Governing Partners: Responsibilization in Pregnancy Advice Literature for Men

By

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B.A. University of Saskatchewan, 2005

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Abstract

This thesis is an investigation of pregnancy advice books for expectant fathers. It explores how male partners are encouraged to participate in contemporary pregnancy management through medico-moral discourses. This study challenges current theoretical conceptions of responsibilization by contending that responsibilization is a necessarily social process. Working within a governmentality framework, this study uses both content analysis and critical discourse analysis. I found that responsibilization of expectant fathers followed two stages. First, they were invited to accumulate knowledge about pregnancy, and then to adopt behaviours befitting the ideal father. The structure and content of advice invited expectant fathers to become "responsible" by changing their own behaviour—and the behaviour of their pregnant partners. In most cases, the only behavioural modifications required of the expectant father are those that will influence the behaviours of their pregnant partners.
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Introduction: Women, Men and Pregnancy

Risk theorists (e.g. Beck, 1992; Gernsheim-Beck, 2002) suggest that advanced liberal societies pressure individuals to manage the myriad choices and risks of the modern world by seeking expert advice and taking individual responsibility for their own well-being. The sale of millions of pregnancy advice books in recent years is evidence that large numbers of expectant parents are participating in the key exercises of advanced liberal society: accumulating knowledge through expert advice, taking personal responsibility for their well-being (and for the well-being of their children), and engaging in self-governance. Pregnancy advice literature engages its readers in the tangled web between the discourses and ideology of medical science and moral regulation projects that problematize certain behaviours. These discursive webs—medico-moral discourses—encourage expectant parents to take charge of their medical-health and that of the fetus through their identification with idealized moral positions such as that of the responsible prenatal parent.

Conventional pregnancy advice literature—literature that is written for pregnant women—has captured the attention of academics as a significant example of the intersection between advanced liberal modes of governance, medico-moral discourses of health, and contemporary conceptions of gender roles. But much of the scholarly analysis of pregnancy advice literature focuses on women as subjects of the discourse and downplays the relevance of advice directed at expectant fathers. As a result, research on the roles of male actors in the social process of pregnancy has been largely neglected. Investigations into male experiences of pregnancy have focused primarily on
transitions to fatherhood\(^1\), experiences of ultrasonography\(^2\), or men’s involvement in labour and delivery\(^3\). The academic literature continues to portray pregnancy as a battlefield between individuals and institutions, while an entire genre of advice books suggests that expectant fathers are negotiating space for themselves within the culture of pregnancy.\(^4\)

Denise Copelton is one of the few theorists that has examined the role of men in pregnancy discourse—albeit within her broad study of conventional pregnancy advice literature for women. Copelton found that pregnancy advice books (for women) consistently downplayed the influence of father’s behaviours on fetal health and ultimately undermined their role in pregnancy (2003). When the reproductive contributions of fathers were mentioned, they were presented in terms of fertility rather than fetal health. She found that these books failed to recognize the unique and significant contributions that fathers have on fetal health and on the social experience of pregnancy. Rather than exploring the various social and environmental factors pertinent to pregnancy-associated risks, conventional pregnancy advice books promulgate the popular myth that women are completely in control of their social environment and are primarily responsible for managing pregnancy.

Copelton found that few books offered advice concerning men’s relationship to the fetus. Often, rather than singling fathers out as having a unique relationship to fetuses, fathers were included in discussions that broadly talked about the behaviours of

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\(^1\) See Barclay & Lupton, 1997; Barclay & Lupton, 1999; Donovan, 1995; and Draper, 2002b.
\(^2\) See Sandelowski, 1994; and Draper, 2002a.
\(^3\) See Draper, 1997; Henwood & Procter, 2003; and Mardorossian, 2003.
\(^4\) The majority of pregnancy advice books for partners address only male partners to pregnant women. An examination of the way in which these books are taken up by female partners would provide an illuminating look at the gendered nature of these discourses. But my critical discourse analysis focuses on books that are popular and widely available.
“other people” or “everyone in the family” (127). Men’s contributions, in many cases, were attributed only to characteristics beyond their control such as age or genetic predisposition. Copelton found that male responsibility was typically transferred to their pregnant partners; as one book advised: “men’s behaviours are only important insofar as they affect women’s” (128).

Although many of the books Copelton studied contained chapters devoted to male partners, Copelton argued that conventional pregnancy advice books “encourage fathers to read only “their” chapter and may heighten, rather than lessen, the view that pregnancy is really a woman’s issue” (81). Conventional advice books suggested that women’s and men’s interests and roles in pregnancy are different and therefore they require different instruction. It is the content of that instruction and what this instruction says about the contemporary governance of pregnancy that this thesis sets as its point of departure.

My study offers two complimentary theses. First, through my exploration of the ways paternal and partner responsibility are constructed in pregnancy-advice books for men, I show that these books are gendered and that the discourses within them reinforce an idealized normative heterosexual family. Second, by investigating how male partners are invited to responsibilize themselves as well as pregnant women, I provide an empirical example of the process of responsibilization, which is particularly sensitive to the social dynamics at work within advanced liberalism. In the next chapter (Chapter Two), I outline the academic literature, which advances what might be called the “governmentality framework”, I explore its conception of responsibilization, which I call the “individual responsibilization thesis”, and I argue that this literature presents a
truncated, imprecise conception of responsibilization. To improve upon the
governmentality framework, I outline the key social dynamics of moral regulation, risk,
responsibility and ultimately responsibilization.

After first establishing the theoretical groundwork for my project, I illustrate the
value of using pregnancy advice literature for men as a case study to expanding the
governmentality framework and its conception of responsibilization. I argue that
academic literature on pregnancy employs the individual responsibilization thesis and
fails to capture the complex social dimensions of pregnancy discourse and governance.
By focusing on advice books that are written specifically for men (the less obvious
subjects of pregnancy), I expose the limitation of previous research on
responsibilization. I argue that contemporary governance theory should utilize a broader
theory of responsibilization, which explores how responsibilization acts upon multiple
targets.

I follow my examination of the governmentality framework with a basic review of
how governance has been used in academic research on pregnancy. Ruhl (1999) and
others (e.g. Mitchell & Georges, 2000; Dworkin & Wachs, 2004) have argued that
popular advice books about pregnancy normalize medico-moral discourses and
women’s self-regulation. This process occurs as certain maternal behaviours are
moralized under the rubric of maternal responsibility. This process increases women’s
responsibility for the minute details of pregnancy and fetal health. I show the
progression of this body of literature as it incorporates Foucauldian concepts and shifts
from conceptualizing pregnant women as subjects of “social control” to agents of their
own government. I observe that, thus far, men have not been constructed as subjects of
pregnancy, despite their inclusion in current popular discourses. My overview of the literature regarding men and pregnancy illuminates the need for more research into the interpersonal relationships of governance between men and their pregnant partners.

In contrast to proponents of the governmentality framework, I conceptualize responsibilization as a social process rather than an individual experience. I thereby move beyond conceptualizing governance as occurring only at macro (institutional) and micro (individual) levels. My research shows that social relationships are pivotal to governance and that individuals negotiate their own governance within interpersonal relationships. Responsibilization is thus reconceived as a process of negotiation whereby individuals imagine themselves and others in relation to representations of successful and failed responsibility. This more nuanced approach to governance recognizes that responsibilization—and even self-discipline—occurs at the level of the social rather than the individual. This broader conceptualization of responsibilization sharpens the analysis of the subjectification of expectant fathers participating in the medico-moral project of contemporary pregnancy governance.

In Chapter Three, I outline both my methodology and the methods I employed in this research. I begin by describing my sampling process. I then provide a description of my coding and analysis methods. I justify my use of critical discourse analysis and show how the use of themes and interpretive repertoires allows me to access taken-for-granted aspects of culture such as gender. I conclude Chapter Three with a discussion of the social relevance of pregnancy advice books within the context of text-based social science research.
Chapter Four examines how structural features of pregnancy advice books for men—such as narrative style, and the use of shaded boxes—influence the content of the advice offered. I begin by orienting the reader to the four advice books in my sample by providing a discussion of pregnancy advice books for men within a consumer culture. I show the ways that introductory chapters are used to acknowledge diversity while reinforcing stereotypical productions of gender, the heteronormative nuclear family, and the medical model of risk-management. In the second section of Chapter Four, I unpack the authoritative voice used in my sample of pregnancy advice books. The final section demonstrates that shaded boxes are used in pregnancy advice books to highlight anecdotal advice and further reinforce the gendered nature of pregnancy advice books.

The role of humour as a tool for discourse is explored in Chapter Five. I begin by giving an overview of some relevant theories of humour and follow with an analysis of the functions of humour within pregnancy advice books for men. Comparisons between humorous and serious advice books provide a backdrop for illustrating how the key themes within my sample are shaped by the discursive style in which they are presented. I find that humorous advice books are written predominantly as parodies to entertain—rather than advise—expectant fathers. Much of what appears at first glance to be advice is in fact a mere gag. In light of this finding, I apply a thematic analysis to these books, but do not to compare them directly with “serious” advice books for the purpose of examining the nature of responsibilization and governance.

Chapter Six provides a detailed analysis of the key themes within my sample of pregnancy advice books. My analysis includes both description and quantitative thematic analysis, as well as qualitative discursive. The interpretive discursive analysis
contextualizes prevalent themes and repertoires within the larger cultural contexts of
gender roles, the heteronormative family, advanced liberalism and responsibilization as
it plays out between men and their expectant partners.

In my conclusion (Chapter Seven), I summarize my findings and theoretical
arguments. By integrating my findings with regard to the context of expert pregnancy
advice, the structure of advice literature, the key themes within my sample, and the use
of humour, I present an interpretive analysis of both the gendered nature of pregnancy
advice for men and the role that responsibilization plays in the medico-moral discourses
of pregnancy management.

