

# Configuring Maternal, Preborn and Infant Embodiment

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## **Abstract**

A growing literature on the biopolitics of contemporary maternity and on risk society, individualisation and parenting has demonstrated the increasing emphasis that has been placed upon pregnant women and mothers to take responsibility for the health and welfare of their children. The ideal female 'reproductive citizen' is expected to place her children's health and wellbeing above her own needs and desires. Here the subject positions of the 'good mother' and the 'responsible citizen' as they are produced through the discourses and practices of neoliberalism intertwine. This paper looks at the convergence of various influential discourses, images, practices and technologies in configuring maternal, preborn and infant bodies in certain ways in the context of neoliberalism. These include such factors as the growing importance of the concept of risk in relation to preborn and infant wellbeing, the extension of infant identity back into preborn bodies, the emergence of the concepts of the foetal and embryonic (and even the preconceived embryonic) citizen, the precious child and intensive parenting and the symbolic concepts of permeability, purity and danger and Self and Other as they relate to maternal, infant and preborn embodiment.

Keywords: maternal embodiment; preborn embodiment; infant embodiment; biopolitics; risk society; motherhood; intensive parenting; children; pregnancy; subjectivity

I begin with the premise that the boundaries between the maternal body/self and the preborn and born children which mothers grow, give birth to and care for are indistinct, blurred, ambiguous, dynamic and shifting. I am drawing in this paper on a number of research interests and studies in which I have engaged since the mid-1990s, including analyses of biopolitics in the context of medicine and public health (Lupton 1995, 2012a; Petersen and Lupton 1996), risk society theory and risk in everyday life (Lupton 1999a, 1999b; Tulloch and Lupton 2003) and the experiences of first-motherhood, including pregnancy, birth, breastfeeding and infant care (Lupton 1999c, 2000; Lupton and Schmied 2002; Schmied and Lupton 2001b, 2001a). More recently I have conducted research on mothers' experiences and concepts of health and illness in their infants and young children (Lupton 2008, 2011, 2012e), reproductive citizenship (Lupton 2012d), theorising infant embodiment (Lupton 2012c) and the representation of infant bodies in popular culture (Lupton 2012b).

In my recent research looking at dominant representations of infants, I have found that they are portrayed as precious, pure, vulnerable, at risk, part of 'good' nature in their purity and goodness but also part of 'bad nature' in their incivility, their inability to regulate their body boundaries (Lupton 2012b). These meanings also appear in representations of the preborn. Indeed, they are intensified in some respects, particularly in relation to the precious, pure and vulnerable meanings. Preborn organisms are considered as particularly fragile, open to harm. The womb that is in some ways viewed as a warm, nurturing, safe, protective place for the preborn, where

the outside world cannot enter, has in recent times been conceptualised as opened to danger, not least from the mother who is supposed to protect her child. The maternal body is represented as dangerously permeable, open to medical view and intervention. The preborn body is also represented as highly permeable, its inherent purity subject to contamination. Contained as it is within the maternal body, it is vulnerable to the pregnant woman's actions. The foetus is sometimes even portrayed as imprisoned in a body which is 'abusing' it (via the use of alcohol, tobacco or other drugs, for example) (Bell *et al.* 2009; Hartouni 1991; Karpin 1992; Salmon 2011).

Related to these concepts of the precious, vulnerable and pure preborn body is the notion that the pregnant woman should carefully manage her own body so as to protect it. This begins even before pregnancy -- from pre-conception, when prospective parents, including men but particularly women, are exhorted to ensure that their lifestyles are appropriately healthy enough both to successfully conceive a child and then to ensure the optimal health and development of the preborn child (Beck and Beck-Gernsheim 1995; Karpin 2010; Lupton 1999c). Karpin has used the term the 'pre-conceived embryo' to describe the phantom figure, not yet in existence, which is the object of these practices. Actions must begin months ahead. According to an article posted about pre-conception care on one pregnancy and parenting website (BellyBelly.com.au) of the many available on the internet, prospective mothers are advised to ensure that their dental health is in good order, they take the appropriate vitamin supplements, eat a nutritious diet, engage in regular exercise, avoid smoking, caffeine and alcohol use, have a medical checkup to ensure that they are in good health and that their vaccinations are current, check with a pharmacist or GP to ensure that any medications they are taking will not harm the foetus, ensure that they are not underweight or overweight and question their GP about whether they need to undertake genetic testing for conditions that are known to be in their family medical history. Women planning pregnancy should also check their insurance coverage and health care options for pregnancy and childbirth and begin to chart their menstrual cycle so that they can accurately predict when they are most likely to conceive.

