in a, I'd love yeah I'd love to get my boobs done, or Oh, my tummy's so saggy I'd love to get a a tummy tuck. Yeah, and why do we do

that, I don't think men sit around saying, "Oh like I've got a bit saggy,"

Rose's conversations with her friends affected whether she felt good about her body. Rose would not usually comment on her body, except when she was with her friends and always in a negative way. These conversations increased her dissatisfaction with her body (Shannon & Mills, 2015). Fat talk can serve as a normalising conversation, helping women to discuss the difficulties they have with their bodies; however, it can also highlight parts of the body women are feeling unhappy with or uncomfortable about which can help to increase their discontentment with their bodies (Shannon & Mills, 2015).

The transmission of ideals about women's bodies can also occur through the media and more specifically social media. Appearance focused social media can negatively impact body image (de Valle et al., 2021). Participants discussed the harmfulness of the socio-cultural messages they heard or saw through social media. This was particularly apparent in the photos that each participant brought of postpartum bodies. It did not matter whether the photo they were speaking about were perceived as positive or negative, all participants discussed how the images reinforced problematic ideas about what was an acceptable body. These ideas were often about making the body look like it had not had children, erasing obvious things such as stretch marks and losing weight so that they were thin. Many participants had brought before and after photos of women pre and post pregnancy that represented the pressure they felt about their bodies after having their children.

Interviewer - When people post stuff about, oh look at me I've had 4 kids and my body's like this how does that make you feel?

Ivy - It makes me feel really kind of bad about myself. Whereas you know I understand that everybody's a different shape and size, but it implies that that's the standard that it's not, oh you know this is the shape I've always been and genetically this is my family, it's more that look at me I've birthed 4 children and the goal is, it implicitly implies that the goal is to look like you haven't had children.

Here Ivy discussed social media posts that promoted the idea that women should try to get their body back. Several participants had examples of these posts or talked about having seen them previously. They felt judged when they saw these ideas and felt more critical of their bodies afterwards. All participants were impacted by these ideals and felt pressure to change their postpartum bodies and erase the evidence of pregnancy and birth.

Interviewer - What stands out about that photo in particular or those series of photos?

Sarah - Just that it looks completely unchanged, like you know except for like a little pooch. Hips were the same, thighs were the same, eyes were the same, chin was the same, everything was the same except for like a little tiny thing, which you know 5 more months and it'll be back to that one. Whereas I don't think there was a single part of my body that wasn't affected, calves were different, my feet grew in size, feet! Yeah, so it just looked like yeah, it's just frustrating and really disheartening cos you're sort of putting in all the sweat and tears with the small amount of time and energy you've got and you've sort of built up saying over the years going, oh once I get to this point then I'll be able to focus, and then it doesn't help and you're sort of like, Oh I hadn't anticipated that this was going to be my end result forever.

Sarah's quote illustrates how social media images of "ideal" bodies affected how she felt about her body. For participants, viewing these kinds of photos impacted the way they felt about themselves. Instead of accepting their changed body, they felt bad for the natural changes that had occurred and were more negative about their bodies. More importantly this even occurred with participants that were usually quite positive about their bodies.

I think it makes me feel shitty. It makes me feel really bad and I try to I actually go there and say I don't want to see this ad anymore. Because what's the value in that for me? Feeling inadequate, feeling that my body is inadequate. (Maria)

This quote highlights the complex nature of trying to accept the body you have when you are surrounded by ideas that say otherwise. Although in general Maria was body positive, she was impacted by social media posts she saw and questioned her acceptability when assailed by these images. Maria had to consciously reflect on these images and decide whether she wanted to engage with them. This quote demonstrates the effort and perseverance Maria had to do to critique and manage what was being said about her body. Each participant had to deal with the idea that their body postpartum body needed to change and go back to how it was before they had children. These ideals were often subtle and as one participant described, insidious. They all felt the pressure to look like they had not had children.

This subtheme emphasised the difficulties participants had in trying to love their bodies when they were constantly having body ideals enforced to them. These body ideals were reiterated time and time again through conversations with others and through social media posts that highlighted their deviance from these ideals. This enforcement of body ideals made it particularly difficult when they were trying to resist them or if they already felt negative about their bodies. It required a constant vigilance to manage it.

### **4.3.3 Subtheme - Resistance to These Ideals**

As part of navigating and engaging with what they were told about their bodies many participants at times chose to resist ideals as a way of “pushing back” and managing how their feelings about their bodies. Some participants consciously looked for more “normal” photos to help support them because they made them feel normal and happy and these photos represented what they knew to be the reality of postpartum bodies.

Beth - Those people just look happy with their bodies, and I think that we need to like make that more normal that we're supposed to be happy with our bodies no matter what it looks like.

Interviewer - Yep. So, does it make you feel a particular way?

Beth - Well I prefer, like those photos, those girls make me feel happy and prouder than like the next one (talking about another photo).

Interviewer - What do you think this photo says about postpartum bodies?

Beth - Well I think that this is telling us what we should really be expecting. This is the normal of having a baby. I mean obviously it depends what you looked like before and stuff but everybody's gonna have the saggy skin afterwards no matter if you were like big or small limbed. You know, most people get stretch marks, and you know, scars and stuff, that's just the reality. It's not a bad thing.

Here Beth showed how seeing normal images of postpartum bodies can on one level help with body acceptance and on a deeper level help to resist the more idealistic images that are usually shown. Her engagement with the idea that all bodies were normal bodies meant that she was able to critique the unrealistic, idealised bodies usually portrayed in society. Engagement with more body positive, realistic photos can help with body acceptance. Seeking out images that reflect the reality of a postpartum body can help to challenge sociocultural norms about bodies (Lupton, 2017; Woolley, 2017).