I suggest that pregnancy advice literature for men engages expectant fathers in
two stages of responsibilization: information accumulation and behaviour modification.
First, expectant fathers learn about pregnancy and internalize the medico-moral norms
of fetal risk management. The content of advice books reinforces traditional gender
roles and the heteronormative family while empowering men to take up the advanced
liberal challenge of being responsible. Second, this literature advises its male readers to
adopt behaviours befitting “the responsible father”. These include assuming personal
responsibility for their own health, the health of his partner, and the fetus. Given the
gendered context of contemporary pregnancy discourse, the responsible expectant
father manages risks to the health of his partner and the fetus not merely by modifying
his own behaviour, but by attempting to modify his partner’s behaviour as well. Thus,
my research on pregnancy advice books for men suggests that individuals do not
internalize and respond to risk—that is, undergo responsibilization—in a social vacuum.
Rather, responsibilization appears to require the individual to implicate others in the
transformative process as well. This underscores the necessarily *social* character of governance.
Chapter Two: Theoretical Considerations

This chapter begins with a literature review that situates my contributions within the broader social sciences literatures of governance theory and Foucauldian analysis. In this chapter, I map the shifts in liberalism that result in the contemporary manifestation of an advanced liberal rule that enlists individuals in their own governance and emphasizes individual responsibility for well-being. I then illustrate the role of moral regulation projects and risk discourses in governance of the self. I argue that responsibilization is the primary technique of contemporary moral regulation projects. My research enhances definitions within the existing governmentality literature, and adds a fuller analysis through an empirical example of how responsibilization works.

I conclude this chapter by considering Rous and Hunt’s (2004) study of the responsibilization of social actors in response to the risks associated with children who have food allergies. Not only do Rous and Hunts propose a valuable definition for responsibilization, but their insights illustrate the ways that risks and responsibility, even when directed at individuals, stimulate a social process. This social process of responsibilization enlists actors at various distances from the risk target to govern themselves and each other. Rous and Hunt’s article becomes a starting point for my own research to assess the responsibilization of non-pregnant actors within discourses of pregnancy. By using pregnancy advice books for men as a window into responsibilization of both target—pregnant women—and peripheral—expectant fathers—subjects, this analysis will account for the social nature of governance and move beyond the restrictive theoretical model of individualized risk and responsibility.
Liberal Governance

In order to expand previous theoretical work on governance, I must first situate this project within the governmentality literature. The governmentality literature (a variant of which is sometimes referred to as governmentality literature) stems directly from the work of Michel Foucault (1979). One of Foucault’s major contributions to social theory is his innovative conceptualization of power. He re-conceptualized power, not as a top down hierarchical flow, but rather, as a network that is dispersed and worked through individual bodies. The idea of power-through rather than power-over the social body is a key insight into how self-governance takes shape.

Foucault’s 1979 essay describes the “problem” of government as dating back to the sixteenth century. The end of feudalism, dissent from Catholicism, and the establishment of vast territorial states with large populations brought new questions about government. The problem of government—that is, questions about how to conduct oneself, how to govern others, and how best to rule—was a focal point of social theorizing from the sixteenth through to the eighteenth century. Foucault chooses to situate his discussion of the problematic of government around one particular text, Machiavelli’s *The Prince*. Of key importance in this book, and the literature following it, is the relationship between The Prince and his people. The Prince is a book about relationships: between the rulers and the ruled, between the state and the economy (the apparatus for ruling the family), the state and morality (invested within the individual as self-government), and the state and politics (techniques of ruling). Questions of government ask *how* rather than *why*. The population becomes the level of primarily interaction between the sovereign and his subjects. The sovereign is charged with
managing the population in a way that will maximize their health and wealth, and by doing so, ensure the economic stability of the state.

Foucault brought to light the art of government. Government is the apparatus of security directed at the population. Foucault’s analysis highlights three key answers to the problematic of government. First, he shows the introduction of administration as foundational to the process of governing. Governance of the population requires specific kinds of knowledge, agencies and tactics which can be applied to large numbers as the population becomes the central target of government. Through centralized administration and tactics the apparatus of the state can reach out into the population and successfully reinforce the Prince’s control over his territory and his people. The problem with vast territories and populations is overcome. Finally, the question of government becomes focused; there is a change in the way we conceive of government and the ways it can become actionable.

Foucault’s studies of governmentality\(^5\) have brought the issues of how we govern and are governed to the forefront of the social sciences and humanities. Government has come to be defined in Foucault’s terms as “conduct of conduct” (quoted in Dean, 1999, 2). For those who follow his line of thinking, governance is about understanding the process of governing, the how of governing—the strategies, technologies and programmes—rather than directly referring to the act of governing or the why of government. The governmentality literature following Foucault is diverse, yet it consistently and characteristically emphasizes the decentralization of power its roots remain tied to the end of feudalism and dissent from Catholicism in the sixteenth

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\(^{5}\) The term governmentality is a term coined by Michel Foucault. The governmentality framework is a literature concerning the strategies, technologies and programs of governance within a Foucauldian tradition.
century. O’Malley and his colleagues propose that, “the most formative general principles underlying governmentality writing has been the rejection of the identification of government with the state, understood as a centralized locus of rule, and the identification of programmes and practices of rule in micro-settings, including those ‘within’ the subject” (501). Power is conceptualized in the form of “political rationalities, governmental programmes, technologies and techniques of government” (O’Malley et al., 1997, 501).

The concept of governmentality successfully bridges historical accounts of political philosophy with empirical studies investigating the workings of social relations. One of the predominant concerns of governmentality studies is the discourses of rule. These discourses and texts articulate historical ideas about how best to govern. One of the theoretical strategies of the governmentality literature is to examine the political rationalities behind ruling texts and discourses and then to link these rationalities with the everyday techniques of rule (O’Malley et al., 1997). The political rationalities behind pregnancy advice books, for example, would include “technologies of the self” (as outlined by Foucault, lecture, 1982), as well as the “duty to be well” (see Greco, 1993). The techniques of rule found within pregnancy advice books include the utilization of risk discourses and responsibilization strategies that I will attend to in my findings chapter.

The concept of governmentality has emerged as a way of discussing the way subjectivities are produced and normalized through the strategies, technologies, and programmes of government.

Governmentality studies attempt to make sense of the development and operation of the ways in which populations are rendered thinkable and

When the concept of governmentality is disengaged from the state, it connects questions of the government of others to the politics of the self (Holmes & Gastaldo, 2002; Hunt, 2003). The politics of the self draws directly on Foucault's work and the idea of power working through the body (see Foucault, 1988). Foucault argued that individuals (subjects) are governed through their bodies. He argued that discipline, as a type of bio-power, “makes individuals” (Foucault, 1984, 188). He further contended that one of the reasons that disciplinary power succeeded was because of normalizing judgment. Discipline, or disciplinary power, refers to the governance of the individual body through techniques, strategies and programmes. Pregnancy advice literature is an example of a technology that attempts to discipline individual pregnant bodies. Pregnancy advice books are examples of discourses used within the “anatomo-politics of the human body” (Foucault, 1984, 262) in this case, the pregnant body. These pregnancy advice books, while marketed at aggregate populations (all pregnant women or all expectant fathers), are instructional, and teach women as well as their partners the techniques required to optimize the individualized pregnant body. Pregnant women and their partners are subject to these disciplines, to the extent that they are held responsible for maximizing the potential (health) of their fetus' body. From a Foucauldian perspective, the governmentality literature “seeks to connect questions of government, politics, and administration to the space of bodies, lives, selves and persons” (Dean, 1999, 12). Governmental technologies normalize subjects and moralize the everyday macro and micro components of their lives (Foucault, 1984).
The Liberal Subject

Governance, as we experience it today, occurs primarily in the form of “advanced liberal rule” rather than authoritarian government. Liberalism, the critique of excess government intervention, highlights the rights of subjects to individual liberties while emphasizing the responsibility of individuals for participating in their own governance. This participation occurs both through democratized political process and the self-regulation of the rational actor. As Foucault theorized, liberal governance occurs in the context of decentralized power and self-regulation. Whereas external coercion and intervention do play a role, the liberal subject largely governs himself/herself through the internalization of social norms. It is the nexus of productive power, both power over and power through.

Nikolas Rose provides three hypotheses which outline the advancement of liberalism over the last two centuries from the perspective of governmentality. Drawing heavily from a Foucauldian foundation, his theses clearly presents the advancement of liberalism. First, the nineteenth century saw disjuncture between the want of morality and order and the need for government to step back to allow both individual liberty and the economy—which guides the family unit—to thrive. Herein lies the friction of liberalism, it responds to a call for less government (the promotion of individual liberty) while utilizing the capacities of the now free subjects to meet governmental goals of regulating the population (socially, politically and morally). In Rose’s proposed first hypothesis of liberalism, the emergence of expert knowledge allowed for a new

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rationality of rule which was based on positive science and technical knowledge that appeared neutral but was nonetheless moral.

Second, the liberalism of the nineteenth century fails to produce the intended political, moral and philosophical consequences that were intended. Liberalism shifts to include what Rose calls a "social" formula. Rulers now govern "in the name of society" (Rose, 1996, 40). Being governed through society meant that individuals were acted on in relation to social norms. Experts were established by formal rule and remained highly important to the new programme of governance. This formal political rule worked to establish the authority of expert and professional designations who then established social norms whereby individuals could be evaluated. The individual subject was changed, too, from one who was "subject to a kind of individualizing moral normativity, the subject of welfare [who] was a subject of needs, attitudes, relationship, a subject who was to be embraced within, and governed through a nexus if collective solidarities and dependencies" (Rose, 1996, 40).

Rose’s third point brings us up to date on liberalism from a governmentality perspective. Critiques of liberal welfare have resulted in many changes made possible by the successful implementation of expert authority over a variety of aspects of social life in response to diverse objectives. Rose calls the success of the expert along with the adoption of individual aspirations for care of the self and self-actualization, “advanced liberal rule” (Rose, 1996, 41). The third shift of liberalism moves away from governing through society to increased governance of the individual by the individual. Subjects are encouraged to take responsibility for their own advancement by exercising
choice and seeking out expert opinions—opinions that promote individual liberty as well as the economy and the moral order.

