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## Negotiated Boundaries: Conceptual Locations of Pregnancy and Childbirth

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## Negotiated Boundaries: Conceptual Locations of Pregnancy and Childbirth

### Abstract

Dominant notions of reproduction perceive childbearing as physical processes that take place within women's bodies. This perception undermines non-physical components and removes men from the process. This project uses social constructionism to explore the locations women describe pregnancy and childbirth taking place in their childbearing narratives. Based on in-depth interviews with 15 mothers, findings reveal that women conceptualize childbearing as taking place in multiple locations: (1) within the female body, (2) within both the female body and a non-physical realm (e.g., emotional) of one or both partners, (3) detached from any particular location, and (4) within both partners' bodies. Conceptualizing childbearing as something other than a purely physical event acknowledges non-physical elements of childbearing and allows greater participation among men.

### Keywords

Pregnancy, Childbirth, Body, Gender, and Father

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## **Negotiated Boundaries: Conceptual Locations of Pregnancy and Childbirth**

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Dominant notions of reproduction perceive childbearing as physical processes that take place within women's bodies. This perception undermines non-physical components and removes men from the process. This project uses social constructionism to explore the locations women describe pregnancy and childbirth taking place in their childbearing narratives. Based on in-depth interviews with 15 mothers, findings reveal that women conceptualize childbearing as taking place in multiple locations: (1) within the female body, (2) within both the female body and a non-physical realm (e.g., emotional) of one or both partners, (3) detached from any particular location, and (4) within both partners' bodies. Conceptualizing childbearing as something other than a purely physical event acknowledges non-physical elements of childbearing and allows greater participation among men. Key Words: Pregnancy, Childbirth, Body, Gender, and Father

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Pregnancy and childbirth are typically viewed as primarily physical events that take place within the female body. This presumption has been found to be the underlying premise of obstetric texts (Hahn, 1987; Martin, 1992), self-help literature (Marshall & Wollett, 2000; Rudolfsdottir, 2000), and feminist theories of reproduction (see, for example, Corea, 1985; de Beauvoir, 1952/1989; Firestone, 1971; O'Brien, 1981). Research on women's childbearing experiences demonstrates that both pregnancy and childbirth are experienced not only physically, but also socially and emotionally (Campero et al., 1998; Fowles, 1998; Rudolfsdottir; Simkin, 1991). In addition, research on men's experiences during pregnancy indicates that while most men's experiences are primarily social and emotional (Barclay, Donovan, & Genovese, 1996; Barclay & Lupton, 1999; Draper, 2003a; Shapiro, 1995), a surprisingly large number of men also experience physical manifestations of pregnancy (Bogren, 1983; Lipkin & Lamb, 1982; May & Perrin, 1985). Taken together, this research suggests that pregnancy and childbirth can be conceptualized and experienced as something other than a physical event that takes place solely within the female body.

This paper explores the ways in which postpartum women conceptually locate pregnancy and childbirth, specifically in the context of narrating their own and their partners' childbearing experiences. By "conceptual location" I mean the sphere of human experience (e.g., physical, emotional, cognitive, spiritual) within which women describe pregnancy and childbirth as occurring. This location is "conceptual" because it is the location within which one perceives (or conceptualizes) pregnancy and childbirth taking place, which may or may not be consistent with medical, scientific, or other popular

perceptions. The purpose of this project is to assess the validity of common presumptions that pregnancy and childbirth are experienced primarily within the physical realm of the female body. This assessment is important on a practical level, to address men's often removed experience from the childbearing process. It may also have theoretical implications for feminist theories that relate women's oppressed status in society to the physicality of childbearing for women.

### Literature Review

Research demonstrates that biomedical discourse dominates both obstetric and self-help literature on pregnancy and childbirth. Analyses of obstetric texts show that the bulk of the texts focus on the physical aspects of childbearing, while social and emotional components are either presented in a single separate chapter or are excluded altogether (Hahn, 1987; Martin, 1992). Research shows that self-help pregnancy guides rely primarily on medical discourse to relay information to pregnant women, which constructs the pregnant and birthing body as pathological and detached from any subject; where the emotional aspects of pregnancy and childbirth are addressed, emotional instability and irrationality are emphasized (Marshall & Wollett, 2000; Rudolfsdottir, 2000). The perspective conveyed by both sets of texts conceptualizes pregnancy and childbirth as occurring primarily within the physical realm of the female body.

Feminist theories of pregnancy and childbirth have also focused primarily on the physicality of women's experiences, embedding pregnancy and childbirth within the female body. Early feminist theorists argue that the physical nature of women's reproductive functions inextricably ties women to nature, thereby contributing to women's overall oppression (de Beauvoir, 1952/1989; Firestone, 1971; Ortner, 1974). More recent feminist theorists argue that women's oppression is related to women's privileged position in the reproductive experience and men's attempts to gain access to and control over childbearing (Corea, 1985; Davis-Floyd, 1992; Martin, 1992; O'Brien, 1981).

Other feminist theories have focused on the ways in which pregnancy and childbirth disrupt bodily boundaries, yet none have actually transcended the physicality of the female body as the site of pregnancy and childbirth. Julia Kristeva (1982) conceptualizes the pregnant female body in terms of an "abject body," a body that has blurred boundaries between itself and the developing child within. Similarly, Iris Young (1990) writes about the "doubling of the pregnant self," a self characterized by both subjectivity and alienation. This doubling of self results from both the experience of having another living being within one's body (a being that is both separate, having its own subjectivity, yet fully a part of the pregnant woman's body) and the difficulty the pregnant woman experiences when conceptualizing where her body begins and ends, as the pregnant body is constantly growing and taking up more physical space. Jan Draper (2003a) constructs the laboring and birthing body as a body that challenges traditional body boundaries through her conceptualization of the "unbounded body," a body that leaks blood and amniotic fluid and ultimately releases a baby.