This regime of self-management and surveillance of one's body is intensified even further when a woman becomes pregnant and she becomes the subject of a bewildering range of recommendations in the project of producing the perfect, healthy child. The concept of 'reproductive asceticism' (Ettorre 2009: 246) has been used to denote the ways in which pregnant women are expected to control and manage their bodies. Not only must they regulate the kinds of foods they eat and drink, they must ensure that they take the right kind of supplements, avoid any kind of drugs, position themselves the correct way when lying down and ensure that they are knowledgeable about foetal development and testing technologies. The pregnant woman, by monitoring and regulating her own actions, is expected to create a shield of safety around her preborn child by preventing any potentially polluting substances to pass into the uterus. Pregnant women are also expected to monitor their mental states, because it is claimed that the hormones associated with stress may affect their preborn children adversely. Psychologists have even developed psychometric scales such as the Maternal-Foetal

Attachment Scale to measure maternal-foetus bonding, in an effort to identify those women they think may be at risk of not having the appropriate affective response to their child once it is born (Van den Bergh and Simons 2009).

Beck's concept of reflexive modernisation, articulated in his well-known 'risk society' thesis, incorporates the idea that modernity has come to examine and critique itself, involving self-reflection and self-transformation. Individualisation, in his terms, involves the requirement that individuals must produce their own biographies in the breakdown in importance of the structuring factors that previously constrained their choices and actions, such as the church, marriage, gender, fixed employment, social class, place of residence and so on. As part of individualisation, people are required to seek out information so as to make the best decision about which course to take. The concept assumes agency and access to information, a willingness and ability to plan and take control of the vagaries of life. In his lesser-known book with Beck-Gernsheim, *The Normal Chaos of Love* (1995) Beck focuses on the intimate, domestic sphere of marriage, love, sexuality, the family and parenthood and the ways in which this sphere has been affected by reflexive modernisation and individualisation.

The resonances of Beck and Beck-Gernsheim's writings on pregnancy and parenting with the work of those scholars writing about governmentality and biopolitics are clearly evident. The self-reflexive, entrepreneurial, risk-adverse subject that has emerged from the forces of risk society as described by Beck is very similar to the self-responsible, entrepreneurial, risk-adverse citizen constructed through the politics of neoliberalism. Foucault's biopower constructs the maternal body via both private and public discourses and practices of self-care as well as care for the preborn and born child. The maternal citizen must be responsible not only for herself, but the pre-conceived, pre-born or born entity that her body produces. This is acknowledged both in Beck and Beck-Gernsheim's work and in biopolitical analyses of pregnancy (Ettorre 2002, 2009; Ruhl 2002; Salmon 2011; Weir 1996, 2006).

As writers from the governmentality perspective have argued, both pregnant women and the preborn have become biomedical subjects, their bodies defined, given meaning and regulated by the discourses of biomedicine. The concept of 'reproductive citizenship' (Salmon 2011: 167) denotes this emphasis on self-regulation in the context of a neoliberal political environment in which individuals are required to take personal responsibility for their actions, and in the case of pregnant women or mothers, for the health and wellbeing of their children. Pregnancy has become 'remoralised' as 'an ethical practice' (Weir 1996: 373). Reproductive asceticism is a central part of reproductive citizenship.

Another group of theorists who I have found particularly helpful in understanding the ontologies of the maternal, preborn and infant bodies are feminist scholars who have addressed concepts of embodiment from a more symbolic perspective. These include such feminist philosophers as Grosz (1994), Shildrick (1997), Young (1990) and Kristeva (1982) who have discussed the female body as contrasted with the male body in relation to the former's permeability, blurriness of boundaries, and liquidities. The cultural geographer Robyn Longhurst (Longhurst 1994,

1997, 2000b, 2005) has also written a number of insightful pieces addressing the maternal body in the context of its place in space, looking at the ways in which pregnant bodies are considered public property and the target of others' comments and interventions.