The family might be conceptualized as the juncture where the economy and the moral order collide. The family, the primary unit regulated by the economy since feudalism, is often the site where discourses of morality take shape. While individual liberty feigns choice for rational actors, norms and moral get shaped within an idealized heteronormative family. The vestiges of family as a key component of moral order and economy stability are particularly clear within the gendered discourses of expert opinion, especially in the self-help genre wherein individuals are asked to take up highly normalized roles.

**Moral Regulation Projects and Risk Discourses**

Moral regulation projects promote norms that maintain social order and the economy. These projects seek to delineate and evaluate everyday life. One of the key contributors to the governmentality literature is Alan Hunt. Hunt makes clear the connection between governance and morality is his definition of moral regulation projects: those, “which involve practices whereby some social agents problematize some aspect of the conduct, values, or culture of others on moral grounds and seek to impose regulation on them” (Hunt, 1999, 1, my emphasis). It is the evaluative and normative dimensions of governance that makes it a moral process. Moral regulation projects, “presume a set of standards or norms of conduct by which actual behaviour can be judged, and which act as a kind of ideal towards which individuals an grounds should strive” (Dean, 1999, 10). Furthermore, according to Mitchell Dean (1999), there
is an assumption that, "human conduct is … something that can be regulated, controlled, shaped and turned to specific ends" (Dean, 1999, 11).

Contemporary moral regulation projects function through proxies such as discourses of risk and harm, rather than explicitly rendering things “moral” or “immoral”. Prior to the advent of advanced liberal governance, everyday life was organized through religious doctrine and the dichotomies of good and evil. The moral dimension was explicit. Contemporary moralization projects forgo the overt language of morality and cede authority to science rather than religion (O'Malley, 2000). The scientific language of risk management and statistical probabilities veils the morality explicit in evaluating and problematizing some aspect of the social world. Even when risk is framed in scientific terms, moral discourses often include vague references to “right”, “wrong” and “responsibility”. Lealle Ruhl (1999) argues that, “risk is fundamentally a way of making the implicit moral content of ‘neutral statistics’ explicit” (99). Through risk talk a moral good is evoked (Ruhl, 1999, 99).

The moral dimension of risk presents itself in two ways. First, the decision to calculate some outcomes and not others is purposeful and should be considered significant. Second, and more importantly, the implicit assumptions of “right” and “wrong”, “good” and “bad” within the articulation of choice and consequences is moralizing (Ruhl, 1999, 98). The morality within these projects occurs within the promotion of the liberal ideal of responsibility for self and “do no harm” utilitarianism. Within an advanced liberal utilitarianism, the maximum good is primarily translated into maximum health of the population (both physical and psychological). Almost all risk discourses in contemporary society can be linked to health. Whether explicit references
to medical conditions such as risk of miscarriage to the risk of poverty which carries implicitly within it a “risk” of diminished health of social body.

Risk discourses contain a two-fold articulation of risk and response. Responses to risk are articulated in the moral terms of responsibility. Discourses of risk necessarily have a subtext of responsibility, which reveals binary moralized responses that denote both (positive) responsible and (negative) irresponsible actions as well as subject positions. Although it is not always clear, especially to those addressed by the discourse, the undercurrents of normative value in risk discourses demonstrate the moral dimensions within the conceptual dynamics.

Risk discourses require moral action, or at least a moralized subject position. The subject position is a discursive construction. The subject position refers to an identity within a social imaginary wherein roles (structural locations and accordance) and behaviours (the personal manifestation of action) are provided in ideal types. In this ideal type, the individual both recognizes the risk and adopts the responsible subject position in relation to it. The relationship between risk and responsibility is such that the articulation of risk, as part of moral regulation, necessitates the production of an idealized response – the articulation of responsibility. The articulation of risk and responsibility is such that within a moral regulation project once risks are “identified” through calculation and articulation, a subject position of responsibility (and necessarily one of irresponsibility) emerges. That is, responsibility is articulated through the creation of an idealized subject position – in the case of pregnancy – the “responsible mother”. Like a vestige to a time when the economic-unit of the family was key, the moral dimensions of responsibilization and contemporary governance often remain housed
within an imagined normative heterosexual family. Gendered in its idealized state this subject position necessarily has behaviour associated with it. The responsible subject cannot be responsible without proper action which maintains social order.

**Individualized Risk and Responsibility**

Nikolas Rose (2001), argues that the promotion of individualized responsibility for health and wellbeing is a key component of advanced liberal governance. Rose’s argument has been echoed by countless theorists whose work illustrates the techniques of advanced liberal governance in a variety of venues. While health is framed increasingly within social and environmental factors, calls for action emphasize individual responsibility for health. Modern discourses and programmes encourage the reconceptualization of health from a right to a duty. The process called responsibilization wherein increasing responsibilities are created for the individual is the foundational challenge of advanced liberal governance (Gavlin, 2000). Idealized subject positions such as the “healthy … citizen” are constructed through risk discourses that promote individualized responsibility for health management. Advanced liberal governance is working when individuals are engaged in the everyday management of their own health and well-being. Discourses of risk serve to promote active participation in programmes of health management. Failure to step up to the responsibility renders the subject “irresponsible” and undeserving of the freedoms that modern liberalism is founded upon (Crawshaw, 2007).

Lealle Ruhl’s (1999) work bridges questions of liberal governance with pregnancy. She discusses the risk talk found within prenatal advice books and places these discourses within the larger context of self-regulation and advanced liberal rule.
She argues, (see Ruhl, 2002a and 2002b) that the social reality of pregnancy is not captured by the individualization model of risk and responsibility. She argues that the individualized model of risk and responsibility is an uneasy fit with pregnancy because women do not control their pregnancies or the social risk factors associated with them, in a way that is recognizable within conceptions of risk, responsibility and the liberal subject. While her critique pinpoints an important oversight in terms of the pregnant liberal subject, she fails to disclose her sampling strategy or method, her empirical analysis is meagre and she fails to illustrate how liberal governance and techniques of responsibilization work, or fail to work, in the case of pregnancy management.

**Responsibilization**

The discourse of contemporary moral regulation projects is primarily centered on risk and harm reduction, but the primary technique used to carry out these projects is responsibilization. In the past, discourses of morality took centre-stage in moral regulation; now risk and responsibility are at the forefront. Responsibilization is the central governing process within advanced liberal societies, and as such is widely theorized in the governmentality literature. Two major deficiencies with regard to responsibilization within this literature are the lack of a clear conceptualization and a narrow focus on the individual in empirical research. Much of the responsibilization work seems to operationalize responsibilization in a highly social way, yet emphasizes the process at an individual level in their analysis.

Governmentality literature has made clear links between an “individualized risk” model—contrasted with the social insurance model of risk—and the individualized

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7 For more discussion of the fallacy of the “willed pregnancy” see Ruhl 2002b.
responsibility subjects feel for their own well-being. While individual responsibility follows from individualized risk, responsibilization—the social process that compels individuals and groups to assume responsibility—is not best explained through an individualized framework. It is clear in both definition and practice that responsibilization is a highly social activity.

Hunt and Rous’ (2004) simple definition of responsibilization may be the most clear. They define responsibilization as, “the social process that imposes specific responsibilities on some category of social agents” (826). Ronen Shamir, whose work focuses on responsibility and the market economy:

    treat[s] responsibilization as a call for action; an interpellation which constructs and assumes a moral agency and certain dispositions to social action that necessarily suitable to partake in the deployment of horizontal authority (2008, 4).

He goes on to conclude that, “while obedience had been the practical master-key of top-down bureaucracies, responsibility is the practical master-key of governance” (4). Other theorists focus more on how responsibilization works, for example Alan Hunt’s (2003) article claims that responsibilization,

    lays down a norm against which individuals … may evaluate their own conduct. But it also opens up the possibility of moralization in so far as others may seek to hold individuals to that standard, regardless of whether they have accepted the responsibility (2003, 183).

One troubling trend in research literature is use of the term responsibilization without attempts at conceptualizing or operationalizing the concept (for example see Ilcan & Basok, 2004). Many theorists within the governmentality literature have suggested that governance, and its associated technique of responsibilization, are both individual and social. Rous and Hunt (2004) argue, “dualism [between the individual and the social] is
at the core of Foucault’s notion of ‘bio-politics’” (827). However, thus far, much of the literature has failed to explicate through empirical research the social nature of responsibilization. By outlining the way that theorists have taken up the idea of the social within discussions of risk and responsibility I hope to bring this argument to the forefront and expand its contributions.

Sean Hier (2008) argues that discourses of risk and responsibilization should be understood as both individualizing and collectivizing. The individual is called upon to take responsibility for themselves only in relation to the collective representations of risk and irresponsibility. Eide and Knight (1999) make a similar argument in their discussion of service journalism. They argue that risk-oriented advice literature encourages the individual to cultivate a future-oriented vision of their own self. Their potential future contains two outcomes: improvement or failure of self. Failure of self is expressed to the reader through culturally emotive signifiers of failure, often in the form of the “irresponsible other” (Eide & Graham, 1999).

The idea of the “irresponsible other” is particularly important to understanding the way that responsibilization works as a social process. In the context of pregnancy, smoking cigarettes is represented as a risk to the fetus. As such, pregnant women are advised not to smoke for the sake of the fetus. Pregnant women who smoke cigarettes become the image of the “irresponsible other” in contrast to the “rational” liberal subject, in this case the altruistic mother that has internalized particular medico-moral discourses of fetal risk management.

