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Editorial

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The Politics of Reproduction and Parenting Cultures: Procreation, Pregnancy, Childbirth, and Childrearing

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‘Controlling Life was and is to be achieved in part by rationalizing and industrializing reproductive processes. Multiple heterogeneous and contradictory groups have had an interest in achieving such control – from elites seeking to control others to individuals, especially women, trying to get a grip on their own lives through controlling their reproduction; from eugenicists ultimately trying to control evolution to neo-Malthusians trying to control national and population size; from philanthropists and foundation executives trying to shape the future of science and human life in varied directions to reproductive scientists trying to do their research... The biomedicalization of life itself (human, plant, animal) is the key overarching and usually taken for granted *social* process here’ (Clarke 1998: 273-275).

We are delighted to introduce this special themed issue which helps to emphasise and extend the importance of research at the interface of medical sociology and science and technology studies focusing on procreation, pregnancy, childbirth, and childrearing. Our concern is with the taken-for-granted ‘everyday’ human activities at the heart of how the social is produced and reproduced at the boundaries with biological life. This domain of research covers diverse topics including (but not limited to) contraception, infertility, assisted reproductive technologies (e.g. IVF), sterilisation, abortion, egg donation and sperm donation, miscarriage, surrogacy, midwifery, prenatal screening and testing, adoption, breastfeeding and other feeding practices. In a recent issue of *Sociology of Health and Illness* (volume 38, issue 5), Anne Oakley provides a personal account of how childbirth, previously neglected by sociology and medical sociology particularly, emerged as a proper object of sociological inquiry that challenges the public/private divide. Oakley, together with many others across both anthropology (e.g. Rapp 2011; Strathern 1992) and sociology (e.g. Franklin and McNeil 1993), illuminates how reproduction has become an area of social and cultural life which has gained increasing interest and significance because it has been denaturalised as an ordinary aspect of women’s and men’s lives. In bringing the articles in this volume together, we want to reinforce this trajectory.

As our epigraph (from Adele Clarke’s historical account of the biomedicalisation of reproduction) suggests, procreation, pregnancy, and childbirth as well as childrearing combine to form a growing and critical site for medical sociology, since each of these are interpellated through and by medical and scientific discourses, governmental interventions and practices, as well as cultural preoccupations and asymmetrical power relations (see also: Latimer 2013). Thus, research in this field helps illuminate the political, cultural, and experiential effects and affects of how conception, pregnancy, childbirth, and child-rearing are done. This also includes helping to reveal how biological reproduction at the interface of medicine and science is a site for the social reproduction of gender relations, often involving implicit and invisible forms of social inclusion and exclusion, inequalities, contested knowledges, and deeply felt and problematic affects. For detailed reviews and explorations of empirical research which concerns itself with many of these issues, we direct readers toward articles produced by Almeling (2015) on the social study of reproduction in the US

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and by Faircloth and Gürtin (2017) on thinking across assisted reproduction technologies (ARTs) and parenting culture studies. These two accounts, and this editorial, cannot do justice to the breadth and nuance of related studies located within sociological accounts of reproductive politics and parenting cultures – nor can the articles we introduce below. Yet we believe the substantive and topical contributions in this special themed issue provide a critical snapshot of some important work emerging in these fields.

Each of the articles in this issue situate and compare diverse experiences of events and processes to illuminate the world-making, power relations, and affects at stake. Drawing on narrative analysis of interviews with early-age mothers in Canada, Anna Carson and colleagues capture how their labour and childbirth stories are a potent window on the practices surrounding childbirth which reproduce stigma and stereotyping. For example, mothers describe the importance of ‘bearing up’ under pain and how a ‘natural’ birth is valorised as a social norm and as a marker for self-evaluating performance during childbirth, this being so highly prized that some mothers interpret Caesarean-sections as a ‘failure’. But Carson et al.’s analysis goes further to show how these stories are a form of identity-work through which the mothers’ narratives counter negative societal images of early-age mothers as ‘too young’ to have children. The authors depict how these women, via their stories of labour and childbirth (including how they negotiated social space in the labour ward), perform themselves as caring, competent, and mature – as ‘good mothers’ – who are prepared (e.g. seeking training and expertise), loving, attached, and selfless. Here, their stories of pain became valuable social and personal currency for sharing positive stories of childbirth. Carson et al. help reveal that whilst mothers’ stories of confidence and competence challenge prevailing stigmatising narratives of early-age mothers, they also reflect a desire to perform themselves as successful, whereby what counts as success conforms to normative expectations of childbirth and motherhood, exemplifying a particular form of ‘symbolic violence’ (Skeggs 1999).