Some participants described the bravery of the women who posted their real postpartum bodies because they (the participants) were not brave enough to do that or wished that they could. This highlights how idealised bodies are normalised to the point that it is now brave to show normal untouched photos. Maria, however, questioned this idea because it played into the narrative that realistic bodies were not normal bodies.

Maria – Yeah so, I really like this one because I think someone who has a body like this will think twice about wearing a bikini you know like if it's usually a one piece. Cos you have to hide those, you know. But this is a real body like this is not a photoshopped body, you know, that we see on Instagram, and I don't know then you go, you know. I look at myself and my friends and I'm like, gosh we're not like, you know photoshopped. And, being bombarded with photoshopped things just makes you it doesn't yeah it doesn't go together you know, it's not the reality of how we live.

Interviewer - Whereas this is a much more real photo, isn't it?

Maria - I know and I kept thinking you know cos the comments on this picture are like you're so brave you know, how can you how can you post about yourself. And it's like is this brave really, you know. This is just a body that has children, and this is what it looks like, so I guess the ideas that we have are not they're not real, you know.

Maria expressed frustration at the idea that the woman posting images of her postpartum body was brave. She was incredulous that people were commenting about this issue because for her, this was a normal photo, this was reality. This quote illustrates Maria's attempts to resist sociocultural norms about what bodies should be shown on social media. The presentation of idealised postpartum images has meant that women are now "shocked" when their bodies do not bounce back (Malatzky, 2011) and are brave when they choose to post realistic images. Some participants were uncomfortable with the rawness and "truth" of some of the photos. One participant whispered to me that some of the images were ugly and apologised for that as if they were embarrassed to admit it.

Many participants commented that the body positive photos they brought to the interviews were a resistance to sociocultural norms—a way of disrupting the narratives about women's bodies (Woolley, 2017).

Rose - I love it so much, because, I think, we don't often see bellies like that and so I think even you know my initial visceral reaction is to be like, oh that's not attractive. But actually, she's done something with her body why should it stay the same, you know, how can it stay the same and how can we expect it to stay the same when it's done something like that, you know.

Interviewer - And the juxtaposition for me between these kind of celebrity bodies and then these like normal bodies is so stark because, we never I never see those normal bodies, not postpartum.

Rose - Yes, nobody really I think like maybe in the more recent years I've seen some here and there but certainly not in magazines, you know. No celebrity's showing them on social media like these are people who kind of like post them for a reason, you know, and that reason is to normalise um, normalise those changes.

Interviewer - Do you think that these pictures are trying to like they make you feel a particular way?

Rose - (Pause) I mean in some ways they feel like a form of resistance, right? To like that socio-cultural pressure we have as women to look a certain way and to be valued by how we look.

Rose's quote illustrates how body positive photos can be used by women to resist body ideals and can help to counter and change cultural norms about bodies. In discussing her photos, Rose commented that the ones she brought were ones that were not seen every day and their very presence, their existence was a form of resistance to the pressure that women feel.

Participants also engaged in other forms of resistance to body ideals by bringing idealised pictures to help critique these ideals. All participants countered the portrayal of motherhood in this way. For them, these images did not fit the reality of postpartum bodies. By critically assessing them and questioning the meaning behind them, they were able to counter narratives about women's bodies and reframe them, so they did not have to be as affected by these images. For some, the hidden "work" that had gone into these women looking like they had not had children needed to be highlighted.

Interviewer - What do you think all of those photos are saying about postpartum bodies?

Katie - Well, I suppose she's showing how quickly her body can get back to what it was, or to being toned and abs and fit again. But yeah.

Interviewer - But, doesn't feel realistic.

Katie - No it doesn't, like we don't know, she might have a day nanny and a night nanny, and she might spend most of her day at the gym and not go out, like be on a strict diet and not breastfeed, and all of those things that are not realistic for most other women.

Katie was able to discern that the idealised photos she was discussing were not the whole picture of the situation. She could see that there was potentially a lot of “behind the scenes” work going on that was not acknowledged or referred to. This “behind the scenes” work comes from a position of privilege where some women have the economic resources to pay for childcare, engage a personal trainer and employ a chef (Hallstein, 2011). Using this image, Katie was able to make visible this privilege and its unrealistic ideas about how a woman should look after having children. By questioning the underlying messages given and the embodied knowledge they had about what a realistic postpartum body looked like, participants were able to push back and challenge the taken for granted assumptions held in these images.

Other participants used their own bodies as a form of resistance. This occurred when they chose not to cover or hide their bodies when they participated in activities such as swimming or wore clothing that did not hide the parts of their bodies they were embarrassed about.

I think my friends might judge potentially. The ones who are unhappy with their own bodies as well like. I think that is a weight and you know that kind of chat can happen. So I think maybe if I wore a bikini in front of them they might judge me, somebody else might judge me but certainly not as much as I think. You know I think it's easy to think people are gonna think about you a certain way but actually people are much worried about themselves. So I will but I will put on a bikini, ah I will wear little shorts you know like short shorts in summer. I will wear what I am comfortable in regardless of whether I feel a little self-conscious because I want my children and others to know what a body is. (Rose)

Rose's quote illustrates how she tried to challenge dominant norms about women's bodies. By not covering up and wearing clothes that highlighted imperfect parts of her body Rose was able to teach her children about realistic bodies and challenge assumptions about what was a good and acceptable body. This kind of resistance helps to normalise a postpartum body regardless of what people or society might say.