While adding to our theoretical and practical understanding of the relationship between pregnancy, childbirth, and bodily boundaries, previous work has failed to look beyond tangible physical boundaries. The pregnant body is viewed as disrupting bodily boundaries when two beings are housed within a single body, and the laboring body disrupts boundaries when it leaks fluids and ultimately releases a baby: However, these are tangible entities that are perceived as challenging bodily boundaries. The assumption within these theories is that pregnancy and childbirth are tangible events, located within a particular time and space, namely the parous female body.

Research on women's experiences during pregnancy and childbirth suggests that childbearing encompasses more than just the female body, demonstrating that pregnancy and childbirth are also experienced on a social and emotional level. Most of these studies indicate that social and emotional aspects of childbirth have a much greater impact on women's levels of satisfaction with their childbirth experiences than the physical aspects of labor and delivery (Campero et al., 1998; Fowles, 1998; Rudolfsdottir, 2000; Simkin, 1991).

Research on men's experiences during pregnancy demonstrates that, not surprisingly, men often feel removed from the pregnancy experience, unable to take part in its reality (Draper, 2003a). While contemporary childbearing norms encourage greater father participation in pregnancy and childbirth than in the past, fathers are generally expected to take on the roles of support person and labor "coach" (Wertz & Wertz, 1989). The phrase "labor coach" has been critiqued for conceptually separating men from the event of childbearing and delegating them to the roles of observer and encourager. Although men are expected to be involved in the pregnancy and birth of their children, it is assumed that they will remain separate from the process (Shapiro, 1995).

At the same time that men are considered outsiders to the pregnancy and childbirth experience, childbearing is often considered a life-altering event for most men. Shapiro (1995) contends that most men agree that the birth of a child is the "biggest experience" a man can have, as it marks a man's transition to fatherhood. During pregnancy, men typically feel excitement, fear, and anxiety over their anticipated new roles and responsibilities as father, provider, and nurturer (Barclay & Lupton, 1999; Shapiro), and often experience the emergence of a "new self" (Barclay et al., 1996; Draper, 2003b). Shapiro argues that "psychologically, men are just as pregnant as their wives" (p. 120).

In addition to experiencing pregnancy and childbirth on a psychological realm, research demonstrates that many men exhibit physical manifestations. Typically referred to as "couvade syndrome" (Trethowan & Conlon, 1965), men's physical experiences may include weight gain or loss, changes in appetite and/or sleep patterns, abdominal pain and bloating, excessive fatigue, backaches, toothaches, and "other aches" (Bogren, 1983; Lipkin & Lamb, 1982; May & Perrin, 1985). Estimates of the number of men who experience couvade symptoms range from 11-65% (Bogren; May & Perrin). In a study of medical records of expectant fathers, Lipkin and Lamb found that 60 out of 267 (22.5%) men actually sought medical treatment for couvade symptoms at some point during pregnancy. Healthcare providers noted these men's status of "expectant father" in only 15% of the cases. Thus, while pregnancy is often characterized by physical manifestations for expectant fathers, healthcare professionals, along with feminist theorists and the general public, tend to overlook the physicality of men's experiences.

When men's physical experiences are considered, they are constructed as pathological in nature, as is suggested by the term "syndrome."

While the bulk of previous medical and social science research and theories have located pregnancy and childbirth within the physical realm of the female body, research on the socio-emotional components of women's childbearing experiences, combined with research on men's socio-emotional and physical experiences, suggest that pregnancy and childbirth can be perceived as existing somewhere other than solely within the physical realm of the female body. The current research project explores where women conceptually locate pregnancy and childbirth in relation to their bodies, specifically in their narratives of their own and their partner's childbearing experiences. The central research question is, "In what sphere of human experience (e.g., physical, emotional, cognitive, spiritual) do women conceptually locate pregnancy and childbirth when describing their own and their partners' childbearing experiences?"

Data for this project were collected as part of my dissertation research, which examined women's constructions and negotiations of the concepts of body, mind, emotions, and self throughout their childbearing narratives (Houvouras, 2004). While the current project is not part of the dissertation, the topics are similar in that both projects examine the ways in which women conceptualize various components of pregnancy and childbirth. In fact, I initially expected that the current project would become a chapter of the dissertation. Therefore, all of the interviews analyzed for the current project are included in the dissertation and much of the analysis for both projects took place simultaneously. As the dissertation progressed, I realized that each of the key concepts that became the focus of the dissertation (body, mind, emotions, and self) needed to be analyzed in their own separate chapter. I decided then to separate the current project from the dissertation.

While similar in nature, two primary differences distinguish the current project from my dissertation. First, my dissertation examines women's constructions of the concepts of, and relationships between, body, mind, emotions, and self whereas the current study examines the locations in which women conceptualize pregnancy and childbirth. In other words, the dissertation focuses on questions such as, "what is the body," while the current study asks "where is pregnancy located?" Second, my dissertation analysis focuses only on women's narratives of their own childbearing experiences, whereas the current study focuses only on the portions of the interviews that include mention of fathers. Thus, the current project examines women's constructions of their own childbearing experiences specifically in relation to their constructions of their partners' experiences. A single IRB approval was obtained from a large, public university in the southeastern United States to acquire and analyze these data for the dissertation and related projects. Each participant provided informed consent prior to their interview.

