

Picturing mothers: A photovoice study of body image in pregnancy

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ABSTRACT: *The aim of this qualitative study is to explore how 'photovoice' and participant-produced photographs can be used to think critically about pregnant embodiment. Twelve pregnant women in Hobart, Australia were given digital cameras and interviewed four times (three times during pregnancy and once postpartum) about photos that were taken to represent their experiences of pregnancy. This article examines narratives and photographs related to pregnant embodiment and body image in its multiple and often contradictory meanings. Two key themes that will be discussed include: (1) feeling anxiety surrounding the appearance of slenderness/normalised beauty throughout pregnancy; and (2) attempting to gain control of the body through photographs. Findings reveal important information for maternal health practitioners regarding how women negotiate a changed embodiment over time and how they might be supported during this period.*

KEYWORDS: camera, embodiment, gender, photovoice, photography, sociology

PREGNANT BODY IMAGE

Body image is a complex and multi-dimensional construct that can include affective, perceptual, behavioural, and cognitive aspects of embodiment (Tiggemann, 2004). There is a significant body of interdisciplinary feminist scholarship that examines women's body image over the life course (e.g., Grogan, 2008; Young, 1990). Recent research has been productive in establishing the factors most likely to influence pregnant body image (for an overview, see Nash, 2012a). However, the existing body of scholarship is contradictory, particularly with regard to how pregnant women cope with weight gain. Earlier studies suggested that pregnant women were relatively unconcerned about weight gain (e.g., Richardson, 1990). More recent sociological research has shown that women in the West now feel enormous pressure to conform to unachievable standards of (non-pregnant) feminine beauty; slenderness is central to the performance of normative femininity (e.g., Earle, 2003). Few studies have focussed on Australian women (e.g., Nash, 2012a; Skouteris, Carr, Wertheim, Paxton, & Duncombe, 2005). There has also been a lack of visual frameworks for understanding pregnant body image in spite of a growing visual culture premised on the imaging of pregnancy and pregnant bodies (Nash, 2012a, 2013, 2014).

PHOTOGRAPHY AND SELFHOOD

As the photographic image is a core way of conceptualising the self it is essential to think through why photographs may be useful in understanding

pregnant body image. Photography has been the subject of interdisciplinary theoretical inquiry (e.g., Barthes, 1972; Sontag, 1977). This body of work has enabled critical reflection on the power of photographs in modern life; how images capture aspects of the social world; how they regulate visibility; how they add new dimensions to our memories. The 'private' and 'public' exchange in photos is also a means of building individual and collective memory experiences. Yet what we deem to be 'photographable' in our everyday lives is heavily predicated on collective moral and aesthetic values and inflected by social structure and this is especially relevant to the imaging of pregnancy (Bourdieu, 1990). Digital photographs have become a regular feature of life in the industrialised world (Sarvas & Froelich, 2011). Individuals with access to digital technology can easily capture mundane moments in their lives in addition to the 'special' moments that typically defined 'everyday' photography in the era of the film camera (Bourdieu, 1990). Yet the social regulation of photographs described by Bourdieu (1990) still implies that some subjects are more 'worthy' of being photographed than others as photographs are now subject to greater scrutiny as they are shared and circulated via the Internet.

Feminist theoretical inquiries have focussed on problematising the 'realism' of photography because biological differences between male and female bodies appear to be 'natural' in photographs (Evans, 2001). Early feminist scholarship centred on how women's experiences have been

culturally remembered, how women's bodies have been represented and how this can be disempowering. Feminists have also raised questions about spectatorship and the male 'gaze' (Doane, 1982). Feminist critics have often argued that family photographs, for example, reflect an attempt to manage appearances and identities, submerging conflict, sickness and unhappiness in an attempt to make 'happy' memories of family life and are often mechanisms for *forgetting* the past (Hirsch, 1997). However, Rose (2010) has suggested that women's everyday photographic practices often closely reflect women's domestic lives as they photograph their families and friends.

WHY STUDY PREGNANCY PHOTOGRAPHS?

For the most part, we have seen two categories of pregnancy photographs in Western visual culture. The first type of photograph is the obstetric image characteristic of medical photography. As a result of the powerful clinical gaze surrounding pregnancy, coupled with an increasing interest in maternity by western media, the pregnant body has been represented as a 'condition' to be closely managed through biomedicine (Nash, 2012a). Martin (1992) has also observed that obstetrical imagery (including ultrasound imagery) is divorced from the lives of the women photographed. For instance, obstetric images in medical textbooks that are intended to convey practical information and medical advice routinely present truncated images of women's bodies (Smith & Condit, 2000).