This subtheme illustrated the instances of resistance that participants engaged in to counter the body ideal narratives they were surrounded by. Using their bodies as “weapons” to illustrate what a normal body was or challenging and critiquing what they were seeing and being told around them meant they were more easily able to reframe what they were being told and accept themselves.

## Chapter 5 - Discussion

In this research, I explored how women feel about their bodies since having children. I interviewed participants and asked them to bring photos of postpartum bodies (photo-elicitation). Photo-elicitation was used to understand how they were impacted by what they see and hear about postpartum bodies. The photographs were also used because they could evoke different feelings, thoughts and discussions that might not usually be accessed in an interview (Dockett et al., 2017). The interviews were analysed using reflexive thematic analysis (Braun & Clarke, 2006; Braun & Clarke, 2022), which helped me to develop themes across the interview data.

Findings indicate that how women feel about their bodies is complex, can include times of struggle and times of acceptance, is not linear or uniform, and occurs within a social context that constantly reminds them of what they “should” look like. Participants had their own unique journeys of learning to live in their postpartum bodies. There were some common characteristics across these journeys, such as supportive relationships and changing their focus from body appearance to body function that assisted them in learning to accept and like their postpartum bodies. Within these contexts, what they saw and heard about postpartum bodies from those around them and in the media impacted how they managed their changed bodies. Key findings from the research are discussed below.

### 5.1 The Complex Nature of Understanding, Knowing, and Accepting Your Body

Body image is not necessarily a binary between “positive” or “negative” nor is it able to be clearly defined. This research has shown how complex body image can be for people. For the women in this study, living in a postpartum body often meant living in a body that did not fit the ideal body image espoused for women. Women are taught that being thin and fit is the ideal to strive for (Hallstein, 2011; Grogan, 2022). To obtain this body, many women must control their appetites and discipline their bodies (Fox & Neiterman, 2015). For women who have birthed babies, the goal is often to get back to the body you had previously (Hallstein, 2011). However, a postpartum body is a completely changed body. For the participants, learning how to love and accept their changed postpartum body was not straightforward or clear. Each woman had their own unique story that traversed ups and downs. Some participants felt more negative about their bodies, while others loved their body; within each narrative were times of difficulty and struggle as well as joy and acceptance. There was no one place of acceptance or unhappiness but the one thing held in common across the narratives was that body image did change, depending on the circumstances. Body image is multi-faceted, and able to incorporate appreciation and dissatisfaction at the same time (Tiggemann & McCourt, 2013; Tylka & Wood-Barcalow, 2015). This research has shown that this was the case for participants.

For participants, the visceral reality of living in a postpartum body meant a very changed body because it had grown a foetus. First time mothers, in particular, may experience bigger changes in their body than they initially expect (Nash, 2015). These changes can be shocking, and people may wish to lose weight but struggle to do so (Fox & Neiterman, 2015). All participants described body changes, as well as reactions from others that led them to feel that their bodies were foreign to them and out of control. They were soft and squishy and at times leaky (Shildrick, 1997), gushing blood and milk, so that some experienced their bodies in profoundly new ways. At times there could be a sense of shame around this body that cannot be controlled as it discharges substances at random times (Chrisler & Johnston-Robeldo, 2018).

Bodies marked by pregnancy, soft, bulgy, leaky with stretch marks and saggy skin are bodies that are seen to unacceptably differ too much from sociocultural norms (Ussher, 2005; Dworkin & Wachs, 2004). While many participants were proud of their bodies, all of them had struggled with their body before they had children, and this continued postpartum, with the realisation that their body was now significantly different from the Western ideal held for women. They each experienced “normative discontent” (Rodin et al., 1984), a dissatisfaction with their bodies that is normalised in contemporary Western societies. This is consistent with research that suggests a considerable proportion of people, regardless of body size, are unhappy with their bodies, wanting to lose weight or change their body to ensure they “fit” these ideals (Gruszka et al., 2022). Several participants described looking at photos of themselves when they were younger and at the time the photos were taken, they thought they were fat; on reflection, they saw their bodies were beautiful. However, most participants also strived to not pass on their normative discontent to their children. They were aware that their negative perspectives of their bodies was not something that they wanted for their children.

Women may have mixed reactions to their postpartum bodies, ranging from disappointment to acceptance (Nash, 2015; Clark et al., 2009). While some of the body changes that occurred made participants uncomfortable, they also described some changes positively. Many talked about having times where they felt in awe of what their bodies had done to produce babies. The experience of birth can lead to a feeling of empowerment because of what the body has been able to do (Hartley et al., 2021). For some, there is a sense that they are strong and powerful in a way that they may not have been encountered before (Johnson, 2018). This rang true for many participants, who described this sense of empowerment, even during the painful and challenging times such as birthing and breastfeeding. This empowerment and pride in their abilities helped them with managing the more challenging postpartum body changes.

Many participants acknowledged that it would not be possible to “go back” because the shape and structure of their body was so different. For some, the way that birth repositioned their hips and legs meant that this *felt like* a new body, one very different to what they had expected. However, this acknowledgement of the body’s changes was not without its difficulties. While some participants were more able to embrace this “new” body, others found it difficult to accept. A postpartum body has been marked by changes so big that a complete return to a pre-pregnancy body is now unachievable (Paff Ogle et al., 2011)—including those physical, structural changes that participants experienced. This leaves women in an in-between space, a period of being unsure of what to do and how to manage this new body. Participants managed this in several ways: some held onto body ideals and continually felt bad about their “new” body, while others felt a profound new sense of bodily empowerment that came with the body changes that helped them to accept them (Hartley et al., 2021; Watson et al., 2016).