### **Researching Personal Topics**

My interest in childbearing as a research topic began with my own pregnancy that resulted in the birth of my son in June 2000. Being a graduate student at the time, I found myself more enthralled with reading self-help pregnancy and childrearing literature than doing my schoolwork. However, I was dissatisfied with the dominant images of

pregnancy that I found in mainstream self-help books. I felt that my own experience was much deeper than the books acknowledged, but I was unsure how to articulate my experience. In an attempt to seek a more accurate representation of my own experience, and balance my interest in childbearing with my graduate requirements, I began analyzing childbearing from a sociological perspective.

In contrast to historical concerns regarding objectivity in social science research, many contemporary qualitative researchers argue that research on topics that are personal, intimate, and emotional in nature are best undertaken when the researcher can identify with the participants' experiences (Dunbar, Rodriguez, & Parker, 2002; Ellis & Berger, 2002; Lofland & Lofland, 1995; Reimer, 1977). Conducting research on a topic that is personally relevant to the researcher is helpful for establishing rapport (Dunbar et al.; Reinhartz, 1992), mitigating the traditionally hierarchical relationship between researchers and study participants (Ellis & Berger, 2002), and ultimately creating an interpersonal environment that is conducive to the disclosure of personal information (Johnson, 2002).

Personal experience also often facilitates researchers' access to participants (Lofland & Lofland, 1995). The birth of my own son afforded me access to new mothers within a mother-baby play group, from which four of the fifteen participants were recruited. The remaining eleven participants were recruited through professional and personal contacts. Three of these study participants were known to me before I began this research project, and were selected for participation based on the unique contributions I believed they could make to the broader project, which was primarily interested in obtaining a diversity of perspectives.

A few key points about my own childbearing experience are significant in assessing the impact of my experience on this and other related projects. I chose to give birth at a free-standing birth center with a midwife as my primary healthcare provider. I was first introduced to midwifery in an undergraduate course that I was assisting. When I became pregnant, I visited the birth center, and was pleased with the midwives and the physical setting of the birthing room. My pregnancy and birth were normal, healthy, and relatively uneventful. I was in labor for a total of 12 hours; approximately 6 hours were spent at home and the other 6 were at the birth center. I used only non-medical forms of pain relief, including bathing, walking, and massage.

All of the study participants were aware before the interview that I had given birth with a midwife at a birth center. It is clear in some of my interview transcripts that this knowledge impacted the ways in which different participants described their experiences. For example, one of my first participants who had also given birth with a midwife lacked depth in some of her explanations of her experience. A few times she made statements such as, "you know what it was like" rather than fully articulating her experience in her own words. This brevity in describing experiences participants believed we both shared occurred among some women who gave birth with midwives throughout their interviews and among some women who gave birth in hospitals when describing pregnancy. I attempted to minimize this effect by adding interview questions that asked participants how they would describe their childbearing experiences to someone who had never given birth. This technique seemed to be successful, as participants typically explained their experiences in much more detail when the questions were asked in this manner.

Knowledge of my birth experience seemed to have additional impact on the narratives produced by participants who gave birth in hospitals with doctors. Some participants explained aspects of their births that were different from mine in greater depth and with more zeal than they explained other components that they believed we shared. For example, Aimee described her experience of, and the sensations associated with, epidural anesthesia in great depth after she verified that I did not have epidural anesthesia. Other participants hypothesized the ways that their experiences must have differed from mine based on the locations and medical technologies used during our respective labors and births. It is likely that my participants would have produced significantly different narratives if the interviews took place with a different interviewer.

## Method

### Participants

Participants for this study consist of 15 women who had given birth within 2 years prior to the interviews. The time frame of 2 years was selected in order to preserve the ability to analyze contemporary issues in childbearing within this data set.

Six initial participants, who met the study criteria, were recruited for preliminary interviews through professional contacts and a mother-baby play group. Data from these preliminary interviews suggested that women's conceptualizations of body, mind, emotions, and self (the primary focus of the broader study for which the data were collected) varied most based on the healthcare providers women chose and their methods of childbirth delivery. Therefore, the remaining 9 participants were selected using "theoretical sampling," or sampling that is based on the development of a theory rather than the representation of a particular population (Charmaz, 2000, 2002; Glaser & Strauss, 1967). In theoretical sampling, participants are selected who are believed to contribute something new to the researcher's analysis of the data, which takes place simultaneously with the data collection. Participants for this project were sought, who provided diversity in methods of childbirth delivery. These additional participants were located through "snowball sampling," whereby participants refer other potential participants who meet the sampling criteria (Warren, 2002).

Based on the sampling criteria, the participants in this study are diverse in terms of the type of health care they chose, the medical interventions they received during labor and birth, and their method of childbirth delivery. Seven of the 15 participants received health care from either a licensed midwife or nurse midwife. Among women who selected midwives as their healthcare providers, 3 gave birth at home, 2 gave birth at a birth center, 1 gave birth in a hospital, and 1 began labor at a birth center and transferred to a hospital. All of the women who received care from midwives delivered their babies vaginally and none had medical interventions or pain relief medication; the exception was the participant who transferred to the hospital where she received epidural anesthesia and gave birth vaginally with vacuum extraction. The remaining 8 women received care from an obstetrician/gynecologist (OB/GYN). Among women who received care from an OB/GYN, all gave birth in hospitals and all received some form of pain relief medication (7 epidural anesthesia, 1 morphine). Five of these women gave birth vaginally without additional medical interventions, 2 gave birth vaginally with vacuum extraction, and 2



gave birth by cesarean section. One woman became pregnant through in-vitro fertilization.