In contemporary North American society, all members of society are responsibilized for their own health, and parents, particularly mothers, are
responsibilized for the health of children. While the criminalization of irresponsibility in pregnancy which is constructed around and prosecuted in the name of harm to the fetus, is certainly a reality for some women (namely, poor women and women of colour), for the most part pregnant women self-select medical intervention and engage in health-seeking behaviours. Pregnancy advice books invite the reader to adopt certain idealized subject positions through medico-moral discourses of risk and responsibility. The subject position of the “irresponsible other” identified in relation to the responsible liberal subject who has internalized these particular moral discourses of fetal risk management. Copelton (2003) argues that women are encouraged, through a variety of discourses, including pregnancy advice literature to think of themselves as mothers thus developing the mother-identity throughout pregnancy and in some cases even before conception (37). I argue that a similar process is in effect within pregnancy advice literature for men. Expectant fathers are encouraged to identify with the fatherhood roles presented for them. This identification allows oneself to make a clear distinction between oneself, a symbol of the responsible subject position—even when one is not able to fully live up to this ideal—and the “irresponsible other”. Copelton (2003) explains how this works in pregnancy:

Familiarizing oneself with current pregnancy practices through reading pregnancy advice books, voluntarily adopting these practices by changing one’s lifestyle, and taking up positions in discourses on pregnancy, for example, criticizing women who do not conform to pregnancy practices, are all key strategies through which women demonstrate good mothering and thereby engage in a form of impression management (43).

These practices serve to create a feeling of inclusion for the responsibilizing self, as well as one of exclusion for the “irresponsible” other.
In 2003, Hunt argued that the identification of victims (such as the fetus) serve to legitimate the moral impulse of risk discourses to regulate others (2003, 185). Further, the technical articulation of risk (i.e. statistics) should not be seen as erasing the moral and normative dimensions. Hunt’s conception of moralization refers to “social practices [that] are subjected to scrutiny in moral terms requiring judgments about whether practices are ‘right’ or ‘wrong’” (Hunt, 2003, 171). Moralization is social. It is situated within the context of social life and relationships. Like other writers, Hunt hints at the importance of the social dynamics of moralization and responsibilization, but in his 2003 article he stopped short of explicating this dimension. In fact, Hunt describes a moral or ethical “enterprise of the self” (Hunt, 2003, 172) which would, “avoid any implication that this process involves considering the moral judgment of others” (172). Here it appears that he is contradicting his earlier suggestions and excluding the social context of moralization. However, in his co-authored article with Trevor Rous (2004), Hunt’s exploration of how the social process of responsibilization works reaches fruition. In this paper detailing the regulation of children with food allergies, Hunt and Rous connect the social nature of governance with moral regulation through the suggestion that socialization is regulation. *Governing Peanuts: the regulation of the social bodies of children and the risks of food allergies* (2004) examines the way that a variety of actors associated with schools including parents (of both allergic and non-allergic children), teachers, school officials and children themselves are responsibilized for the management of risks associated with children and food allergies. They point to the precise duality between “rules … that individualize the risks confronting the allergic
child” and “the unmistakably social” forms of intervention, or socialization that occurs when certain social practices are problematized through risk discourses (827).

Hunt and Rous (2004) emphasize the way that “responsibilization” of teachers (and parents of non-allergic children) is problematic because it opens them up to liability. Furthermore, they contend that “the social bodies of allergic children are deeply inscribed with the techniques of governance and regulation because of the unitary nature of the risk culture’s construction of the child’s social self” (Rous and Hunt, 2004, 830). This is also true of pregnant women, who are conceived as burdened by the individualized responsibility for a myriad of risks. These risks range from those pertaining to biological or physiological characteristics of the mother herself, as well as social factors that are beyond her control. Hunt and Rous find that “allergic children are inscribed subjects through whom projects of moral regulation operate to regulate the conduct of the wider category of participants” (831). The allergic child’s body becomes a target through which many actors are responsibilized. Similarly, pregnancy advice books for expectant fathers suggest that pregnant bodies are the venue for responsibilizing more than just the expectant mother. However, while Rous and Hunt (2004) show the ways in which allergic children are then differentiated and isolated through dividing practices the case for pregnant women is somewhat different. While the burden placed on pregnant women for fetal health and pregnancy outcomes is individualizing and most certainly has psychological effects which are isolating, this may not be the most important aspect of the responsibilization process. Pregnant women are both the means through which expectant fathers are responsibilized as well as the subjects of expectant father’s responsibilization. Paternalism may be a more apt term
than isolation. The primary target of attention and discipline is necessarily the pregnant body and its valuable contents.

Rous and Hunt have identified the fundamental ways that responsibilization occurs through social bodies; however, pregnancy continues to evade much of the logic of social analysis through the unique context of the pregnant body. The argument that pregnant bodies fail to conform to conceptions of liberal subjects is an explicit critique offered by Lealle Ruhl (2002a) and supported by feminist critiques of male-centered social analyses. I would argue that there is a danger of throwing the baby out with the bathwater if we fail to see the valuable insights within the governmentality literature simply because pregnant bodies function differently in society. Pregnancy presents a challenge to conventional ways of understanding the liberal subject and the governance of women and their bodies. Pregnancy serves as a case study for challenging liberal assumptions and learning more about how the process of responsibilization works. It is this challenge that is taken up in my research.

**Pregnancy and Governance**

I will conclude this chapter by tracing the emergence of governance and responsibilization as concepts within academic pregnancy literature. In order to fully explore this line of thinking within academic pregnancy literature as a substantive topic, I must divert my attention briefly away from men. Previous literature on pregnancy has focused almost exclusively on women. Those studies that have attempted to speak to men and pregnancy have been unable to situate men as the potential subjects of pregnancy discourses. As such, men have been excluded from discussions of the
governance of pregnancy, except when reference is made to the patriarchal institutions such as medicine or the state.

Women’s individual accountability for pregnancy outcomes and in turn, the emergence of fetal rights has been the predominant way of understanding pregnancy in North American culture since the 1980’s. Feminist research has responded to the individualization of responsibility by highlighting the ways that institutions and the state medicalized and criminalize individual pregnant women. Pregnant women have been conceptualized within social research as either “medicalized” and therefore controlled by institutional forces, or as individual agents who negotiate their pregnancies and can thereby be held solely accountable for them. Pregnancy has been constructed as a “women’s issue” in such a way that the burden of responsibilization on women is reinforced and non-pregnant actors are presented as predominantly coercive. There is a dualism in feminist arguments: either women are held solely responsible for the success of their pregnancies and therefore disadvantaged by the burden of individualized responsibility, or alternatively, when others interfere, through the medicalization or criminalization of pregnant women, autonomy is denied and women no longer have control over their bodies. These two arguments have presented a classic lose-lose situation where women cannot be fully autonomous for fear of being held solely responsible for a process that is never risk free, nor can they abandon responsibility without losing some of the control over their reproduction.

A few writers have begun to examine the ways that women themselves are implicated in the governance of their pregnancies. Using Foucauldian concepts, these writers understand pregnant women’s self-discipline as a reflection of governance
techniques within advanced liberal societies. Women manage their pregnancy through their negotiation of external factors (such as medicine and the law), their own internalization of medico-moral discourses (individualized responsibilization) and their relationships with others. Working within the governance framework and outside it, much of the critical pregnancy literature since the 1990’s has shifted to understanding the way that women negotiate pregnancy and the pervasive cultural discourses that frame their experiences. While not escaping the dilemma between autonomy and responsibility, this approach provides much needed insight into how pregnancy management works in women’s everyday lives.

The use of Foucauldian concepts within pregnancy research has succeeded to varying degrees. The early literature on governance and pregnancy, such as that of Jennifer Terry (1989) employ Foucauldian concepts, yet fail to grapple with the complexity of the governance framework. Terry (1989) employs Foucauldian concepts such as the panopticon to describe modern pregnancy management. Her work emphasizes the way that pregnant women are governed by the surveillance practices implicit in certain medical technologies and the field of epidemiology. She outlines the way that pregnant women are surveilled and governed by the classifications of risk. Terry’s work goes on to critique the concept of choice by claiming that the surveillance and monitoring of women’s pregnancy often happens along racial and economic lines. Her argument is complicated by reviewing legal arguments that explore fetal rights, a pregnant woman’s ability to act rationally (based on historic exclusion of women from personhood), and culpability in cases where damage is sustained by the fetus in utero. Her argument then returns to the Foucauldian concept of biopower. Terry fails to
imagine a pregnant subject outside of institutions such as law and medicine. For Terry, the pregnant subject lacks agency and the Foucauldian ethic of self is ignored. Her emphasis on medical and legal forms of governance results in her failure to acknowledge the dynamics of everyday governance. The pregnant women she describes are not agents, and she does not consider the ways that women themselves are implicated in self-discipline and may reinforce medico-moral discourses of pregnancy.

Other authors have been more persuasive in integrating Foucauldian concepts and identifying the importance of discourse. The discourses of need, risk, choice and responsibility have been identified as salient within contemporary pregnancy texts. The work of Michel Foucault and the post-modern shift has influenced the increasing importance placed on discourse in the social sciences. Pregnancy advice books are a prime example of the type of pregnancy discourse that is pervasive in Canada and the United States. Anne Beaulieu and Abby Lippman (1995) sampled a collection of women’s magazines to examine the way prenatal diagnoses for “older” women were framed. Their research illustrates how text-based methods have been used to explore popular discourses of pregnancy and their implication in the creation of particular subject positions. Beaulieu and Lippman argue that the particular subject position of older women, namely women over 35, has been identified by the medical profession as a “high risk” demographic for complications during pregnancy. As a result, these women’s pregnancies are more prone to biomedical intervention and prenatal testing than the average “younger” woman. Beaulieu and Lippman found that the dominant rhetoric in these magazines emphasized the “need” for biomedical intervention to
determine risk. The idea of choice was coupled with a rhetoric of need. The core of Beaulieu and Lippman’s research is an examination of how certain subject positions, in this case that of older pregnant women, are represented through discursive constructs such as risk, need and choice. Beaulieu and Lippman (1995) successfully identify the ways that popular pregnancy magazines adopt medical discourses and employ rhetorical language frames to represent a particular kind of pregnant subject.