Even when they could focus on the positive aspects of their body, societal body ideals about the fit, slender body still affected participants' perception of their bodies. While several were able to concentrate on what their body could do now, there was an obvious awareness that their body was different, and many felt disappointed and negative about it. Women often feel unhappy with their bodies after having babies and construct them in negative terms (Johnston, 2018). This often occurs postpartum because the body is no longer growing a baby and there is less of a reason for the body to differ (Rallis et al., 2007). In addition, when women are pregnant it can be reasoned that their body shape is justified, which becomes problematic once the baby is born (Upton & Han, 2003; Nash, 2015). Some participants described feeling like their postpartum bodies indicated that they were fat and needed to stop eating. This in-between stage just after birth and parenting a child can be a time of difficulty. The woman is no longer pregnant, yet she may look like she still is (Upton & Han, 2003). There can often be a need to justify and explain why their body looks the way it does (Paff Ogle et al., 2011).

What was clear was that all participants were affected by body image ideals that they could easily articulate. They discussed the impact that body ideals, such as getting your body back or erasing the pregnant body, had on them. For postpartum women, these body ideals are easily called to mind (Fox & Neiterman, 2015) and have been shown to impact how satisfied people are with their postpartum bodies (Johnson, 2018; Hodgkinson et al., 2014). Many could articulate the unrealistic “work” required to maintain these body ideals and at times participants resisted or rejected these ideals, however there was no doubt that they left them feeling dissatisfied with their bodies.

While critiquing these sociocultural norms was a helpful way of managing the expectations they felt about their body, there was still a sense that for some they were not doing enough, or they were at fault for being unable to maintain these standards. Despite the exhaustion and all-consuming nature of caring for a small baby, women are often exhorted to tame their body “back” into slimness after having children (Upton & Han, 2003). Getting the body back, then, becomes another piece of “work” to slot into their already busy lives (Hallstein, 2011). However, this work is really only available to those in privileged positions, such as celebrities who have the time and money to pay for childcare, chefs, and personal trainers (Roth et al., 2012). The reality for participants was that caring for their children and running households meant that this ideal was unattainable (Malatzky et al., 2017).

To highlight these sociocultural norms, most participants brought photographs of idealised postpartum bodies to the interviews and described how these images caused them distress. Many were angry about what kinds of postpartum bodies were being portrayed and felt concerned about the damage these images were creating. Several participants brought photos of more realistic bodies as a way of counteracting this damage; however, some of them had strong reactions of disgust to these more “normal” images and admitted that they were embarrassed about these people showing their bodies. Media that focuses on appearances, such as Instagram and Facebook, carry messages about body ideals that can detrimentally affect people’s body image (de Valle et al., 2021; Brown & Tiggemann, 2016; Cohen et al., 2017). However, because idealised images are now normalised, when people are faced with real-life photos, they can feel discomfort and shame (Lupton, 2018). Normal bodies that carry “extra” weight, fat rolls, and wrinkles are now stigmatised and rarely seen in mainstream media except to highlight them as examples of ridicule (Chrisler & Johnston-Robledon, 2018). As Deborah Lupton (2018) explores in her book “Fat”, bodies that conform to normative ideals are admired, whereas those that are “abnormal” are pitied and treated with contempt.

Participants also struggled to accept the body they had after babies partly in relation to the way others reacted to their bodies. Many highlighted conversations with family and friends that reinforced body ideals. Several of them had grown up in families where fat talk, disparaging remarks about their own or another person’s appearance (Salk et al., 2011), occurred. Fat talk and negative conversations about bodies are known to negatively affect body image and satisfaction with one’s body (Jones et al., 2004; Rogers et al., 2019) and this has a particularly powerful effect on body image when it occurs with your family of origin (Shannon & Mills, 2015; Webb et al., 2018). In addition, participants who had less body acceptance or who struggled a bit more with their bodies were more likely to have unsolicited comments from family and friends about how they could lose weight and exercise a bit more. There were others who no longer received positive comments about their body,

and this was especially noticeable when there was a lack of positive feedback from partners. The message was conveyed that their postpartum bodies were not acceptable and that their partners did not find them attractive anymore. Partner support can be a helpful factor in managing postpartum changes (Dennis et al., 2017; Rodgers et al., 2022); equally, partners can also affect a woman's body image if they pressure her to lose weight and change her postpartum body (Pole et al., 2004; Lovering et al., 2018). Pressure to conform to thin ideals from people around them who are important in their lives affects how satisfied women are with their body (Franko et al., 2012; Rodgers et al., 2022) regardless of whether the body has just had a baby or not.

Surprisingly, although most of the women in this study had grown up around fat talk and had negative perceptions about their bodies, the majority of participants were, overall, accepting of their bodies. These results were surprising as research has indicated that growing up in a family that regularly engages in fat talk means people are more likely to report negative body image and engage in restrictive eating (MacDonald et al., 2015). However, for those participants with greater body acceptance, there may have been other mechanisms such as supportive relationships that had helped them to change their perspectives on their bodies.