The women in this study are relatively diverse in terms of age, race/ethnicity, social class, and marital status. Participants ranged in age from 24-49 at the time of childbirth: 8 participants were between the ages of 24 and 29, 6 were between the ages of 30 and 39, and 1 participant was 49. Eleven participants identified themselves as White or Caucasian, 3 identified as Hispanic, and 1 identified as African American. In terms of social class, 5 respondents self-identified as lower-middle or working class, 8 identified as middle class, and 2 identified themselves as upper-middle class. Nine respondents were married when they became pregnant, 3 were cohabiting at conception and became married during pregnancy, 2 were cohabiting both at conception and at the time of the interview, and 1 respondent was single and had no contact with the father of her child. All of the participants selected their own pseudonyms during or after the interview to protect anonymity.

### **Data Collection and Analysis**

Elements of grounded theory (Glaser & Strauss, 1967), narrative analysis (Riessman, 1993), and social constructionism (Gubrium & Holstein, 1997) guided data collection and analysis. Data were collected through semi-structured in-depth interviews. An initial interview guide that asked women to describe their pregnancy and childbirth experiences was created for the six preliminary interviews. Following the “grounded theory” tradition, in which data collection and analysis take place simultaneously and new questions are developed as patterns are found in the data (Charmaz, 2002; Glaser & Strauss), interview questions were added throughout the data collection process (see Appendix A for complete and final interview guide). Although the broader study for which these data were collected focused on women’s perceptions of their bodies, minds, emotions, and selves during pregnancy and childbirth, questions that focused specifically on these topics were intentionally excluded from the interview schedule. Since the “active interviewer” (Holstein & Gubrium, 1995) is viewed as co-collaborator in the production of narratives, I did not want to create pregnancy and childbirth as physical, mental, and/or emotional experiences through the questions I asked. Instead, I asked the same questions in a variety of different ways to stimulate different types of narratives (e.g., “tell me about your pregnancy,” “what was it like being pregnant?”). Participants were also asked about their partners’ experiences in two questions: one that asked the role their partner played in the pregnancy and childbirth, and another that asked whether or not the participant would be willing to trade places with her partner throughout the pregnancy and childbirth, if such a scenario were possible. These two questions were included on the initial interview guide and were asked of all participants. All interviews were conducted face-to-face in the home of either the researcher or the participant.

Interviews were conducted using both “active interviewing” (Holstein & Gubrium, 1995) and “feminist interviewing” (Oakley, 1981; Reinharz, 1992; Reinharz & Chase, 2002) techniques. In active interviewing, the researcher begins with a rough interview schedule, but remains flexible throughout the interview process to allow the respondent to direct the conversation toward issues they feel are important. The goal of the active interview is to “stimulate narrative production” (Holstein & Gubrium). Active

interviewing was used in this project by asking broad, open-ended questions and probing participants to expand on their narratives in the directions they chose.

In feminist interviewing, both the researcher and the participant share their experiences with each other, engaging in mutual self-disclosure (Reinharz & Chase, 2002). Feminist interviewers also offer assistance, advice, and information to their participants (Oakley, 1981; Reinharz, 1992). Feminist interviewing techniques were used in the interviews when participants asked questions about my childbearing experiences, asked for information related to childbearing or exhibited signs of mild distress or sadness during the interview. These techniques seemed to help participants feel comfortable throughout the interviews, particularly when they shared emotionally painful experiences, such as feeling alone during pregnancy or detached from their babies immediately after giving birth. In these situations, I assured participants that their feelings were normal and recommended books or other resources that I thought would be helpful for them. I also answered questions that participants asked about my own childbearing experience in order to maintain equity in the researcher/participant relationship. Many of the interviews ended with participants “interviewing” me about my experiences. These concluding interviews and the discussions that followed contributed to the overall informal and comfortable nature of the interview experience.

Following the principles of social constructionism (Gubrium & Holstein, 1997), the product of each interview is a narrative, or story of one’s pregnancy and childbirth experience. As Riessman (1993) points out, researchers do not have direct access to their participants’ experiences. Rather, we obtain participants’ representations of experience, which are imbued with meanings, interpretations, deletions, and additions. These representations are also created through the medium of language, and therefore are limited by the words, concepts, and discourses available to the storyteller (Foucault, 1977; Gubrium & Holstein). In addition, the social context in which one narrates experience influences the content of the narrative. Therefore, the unit of analysis for this study is women’s narratives of their childbearing experiences as they were constructed in face-to-face interviews, with a researcher who was known by the participants to also have given birth.

The first stage of data analysis for this project took place during coding for my dissertation. I used “initial coding” (Charmaz, 1983; Glaser, 1978), or exploratory analysis to get a general sense of the data. Initial coding consisted of reading each interview transcript several times as each transcript was produced. A list of approximately 30 themes was generated from this initial coding process. Examples of themes generated from initial coding are social support, physical setting, time, technology, healthcare providers, body, emotions, and partner. I then re-read each interview transcript to identify all excerpts that discussed or mentioned the participant’s partner. I used “computer databasing” (Lofland, Snow, Anderson, & Lofland, 2006) to transfer all excerpts that related to the partner into a single Microsoft Word document where they could more easily be viewed and compared. Computer databasing simply refers to the use of computer software (as opposed to paper and pencil methods) to code and organize qualitative data.