Another example of textual analysis is Shari L. Dworkin and Faye Linda Wachs’ (2004) article about pregnancy fitness. The strength of Dworkin and Wachs’ work is their identification of discourses that produce subject positions. They argue that successful femininity increasingly includes a third shift of pre- and post-partum fitness on top of women’s first shift of paid employment and second shift of housework and childcare⁸. They argue that pregnancy magazines employ discourses of female empowerment to normalize women’s bodily self-surveillance and their responsibility for the third shift. Another critical insight Dworkin and Wachs make is that the pregnancy body is “[both] maternally successful yet aesthetically problematic” (2004, 612).

Both Beaulieu and Lippman (1995) as well as Dworkin and Wachs (2004) connect discourses to idealized subject positions for pregnant women. However, both ignore the agency behind the disciplinary practices (both within the realm of medicine and outside) that pregnant women themselves engage in. They identify the creation of new subjectivities—although not in these words—but fail to explore the process of responsibilization or how governance works through idealized subject positions. Women

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⁸ The first shift is understood in feminist literature as the work women are paid to do outside the home. The second shift, defined by Arlie Russell Hochschild (1989) as the housework, childcare and family maintenance that women working outside the home engage in after or in addition to their paid employment. For more information see Hochschild, A. (2003). The Second Shift. (2nd ed.) New York : Penguin Books, 2003.
are not simply coerced into the discourses of health and medicine but rather actively self-regulate in a productive process that scholars of governance studies recognize as both discursively created and producing new forms of subjectivity.

**Beyond Discourse to Disciplinary Practices**

Critical feminist analysis of pregnancy discourse serves the important purpose of identifying discourses that reinforce medico-moral ideologies pertaining to pregnancy. While many of these authors suggest that the social context of pregnancy is important, they do not look beyond individual responsibilization to the role that non-pregnant actors play in the contemporary governance of pregnancy and they fail to show us how responsibilization works. By exploring the collectivizing impulses of governance we can address the flaws within the individual responsibilization thesis and better explain how governance works for and between individuals in their everyday lives.

Susan Markens, C. H. Browner and Nancy Press’ (1997) analyze the individualizing impulse of responsibilization in contemporary pregnancy discourses. Their work does however situate pregnancy discourses within the social context of women’s lives. These authors leave room for further analysis into the way non-pregnant actors such as expectant fathers are addressed by the discourse and implicated in the governance of pregnancy.

Markens, Browner and Press’ (1997) explore women’s dietary practices during pregnancy and emphasize women’s agency in negotiating medico-moral discourses of maternal responsibility and fetal risk management. Personal interviews allow Markens and her colleagues (1997) to explore women’s negotiation of the discourses they encounter, as well as the role of context in self-regulation. They argue that women’s
dietary self-discipline during pregnancy is influenced by two intersecting social factors. First, women, regardless of pregnancy, are already influenced by discourses of health and body image that influences their acceptance, resistance and negotiation of dietary advice. Second, increasing emphasis on pregnancy as the early period of parental responsibility expands the level of responsibility expected of pregnant women (Markens et al., 1997, 253). Advice regarding prenatal care is presented in the language of responsibility. Participants in this study report feeling responsible for fetal health. Although the concerns of this research lie predominately outside the field of governance studies, these writers successfully capture the dialectical nature of governmentality and the role of responsibility within governance. Markens and her colleagues (1997) argue that the relationship between the woman and the fetus is both symbolic and real. The symbolic and cultural dimension of this relationship is illustrated by the historical diversity of ideas about the nature of this relationship. In light of the social nature of understandings of maternal-fetal relations, it makes sense to concern ourselves with how the relationship between father and fetus is socially constructed, apt to change, and available to contestation.

Harriette Marshall and Anne Woollett’s (2000) comparison of eight UK-based pregnancy advice books allows them to examine how medico-moral discourses inform the cultural repertoires and how women are situated as self-disciplining subjects within discourses which serve to individualize and normalize pregnancy experiences. They examine the use of medicalized and woman-centred repertoires in the construction of pregnancy. Both repertoires emphasize pregnancy as a time of self-discipline. Marshall and Woollett argue that the rhetorical discourses of planning and choice, combined with
the repertoire of “pregnancy as risk”, serve to individualize responsibility. They argue that when pregnancy is constructed through medicalized repertoires such as “pregnancy as risk”, women’s social experiences and responsibility for fetal health are decontextualized and individualized. Marshall and Woollett’s work joins a chorus of writers on pregnancy by criticizing the individual responsibilization of women but failing to present alternative ways of understanding how discursive practices serve to responsibilize women.

**My Critique**

My critique does not refute that women are governed through the medico-moral discourses of pregnancy. Much of the previous literature on governance and pregnancy has assumed that governance happens either at the macro-institutional level through medicalization or criminalization or at the individual level, where people self-regulate as a key condition of advanced liberal citizenship. I conceptualize governance as happening on three levels: individuals are governed institutionally, they govern themselves, and they negotiate governance in interpersonal relationships. Negotiation based governance at the interpersonal level is ignored within the current literature. This negotiation occurs between multiple individuals as they are responsibilized into idealized subject positions. Pregnant women are the obvious targets of pregnancy-related responsibilization, but other subjects, including male partners, are also responsibilized. In the case of pregnancy, like the case of the allergic child, responsibilization happens through the target body but its effects are far more wide spread. If responsibilization is, as Rous and Hunt (2004) define it, “the social process that imposes specific responsibilities on some category of social agents”, the specific
responsibilities within pregnancy management are for fetal health and the social agents involved include the pregnant woman as well as non-pregnant actors such as expectant fathers. The social process is one wherein responsibilities towards the fetus are articulated, behaviour is moralized, and this process is mediated by the pregnant body.

The use of the individualized risk and responsibility thesis in pregnancy discourses has been critiqued by feminist writers, such as Ruhl (1999), for failing to account for the social factors in play during pregnancy. Socio-economic factors such as poverty influence a woman’s ability to obtain prenatal care or to access the nutritious foods that are suggested in pregnancy advice books. Dangerous work environments and spousal abuse fall under the rubric of risk yet are often beyond the control of the individual pregnant woman. The majority of critiques either problematize the individualizing impulses of advanced liberal governance for burdening women with managing risks that are beyond their control, or alternatively point to the social factors influencing pregnancy outcomes without analyzing how pregnant women and others might negotiate the complexity of the social world. Neither approach offers alternative ways of understanding the dynamics of governance, or more importantly provide insights into how the key discourses of risk and responsibility are individualized within advanced liberal governance while importantly the process of responsibilization remains social. The pregnant body necessarily creates complications for imagining the liberal subject. However, because the pregnant woman cannot escape her relationship to the fetus, we are forced to acknowledge the social nature of responsibilization and are granted the opportunity to explore how the process works. My work provides a case study of pregnancy governance with an aim to gain better understanding of how
responsibilization, at the level of discourse, works. Specifically, I will explore the way that particular medico-moral discourses within pregnancy advice books encourage expectant fathers to engage in the social process of pregnancy-related responsibilization thereby illustrating the social process of responsibilization.
Chapter Three: Methods

Research Design

The discourses found in pregnancy advice literature are a fruitful place to examine representations of mothers and fathers in contemporary North American culture. Other textual analyses of parental advice literature have included historical accounts (Arnup, 1994), cross-cultural comparisons (Mitchell & Georges, 2000) and investigations into various advice medium including books, magazines and the internet (C cope, 2003; Marshall and Woollett, 2000; Beaulieu & Lippman, 1995; Dworkin & Wachs, 2004; Sunderland, 2006, Hammond Rashley, 2005).

To explore how male partners are encouraged to participate in pregnancy management, I conduct a textual analysis of pregnancy advice books written for expectant fathers. My work uses both content and critical discourse analysis to expand upon previous studies of pregnancy management and theorize responsibilization. By utilizing a broader theoretical understanding of responsibilization, I provide an analysis of responsibilization within medico-moral discourses and the social venue of contemporary pregnancy.

Sample

Using a non-probabilistic sampling technique, I examine four popular North American pregnancy advice books that address fathers and male partners. I use four criteria to choose my sample. First, each book is addressed primarily to fathers and/or partners. Books that address mothers but have chapters or sections directed at fathers and/or partners are not included in my sample.
My second requirement is that the advice books focus specifically on pregnancy but are general in their scope. I excluded books that emphasized the pre-conception period, the delivery process or early parenthood. While all the books I study do mention these phases, the focal point is pregnancy in general rather than one aspect of pregnancy or parenthood. Books that espouse a particular approach to pregnancy, a pregnancy ideology (such as natural pregnancy or natural childbirth), or focus on particular problems during pregnancy were also excluded.

Third, each book I analyze is required to fall into my conceptual definition of “advice books”. I use the terms “advice book” or “guidebook” to indicate that these are advisory books about pregnancy rather than narratives or stories about pregnancy. Pregnancy advice books are those books that claim expertise in the substantive area of pregnancy and childbirth. They provide the reader with particular visions of “healthy” pregnancies and specific instruction on how to achieve fetal health through pregnancy management. The instruction within these books is often directive and supported through scientific research, medical opinion or experiential expertise. The books in my sample are general reference books that present the lay-reader with specialized information about pregnancy.

Fourth, while the books I considered are advisory rather than narrative, they are all written for a lay audience. Medical textbooks and other books written for health specialists were excluded from my sample. For this cross-sectional study, my purposive sample is chosen based on popularity and accessibility. I limited myself to books that are accessible to the general public in my local area, popular (i.e. widely read), and contemporary.
In order to identify “popular” advice books, I first reviewed several best-seller lists by Amazon, a high-profile bookseller with sales divisions in multiple countries, including Canada. It is safe to assume that books sold in large numbers by Amazon will be popular within the North American marketplace. Amazon produces lists of their top-selling books in a variety of categories, including “parenting and families”. I reviewed this list and then limited it to the subcategory “pregnancy and childbirth – general”. I examined this listing twice in October of 2006. To identify pregnancy advice books targeting men, I reviewed the list of all books within the Amazon “pregnancy and childbirth – general” categories and made note of titles that seemed to address men. The use of Amazon’s bestseller lists to determine the popularity of books is becoming more common, as evidenced by Denise Copelton’s use of this method in her 2003 dissertation.