## **5.2 Supportive Conditions Can Help with Body Acceptance**

For most of the women in this research there were some important mechanisms that helped with body acceptance. Participants who expressed a more positive sense of wellbeing and acceptance of their bodies often discussed the functionality of their body, what it could do rather than what it looked like. Body functionality focuses on all the things a body can do that are not limited to physical. It can include taking care of the body, finding pleasure and enjoyment in life, and being creative (Alleva et al., 2015). Many participants focused on getting their strength back and ensuring that their body was working well. They tried to take care of it by giving it nutritious food and participating in exercise to gain back health and fitness. In addition, they described nurturing it because of their pride in its abilities and what it had been through. For these participants, their priorities had changed and moved from how their body looked to ensuring it functioned well and that they took good care of it. Emphasising the functionality of the body and its abilities can result in an improvement of body image and a reduction in self-objectification (Alleva et al., 2015). However, it needs to be noted here that a postpartum body functions very differently to before having children. Given that most participants described different changes in parts of their bodies, this functionality may not look the same as it did previously. A focus on function for these participants, was still helpful but it needed to accommodate the various changes within their bodies as a result of birthing babies.

Many participants felt stronger knowing what their body had done to grow and nurture their children. They were in awe of its intuitive abilities to adapt and change to grow their children in utero, and they appreciated how their bodies had then breastfed and cared for their babies postpartum. Body appreciation occurs when people are accepting of their bodies regardless of what it looks like, attend to their body's needs by taking care of it, engage in healthy behaviours, and can protect themselves from unrealistic appearance ideals (Tylka, 2019b). When women experience high body appreciation and focus on what their body has done to produce children, they often feel more positive about their body and want to care for it so it can continue to nurture their children (McCloud & Barosso, 2021). Body appreciation can result in more positive feelings about one's body and can enable higher levels of self-compassion (Tylka, 2019b). For participants, the amazement that they felt about what their bodies had done flowed into a sense of empowerment and confidence in themselves. This led to a much more positive perspective, a willingness to care for and nurture their bodies and a focus on what gave them pleasure and enjoyment. Appreciating the body, being in tune with its needs and caring for it all help to give people higher self-esteem, better overall wellbeing, better mental health, and more positive coping skills (Rubin & Steinberg, 2011; Tylka, 2019b; Linardon et al., 2022).

Of course, it is easier to achieve body appreciation in contexts that support this appreciation. For participants, an important part of learning to accept their body was having supportive, encouraging relationships with people. Those who expressed more body acceptance and were more positive about their bodies had positive relationships with people around them. With most of these participants, the people they surrounded themselves with were unconditionally accepting of their bodies, in awe of what they had gone through and achieved in pregnancy and birth, and strongly advocated this perspective particularly when the participants themselves expressed dissatisfaction with their bodies. In addition, these supportive people did not criticise their body or suggest ways that they could improve it. This caring environment helped them in continuing to accept their body. Having body acceptance from significant people is associated with positive body image (Tiggemann, 2019). Unconditional acceptance from close people can be a central part in forming and maintaining a positive body image (Wood-Barcalow et al., 2010). These relationships also tend to focus on the internal qualities that people have, their personalities and characteristics as well as emphasising the positive parts of people's bodies and not discussing the negative (Wood-Barcalow et al., 2010). Participants described these positive relationships as being incredibly helpful in their learning to love their bodies. Participants also seemed to surround themselves with people who were also positive about their own bodies suggesting that they attract people who are similar to them and seek out relationships that support their body acceptance (Andrew et al., 2016).

While many participants had experienced criticism about their bodies from their parents or friends when they were younger, for those who were more accepting of their bodies this did not seem to affect them now. Usually, when brought up in houses where fat talk and conversations about weight occur, people are more likely to feel negatively about their bodies (Barbeau et al., 2022). Participants openly discussed these conversations that still occurred with some of their family members. However, many had managed to ignore and discount them as a way of managing this negative talk. This suggests that exposure to negative fat talk in your family of origin and previous body dissatisfaction can change. For people that are now more body positive, their childhood experiences do not always carry through into adulthood (Wood-Barcalow et al., 2010) and their attitudes to their bodies can change for the better.

Participants who were more positive about their bodies employed strategies and techniques to manage the body ideals they heard and saw around them. These techniques were designed to critique, resist, and filter the negative information surrounding them. When viewing idealised images, they carefully managed what came up in their social media feed, deleted adverts, avoided certain types of social media and used a protective filter to allow in only information that supported them. These were conscious management strategies to navigate the constant barrage of images and information about how they should look. Some often used a deliberate filtering mechanism when viewing idealised images, or they purposefully reframed negative conversations to help them maintain a positive sense of themselves. People who have a more positive outlook on their body tend to employ a filter to protect themselves when viewing images in the media or managing comments made by others (Wood-Barcalow et al., 2010). A person that has a higher appreciation and acceptance of their body is less likely to be affected by idealised images that they see (Halliwell, 2013). This also occurs even if they have internalised sociocultural ideals that being thin is better (thin idealisation; Halliwell, 2013). Participants that were more body positive, even if they thought it was better to be thin, seemed to be less impacted by thin idealised bodies.

However, there were times when participants' strategies were not enough to buffer the impacts of negative imagery and ideals. When this occurred, they felt more negative about their body and began comparing themselves to idealised images or took on board negative comments from people around them. It requires effort to maintain a positive image of yourself, which means there are always times when things can get past the filters to affect how women feel about their bodies (Wood-Barcalow et al., 2010; McHugh et al., 2014). When this occurred, participants were often able, on reflection, to reframe or work through how they felt about these ideals and let them go. Many described it as something that they had to continually work on. In times of vulnerability and stress, people can let in negative

information; however, this information can be adapted and changed to be more positive to maintain a better perspective on their bodies (Wood-Barcalow et al., 2010; McHugh et al., 2014).