I initially asked interview questions about the women’s partners in order to explore the proposition made by some feminist theorists that women’s subordinate status in society is related to our capacity to reproduce (de Beauvoir, 1952/1989; Firestone,

1971; Ortner, 1974), and that women would be better off if childbearing was removed from the female body (Firestone). I wanted to know whether or not this sentiment was shared by some women who had given birth. However, in reviewing only the data that fit into the initial “partner” code, I noticed that women talked about pregnancy and birth in ways that either included or excluded their partners from the process. The inclusion or exclusion of a partner seemed to be accomplished by conceptualizing childbearing as taking place either within a space that is inhabited by the woman, and not her partner (e.g., woman’s body), or in a space that could be shared by the partner (e.g., mother’s and/or father’s mind or emotion). The specific locations in which women described childbearing as occurring within the narrative context of discussing their partners then became the focus of analysis.

Once the partner data were compiled into a single document, each excerpt was analyzed individually using “focused coding” (Charmaz, 1983), to identify the specific location that pregnancy and/or childbirth were described as occurring. Data were coded by writing a note in the margin next to each excerpt to indicate the location(s) of pregnancy and/or birth. For example, Isabel stated,

It was hard for Jeff to relate to me when I was pregnant. ... Because he was like, “I have no idea what’s going on in your body.” It was like it wasn’t real to him yet, until I started showing. But for the first six months I was obviously pregnant to me.

I coded Isabel’s statement with “mother’s body/not father’s body.”

The codes or “analytic files” (Lofland et al., 2006) that emerged from the focused coding stage of analysis were documented on a separate piece of paper to facilitate comparisons between them. The list of codes included “mother’s body/not father’s body,” “mother’s body and father’s mind,” “mother’s body and both (mother’s and father’s) mind,” “mother’s body and both (mother’s and father’s) emotion,” “us/we/not body,” and “both (mother’s and father’s) bodies.” I then looked for similarities and differences among the codes and combined the three categories that located pregnancy/childbirth in both the mother’s body and some other non-physical realm (father’s mind, both- mother’s and father’s- mind, both- mother’s and father’s- emotion). The resulting four codes were typed as headings in a Microsoft Word document, and the excerpts were cut and pasted into the space below the appropriate code. Excerpts were selected for inclusion in the paper that best represent each theme. The full interview transcripts were reviewed to ensure that relevant data were not overlooked.

I used two techniques, persuasiveness and correspondence (Riessman, 1993), to insure the trustworthiness of this project. Persuasiveness considers the extent to which a qualitative analysis is reasonable and convincing (Riessman). Correspondence, also referred to as “members’ tests of validity” (Whyte, 1943) or “member checks” (Lincoln & Guba, 1985), entails asking study participants to review data and analyses (Riessman). Two independent colleagues and one study participant reviewed and provided feedback on this full written analysis before it was sent for review for publication. All three indicated that the analysis was logical and reasonable.

## **Study Limitations**

Caution should be used in generalizing the results of this project beyond the participants in this study. The participants were selected based on their compatibility with the study criteria and their methods of childbirth delivery. They are not intended to represent any particular population. In addition, the sampling criteria facilitated an overrepresentation of women who gave birth in out-of-hospital settings with midwives. Whereas only 1% of the general U.S. population give birth in out-of-hospital settings and 8% choose midwives as their primary healthcare providers (Center for Disease Control, 2005), 40% of the women in the sample gave birth (or at least planned to give birth) in non-hospital settings and 47% chose midwives as their primary healthcare providers. It is likely that different study results would be generated from a more representative sample.

The data presented in this project must also be viewed within the context in which they were generated. All of the participants were aware that the researcher had also experienced pregnancy and childbirth prior to the interviews. As stated earlier, this awareness likely influenced the participants' responses to the interview questions. In addition, participants were not directly asked the specific research question that guides this paper. Had the participants been asked directly to report the location in which they believed their pregnancy/birth took place; their responses might have been different than the excerpts presented in this paper.

## **Results**

The results are organized into four general categories that represent the location in which women describe their pregnancies and/or births as occurring. The first category, "within the body," represents the notion that pregnancy and childbirth take place within the physical realm of the female body. The second category, "beyond the body," corresponds to the idea that childbearing can be conceptualized as residing both within the female body and in a non-physical realm (e.g., cognitive, emotional, etc.) of the woman, her partner, or both. The third category, "outside the body," represents the articulation of childbearing as being located in some abstract space that is not conceptually tied to the female body. The fourth category, "transcending body boundaries," represents the conceptualization of childbearing as being present within the woman's body as well as someone else's body (in this case, the partner).

### **Within the Body**

Many of the women in the current study conceptualized childbearing as taking place within the physical realm of their own bodies. These narratives emphasize the physical nature of women's experiences and the lack of physicality of their partners' experiences of pregnancy and childbirth.

For example, in response to the question of whether or not she would be willing to trade places with her partner, America stated,

I liked being pregnant, you know? And I like being a mom. I think I would [trade places with my partner] only for the fact that I would want to let Derek go through the experience of motherhood, like have the experience of having a baby grow inside of you and give birth to it and be the person that it can't live without. Just for that reason, just so he could experience that.

In this excerpt, America constructed her own experience of motherhood primarily in physical terms. In America's narrative, experiencing motherhood means physically housing a fetus as it develops into a baby, and ultimately giving birth to that baby. The pregnancy itself is located within the parameters of her own physical body and her partner is located outside of that experience.

Isabel also constructed the physicality of pregnancy for herself, but not her partner, as a primary difference between her own and her partner's experience. Like America, Isabel's narrative conceptually located the pregnancy within the physical realm of her own body.

It was hard for Jeff to relate to me when I was pregnant, that was another thing. Because he was like, "I have no idea what's going on in your body." It was like it wasn't real to him yet, until I started showing. But for the first six months I was obviously pregnant to me.