Exploring the contested temporalities of pregnancy, Siân Beynon-Jones’ article critiques the dynamics of abortion provision and greatly extends the insights of feminist scholarship on the profound effects of the medicalisation of childbirth. The article shows how time is often enacted by dominant discourses and socio-material clinical practices around pregnancy as if it is fixed, contained in a pregnant/foetal body, measurable through various instruments (such as ultrasound scanning). In her analysis of interviews with women who decided to undergo an abortion from anything between 5 and 22 weeks, Beynon-Jones’ aim, after Bledsoe (2002: 19), is to trouble ‘the pervasive characterisation of linear time in nature’ and, in her own words, to ‘pay attention to alternative formulations of time’. Beynon-Jones’ analysis suggests that time in a pregnancy, whilst not infinitely flexible, is a relatively malleable resource used to potentially legitimise (or not) abortion across a range of gestations. Whilst various instruments are crucial for producing largely authoritative accounts of the temporality of pregnancy or ‘gestational times’ (weeks of gestation), women have to actively reconcile these with their own bodily experiences. At the same time as some women describe pregnancy in terms of the finite and rapidly-diminishing resource of gestational time, they also frame gestational time as an embodied resource which departs from typical (legal and healthcare) discourses. The very contingency of their conceptions of time in pregnancy, Beynon-Jones argues, challenges ‘teleological’ descriptions of foetal development that are so central to discourses around the legal limits of abortion. In so doing, Beynon-Jones suggests that there is a need to critically reflect upon the normalised characterisations of pregnancy times, naturalised in medical and legal discourses and practices around pregnancy and abortion, and which can remain implicit in many feminist explorations of childbirth.

This focus on reproductive practices is extended by Hanna Van Parys and colleagues in their article on intra-familial egg donation in Belgium. The research team draw on data from interviews with three families – specifically parents, donating sisters, and donor children (the latter, they suggest, are often overlooked in this research area) – to consider how kinship is unpacked, negotiated, and reconstructed by family members. They identify six major themes which speak to issues of – among other things – connection, fatherhood and motherhood (e.g. clearly spelling out who the mother is), ‘giving and receiving’, biological connections,

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and disrupted conceptions of kinship. Whilst a ‘genetic link’ with a child was often cherished and valued as part of an underlying family relation, this also introduced complications and fears around there being too strong a sense of connection between donor and child based on this link – together with a physical resemblance between the two. There were also worries about what some donors call ‘instinctively motherly feelings’ immediately after the birth, with this being mildly rectified by appointing the donor as ‘godmother’ as a symbolic function to help them to negotiate a special position and to normalise unusual kin relations. Throughout the study, participants describe various ways for managing the meanings of how the mother-child bond is recognised, downsized, and distinguished. In showing how mothers, fathers, donors, and children hold their place in the imaginary family picture, Van Parys and colleagues show how nature and culture are entwined, how genetic and interpersonal kinship relations fit together, and how technological innovations shape understandings of kinship (and vice versa). To see a virtual abstract for this article, see [here](#).

Joslyn Brenton’s article illuminates the asymmetrical social relations that intensive parenting, particularly intensive mothering, cultures produce and reproduce by unpacking the ‘foodwork’ of mothers living in the US. Brenton explores how women from diverse racial, ethnic, and economic backgrounds negotiate, conform to, and resist the growing pressure to embody perfection in their feeding strategies as part of the process of intensive mothering. In their interviews, women describe how feeding their children is intertwined both with contemporary policies and ideas about child health and racial, classed, and gendered hierarchies. Women are embroiled in what Brenton calls an ‘intensive feeding ideology’ which equates good motherhood with intensive physical and emotional labour, and financial investment, into maximising a child’s potential. These women visit different shops for healthy food, stretch budgets for organic foods, navigate nutritional advice, and teach their child to develop a taste for food types (i.e. not ‘sugary’ or ‘junk food’). Drawing on Bourdieu’s (1979) theories of how cultural, social, and economic capital interact to establish a hierarchy of positions in social space, Brenton shows how these ‘feeding’ practices enact a relation between class, taste, and distinction. Whilst some women use food to harness social and cultural capital for both themselves and their children, Brenton argues that as well as discriminating against non-White mothers, both those who are economically poor and those who self-identify as middle-class, inequalities prefigure how women interpret and respond to feeding ideologies. Specifically, she recognises how costly, labour-heavy food selection and preparation is connected to dominant norms and values of White middle-class femininity and motherhood. But she also captures that whilst some mothers embrace the idea that foodwork is important for accomplishing a status of ‘good mother’, many others are ambivalent about this or reject it altogether. Nonetheless, Brenton shows – much like the work of Julie Parsons (2015) and Jan Wright and colleagues (2015) – how social hierarchies and power relations are deeply embedded within intensive parenting cultures that circulate food ideologies and require careful negotiation by parents, particularly mothers, of young children.