Participants also described how they resisted sociocultural norms about women's bodies that were portrayed in the media. Many were able to critically examine the images and ideas that they came across. This meant that when faced with unrealistic bodies or perspectives about what they "should" look like, they were able to assess the underlying assumptions and ideas and reject them. This protective measure, called media literacy, is employed by people to help them navigate body ideals, stop them from comparing themselves to these ideals and can assist people in maintaining a positive outlook on their body (McLean et al., 2016; Evens et al., 2021). Often participants could clearly articulate what they thought these images were telling them about their body and refuse to engage with them and use them as comparisons. This type of resistance and critical thinking is conscious, requires continued attention and active use. When not employed, people may be more susceptible to their negative impacts. Importantly, this need for continual monitoring highlights a potential limitation of media literacy because the focus still remains on how individuals need to manage these unrealistic body norms. It is the responsibility of society and the systems within it to change the expectations given for women. Focusing on what people need to do to deal with these issues removes the culpability of the society that creates these difficulties in the first place (Wells et al., 2021).

Participants who struggled with their body image a bit more found this process of monitoring and filtering negative imagery more difficult. While these participants did filter their social media carefully, when they were confronted with negative images, they compared their own bodies to these idealised images, which resulted in feelings of negativity and sadness about themselves. These participants were at a particularly vulnerable moment in their lives, where it was hard not to be affected by the onslaught of images that they were surrounded by. As discussed earlier, many women incorporate sociocultural ideals into their own ideas about what is a "good" body (Halliwel, 2013) which means that when faced with images of unrealistic bodies, they may not actively try to challenge social media, making them feel more negative about their bodies (Paxton et al., 2022). Once again, this can be understood within the context of a societal system that constantly critiques women for not being enough. The idea that women must "work at" trying not to listen to these ideals again places blame on people to manage the situation and does not ask that those who hold more power such as social media platforms, make changes so that things improve for the better (Wells et al., 2021). The situation that these participants live within makes it much more difficult to withstand these ideals.

For participants who felt more unhappy with their body, there was also a tendency to struggle with negative thoughts and feelings about their body. These participants were more prone to worrying about the thoughts and feelings that they had about their body and would usually try to avoid them or do things that did not trigger them. When people are faced with a threat to their body image they develop ways of coping to manage these threats (Cash et al., 2005). People with less body satisfaction tend to cope by avoiding or escaping the threats to reduce their feelings about them (Cash et al., 2005). However, this coping mechanism can result in more body image distress and poorer psychosocial functioning (Cash et al., 2005). Some participants described avoiding certain social media altogether or avoiding thinking about things such as being unable to fit into certain clothes because this will just make them feel bad about themselves. There was a sense that they were overwhelmingly disappointed and would have a propensity to constantly think about their bodies negatively if they did not use these strategies.

One of the surprising findings of this research was that the majority of participants were actively engaged in trying to love their bodies. Research would suggest that most women feel a sense of dissatisfaction about their bodies (Grogan, 2022), therefore these results were unexpected. It may be that the nature of the research was more likely to capture participants who had done a lot of thinking about their bodies. However, increasingly there is now a focus on body positivity or body neutrality. It may be that because many of my participants were studying psychology, I managed to “tap into” a sector of women that had thought about these issues in depth and were attempting to focus on different ways of being in their body that allowed for a wider range of body types and accepting the body that they had.

This research has illustrated how body image and learning to like your body is complicated and difficult. Participants had very different journeys with their bodies. Some learned to accept the bodies they inhabited, be grateful for them, and resist sociocultural norms telling them what they “should” be. For others, it was more of a battle, with a sense of weariness and sadness about the bodies they inhabited, and a general feeling that their bodies had failed since having their babies. Postpartum bodies are very often different to body ideals espoused for women. Because of this, each participant lived in their bodies differently. What has been clear is that nothing is certain in a journey towards loving one’s body. Even for those participants who liked their bodies, there were times of uncertainty and sadness. Similarly, for those who were more negative, there were times they resisted Western cultural norms, and stood up for the body that they had. For women in the Western world, dealing with the constant bombardment of what your body “should” look like means that how one feels about their body changes depends on how vulnerable they feel that day, whether they are willing to engage with and reject these cultural norms, and whether they are able to be

kind to the body that they live in (Johnson et al., 2004; Watson et al., 2016). While quantitative research can delve into the different facets of body image such as body functionality, thin idealisation, how much one compares themselves to others, and supportive aspects of positive body image, it is not often able to capture the depth and insight needed to understand this complicated phenomenon.

Piran's (2016) Experience of Embodiment approach helped to make sense of participants' experiences. The varied ways in which women in this research inhabited their bodies can be understood through this theoretical lens. Each participant had a unique way of living in their body. Some were more positive across the dimensions of this construct, and were good at looking after their bodies, able to be in tune with themselves and what they needed, and felt more accepting of the body they lived in. For others, the embodiment was a little more negative on these dimensions, sometimes being able to find pleasure in themselves and their bodies but at other times finding it more difficult to love their bodies, take care of themselves and express their needs. These findings help to show the complex relationship women have with their bodies and give a deeper understanding and complexity to body image and embodiment as a dynamic changing construct.

### **5.3 Study Limitations**

While this research has given insight into postpartum body image and embodiment there are some limitations. No measurement or formal assessments were taken of participants to see where they were in terms of their body image, body functionality and body appreciation. This may have meant that what was said did not necessarily align with what the standardised measures would determine. However, formal assessments are not always able to capture the depth needed in understanding how women feel about their bodies. An interesting area of research may be to use mixed methods using quantitative analyses and qualitative interviews to see where people "fit" in terms of their body image on scales.