Like America, Isabel's narrative of her partner's experience constructed pregnancy as primarily a physical experience that takes place within the realm of the female body. The pregnancy is physically housed within the parameters of Isabel's body, and her partner is physically separate from the pregnancy experience.

Some women stated that the physicality of their own experience, and lack of physicality of their partners' experience, meant that the magnitude of pregnancy was greater for themselves than their partners. Since the fetus was developing within their own, but not their partners' bodies, these women felt that their own pregnancy experience was more intense than their partners' experience. For example, Sarah stated,

I remember at first I was worried about [what I was going to look like after the pregnancy], and then when things actually started happening I could see my body changing and I was like, "What's gonna happen to me?" And I guess in some ways it made me think about the fact that a pregnancy really affects a woman a lot more than it affects a man. I don't know if that's really true, maybe it's better to say that it affects them in different ways. But, I guess that was part of what I felt too, is just this is happening, my life is going to change, my emotions are changing, my body is changing. Sometimes I would think, "This isn't fair," because it was not happening as much to my husband.

In this excerpt, Sarah constructed pregnancy as something that happens more to women than to men. While she is careful to acknowledge that her partner's life was also changing, Sarah stated that the bodily changes associated with pregnancy were happening to her, and not him, thereby making her pregnancy experience more profound than his.

Other women constructed pregnancy and childbirth as something that happens *only* to women due to the physicality of women's experiences. While these women acknowledged that men may choose to play a role in the event, they considered pregnancy and childbirth primarily a female experience. Meka, a single mother, exemplifies this theme.

Interviewer: What was it like to do everything by yourself?

Meka: It was okay. A lot of people were like, "Oh, you're doing this all by yourself," but it wasn't bad at all. I didn't mind it. I didn't mind being at home pregnant. I sat around and napped all the time and ate. I don't know; it was fine. I didn't feel that I needed that other person there. The only thing that sucked about it was the whole financial aspect. You know, not having that back up of money from that other person, but that was the only thing. I didn't feel like I should have that kind of person there. One thing that bothered me was, in all those books that I told you that I read, a lot of it was like, half of the books were about the father this, the father that, the husband this, the husband that. That was really irritating. It's supposed to be about you and your pregnancy and your birth. What's the father, I mean, make a separate book for the fathers and stuff, you know what I mean? The father has nothing, I mean, it has something to do with it, but you know what I mean? I guess that was, I don't know, it bothered me.

Meka constructed pregnancy and birth as events that are about women, and not men, due to the physical nature of women's experiences. A few married women made similar statements. After my interview with Annie, I told her about this analysis, and that I am interested in interviewing men about their childbearing experiences for comparison purposes. Annie laughed and replied, "That could be the free addendum to your book. Pregnancy and childbirth are about women. No one cares what men think." Like Meka, Annie constructed pregnancy and childbirth as an event that only women experience. Maria makes a similar claim when she described the support her partner gave her while she was pregnant. Maria stated,

Anything I needed or wanted, I mean, he was just great. And then during the birth he was the same way. He knew it was all about me in a sense. I mean, sure, he's the father, but he wasn't the one getting fat and throwing up every day.

In these narratives, the physical differences between women and their partners' experiences meant that pregnancy and birth are female-centered and not male-centered events. These women acknowledged that the partner has a role in pregnancy and childbirth, but the focus of the event is the mother. This perception is made possible by

the presumption that a distinct boundary lies between women and men's physical bodies, and that pregnancy and childbirth occur only within the realm of the female body.

### **Beyond the Body**

In some of the narratives, women located pregnancy and childbirth beyond the parameters of the female body. In these accounts, pregnancy and childbirth were located both within the female body and within the mental or emotional realms of one or both partners. For example, Tracy constructed her own childbirth experience in physical terms and her partner's experience in mental terms.

From Pete's point of view, the first labor was actually quite hard. And I'm not going to say it was harder than going through the pain, but I think mentally it was harder because I had to go through the pain, but I was just sort of focused on just getting through it. Whereas from his point of view, he was watching this process that he had no control over, he didn't know what the outcome was going to be and it looked awful. ... And in some ways I think it was quite hard for him because he was just watching me go through something difficult, and he couldn't do anything to help it, and the only thing he could do is just watch. I think that stuck with him, seeing what that looked like, and in some ways I sort of remember, you know, there's a sense of remembering what it was like to be in it, but I didn't have to see what I looked like in the midst of the process. I was feeling the pain, but I think he's left with that mental image of me going through it and I don't have that. And I think that's somehow, it's an odd trade off, but it wasn't easy for him.

Tracy located childbirth within both the physical realm of her own body and the mental realm of her partner. She maintained a distinct boundary between herself and her partner by constructing her own, but not her partner's, experience in physical terms, yet she constructed her partner's experience in mental terms. In this construction, the event of giving birth is conceptually located not only within the female body, but also within the mental realm of her partner.

Rebecca also constructed childbirth within both physical and mental realms. When asked what role her partner played in her pregnancy and birth, Rebecca replied,

He was my support person during the birth and, you know, he was with me mentally and he would help me when I was moaning high pitched he would help me get it deeper....But he was, when I wanted somebody or when I needed somebody he was the person I looked to during the birth.

Like Tracy, Rebecca located childbirth within both the physical realm of her own body and the mental realm of her partner. However, Rebecca's construction of childbirth was slightly different because she also located childbirth within the realm of her own mind. To say that "he was with me mentally" suggests that Rebecca's childbirth

experience also encompassed a mental component. Thus, Rebecca conceptualized childbirth within her own physical and mental realms as well as the mental realm of her partner. In this construction of childbirth, Rebecca located childbirth beyond the boundaries of her own physical body, in a space that encompasses both physical and mental aspects.