Obstetric images are countered by a second type of image that has arisen from the proliferation of images of pregnant bodies in the media since the 1990s: The sexualised photograph. Pictures of 'sexy' pregnancy in western popular culture have moved pregnancy into the 'public' in very different ways than biomedical images/discourses. Images of slender celebrity 'yummy mummies' in the media represent a globalised version of pregnancy in which affluent women are represented as idealised subjects (Nash, 2012a). We rarely encounter images of everyday women's pregnant bodies in western media despite the fact that pregnancy has been documented photographically since second

wave feminism movements (Nash, 2013, 2014). Images of pregnancy that are taken by women themselves are important to consider because the experiences of fatigue, stress, and isolation are almost never seen in the popular pregnancy photographs (Matthews & Wexler, 2000). Thus there is a gap between the ways in which pregnancy is represented visually in public and the individual embodied experiences of pregnant women. This gap is directly linked with the aims of the current research – to allow women to tell visual stories of pregnancy.

USING PHOTOGRAPHY IN HEALTH-RELATED RESEARCH

Health researchers have used visual research methods in different ways over the last 20 years (Harrison, 2002). For example, photo elicitation (Harper, 2002), autophotography (Phoenix, 2010), participant photography (Miller & Happell, 2006), and photovoice (Wang & Burris, 1997) are all approaches in which photography is a primary means of gathering data related to health and illness, facilitating dialogue with participants in interviews, and disseminating data to wider audiences (e.g., community exhibitions). When used with narrative approaches, photography has proven to be well-suited to illuminating participants' lived experiences of health and illness. Researchers have used visual methods to examine embodied experiences of cancer (Frith & Harcourt, 2007), eating (Keller, Fleury, & Rivera, 2007), and dementia (Genoe & Dupuis, 2013).

Among the various visual methods that have been used in health-related research, photovoice is one of the most frequently used and arguably one of the most replicated and established frameworks (Lal, Jarus, & Suto, 2012). According to its creators, photovoice is a powerful social research method for empowering marginalised groups as it 'enables them to act as recorders, and potential catalysts for change, in their own communities' (Wang & Burris, 1997, p. 369). Photovoice has been applied in a range of settings (Johnson, 2010), but less often in the context of women's health (Wang & Pies, 2004), or in an Australian context (Wilkin & Liamputpong, 2010). With exception to

my work (e.g., Nash, 2014), research is yet to examine the use of photovoice with pregnant women.

METHODOLOGY

This research used a modified version of the 'photovoice' method to explore pregnant embodiment in Hobart, Australia. In its original form, photovoice comprises three stages that are supposed to 'empower' participants and lead to social change: (1) the creation and documentation of participant-produced images; (2) critical reflection by the participants on the process of taking photographs and the photographs themselves using the SHOWeD method of inquiry (specific questions to help with the reflective process); (3) sharing participant-produced photographs and narratives with the wider community (Wang & Burris, 1997). The questions that spell the acronym SHOWeD include: 'What do you See here? What is really Happening here? How does this relate to Our lives? Why does this situation, concern, or strength exist? What can we Do about it?' (Wang, 1999, p. 189). Photovoice has frequently been described as a method that 'democratises' the research process (McIntyre, 2003). However, it has also been criticised for being undertheorised and for lacking a clear method for data analysis (Cooke & Kathari, 2001).

Methods

Twelve participants were self-selected upon responding to research advertisements in local newspapers and maternal health centres. Four in-depth, semi-structured interviews were conducted with each participant in 10-week intervals between 10 weeks pregnant and after birth. Interviews were audio recorded with consent. This study was approved by the University of Tasmania's Human Research Ethics Committee. The research was conducted in line with the committee's recommendations for protecting participants' confidentiality and anonymity in the collection and analysis of data. Pseudonyms are used throughout this article. All of the photographs are published with the written, informed consent of the participants.