It may have been more useful to use other methods in understanding this phenomenon. Other methods such as arts based research, photovoice, or using diaries may have been better at helping participants to express themselves and may have highlighted other areas not able to be obtained using interviews and photo-elicitation (Leavy, 2018; Coffey, 2021). This would be an interesting avenue of research.

The participant sample was also highly educated, predominantly white, and was mainly obtained from a Facebook university page. This has meant that the sample was not reflective of the population as a whole. Different findings may be obtained from people with lower levels of educational achievement. There were also no participants who were Māori or Pasifika; speaking with these individuals would have contributed to a better understanding of

how some people within these population groups manage postpartum bodies. People of other ethnicities may have very different experiences to Pākehā women, therefore this research has only been able to understand this perspective from a dominant cultural worldview.

Lastly, there were no participants that identified as trans or non-binary. This limits understanding from these perspectives as to how people who live with gender dysphoria or who have transitioned to a different gender manage postpartum changes to their bodies in the context of gender identity.

#### **5.4 Conclusion**

This research has contributed to the literature on how women live in their changed postpartum bodies. It has shown how women deal with being told what they should look like when their postpartum bodies differ so much from these ideals. For each participant, living in their bodies meant engaging with these body ideals in different and unique ways. For some, there was a resistance to what they should look like, at times an acceptance of their body and at other times a sense of sadness that they differed. For others, there was a more negative view and a difficulty with trying to love the body they lived in now. However, each participant dealt with it, the journey to accepting themselves was difficult, painful, joyful and at times empowering. Given how hard it can be for women to feel accepted in whatever body they inhabit, this research has been able to capture some of the variations and similarities involved for women in living in their postpartum bodies.

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## Appendix A - Full Ethics Approval



15/07/2022

Dear: Shirley Simons

**Re: Ethics Application - SOA 22/24 - Squishy, strong, soft, sturdy: How do women feel about their bodies since having babies?**

Thank you for the above application that was considered by the Massey University Human Ethics Committee:

at their meeting held on

On behalf of the Committee I am pleased to advise you that the ethics of your application are approved.

Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

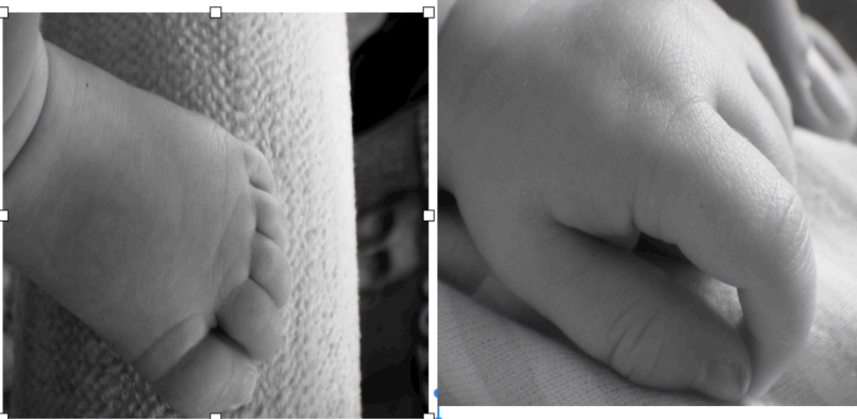
Yours sincerely

Professor Craig Johnson  
Chair, Human Ethics Chairs' Committee and Director (Research Ethics)

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# Squishy, Strong, Soft, Sturdy

## Understanding our bodies since having babies/pēpi



### **Have you given birth a year or more ago? If you have small children, older children, or adolescents you are welcome to participate?**

Kia ora, I am conducting research about how people feel about their bodies since having a pēpi/baby.

Participation involves a one-hour interview. You will also be asked to bring photographs or social media posts to the interview.

You will receive a \$40 gift card for participating.

**For more information, or to participate email Shirley Simons on [Shirley.simons.2@uni.massey.ac.nz](mailto:Shirley.simons.2@uni.massey.ac.nz)**

*This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 22/24.*



## INFORMATION SHEET

Kia Ora and greetings from our research team. I, Shirley Simons, am conducting research for my Master's in Arts majoring in Psychology. I am a mature student, coming back to study in my 40s. I have previously completed a degree in Psychology and worked as a counsellor in a high school. I am interested in researching how women feel about their bodies and the ways they are represented in the world that affects this. This is especially important to me as I have two teenage daughters.

In this research I am hoping to explore how people feel about their bodies since having babies/pēpi. I will interview people who have given birth to talk to them about their experiences. I will ask them to bring photographs or social media posts with them to the discussion, to help us talk about how these images/representations impact how they understand, feel and think about their postpartum bodies.

### Participant Recruitment and Identification

Participants are being recruited through social media advertisements (Facebook, Instagram and Twitter). People can participate if they have been pregnant and given birth to a child a year or more ago. I am hoping to speak with 7-12 people.

### What will participation look like?

If you decide to participate you will be agreeing to:

- An interview via Zoom or in person, depending on what you would like (up to approximately 1 hour)
- Bring 3-5 photographs of people who have given birth to babies, sourced from anywhere you like (can include celebrities, social media, etc.). These photos will be used to help with the discussion about the impact of media and its representations of women on how they understand their bodies. They will not be used in the research write-ups.
- If you wish, review the transcript of your interview and ask for changes where appropriate

Before the interview I will invite you to complete an online consent form agreeing to the research. Please feel free to ask me any questions about the project and/or to consult with people you trust before you decide to participate.