Aimee constructed pregnancy and childbirth in a similar manner, but she located pregnancy and childbirth in emotional rather than mental realms.

I think with women you get to, I mean men can put their hands on your stomach and feel the baby move but I, they just don't get the whole experience like women do, you know? So I think they feel, until the baby's born I think they feel a little left out. I don't know that's how he felt, he never said that. But I would imagine being a man, that you feel like I helped create this thing too and she's getting all the, everyone's talking about her baby and how are you doing and no one asks about the dad or how are you feeling. No one asks how they're doing. So I think that women get a lot of the benefits. We also get a lot of the, we have to deal with the back pain and the legs swelling and men don't have to do that either. And as much as they say, "Oh I wish I could take it and do it for you," you know, they can't. So, I mean it's definitely a very different experience. I think emotionally it's a lot the same. I mean both of our worlds were going to change dramatically and we understood that. But physically, there's no comparing. Unless he passes a hemorrhoid or passes a kidney stone, I don't think he'll ever have any clue what it was like.

In her birth narrative, Aimee conceptualized pregnancy and childbirth within both the physical realm of her own body and the emotional realms of herself and her partner. In this conceptualization of pregnancy and childbirth, the physical aspects of pregnancy and childbirth take place within the woman's, but not the man's body, and the experience is constructed in such a way that goes beyond body boundaries to encompass the emotional realms of both partners.

### **Outside the Body**

A few women's narratives located pregnancy and childbirth fully outside the realm of the female body. Pregnancy in this context becomes a non-physical experience that is shared by both partners. This construction of pregnancy is accomplished through the use of terms such as "we" and "our" to describe a phenomenon that is commonly assumed to be experienced by only one person as an experience that is shared by more than one person.

For example, America described her and her partner's reactions to the knowledge of their pregnancy. America had been pregnant shortly before her current pregnancy and had chosen to have an abortion. She and her partner had used contraception for both pregnancies.



America: When we found out we were pregnant we were like, okay because we had already gone through this, you know, big experience before. I think we were kinda happy and kinda just like totally shocked, totally like, whoa. So anyway, it was a good thing. Once we figured out what was going on, it was a good thing.

In this excerpt, America's use of the pronoun "we" places the pregnancy within the realm of both herself and her partner. The statement that "we" are pregnant dislocates the pregnancy from just one person's body and transfers it into a non-physical experience that is shared by more than one person. By using the pronoun "we," America conceptually located the pregnancy somewhere within the realm of both herself and her partner rather than solely within her own body.

Rebecca also used the term "we" to describe her pregnancy experience. "And Ryan was also really happy when we were pregnant. And you know, we were really in tune with each other." This construction of pregnancy as something that can be shared by more than one person locates pregnancy beyond the parameters of the female body. Rather than being primarily a physical event that is experienced by women, pregnancy becomes more of an abstract, non-physical experience that is shared by individuals, but is not housed within a particular body.

### **Transcending Body Boundaries**

A few women's pregnancy and childbirth narratives are constructed in such a way that transcends body boundaries between the women and their partners. These narratives located pregnancy and childbirth within the physical parameters of both partners' bodies. For example, Isabel explained,

So Jeff had been, he had been pretty much sharing the labor with me. This whole time he had been bracing my body with every contraction, massaging, singing to me, just there the whole time. And he actually was having pain, sympathetic pain in his groin while I was pushing and he couldn't pee for like two hours because he was so tense from my pain, you know?

According to Isabel's narrative, she and her partner shared the physical labor involved in giving birth to their baby. By bracing her body, massaging her, and singing to her, Isabel's partner actually took part in the physicality of giving birth. In this construction of labor, as something that can be shared by individuals other than just the mother and the baby, labor transcends the physical boundary of the birthing woman to encompass the bodies of other individuals who choose to take part in the laboring process. Isabel takes the transcendence of body boundaries even further in her discussion of the pain her partner felt during the birth of their child. The pain associated with labor transcended Isabel's body to encompass her partner's body to the extent that he was feeling pain in his groin and was unable to urinate. Thus, in Isabel's construction of her laboring experience, much like the "couvade syndrome," many men experience during pregnancy, even the physical pain of labor was able to transcend her body's boundaries.

Sarah's narrative also constructed childbirth as transcending body boundaries by describing her partner's involvement in the pushing stage of labor.

My husband was there. We had always talked about that he was going to be there and I think he was a little apprehensive, like he might get sick, or get in the way, or not know what to do for me. Right before we started pushing the nurse came in and she was talking to us about what was going to happen and the different stages, the doctor's going to come in and whatnot, and Jack was like, "Okay, I'll just stand back here." And I was like, "you're not going to be standing back there, you're going to be right here. I'm going to have one leg and you're going to have the other, and you're going to be right up there." So he was, I think he was a little bit surprised with that, but once the whole thing started he was really excited and into it, both of us were. You get caught up in that moment.

Sarah described the pushing stage of labor as an activity in which both she and her partner were involved. The statement that "we were pushing" suggests that both individuals physically engaged in the process. Thus, the physical event of pushing a baby out of one's body is constructed as transcending Sarah's physical bodily boundary to encompass her partner's body.