The first interview was an introductory interview in which details about the pregnancy and the participant's background were discussed. Participants were given digital cameras and they were asked to photograph themselves and their lives during pregnancy (20–24 pictures per month). The only instructions given to participants was to take photographs that show what it is like to be pregnant and what pregnancy means to them. Participants were also given a prompt with framing questions for taking photographs, if required. For instance, the prompt asked participants to 'Pretend you are taking photographs for your best friend living in another part of the world. What would you want to share about yourself and your pregnancy?' Participants were also given a 'training' session that engaged them in a conversation in safety/ethical issues surrounding taking photographs. During all subsequent interviews, participants' photographs were downloaded on to a laptop and viewed during the interview. The SHOWeD method of inquiry was not used because the questions provide a relatively limited frame in which participants can discuss their photos. In keeping with a feminist approach, I felt that it was more important for the women to discuss what the photos meant to *them* and not necessarily to discuss how they fit with Wang's (1999) questions. Thus through a process of photo-elicitation (Harper, 2002) and employing a feminist phenomenological interviewing style (Levesque-Lopman, 2000), interviews explored the photographs in relation to the individual experiences of the woman; how she chose what to photograph and how she felt about the experience of taking pictures. Interviews also explored topics such as body image as well as exercise and maternity clothing (not discussed in this article). In line with the emphasis on social change in photovoice methodology, the final stage of this project (after all interviews had been conducted) involved participants in selecting their most 'significant' photographs to display in a public exhibition in Hobart.

Data analysis

Following data collection, interviews were transcribed verbatim and data analysis was conducted.

Analysis of the interviews and the photographs employed thematic analytic techniques (Braun & Clarke, 2006). Transcripts were read closely, and key points summarised that were raised individually by the participants and in relation to their photographs to understand the data in context. The transcripts were reviewed as a set to identify common themes. Once a set of themes have been identified, transcripts were reviewed again to identify material related to each theme. The themes evolved and were refined throughout this process. As a feminist researcher without children, I was continually self-reflective about potential bias in data interpretation (Finlay, 2002). I had to ensure that I did not assume that my participants and I saw pregnancy in the same way or that my participants related to 'feminist' thinking about motherhood. Thus to maintain interpretive validity, I treated participants as 'co-researchers' and sought their feedback throughout the data analysis. Given the large amount of data collected, the analysis in this article focuses on photographs related to body image only.

Participants' characteristics

Participants were between the ages of 24 and 42, with a mean age of 32.5 years. The majority of women described themselves as Anglo-Celtic, middle-class, and were mostly tertiary educated. All of the participants lived with a husband or male partner and half of the cohort also lived with children. The majority of women in the study worked in paid employment (42 percent in full-time work) in a range of professional roles.

Participant-produced photographs

In total, women in the study produced nearly 1,500 photographs, with most participants taking between 20 and 30 photographs per trimester of pregnancy and postpartum. The participant-produced images captured the everyday context of women's feelings about their bodies as well as events and emotions associated with their pregnant lives.

PICTURING 'IN-BETWEENNESS'

In early pregnancy, several women reflected on their anxieties about being mistakenly identified

as 'fat' and not 'pregnant' in the first trimester, an experience I have theorised elsewhere as 'in-betweenness' (Nash, 2012a). Thinking about pregnancy as 'in-between' is a useful way to describe pregnant bodies when women report that they do not 'feel' or 'look' pregnant. As a result, women often read their bodies as 'fat' and incompletely pregnant.

Earlier on, I was really self-conscious. I thought that people might just think I'm fat. I hated that feeling. (Christine, 16 weeks)

Some days I really just looked like I'd had too many fairy cakes. I just looked fat. I didn't look pregnant at all. I just looked like I'd let myself go. And I got really cranky about that. (Lisa, 26 weeks)

Given the western cultural condemnation of 'fatness' as an acceptable feminine corporeality (Bordo, 1993), it is not surprising that the feeling of 'in-betweenness' was distressing to several participants. The ambivalence associated with in-betweenness is reflected in Lisa's photo (Figure 1). Lisa noted that even though her clothes were no longer fitting properly, she still thought that her belly looked ambiguous and not clearly 'pregnant'.

The experience of changing size and potentially looking 'fat' also proved to be a significant shift in identity, for Christine, aged 30. She was distressed about the discontinuity between pregnant and pre-pregnant identities in these early stages. I was intrigued by a photograph that she



FIGURE 1: LISA

showed me during the second interview when she was 27 weeks pregnant (Figure 2). At first glance, one might imagine that a picture of a mushroom might produce a narrative of 'healthy' eating in pregnancy. However, Christine's photograph depicts complex emotions around body image in the 'in-between' stages of pregnancy.