Next, I gathered information on popular pregnancy advice books for men by going to bookstores in Victoria, British Columbia, Canada. I examined the books on the shelves and spoke informally to bookstore employees about the popularity of certain pregnancy advice books. I visited three local bookstores, two that were independent and one that was a large chain. The staff at one of the independent bookstores directed me to three books that she deemed to be “the most popular”. Staff at the other two stores did not explicitly comment on the popularity of the books but simply advised me to look in the “Pregnancy and Childbirth” section. Through examining the books on the

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9 Beyond Amazon, I was unable to acquire a list of the “best-selling” pregnancy advice books in Canada or North American based on sales figures. I contacted a variety of bookstores about the existence of such a list and was consistently told that I should contact BookNet Canada, a company that compiles statistics for book sales. In correspondence with BookNet Canada via telephone and email, I was told they were not able to disclose this information to the public or to social science researchers. A representative from the Association of Canadian Publishers suggested that I consider Amazon.com as the “broadest source of information” (personal communication, Nicole Fera, October 12, 2006).
shelves of bookstores and collaborating my findings with Amazon’s list, I was able to identify four books that were both popular and accessible in my local area.

Based on previous research into the North American market and reviews of the books found in local bookstores, I sampled two subgenres of books. The first sub-genre of pregnancy advice books for men that I identified was the serious advice book. *The Expectant Father*, by Armin A. Brott and Jennifer Ash (2001), and Glade Curtis and Judith Schuler’s (2004) *Your Pregnancy for the Father-to-Be* (hence forth called *Your Pregnancy*), are the two serious toned advice books that I examined. These books are written in a predominantly serious, advisory tone, in a style akin to the majority of advice books marketed to pregnant women. Naturally, these books do contain sections that employ conversational and humorous tones.


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10 I had originally intended to include a third sub-genre of pregnancy advice books marketed towards non-mainstream lifestyles. I found there to be very few books that fell into this category, and those that did, such as Penny Simkin’s (2001) *The Birth Partner: Everything You Need to Know to Help a Woman Through Childbirth*, tended to focus on one aspect of pregnancy (such as childbirth) rather than pregnancy in general, and therefore did not meet my sampling criteria. As such, my final sample contained two sub-genres of pregnancy advice books, humorous and serious, and did not review any books that were not written explicitly for male partners. I sampled four books corresponding to two subgenres, serious books and humorous books.

11 In Copelton’s (2003) study, which included interviewing 55 pregnant women about their reading of pregnancy advice literature, Curtis and Schuler’s book for pregnant women, *Your Pregnancy Week-by-Week* was the second most commonly read book by the women she interviewed (63).

My goal is not to create a sample of books that is representative of or generalizable to all pregnancy advice books that address male partners. My purposive sampling strategy, rather, allows me to explore some of the claims made within this genre of advice books, situates these books within the context of normative gender relations, and most importantly provides me with a window to broaden the concept of responsibilization. The theoretical aims of my project will be met, not through an exhaustive search of all the claims that are being made in pregnancy advice books for fathers and partners, but rather through exploring the discourses of risk and responsibility in order to supplement existing theories of governance. Although it might have been interesting to have reviewed a representative sample of pregnancy advice books for partners, it was important to utilize a purposive sampling method that ensured that the books I chose would be most amenable to considering discourses of risk and responsibility in my development of a more nuanced approach to responsibilization and governance.

**Analysis**

My research is primarily a qualitative, exploratory project with a quantitative content analysis component. The project focuses on what is being said about the role of

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\(^{12}\) Note that the shortened title *What to Expect* is often used to refer to Heidi Murkoff, Sandee Hathaway, and Arlene Eisenberg’s infamous pregnancy advice books, *What to Expect When You’re Expecting*. When referring to Murkoff at al. I will use the full title to avoid confusion.
partners in managing pregnancy in an effort to understand the dynamics of contemporary pregnancy governance within the larger context of risk, responsibility and medico-moral discourses. To this end, I use both content analysis and critical discourse analysis (CDA).

I use CDA to explore how pregnancy advice books address fathers and partners. CDA allows the researcher to examine not only what is being said, but the way it is presented textually and discursively, while attending to the larger cultural and ideological contexts in which these books are produced, distributed, and consumed (Fairclough, 2003). Because CDA is a method for textual and content analysis, readers’ interpretation can not be measured within the confines of this study.

It is important to acknowledge that the men who read these books are self-selecting. We can assume that individuals who read these books are choosing to consider the advice provided, and likely are identifying with the “responsible parent” subject position by virtue of reading this particular type of medico-moral advice. Ruhl (1999) claims that “women [and men] who seek out pregnancy advice manuals are already predisposed to the rhetoric of responsibility that the risk model offers” (103). She further claims that because readers of these books are self-selected to receive discourses of risk and responsibility through pregnancy advice, “it is not necessarily significant that individual women [and men] follow the strictures laid out in these manuals; what is interesting is the role model these books present to pregnant women” (Ruhl, 1999, 103). Caldas-Coulthard (1996) argues that information literature has “a highly important role in the maintenance of cultural values, since they construct an ‘ideal’ reader who is at the same time both produced and in a sense imprisoned by the
text” (250). Advice literature can be understood as the epitome of cultural maintenance. These books are purchased explicitly for the advice, and as such, the reader can be assumed to be “buying into” the cultural values that the books espouse. If the ideals presented in the book were of no interest to the reader, they would not engage with the book. The very fact that the reader is reading the material in the book points to the reader’s investment in the idealized reader position.

Coding

I used an inductive coding method; my categories of analysis were derived from the texts themselves. I began my preliminary analysis through a simple read of the four books in my sample. In the first reading, I identified and noted any differences between the books. These differences included genres, such as serious advice books compared to humorous advice books, differences in narration and organizational structure. Open coding was used in my preliminary analysis to identify similarities and differences between advice themes, and conceptual labels were given to these themes. Categories and subcategories were created by finding conceptually similar themes. These categories were then used as reference in a second round of axial coding of the books and their themes. Axial coding involved analyzing the sample a second time, paying particular attention to the themes that emerged in the initial open coding. The second round of coding led to some re-evaluation of initial themes as the specific qualities and dimensions of each prevalent theme became clearer. Through detailed analysis, errors in coding were identified and recoding was done to produce clear conceptual categories. Through axial coding categories and subcategories were also contextualized. The conditions under which certain themes—i.e. types of advice—occur
were analyzed. Although my coding scheme was inductive, the final stage of selective coding integrated the categories which were then understood within the context of the clear theoretical background of my overall project (Corbin & Strauss, 1990).

My initial inductive approach to coding included doing quantitative “counts” of themes within my sample. Rather than count the amount of times a particular word or phrase was used, I opted to count the number of times that a theme was referenced independently. For example, a section in *Your Pregnancy* about exercise is as follows: “You may be wondering if it is OK for a pregnant woman to exercise. Many medical experts agree that exercise during pregnancy is safe and beneficial for most pregnant women, if it’s done properly. Exercise can help your partner deal with demands on her energy. It can improve her sleep; the better circulation fostered by exercise is beneficial for her and the baby” (Curtis & Schuler, 2003, 36). Counting the number of times the word “exercise” is used in this passage would be redundant. This paragraph would be considered one reference to exercise. The paragraph was my main unit of analysis. If the next paragraph was discussing exercise but had a significantly different tone or the advice was particularly different then it would be considered another count. For example, in *The Expectant Father’s* one paragraph discussed the benefits of exercise such as “help[ing] her sleep, improve[ing] her self-esteem, and reduc[ing] some of the normal pregnancy-related discomforts.” The following paragraph encourages expectant fathers to “motivate her to get exercise”. While both paragraphs discuss exercise the first is informative and focuses on the health benefits of exercise while the second is directive in that it advises men how to encourage their partner to exercise. On the other hand, if the next paragraph was simply a continuation of the same theme of exercise
and together they created a section on exercise the collection of paragraphs would be considered one reference to exercise. If there was more than one theme within a paragraph, such as exercise and masculinity, both themes would be counted.

My use of CDA placed the thematic content of texts that was discovered through my coding and content analysis, within a larger discursive context (Fairclough, 1999, 2003; Van Dijk, 1993). My second phase of coding, therefore, places the manner in which partners are addressed and advised within a broad cultural context. CDA is a methodology which emphasizes the importance of exposing power relations within texts. My research examined the medico-moral discourses within pregnancy advice books for men and placed them within the gendered context of modern family life and pregnancy. Through my thematic content analysis I described and quantified the types of advice being presenting within the context of gendered power relations.

**Critical Discourse Analysis**

Critical discourse analysis (CDA) is best utilized as a theory-based methodology rather than a process-based method of research. CDA has no agreed-upon methods, however, there are a number of unifying assumptions or principles that guide CDA, including: the use of a hermeneutics, attention to power relations and, attention to the context within which texts are interpreted (Wodak, 2001, 5).

Scholars of critical discourse analysis understand language as a social practice. Explicit in its “critical” disposition, CDA identifies social inequality as it is “expressed, signalled, constituted and legitimized” by language (Wodak, 2001, 2). Like other forms of textual analysis, CDA attempts to elucidate the social processes and structures working within a text. It does so by going beyond the text itself to examine the social
process and structures that create texts and their meanings. CDA begins with the
assumption that “discourse is historically produced and interpreted” (Wodak, 2001, 3),
and therefore examines the production of social historical subjects and the interaction of
subjects with texts.