These theorists and other feminists who have addressed the role played by visualising technologies in constructing certain configurations of preborn and maternal embodiment, highlight aspects which Beck and Beck-Gernsheim and some governmentality writers ignore, particularly in relation to the gendered and embodied dimensions of self-reflexivity and the entrepreneurial, responsible citizen. Over the past half century, biomedical technologies have played an increasingly important part in the construction, production, imaging and surveillance of preborn bodies. Indeed some scholars have employed the term 'cyborg foetus' to denote the influence of technologies in representing and giving meaning to contemporary preborn bodies, suggesting that with the use of these technologies preborn embodiment emerges as a coupling of fleshly body and machine (Mitchell and Georges 1997). Visual imaging technologies construct and represent the preborn body in certain ways. With the advent of ultrasound imaging technologies (now including 3-D/4-D technologies) and foetal photography such as that of Lennart Nilsson, the once opaque and secret environment of the uterus has been opened to observation. The preborn can now be seen in utero moving about, with recognisable features and limbs, extending still earlier the concept of the infant.

Pregnancy no longer is a mysterious, unknowable interior experience, and traditional concepts of 'inside' and 'outside' the pregnant woman's body are disrupted via these visualising technologies. Through these technologies the preborn have become 'public', their presence and character rendered visual rather than tactile (Duden 1993; Hartouni 1991, 1992; Petchesky 1987). Indeed, by virtue of the ubiquity of the use of images of the preborn body in western countries in the popular media, including Hollywood films and advertisements, the preborn have become represented as social actors in their own right (Mitchell 2001; Mitchell and Georges 1997; Stormer 2008; Taylor 2008). Many such images portray the preborn body as floating in its own space, with no visual indicator of the existence of the maternal body in which it is living. These visualising technologies, therefore, have contributed to an ontological separation of the preborn body and its needs from that of the woman who is gestating it.

In the wake of an intensification of focus in expert and popular forums on pregnant women's role in protecting their foetuses, the maternal body and the preborn body are represented in opposition to each other. Pregnant women are represented as the carriers of the precious preborn rather than as individuals in their own right who have their own needs and priorities that may not always coincide with those of the body inside them. Women have been subjected to criminal prosecution for allegedly causing injury to their preborn by not seeking prenatal care, continuing to take drugs or consume alcohol or refusing certain kinds of obstetric care. In the USA, women have been ordered by courts to undergo a caesarean section against their wishes, with in one case the court giving temporary custody over the preborn to the government, allowing it full authority to make all decisions concerning its welfare (Karpin 1992). In such

discourses and practices, there is evidence of a continual slippage between the concept of the 'preborn' and that of the 'already born' – the infant. Preborn organisms are rendered independent 'parentless minors' (Hartouni 1991: 28), separate from the maternal body which they require to develop into infants.

Pregnant women themselves have difficulties in articulating where their own body/self and that of the preborn begins and ends, and may often feel ambivalent about their ambiguous bodily state (Young 1990). Some experience pregnancy as confronting in its two-bodies-in-one state, and feel as if their own body is being 'taken over' by the preborn body. They even describe pregnancy as like being occupied by an alien Other. Thus, for example, some of the Australian women interviewed in one of my own studies on first-time motherhood (Schmied and Lupton 2001b) described the preborn body as 'invasive' or a 'parasite', while the British women in Warren and Brewis's (2004) study talked about their bodies being 'occupied' by it. Both groups of women discussed feeling that they had lost control of their bodies due to pregnancy.

It is in such discussions that the concept of the uncivilized preborn body receives expression. The uncivilized preborn body, for pregnant women, is conceptualised as an antagonist who produces sensations or conditions such as morning sickness, indigestion, back ache or varicose veins which are unpleasant and sometimes painful. The rational reflexive self who is able to reflexively conduct her life that is privileged in governmentality and risk society theory is absent for a body/self which is controlled by another body/self. As this suggests, women often experience pregnancy as a time in which their bodies no longer seem to belong to them. Pregnant women also express concern that their bodies will let them down in public places by leaking inappropriate body fluids: vomit due to morning sickness, for example, or their 'waters' (amniotic fluids) breaking. They are all too aware of the public censure and disgust which accompanies such loss of control over the body. Longhurst's writings on pregnant women, for example, found that many felt as if they should withdraw from public space because of self-consciousness about their bodies, physical discomfort, concerns about losing control over their bodies and the difficulty of conforming to expectations of how a 'proper' pregnant woman should comport herself (Longhurst 1997, 2000a).