I was at home one day and I wanted to see what was in the veggie patch. I went to put on my gardening clothes, you know torn jeans and stuff, and nothing would fit. My old daggy clothes wouldn't fit! I kind of hadn't really thought of that, like I thought about the clothes I wear out and going to work but old daggy clothes at home – I kind of rely on them. I was tearing apart my wardrobe and I found this pair of pants that had paint all over them – just these beige pants and I pulled out my Pop's old shirt. It's got a collar and long sleeves and it's beige as well. I put it on and I looked in the mirror and I walked out of my room and just thought 'I look like a mushroom!' I went to the fridge and grabbed a mushroom because I had such a strong reaction when I saw myself. Even though I was home totally alone, I just felt yuck.

For Christine, this was a key moment in which 'in-betweenness' was marked by the inability to fit into pre-pregnancy clothing (Nash, 2012a, 2012c). The shift to the beige garments symbolised bodily change, transition and instability. The mushroom became an important physical representation of her identity from non-pregnancy to pregnancy. Passage of time came to the fore as



FIGURE 2: CHRISTINE

Christine remembered what her body used to look like.

In the early ('in-between') stages of pregnancy, participants took few photographs of their bodies. Most photographs taken up to about 16 weeks gestation featured objects, places, friends, and family members. Participants were asked why they were not taking photographs of themselves. Several women were worried about taking unflattering photographs of their 'fat' pregnant bodies:

Gaining weight is a drag. In my [first] pregnancy, I was quite big and I had no clothes that fit. I went to this Christmas dinner for work last year and everyone looked so lovely but I just didn't feel pretty. I didn't have my hair done. And it's not because of your shape. You look tired and your face is sort of puffed up. Photos of your face look yucky and I was like 'No photos please'. I don't want to look back on this ... (Tara, 15 weeks)

When Barthes (1972) has discussed photos of himself, he has noted that he never liked them. Barthes reasoned that his image and his 'self' never coincided and that the image felt 'inauthentic.' Tara flagged a similar feeling – a feeling that appears to be located in vanity but, upon closer reading, is entwined with the rejection of an unfamiliar identity. Tara wanted to be able to tell a particular visual story about pregnancy. 'Puffiness' or 'fatness' got in the way of producing memories for the future. In her view, photographs were supposed to contribute to a sense of continuity and personal identity. As a result, avoidance of the camera was often preferable because the person in the photograph was viewed as not 'me,' a concept discussed in the next section.

PICTURING 'VISIBLE' PREGNANCY: THE 'NOT ME' PHOTOGRAPH

Most participants became comfortable with documenting their bodily changes as they moved into visible pregnancy from about 16–20 weeks onwards. As the women began to feel 'properly' pregnant, they saw visible pregnancy as the opportunity to be seen in 'new' ways – a resolution to 'in-betweenness' (Nash, 2012a, 2012b).

Earlier on I was really self-conscious. I thought that people might just think I'm fat, and it's definitely not that now. So there's kind of that niceness about it and I just feel like everyone does notice you more (Joelle, 16 weeks).

I've only been obvious for the last three weeks. It just seems it has been a bit of slow going. I've had a bit of a growth spurt I think and now people are asking about it [the pregnancy] ... (Lisa, 23 weeks)

At this stage, participants produced images of themselves that emphasised the changed contours of their bodies, paying particular attention to their 'baby bumps' (Figures 3–6). These photos are interesting because they show women as they see themselves – they show bellies from unusual angles and they seem to about self-discovery. Figures 3 and 4, for instance, show how women see their bodies on a daily basis. These photographs also demonstrate the functionality of women's bodies and their ability to grow something inside of them. However, these photos seemed to be used by women to veil themselves as they present only fragmented aspects of their bodies – the 'not me' photograph. Many of these photographs are cropped in line with the conventions of medical photography (e.g., Figures 5 and 6). Without a head in the frame, these photographs provide no clues that the images are 'self-portraits.' When I asked my participants about this, they were often surprised by the question or at least had not thought about it until we reviewed the