### **Discussion and Conclusions**

The results demonstrate four ways that women in this study conceptualize pregnancy and childbirth when narrating their own and their partners' experiences. First, women conceptualize pregnancy and childbirth "within the body," or physically located within the parameters of the female body. Second, women conceptualize pregnancy and childbirth "beyond the body," or located within both the parameters of the female body and the mental and/or emotional realms of themselves and/or their partners. Third, women conceptualize pregnancy and childbirth "outside the body," or located only within the mental and/or emotional realms of themselves and their partners. Fourth, women conceptualize pregnancy and childbirth "transcending body boundaries," or located within the physical parameters of both their own and their partners' bodies.

These narratives demonstrate the possibility of viewing pregnancy and childbirth as something other than a physical event that is located within the female body. While most of the women in the current study did conceptualize pregnancy and childbirth within the physical realm of the female body, some women conceptualized pregnancy and childbirth beyond, outside, or transcending the female body. Those who located childbearing beyond, outside, or transcending the parameters of the female body constructed pregnancy and childbirth as more of an amorphous, intangible state that could potentially be experienced by many people.

The construction of pregnancy and childbirth as something that is shared allows for greater participation in the reproductive experience by individuals other than pregnant and birthing women. Research on men's experiences during pregnancy indicates that men often desire to be involved in pregnancy, yet have difficulty fully engaging in the experience (Draper, 2002). Men who do find ways to participate in pregnancy and

childbirth tend to view both the childbearing experience and the quality of their marital relationships more positively than men who are less involved (May & Perrin, 1985). Additionally, women typically value their partners' participation in pregnancy and childbirth, and some research suggests that partner involvement in labor and birth is associated with shorter labors and less use of anesthesia/analgesia (May & Perrin). Conceptualizing pregnancy and childbirth beyond the parameters of the female body may enable and encourage men to fully participate in the development and birth of their children, potentially increasing the stability of family relationships and resulting in more positive childbearing experiences for both women and men.

Theoretically locating pregnancy and childbirth outside the realm of the female body also disrupts dichotomous boundaries that purportedly contribute to women's oppression in western societies. If pregnancy and childbirth can be viewed as amorphous occurrences that can be experienced in the mental, emotional, spiritual, and physical realms by all parties involved, then childbearing is no longer an entity that inextricably ties women to their bodies and to nature, as early feminists such as de Beauvoir (1952/1989), Firestone (1971), and Ortner (1974) suggest is the root of female oppression. Conceptualizing the childbearing experience beyond the parameters of the female body also makes possible greater male participation in childbearing, thereby promoting and acknowledging men's ties to their babies and integration in the human species as a whole. This lack of inclusion in the childbearing experience, which feminist theorists such as O'Brien (1981), Corea (1985), and Davis-Floyd (1992) argue contribute to women's oppression, can be mitigated.

Further research should investigate the experiences of other family members, friends, or caregivers who participate in pregnancy and childbirth. While no known studies have explored the experiences of individuals who attend the births of their grandchildren, a recent conversation with my mother, regarding her experience attending the birth of my son, revealed that her experience encompassed mental, emotional, and physical realms. She stated that viewing me in pain caused her to feel tense, sick to her stomach, and nauseous, which required several days to recover. Future research should further investigate the ways in which pregnancy and childbirth are experienced by individuals other than just the mother and father, including grandparents, other children, friends, and healthcare providers.

The supposition that pregnancy and childbirth can be conceptually located somewhere other than solely within the female body does not suggest that researchers, theorists, or healthcare providers ignore the physical experiences of pregnant and birthing women altogether. Obviously there are physical manifestations of pregnancy and birth that take place only within the female body. However, it may be useful at times to look beyond the physicality of pregnancy and birth to explore the ways in which childbearing can be viewed as a multidimensional, amorphous process that takes place not only within the physical realm of the female body, but within the mental, emotional, spiritual, and physical realms of all individuals involved.

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## Appendix A

### Interview Guide

#### Pregnancy

- Tell me about your pregnancy.
- What was it like being pregnant?
- How did you feel during your pregnancy?
- How would you describe pregnancy to someone who had never been pregnant?
- If you had to describe pregnancy in just a few words, how would you describe it? Why?

#### Birth

- Tell me about your birth.
- What was it like giving birth?
- How did you feel while you were giving birth?
- How would you describe birth to someone who had never given birth?
- If you had to describe birth in just a few words, how would you describe it?

#### Why?

- Where did you plan to give birth? Why did you choose to give birth at (location)?
- Is there anything about your birth that you wish you had done differently?
- Who else was present at your birth? What did they do?

#### Initial Postpartum

- What was it like after you gave birth?
- How did you feel after you gave birth?

- How did you feel about yourself after you gave birth?
- How did you feel about your baby after you gave birth?
- If you had to describe the initial postpartum period in a few words, how would you describe it? Why?

#### Partner

- What role did (the father) play in your pregnancy and birth?
- Do you think your partner's experience of pregnancy and childbirth was any different from yours? Why/Why Not? In what ways?
- Let's say it was possible for you to switch places with your partner and him go through the pregnancy and birth instead of you – would you do that? Why/Why not?

#### Preparation

- What did you do to prepare for you birth?
- Did you read any books or pamphlets about pregnancy or childbirth while you were pregnant? What did you read? How did they prepare you for pregnancy and childbirth?
- Did you take any childbirth education classes? What topics did they cover? How did they prepare you for birth?
- Did you do anything else to prepare for birth (talk to others who had given birth)?

#### Demographics

- What is your social class?
- What is your race?
- What is your current relationship with the father of your child?
- How old are you?
- How old were you when you found out you were pregnant?
- How old were you when you gave birth?
- Was this your first birth? (If no, how many?)
- Where did you give birth?
- What type of insurance did you have at the time? What did it cover?
- What is your current level of education?
- Are you currently employed? Were you employed before the birth of your child?

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