My use of the CDA methodology is influenced by Norman Fairclough’s semiotic
conceptualizes language in terms its social structure—as a social practice occurring
within orders of discourse and viewing texts as social events. Orders of discourse are
particularly important for Fairclough’s interdiscursive analysis as they define possibilities
and exclude others. Orders of discourse organize the social aspect of discourse and
control the linguistic variation of texts (Fairclough, 2002, 24). In Fairclough’s approach,
texts are recognized as having both material and ideological effects on the social world.
According to Fairclough, ideologies transcend texts and should be analyzed through the
following social practices genres (enactments), discourses (representations), and
styles\(^{13}\) (inculcations) (Fairclough, 2002, 26). Genres and discourses are two key
elements of texts as social practices that I utilize in my analysis. Fairclough describes
genres as different ways of acting or interacting (Fairclough, 2002, 26). Interviews, self-
help advice literature, and corporate memos are all examples of textual genres. My
sample is divided between the humorous and serious genres of pregnancy advice
books for men.

For Fairclough, discourses are the infinite ways of representing the same thing.
Different discourses for example might represent the same area of the world in different
ways. Discourses present are ideological positions or alignments. They are similar to

\(^{13}\) I do not address “styles” in my analysis.
personal opinions but are more widespread. Within each discourse, certain things can be said and alternatives cannot. For example, some pregnancy advice books, such as Brott and Ash’s *The Expectant Father*, treat the participation of doulas as integral to “normal”, “healthy” childbirth. Other books lack any mention of these health care practices in discussions of “normal”, “healthy” childbirth. Both positions are ways of representing the world. The important thing is not one position’s validity over the other, but to realize that various discourses represent the same world differently.

Foucault’s contributions to the concept of discourse have exerted a heavy influence on the foundations of CDA. The issues that Foucault explored that are captured in CDA include: the nature of knowledge (which is valid at certain place at a certain time) and its evolution and transmission; and, its function in constituting subjects and shaping the development of society (Jager, 2001, 33). A Foucauldian textual analysis construes discourse as “techniques to legitimize and ensure government” (Jager, 2001, 34). The analysis of dominant (dominating) discourses must involve revealing their contradictions and the limits of what can and cannot be said (Jager, 2001, 34). Like Fairclough’s orders of discourse, Siegfried Jager (2001) calls these limits “discourse strands”. They serve to “identify what has been ‘said’ and/or what is, was and will be ‘sayable’ at a particular past, present or future point in time” (Jager, 2001, 47).

Ruth Wodak and Ron Scollon recommend triangulation as a way of ensuring the quality of CDA. Wodak’s approach to triangulation is theoretical and context-based. She suggests that there are four different “levels” of perspectives that can be used to evaluate findings and function to reduce the risk of bias. These levels include:
“the immediate language- or text-internal co-text; the intertextual and interdiscursive relations between utterances, texts, genres and discourses; the extralinguistic (social) level which is called the ‘context of situation’ and explained by middle-range theories; the broader socio-political and historical contexts” (Meyer, 2001, 29).

Triangulation is simply the process wherein the researcher examines the data in more than one way. My project looks both at the immediate internal text as well as the larger cultural discourses of which the text is a part.

I employ the analytical concepts of interpretive repertoires and themes in my analysis. Interpretive repertoires may be defined as “habitual lines of argument, made up of particular tropes, metaphors and themes – used to characterize or explain actions and events” (Wetherell and Potter, 1988; quoted in Woollett and Marshall, 2000, 354). The importance of interpretive repertoires is that they make obvious, taken for granted understandings of the social world. They speak to shared assumptions within cultures. Potter (1996) defines these constructs as, “systematically related sets of terms that are often used with stylistic and grammatical coherence and often organized around one or more central metaphors” (1996, 131). For example, the phrase “we’re pregnant” is considered a repertoire because the literal meaning—that both the woman and the man are carrying a child—is not adopted, rather the assumptions implicit in this phrase are that both the female and male expectant parents are invested and involved in prenatal care for the fetus that the woman is carrying in her womb. Interpretive repertoires are a valuable tool for discourse analysis in that they illustrate implicit assumptions thereby emphasizing the complex ways that discourse works to organize and frame our social world. Themes are descriptive rather than interpretive. Where interpretive repertoires
emphasize the taken-for-granted assumptions behind actions, events and discourses, themes simply describe similarities.

**Social Relevance of Pregnancy Advice Books**

Pregnancy advice books for men illustrate a trend in the cultural acknowledgement of men’s potential (and often desire) for being equal partners in parenthood. These books acknowledge, through their very existence and the discourses within them, that paternal involvement in childcare—beginning at the earliest stage, pregnancy—is becoming normalized. In these books the, presumably male, reader is being familiarized with the biological and social process of pregnancy and most importantly, the expectation that men *should* be involved in the everyday governance of pregnancy.

The importance of pregnancy advice books in the contemporary governance of pregnancy is that advice books present medico-moral discourses for popular consumption. Brooks Gardner (1995) states that, “the popular writing on pregnancy neatly sustains its own existence by admonishing women [and increasingly men] to study and learn about pregnancy practices to ensure a healthy child” (32). It is safe to assume that many individuals who read pregnancy advice books will not only consume the discourses within them but also adopt the suggested practices and potentially normalize the medico-moral discourses presented to the reader. Lisa Mitchell (2001) found in her extensive interviews with pregnant women that pregnancy advice books, more so than physicians, “socializ[e] women” to the norms of managed pregnancy (88). They are a cultural reference by which readers can measure and assess their own behaviour and seek assurance. Advice books provide information that supplements
both information from medical practitioners and lay advice from family and friends. Denise Copelton (2003) found that pregnant women were more trusting of the advice found within advice books than they were of suggestions by friends and family. The advice shared by friends and family was perceived to be subjective. Pregnant women felt that advice from family and friends was particular to the person giving the advice and therefore not necessarily generalizable to all pregnancies. Copelton found that women valued printed advice over oral advice unless it was given by a medical practitioner. The women in Copelton’s study often consulted pregnancy advice literature prior to consulting their medical practitioner (148). Mitchell’s research found that pregnant women often found reading pregnancy advice books easier than consulting their obstetrician. Obstetricians were, “overworked and preoccupied … [and] require [an] appointment” (2001, 88). Pregnant woman welcomed both the casual tone and the detailed nature of the advice books.

Health-seeking behaviours often take the initial form of information seeking, wherein individuals gather information from various medium in order to make rationally informed decisions regarding their health in the realms of prevention and treatment (Rose, 2001; Lemke, 2001). In the case of contemporary pregnancy, women and men are encouraged to learn about the fetus and make “healthy” choices based on their knowledge of fetal development and fetal risk. Expectant parents are not only expected to engage with medical institutions, but also to become a consumer of medical advice. The pregnant woman, and as well as her partner, is increasingly, “conceived not as a passive recipient of medical advice, but as an active seeker of information and consumer of … health care services” (Lemke, 2001, 558).
Social scientists have examined the way that advice books function to disseminate information for and about a variety of subjects. While the manifest function of these books is to provide information, they inevitably provide the reader with the tools to “become” certain types of subjects, that is take up certain subject positions. The reader is taught, through the book’s assumptions or explicit discussion how to be a “responsible” subject or alternatively, an “irresponsible” subject. Directions given, and the assumptions made, within the narrative provide guidelines for how to behave and how to adopt a certain subject position.

For Chris Weedom (1987), subject positions are necessarily tied to discourse. Subjectivity changes as new discourses become available. “Discourses”, Weedon argues, “exist both in written and oral forms and in the social practices of everyday life … they require activation through the agency of the individuals whom they constitute and govern, in particular ways, as embodied subjects (1987, 112). Advice books provide invitations for readers to identify with certain types of subject positions. In the case of pregnancy advice books these subjects are situated within normalized ideals of gender and the heterosexual family. These invitations are not coercive, but rather part of a complex process of interpellation. Colin Hay (1995) argues that in a process of identification, empathy and recognition with the narratives in the text, the readers, “become subjects through it, and thus subject to it” (208). Textual strategies of interpellation, which are more subtle than the classic Althussian example of being hailed by a police officer, prompt the reader to insert their own experiences into the narrative. Readers come to recognize themselves as the subjects of the discourse. For example, in pregnancy advice books the direct address of the father acts as an invitation for the
father to identify as having a role in pregnancy. Fathers may not recognize themselves as subjects if they are excluded from the discourse. Hay argues that these, “discursive hailings are retranslated in the practices of everyday life into ideological and material effects” (ibid, 217). The ideological and material effects are not straightforward; individuals actively decode the text in different and creative ways, producing a variety of effects which cannot be accessed through textual analysis alone (ibid, 205).

Sitting at the junction between medical advice, moral advice, and entertainment, pregnancy advice books illustrate the moral parameters of responsible pre-natal parental behaviour by presenting idealized roles for individuals to consume. These roles are highly gendered and constructed within the imagined normative heterosexual middle-class family. Due to their availability and cultural capital, pregnancy advice books are a pertinent site for examining the content of medico-moral discourses and elucidating how advice books produce idealized images of the subjects of contemporary pregnancy. These books go beyond simply giving medical advice; they encourage individuals to actively engage in the responsibilization of others and to govern themselves through the identification with, and rejection of, certain kinds of subjectivities.

By examining pregnancy advice books, I will answer the following questions. What idealized pregnancy roles for fathers and partners are presented in my sample of pregnancy advice books? What does the way that these books are written—the way they address fathers and partners—say about the role of fathers and partners in fetal risk management? Are expectant fathers advised to govern their own behaviour? Are expectant fathers advised to govern the behaviour of their pregnant partners?
Chapter Four: Advice in Context

In this chapter, I examine the key structural features of the sampled books, including narrative style, the imagined reader and textual organization. This chapter is the first of three chapters which outline the findings of my research. I begin this chapter by unpacking the narrative style of my sample of books. Next I explore the relationship between the organization of the advice, the narrative style, and the authority of the advice. Following my discussion of authority within pregnancy advice literature I provide a general orientation to the underlying assumptions prevalent in sampled books. I explore the gendered role of the imagined reader and pay particular attention to the ways that the structure and assumptions of the texts reinforce particular ideas about gender and the family. I highlight the importance of both expert advice and consumer culture in reinforcing individual responsibility for health and life with advanced liberal societies. I also examine the way short, simplistic advice contained in shaded advice boxes maintains gender stereotypes and simplistic ideas about responsibility and irresponsibility. The structural and narrative features of pregnancy advice books for men illustrate the stereotypical gender roles encompassed within the imagined reader.