FIGURE 3: CHRISTINE

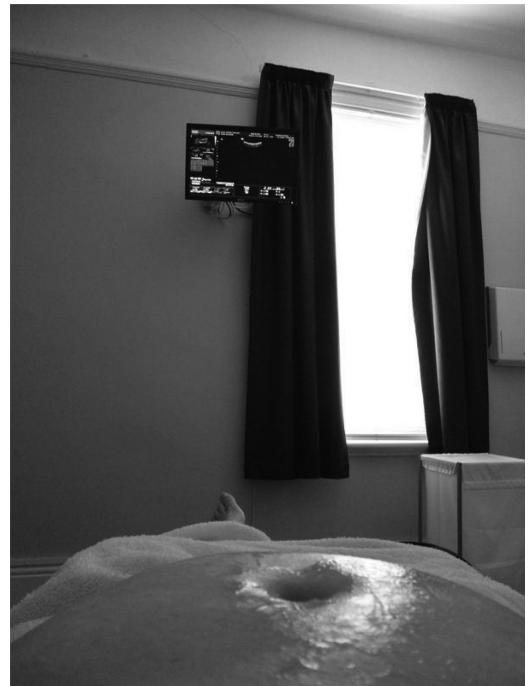


FIGURE 4: CANDICE



FIGURE 5: TARA



FIGURE 6: JULIE

images together. For instance, Tara remarked that cropping her out of the frame in Figure 5 was not deliberate. She said that she took to this picture at 12 weeks to reflect her need to 'sit down and put [her] feet up.'

However, the question remains: Who is being represented in the photographs? Is it the pregnant woman or the foetus? From one perspective, we might view these pictures as emblematic of pregnant women's objectification in line with feminist critiques (Smith & Condit, 2000). Yet in these examples, women are not simply objects; they are subject *and* object of the photograph (Gallop, 1999).

MIRROR IMAGES

In this section, I want to think about the use of mirrors in relation to my participants' body images and to consider more closely the headless photos I described earlier. Historically, mirrors have been critical in the creation of women's subjectivity – mirrors are where women turn when they want to know what their embodied self 'looks' like. When a woman looks at herself in a mirror, '... she encounters not just a technical aid to making a self-portrait, but a whole tradition which invites her to see herself as an object, as sexually attractive (or not), as slender (or not), or as vain and narcissistic (always)' (Doy, 2005, p. 52). When Diane Arbus photographed herself pregnant in a mirror in 1945, the idea of doing

so was unusual at the time. In her photo, she appears to be contemplating her multiple selves (to view photograph, see Los Angeles County Museum of Art, 2013). The gesture of pointing the camera at oneself is now common. Figures 7 and 8 offer different instances of representing the pregnant self digitally. Rachel used a mirror in two photographs – taken in a past pregnancy and in her current pregnancy – and the resulting image became a powerful retrospective memory aid (Figure 7):

Rachel: Last pregnancy, it was 26 or 27 weeks until anyone could tell I was pregnant. I didn't pop out at all. Now, the baby is sitting higher and you can't miss it. People are making comments about my belly now whereas they weren't before [in the first pregnancy].

Interviewer: Are you surprised [by how you look] when you look at the two photos together?

Rachel: Totally, I felt huge at the start of my first pregnancy and now I realise I really wasn't that big at all.

Rachel recreated the moment to see where her pregnant 'selves' intersected, leading to a 'new' 'truth' of identity. When we have our pictures taken, we often try to influence the outcome of the process by wearing certain clothing or posing to make a better picture (Barthes, 1972). Rachel recreated her appearance in her first pregnancy by standing in the same position, in the same room, and wearing similar clothing. She said that taking a photograph was necessary in evaluating herself because the mirror image was fleeting, implying that a photograph is a 'certificate of presence' (p. 87): 'In the mirror, you can see how you look but then it's over. A mirror image is how you see yourself. The photo is how others see you. You can't ignore it.'

At first glance, Figure 7 appears to be a 'true' representation of Rachel's pregnant body. This is possible 'firstly, because everything we see in the picture is reflected in a mirror, second because the image we see is the product of a camera recording reflected light from the mirror' (Wilson, 2012, p. 59). Upon closer inspection, Rachel's photograph invites the viewer into the process of creating the two photographs as we can see Rachel's hand holding her phone (with built-in camera). Unlike Diane



FIGURE 7: RACHEL, 20 WEEKS, IN HER FIRST PREGNANCY (LEFT) AND SECOND PREGNANCY (RIGHT)

Arbus' *Self-Portrait*, we cannot see the edges of the mirror in either image. We cannot see Rachel's head in either image but it is clear that her eye is not pressed to a viewfinder (or in this case, we cannot see her looking at the screen of her phone). Rachel positioned the camera so that she could ensure that her face was not included in the photographs. Moreover, it is not clear that Rachel is the subject of the photograph – the mirror, her camera and her belly are all featured prominently.