Participation is completely **voluntary**. If you do not want to participate, you do not have to. You can also choose to:

- Stop taking part at any time before or during the interview/data collection part of the project.
- Withdraw your data up until two weeks after you have received your transcript for review.
- Ask any questions about the study at any time during participation;
- Be given access to a summary of the project findings when it is concluded.
- Ask for the recorder to be turned off at any time during the interview.

### **What are the benefits of participation?**

Benefits could include enjoying talking about your experiences. This project may help with giving more understanding of how cisgender women feel about their bodies and how media affects their experiences.

You will also receive a \$40 Prezee gift card to thank you for your time.

### **What are the risks of participating and how are they being managed?**

Risks to participation may include feeling uncomfortable or upset due to discussing your experiences. Please remember you are welcome to share as much or as little as you want to in response to questions and to not answer questions that may make you feel uncomfortable

Should any distress arise for you, we can stop the interview at any point. I have also provided a list of resources at the end of this form.

### **What will be done with my information?**

Interviews will be audio recorded and transcribed. Recordings will be stored on password protected computers. If any identifiable data is shared within the research team, we will use secure (password protected) means to do this. Only de-identifiable printouts will be made.

Recordings and transcripts will be securely deleted 5 years after the close of the research.

Analysed data may be used in any of the following ways:

- My Master's thesis
- Academic publications
- Academic and/or community presentations
- Knowledge translation outputs (e.g., blog posts, infographics, webinars etc....)

You will be invited to choose a pseudonym (fake name) that will be used to identify you in any outputs from the research. If you do not have a preferred pseudonym, we will select one for you. Any other identifying characteristics will be removed and discussed with you.

### **Participant's Rights**

You are under no obligation to accept this invitation. You have the right to decline to answer any questions or to withdraw your data or any part thereof at any time until two weeks after you have received your transcript for review.

### **Project Contacts**

If you have any questions about the research, please contact:

Student Researcher: Shirley Simons  
Shirley.Simons.2@uni.massey.ac.nz

Supervisor: Dr Andrea LaMarre, Lecturer, School of Psychology, College of Humanities & Social Sciences, Massey University, Albany Campus. Phone 06 356 9099 ext. 43106 Email a.lamarre@massey.ac.nz

### **Support Resources**

**A full list of mental health crisis teams is available here:**

<https://www.health.govt.nz/your-health/services-and-support/health-care-services/mental-health-services/crisis-assessment-teams>

#### **1737 Need to Talk?**

Free call or text 1737 for support from a trained counsellor

#### **Anxiety Helpline**

0800 Anxiety (0800 269 4389)

#### **Lifeline**

0800 LIFELINE (0800 543 354) or free text 4357 (HELP) 24/7

#### **Depression Helpline**

0800 111 757 or text 4202

#### **Healthline**

0800 111 757

#### **Women's Centre for free counselling**

Wellington 04 384 7709 <https://wwhc.org.nz/counselling>

Lower Hutt 04 920 1009 <https://lhwc.org.nz/>

Upper Hutt 04 527 0017 <https://www.facebook.com/Upper-Hutt-Womens-Centre-221438241330684/>

Porirua 04 237 9224 <https://www.facebook.com/poriruawomenscentre/>

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application \_\_\_/\_\_\_ (insert application number). I

## Appendix D - Consent Form



Squishy, strong, soft, sturdy: How do women feel about their bodies since having babies?

### CONSENT FORM

I have read or have had read to me in my first language, and I understand the Information Sheet. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study until two weeks after I have received my transcript for review

I agree to bring 3-5 images of postpartum bodies

- Yes
- No

I wish to have my transcript returned to me so I can go over the interview

- Yes
- No

I wish to receive a summary of study findings

- Yes
- No

I agree to participate in this study under the conditions set out in the Information Sheet.

- Yes
- No

Declaration by participant:

I (type in full name)

Hereby consent to take part in this study

- Yes
- No

## Appendix E - Interview Guide

### **Interview Guide**

#### **Research questions**

1. How do you feel about your body since having a baby/babies?
2. What sense do you make of what you see and hear about postpartum bodies?

#### **Whakawhanaungatanga**

Getting to know each other.

#### **Preliminary questions**

What made you want to be a part of this study?

Tell me a bit about your experience of pregnancy and birth?

#### **Topic 1 - Photo-elicitation questions**

**Could you please tell me about these pictures?**

- What did you want to discuss about them?
- What stood out about them?
- Did they make you feel a particular way?
- What do you think they are trying to say about postpartum bodies?

#### **Topic 2 - Images/Ideas about Postpartum bodies**

When you think about postpartum bodies, what images or ideas come to mind?

What kinds of conversations do you have about postpartum bodies? With whom? In what contexts (e.g., in person, virtually, etc.?)

Do you look at any media that features postpartum bodies? If so, what kinds?

Could you please tell me a bit about how you feel about this media?

#### **Topic 3 - How do you feel about your body since having a baby/pēpi?**

**Can you please tell me a bit about your relationship with your body before having tamariki?**

- Could you please tell me a bit more about that? Are there any particular thoughts or feelings that come to mind?

**What thoughts or feelings come to mind when you think about your body since having a baby?**

- Has anything changed? (If so, what?)
- (prompts) Could you please tell me a bit more about that? Does your body feel different? Do you think differently about it? In what way(s)?

**Do you think that other people relate to your body differently since having a baby?**

- (prompts) Do you think that you are seen differently now? Do others (like whānau, your community, partner, friends) interact with you differently? How do you feel about that?

#### **Topic 4 – Reflection**

How did it feel to talk about that?

Some people feel a lot of different emotions after reflecting on postpartum bodies. How are you feeling in your body?

Is there anything you would like to talk about that I haven't asked you?