I have found in my research on breastfeeding (Schmied and Lupton 2001a) that similar discourses are articulated when women discuss their embodied relationship with the breastfeeding infant. Many find the intercorporeality of the experience highly pleasurable and contributing to strong feelings of intimacy and tenderness with the infant. Others find this intercorporeality confronting and engulfing of their own sense of body/self. If an infant fails to accept breastfeeding easily, many women see it as hostile, frustrating their own desire to achieve the ideal of breastfeeding. They may feel strong emotions of anger, shame, guilt and disappointment, some of which may be directed at their infant (see also Crossley 2009; Lee 2007; Ryan *et al.* 2011; Taylor and Wallace 2012). For many women, the physical sensations of breastfeeding, such as the tingling of the let-down experience when the milk begins to flow and the tendency in the early weeks for breasts to leak uncontrollably at times, even if the baby is not actually in the same physical space as the mother, can be a strange loss of control over the body, this

time conceptualised as one's 'maternal hormones' taking charge of one's body/self. Breastfeeding mothers may also feel highly self-conscious and ashamed in public because of the disapproval extended to them by some onlookers who feel as if they should not be exposing their breasts publicly (Taylor and Wallace 2012).

The notion of pregnancy as an ethical practice extends, of course, into motherhood once the child has been born. Numerous studies on motherhood have demonstrated that ideals of the 'good mother' includes notions that mothers are constantly engaged in caring for their children when young, that they meet their needs without fail, even if to the detriment of their own, and that they are willing to take up expert advice in caring for their children. These notions are intertwined with moral meanings that include judgements of women's mothering practices (Bell *et al.* 2009; Bell *et al.* 2011; Lupton 2000, 2008, 2011, 2012d; McNaughton 2011; Salmon 2011). In the context of 'intensive mothering' (Hays 1996; Lee 2008; Lee *et al.* 2010; Wall 2010) mothers are expected to not only be engaging in embodied caring activities for their children, but also to be constantly thinking about and anticipating their child's needs, worrying about them and weighing up the value of expert advice.

I have found in my own research that mothers are highly aware of the responsibility they bear for the health, development and wellbeing of their children (Lupton 2008, 2011, 2012e). Women commented that they were expected to 'read the signs' of their children's bodies, to 'know' their bodies intimately as part of the process of maintaining careful surveillance of their children's health state. They also discussed regulating their own bodies in certain ways to provide a 'good example' to their children, by demonstrating and modelling healthy eating and exercise behaviours. When their children became ill, this was often an intensely emotional, distressing time for mothers, for they felt as if they had lost control over their children's bodies. The research found that mothers often experienced fear about their infant's susceptibility to injury, serious infection or Sudden Infant Death Syndrome, and that many felt the need to constantly check on the infants to ensure that they were still alive.

Here again, issues of bodily permeability and interembodiment are to the fore. Young children's bodies, and especially those of infants, are conceptualised as highly permeable, porous and pure, subject to contamination from outside influences. Notions of the purity of infants' and young children's bodies are related to concepts and discourses concerning the immune system. Here it is the outside world which is considered to pose a threat to the infants, and their permeable body boundaries must subsequently be guarded and protected. My own research, as well as interview studies conducted with mothers in England and Sweden (Brownlie and Sheach Leith 2011; Lauritzen 1997; Lupton 2008, 2011, 2012e) has found that common across these societies is the notion that the infant immune system is very weak and undeveloped and therefore open to invasion by germs, requiring 'building up' and 'strengthening'. What is demanded of caregivers is continual monitoring and regulation of the openness of the infant's body to the world. Caregivers must keep infants 'clean' and 'proper', ensuring that the innocence and purity of the infant's body is not disrupted by its inability to control and police its own body boundaries. The infant body is thus portrayed as lacking



resilience and as 'at risk' from harm, unpredictable, never far from the threat of illness or death. It is a body that is culturally primed for intense and continual surveillance on the part of its anxious parents.

Many mothers therefore seek to protect their infants and young children from 'dirt' and 'germs', attempting to ensure that their homes are clean so that their children do not touch dirty objects, and keeping them away from people or places they deem contaminated with germs, such as other potentially infectious children or adults, or play centres where other such children have been touching objects and leaving germs behind. They may also be concerned to prevent their children being in spaces where there were drunk, disorderly or drugged adults and adults who smoked or swore, as they were seen to be bad influences (Lupton 2011, 2012e).