By wearing tightly-fitting clothing, Rachel could assess every contour of her body in the images. Placed together the photographs enforce an 'evaluative' or 'panoptic' gaze operating via public discourses of health, fitness and beauty in policing femininity (Duncan, 1994; Nash, 2007). Upon reviewing the images with me, Rachel expressed surprise to see that she did not look as 'huge' as she felt during her first pregnancy. She noted that the two images made her remember how much thinner she was prior to falling pregnant the first time. Rachel's suggestion that the photographs allowed her to 'see' her body in new ways points to a pressing cultural problem in the industrialised world in which women often have distorted images of themselves, especially when

looking in the mirror (Bordo, 1993). Rachel's photographs called into question her previous memories of herself, producing 'counter-memories' of who she was and how her body appeared to herself and others.

Joan's photograph can also be discussed in relation to subjectivity and representation (Figure 8). Joan used a mirror as a 'tool' for constructing her own image during the second trimester of pregnancy based on her experiences of being a 'public' spectacle.

I felt like I was just a stomach ...
 [When I took this photograph] I was going through a stage where everywhere I went people would comment on my stomach. It felt like that's all that anyone sees, like I'm not a person, you're just a pregnant person - you're an incubator. I'm just really sick of the comments about [my] size. That's what people are looking at [my belly]. They don't look at your face. (Joan, 26 weeks)

As my participants entered the mid-to-late stages of pregnancy, they often told me that they felt as though their pregnant bodies had become 'public' spectacles. For instance, it was their high visibility in 'public' spaces that they found often invited commentary about their appearance. Whereas in the earlier stages of pregnancy women reported feeling anxious that their bodies could be 'mistaken' for 'fat,' in the mid-later stages it followed that being and moving in 'public' presented new opportunities for their 'fatness' or 'bigness' to be assessed, most often verbally. For Joan, her actions and body were closely monitored by others with surveillance comments forthcoming. Joan's photograph and her use of the mirror are poignant because they reflect her feelings about being seen as a 'container' for her foetus (Nash, 2012a) and the omission of her head in the photograph was deliberate in this context. Joan's motivation in producing this photograph was the experience



FIGURE 8: JOAN

of not being seen as a 'self' and her resistance to cultural changes in which the foetus has rendered pregnant women invisible in public visual culture (Nash, 2007). In doing so, she was criticising the notion that foetuses are separate, autonomous beings.

DISCUSSION

The purpose of this study was to identify how digital photographs and the 'photovoice' method may be used to develop a deeper understanding of pregnant embodiment. I have demonstrated that participants' visual 'stories' reflect the more varied 'realities' of pregnant embodiment compared to the limited range of public images of pregnancy. In this way, participant-produced photographs stand as chronicles and remembrances of embodied pregnant experiences and digital cameras allowed women to portray themselves and their experiences of pregnancy in ways that would otherwise be impossible. For instance, several women used photographs to creatively define the photograph and its meaning in relation to their experiences. Digital photos were also essential for participants in charting their rapidly changing bodies over time and, to a great extent, the photographs provide

material evidence of this temporality. This 'data' gave women important insight into their embodied experiences in the interviews and played an important role in the constitution of subjectivities. However, photographs by themselves are meaningless outside of the narratives from the women that created them. Although tensions within the self are embodied in the photographs, these tensions are not necessarily indicated visually. They needed to be teased out and brought to the surface in the interviews (Doy, 2005).

Digital photography enabled

my participants to choose whether or not and how they would portray themselves (as indicated by the inclusion of a head) or their foetuses as the 'subjects' of their photographs. The ability to make determinations about what would feature inside the photograph was important in establishing my participants as subjects. However, when Barthes (1972) discussed the photographic enculturation of identity, he was discussing analogue cameras. Digital cameras have changed the ways in which the process occurs. With the increased variety, flexibility, and sources of digital images, women had more support for examining body image and subjectivity than they would with an analogue camera. For instance, Rachel took the two photos discussed earlier (Figure 7) with the camera on her mobile phone. She put the images together using software on her computer and photographed the screen with a digital camera. She could have manipulated the images by enhancing them or 'brushing up' her memories of her former and current selves (but stated that she did not do so).