The penultimate article by Alan Dolan and colleagues examines how men in the UK traverse the terrain of infertility. By framing their analysis around the concepts of hegemonic masculinity, embodied masculinity, and masculinities in relation to help-seeking behaviours, the authors highlight how men regularly fail to accept their infertility and delay seeking help for it. They describe their taken-for-granted procreative desires (and a sense of regret of assuming their own fertility) and how this is associated with certain masculine norms and expectations. Dolan and colleagues also identify how men convey detailed knowledge of their diagnosis and exhibit a degree of self-deprecating humour together with responsibility (and blame), shock, and a crisis of confidence regarding their capacity of living up to dominant cultural norms expected of men. Here, male bodies are configured as both failed and subordinated entities – biologically and socially – with men describing how infertility becomes a potentially disruptive force within current and future relationships (e.g. managing their partner’s emotions and fears that their partner will pursue motherhood with another man). Three explanations are also offered for men not discussing their infertility: i) they want to avoid being the subject of pity; ii) they are worried about possible ridicule, and; iii) they believe people may see them as

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'incapable' owing to the strong cultural associations between virility, impotence, and fertility. Dolan and colleagues, thus, offer an outlet for the usually silenced voices of men experiencing infertility to be heard, moving away from conceptualisations of reproduction which locate it exclusively in women's bodies. This article connects easily with issues raised in the work of scholars like Marcia Inhorn (2009, 2012) and Liberty Walther Barnes (2014), whose book *Conceiving Masculinity: Male Infertility, Medicine and Identity* won the 2015 Foundation for the Sociology of Health and Illness Book Prize.

Finally, the article by Gareth Thomas and colleagues explores the widely-used yet under-theorised concept of reassurance with reference to two studies: i) interviews with pregnant women about their experiences of commercial ultrasound, and; ii) an ethnographic study of prenatal screening for Down's syndrome in two UK hospitals. Taking ultrasound scans as a case in point, and informed by theoretical and empirical literature on (among other things) 'risk' and the medicalisation of pregnancy, they unpack how reassurance is both articulated and understood by pregnant women and healthcare professionals. Pregnant women, and frequently their partners too, convey a general need for reassurance (regularly in general terms which do not directly reference their own fears) and how both visualisation techniques and professionals' discourses and conduct play a crucial role in achieving some sense of comfort for them. The authors identify the tensions arising from how professionals express concerns about the assumed relationship between ultrasound scans and the expectation of reassurance. But whilst professionals express ambivalence about the reassuring qualities of ultrasound scans in interviews, their concerns are regularly made absent during scans, with professionals offering reassurance in both explicit ('clinical') and implicit ('social') ways. Taken together, both studies recognise a range of gaps and silences, with the desire for reassurance being accompanied by downgrading women's embodied knowledge and endorsing the use of risk-averse surveillance techniques in maternity care. This means that the value of the technology is unquestioned, ultrasound is further routinised as an expected pregnancy procedure, and the concerns of professionals and expectant parents could be silenced. In their analysis, thus, the authors contribute to broader debates in maternity care and healthcare more generally around the interplay between technology, fear, risk, un/certainty, and articulation.

The contributions in this themed issue not only extend the respective fields of parenting culture and reproductive studies, but also provide fertile grounds for identifying the dis/connections between the two. Taken together, these articles deal with the interrelated topics of responsibility, choice, identity, embodiment, gender, inequalities, anxieties, kinship, and relationships – themes well-explored by many of our colleagues. Whilst work in opening up and enriching these fields continues to grow and flourish, we hope that this special themed issue provides strong evidence of their huge significance for the sociology of health, medicine, and illness.

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