Like the maternal body described by Kristeva (1982), the infant body can be understood as engulfing in its demands and its disruption of bodily boundaries, its threat to order and control. Distinctions of Self/Other are challenged by both the preborn and the infant body, unsettling and challenging privileged values concerning individuated subjecthood/embodiment. My research suggests that the experience of motherhood, at least during the period of infancy and early childhood, may never fully include a strong sense of individuation from one's child's body. This process of individuation does not necessarily occur at birth: caring practices such as breastfeeding, cuddling, rocking and co-sleeping achieve and prolong the interconnected experiences of interembodiment (Lupton 2012c). Nor does this process necessarily follow a clear trajectory: mothers may move between states of interconnectedness, at times feeling very close and 'at one' with their foetus/infant, at other times experiencing their bodies/selves as very separate from, and even in conflict with, the infant body/self. Other carers who have regular experiences of embodied interactions with infants, including fathers, may also feel ambivalence about the bodily demands made by infants, and feelings of frustration due to loss of a sense of control and autonomy, as well as revelling in the pleasures of connectedness (Lupton 2000; Lupton and Barclay 1997).

What tends not to be discussed in the Foucauldian writings but which receives some attention in Beck and Beck-Gernsheim's writings (1995) on risk and parenting are the affective dimensions of being positioned as a self-reflexive/self-responsible maternal subject and indeed the emotions which cohere around the figure of the preborn and already born child. Beck and Beck-Gernsheim note that the position of the child in this new era has taken on a new meaning and significance. Children are viewed as giving meaning and authenticity to their parents' lives. In a social context in which adults are expected to be highly rational in constructing their biographies, the child is positioned as 'natural', an irrational being in the positive sense that it is genuine. Beck and Beck-Gernsheim argue that this is one of the central appeals of children. They allow adults to express affection, to engage emotionally with the world, 'contradicting the cognitive side of life', as they put it (Beck and Beck-Gernsheim 1995: 106). In contrast with the rational, cold, hard-hearted world of work and economic endeavour, children represent a source of meaning which goes to the core of their parents' 'real selves', a

sense of belonging and intimacy that they feel they have lost due to the disembedding processes of individualisation.

The counter of this moral and affective weight that is given children is the burden of expectation that parents must deal with once they have children. Because children are viewed as so precious, so vulnerable, so important, they require huge investments of time, energy and resources. At the same time, however, in a context in which traditional norms and expectations have dissolved and many parents live away from older, more experienced family members, parents must raise children without the certainties of how best to proceed. They must deal with a greater sense of insecurity, an intense responsibility for maximising the health, development, emotional wellbeing and life-chances of their children and protecting them from harm, cope with contradictory expert advice and what Beck and Beck-Gernsheim describe as 'love as an amplifier' (Beck and Beck-Gernsheim 1995: 119): the highly charged emotional nature of the parental relationship with the child.

Beck and Beck-Gernsheim write very vividly on the emotions which individuals, and particularly women, experience when planning for conception, experiencing infertility and IVF treatment, coping with pregnancy and then with caring for the child once it is born: the hopes, crushing disappointments, frustrations, fears, anxieties and even hostility as well as the joy, affection and tenderness that can all be part of prospective or actual motherhood. Even these positive feelings, however, must be harnessed to the project of producing the perfect child, for 'loving your child is your duty' (Beck and Beck-Gernsheim 1995: 133). To fail to do so is to risk producing a child who is emotionally and cognitively damaged, but to love 'too much' and 'too obsessively' is also considered detrimental to the child's health and emotional and psychological wellbeing. Beck and Beck-Gernsheim note that unlike any other relationship, parents cannot relinquish theirs with their child. As a result of the emotional intensity of the parent-child relationship, hostility, hatred, bitterness, disappointment and anger may often be part of it, however hard it is to acknowledge.

To conclude: these emotional and embodied aspects of neoliberalism and late modernity, of the reflexive self or the entrepreneurial citizen, however one wants to term the subject in contemporary developed societies, require more research and theorising. Foucauldian-inspired scholars on the body and biopolitics do not always demonstrate insight into the affective dimensions of being constructed as the subject of governmentality. While writers such as Beck and Beck-Gernsheim do highlight these emotional dimensions to some extent, they do not have very much to say about other aspects of embodiment, or how bodies, practices, discourses, technologies and objects interact. Their reflexive subject is often disembodied and de-gendered. Yet, as feminist philosophers and researchers have emphasised, the experiences and practices of pregnancy and motherhood are overwhelmingly lived in bodies and in relation to others' bodies – those of the precious, pure, vulnerable and sometimes uncivilized preborn or already born body.

## Footnote

1. I use the term 'preborn' to denote the organism that has resulted from an act of fertilization of human gametes at any stage of its development before it exits the maternal body. In some cases this organism has never entered the maternal body in the first place, as in *ex vivo*-created embryos that have been made for the purposes of IVF but never implanted, for example. However this paper focuses on *in vivo* preborn bodies only.

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