One of the more interesting findings in this study is the tendency for some participants to represent their pregnant bodies without a head. When one includes their face and head in a photograph as a subject, one opens themself

up to scrutiny. As my participants were feeling ambivalent about their bodies throughout pregnancy, it is unsurprising that some women would be reluctant to be portrayed in this way. A photograph of a pregnant belly without an accompanying head transforms into a picture of a foetus, and not its mother. The picture becomes 'not me.' From another perspective, Joan deliberately cropped her head out of the photo (Figure 8) given her concerns about the competing subject positions of mother and foetus. Joan was forthright in using a camera and mirror to address and contest the cultural view that there is only one important subject in pregnancy – a foetus (Nash, 2007). As her body grew larger, Joan's photographs showed that she felt that she was no longer being seen as a 'self' as her body became the source of public scrutiny. Here, Joan visually commented on the shifting relationship between mother and foetus, given that the photograph was taken from her perspective using a mirror. As this example shows, giving women a camera allows us an 'insider' perspective in how they wish to be seen within wider visual culture. Furthermore, this type of photo can be powerful in 'asserting the mother's subjectivity against (the trace of) that of their child' (Rose, 2010, p. 55). In other words, even though 'babies' are corporealised in the photos via the 'baby bump,' their embodiment is constructed in the photos and interpreted in the interviews by the mothers.

Concerns over appearance in relation to participant-photographs and the inclusion of a head in the photograph also reflect changing norms for pregnant embodiment. Given my participants' anxieties about potentially looking 'fat' at various stages in pregnancy, it becomes apparent that women are falling pregnant in the midst of a changing cultural landscape. The celebration of the pregnant celebrity and the image of the 'yummy mummy' have become highly visible, 'public' obsessions evident across many representations and discourses of contemporary western motherhood (Nash, 2012a). 'Yummy mummies' were rarely a focus of the interviews, however, discursive

formations of 'yummy mummies' did form an important backdrop for women's photographic practises and beliefs about feminine beauty. For instance, participants' visual and narrative accounts of feeling 'fat' and trying to manage the appearance of their pregnant bodies point to what Dworkin and Wachs (2004, p. 114) have referred to as a 'third shift' of bodywork in which women must labour (literally) in order to maintain a body that is in line with normative feminine ideals (Nash, 2011, 2012c).

IMPLICATIONS FOR PRACTICE

This study is important given the limited number of published photovoice research in the areas of women's reproductive health and body image (e.g., Nash, 2014). Self-produced images and narratives from pregnant women are salient in offering maternal health care practitioners a new understanding of pregnancy as defined by the women they see every day. Often maternal health professionals think that they understand women's experiences (Byrom & Downe, 2010). Yet the literature shows that in certain cases such as miscarriage, midwives sometimes fail to meet women's expectations (Abboud & Liamputpong, 2005). Empathy is a critical component of the midwife-expectant mother relationship (Tarkka, Paunonen, & Laippala, 2000). Moreover, recent research shows that women's reluctance to disclose their feelings is reinforced by a health professionals' inability to respond to their emotional/practical needs (Jones, Creedy, & Gamble, 2011). If maternal health professionals do not fully understand the lived experiences of pregnant women, how can they be empathic? Photovoice has the potential to equip maternal health professionals with a more comprehensive understanding of the lived experiences of pregnancy so that they may more fully empathise with their patients and 'fine-tune' their interactions with women who are experiencing potentially traumatic events such as miscarriage. Photovoice can also illuminate strategies that maternal health practitioners can employ to strengthen support networks for pregnant women. Finally,

photovoice can directly contribute to continued societal education about the lived experiences of pregnancy through local exhibitions of women's photographs which give pregnant women a 'voice' in the community.

ACKNOWLEDGEMENTS

The author would like to acknowledge the pregnant women in Hobart who generously shared their experiences and photographs for this research project. Thanks also to two anonymous reviewers for insightful feedback on earlier versions of this article.

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Received 08 July 2013

Accepted 17 April 2014

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USING VIDEO IN SOCIAL SCIENCES AND HEALTH RESEARCH

A special issue of *International Journal of Multiple Research Approaches* – Volume 3 Issue 3
ii+126 pages – ISBN 978-1-921348-24-2 – December 2009

Editors: **Rowena Forsyth** (University of Sydney, Sydney NSW), **Katherine E Carroll** (University of Technology, Sydney, Sydney NSW) and **Paul Reitano** (Griffith University, Mt Gravatt QLD)

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