Following this chapter, I lay out the key themes within findings and suggest the role pregnancy advice has in the responsibilization of expectant fathers.

The Experiencer and the Expert: Authority

In this section I will explore narration style and authority in relation to the perceived reliability of advice. At the most basic level, the names that appear with the title are the individuals who take ownership to what is being said—i.e. the author,
editors, etc. But as Wodak writes, “It is rare for a text to be the work of any one person” (Wodak, 2001, 11). Thus, in addition to a text’s author(s), others such as the publisher and editors are implicated in the textual content as well. In my analysis, I make a distinction between the author of the text and the narrator of the text, while keeping in mind the hidden role of publishing houses and others in the editing and production process.

The narrator is the voice that is present throughout the text. Most narrative voices can be distinguished as masculine or feminine. The “gender” of the narrative voice can be determined through textual cues – such as referring to their own gender, general statements about men or women, references to their spouse, or through explicit introductions of the narrative voice.

In *What to Expect*, the narrative voice is decidedly masculine and plural. Phrases like, “our critics – that is to say, our wives” produce a masculine narrative subject (Hill, 1993, 15). In the Introduction, author Thomas Hill notes, “by the way, I will also be referring to myself as we, because it seems more authoritative” (Hill, 1993, 16). This statement is meant to be humorous, and throughout the book Hill uses the first person plural in a casual conversational tone. Each chapter in *What to Expect* is organized into sections with recurring headings such as “What your wife will be complaining about”, “A couple of things to say to let her know you’re caring, sensitive, and up on the required reading”, “What to buy this month”, and “What your wife may look like”. The bulk of the text in each chapter is under the “What you might be concerned about” section that is presented as a series of questions and answers.

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14 Heterosexual relationships are assumed within my sample. Prevalence of non-heterosexual or non-conventional relationships between pregnant women and their partners is low in these types of advice books especially those that are widely available in local mainstream bookstores.
The Introduction of *Pregnancy Sucks* (2004) begins with the feminine narrative voice of co-author Joanne Kimes. In this chapter she explains that while her and her husband Jeff Kimes wrote this book together, “it [is] written from Jeff’s perspective” (xvii). Jeff and Joanne Kimes are the authors while Jeff Kimes is the narrator. A second Introduction chapter establishes Jeff’s masculine narrative voice which continues throughout the book. *Pregnancy Sucks for Men* is not organized in the same way as the other sampled books. Instead of having reoccurring sections and shaded boxes like the other books, Kimes and Kimes present the majority of their advice in a narrative style. The one repetitive section in *Pregnancy Sucks for Men* is called “They Grow up So Fast … Especially in Utero”; it appears at the beginning of each chapter and describes the development of the fetus in utero. The narrative voice of Jeff Kimes employs a casual tone. For example, at one point, he asks his readers to, “trust me, fellas, when she feels better you’ll feel better, too.” The use of the term “fellas” to refer to the male readers is an example of the use of colloquial language and an informal style to reinforce his introductory statement that he is “not much of a writer”. At the same time, this style of writing presents Kimes as an “everyday” authority on expectant fatherhood. His authority is experiential rather than based on credentials.

In *The Expectant Father*, it is clear that Armin Brott is the narrative voice. The book begins with separate acknowledgements by Jennifer Ash and Armin Brott. Then the introductory chapter begins “when my wife and I got pregnant” and continues with the male narrative until a section called “Who, Exactly, Has Written This Book?” wherein Brott explains his relationship to Jennifer Ash, who is not his partner. The various anecdotes and stories reinforce the masculinity of the book’s narrative voice.
The final advice book in my sample, Curtis and Schuler's *Your Pregnancy* is written in a third person narrative. At times the narrator's voice seems masculine and at other times the pronoun “we” is used to refer to the authors Curtis and Schuler, the former being male and the latter female. This book utilizes a less personal writing style than the others, with fewer anecdotes. The reader is left unsure about the character of the narrator(s). The recurring section, “Memorable Moments from Dr. Dad”, provides occasional anecdotes, which author Glade Curtis “has gathered through his more than 20 years of guiding and assisting expectant couples … as well as the births of his own five children” (2003, x). These stories create a colloquial style while also providing entertainment and reinforcing the experiential authority of the author. Curtis’ authority as a physician utilized while the more personal writing style bridges perceived gaps between the narrator and his readers.

As Copelton (2003) found in her interviews with pregnant women, neither medical background nor personal experience alone was seen as grounds for following advice in all settings. In a culture of expert advice, all authoritative advice—both experiential and specialized—must be carefully weighed in the interest of making rational decisions about one's health.

Both the specialized authority of the stated authors as well as the narrative style of advice books influence the perceived authority of the books. As noted in previous literature (see Copelton, 2003) authors of pregnancy advice books rely on both medical credentials and personal experience to claim expertise on the subject of pregnancy. Glade Curtis and Judith Schuler, authors of *Your Pregnancy*, are a physician certified by the American College of Obstetricians and Gynaecologists, and Master of Science,
respectively. These authors further announce on the front cover of *Your Pregnancy* “by the trusted authors of *Your Pregnancy Week by Week*” and in doing so rely on their experience as authors to legitimate their advice. Armin Brott is described as “a nationally recognized parenting expert” (Brott & Ash, 2001, 272). He and his co-author Jennifer Ash are both writers and parents who claim to “[incorporate] the wisdom of top experts in the field, from obstetricians and birth-class instructors to psychologists and sociologists” (Brott & Ash, 2001, back cover). The lack of medical expertise of this pair of authors likely explains the diligent citing of medical and social research within this book. Author Joanne Kimes and her husband Jeff Kimes wrote *Pregnancy Sucks for Men* (2004) as a follow up to a pregnancy advice book for women (written by Joanne Kimes) entitled *Pregnancy Sucks* which was co-authored by medical doctor Sanford A. Tisherman. Thomas Hill’s noted credentials within his book *What To Expect* (1993) are that he is a “registered father” (1993, front cover). Based on the expertise of this sample of authors it appears that despite reliance on the medical model authors of pregnancy advice books for men, unlike those written for women, do not require any particular training, especially in the case of humorous books.

Each book devotes a passage to “old wives tales” or “myths” as a source of information about pregnancy. This information often includes ways to induce labour or to determine the sex of the baby. *Pregnancy Sucks* (2004) simply outlines the “wives tales” pertaining to inducing labour. *The Expectant Father* calls these sources of information “home remedies” and dismisses the validity of anything other than the medical model. The authors of *Your Pregnancy* devote the largest amount of energy to “debunking myths” through ten shaded boxes entitled “My Mother-In-Law Said”, which
cover the topics of sex of the fetus (3 incidences), character or disposition of the baby (3 incidences), physical characteristics of the baby (2 incidences) and the health and safety of the fetus (2 incidences). In his parody style, Hill, author of *What to Expect* (1993) states that “old wives should never be underrated” and outlines fifteen anecdotes about determining the sex of the fetus.

**The Imagined Reader: Notes, Disclaimers and Diversity**

The first chapters of the sampled books are particularly important because they orient the reader to the narrator’s main goals and assumptions. These chapters establish a relationship between the reader and the text by presenting a set of interpretive repertoires for the reader. These repertoires allow the reader to understand the books through recognizable cultural signifiers and present an imagined reader. The imagined reader is the reader that accepts wholeheartedly the advice and takes up the idealized subject positions. The imagined reader, as a concept suggests the type of subject the reader might be or become and how they as a subject relate to the idealized world presented in the advice.

As the recipient of the help and advice of others, the client becomes an active agent in his or her own subjectification not only in the literal sense, as one who listens, but also as one who must reflect, make decisions and take action, even if only to reject what others recommend (Eide & Knight, 1999, 541).

Analysis of advice literature requires that we recognize that the subject can be interpellated through the very act of reading the text. An analysis of the introductions of each book provides insight into the framing of both the advice and the subject positions.

Introduction chapters reinforce traditional gender roles, the normalcy of the nuclear family, and the medical model of responsible parenting. Brott and Ash of *The
Expectant Father, for example provide “a note on terminology” which serves to orient the reader to the advisory style. In this section, they state, “in an attempt to avoid offending anyone … we’ve decided to refer to the woman who’s carrying the baby as “your partner” (Brott & Ash, 2001, 12). This “note” makes claims to inclusivity and the diversity of relationships between pregnant women and their support networks.

However, throughout the chapters, Brott’s narrative voice consistently refers to his “wife” in his own experience of their pregnancy within a heterosexual marriage. At times throughout the book, he slips into using the language of heterosexual marriage by referring to the reader pregnant partner as “not the same woman you married” (Brott & Ash, 2001, 166). By the final chapters of the book, we see repeated use of the term “wife”. Despite his claims to inclusivity, Brott makes no attempt to include other voices or other experiences of pregnancy, revealing the book’s underlying assumption that imagined reader is a married, heterosexual male.

Copelton critiques her own sample of conventional pregnancy advice books for assuming and reinforcing the nuclear family and excluding both single mothers and lesbian mothers from the texts. She found that almost all books assumed heterosexual marriage as the appropriate family unit for reproduction. I would make a similar assessment of the pregnancy advice books I analyzed. Most of the literature addressing partners’ roles during pregnancy or partners relationships to pregnant women speaks directly about men and overwhelmingly about biological fathers. These books were written for expectant fathers and both the language used and content expressed could not easily be adopted by non-male partners.
*The Expectant Father* includes a disclaimer in the introductory chapter to justify the authors’ referral to “the place where the baby will be born as ‘the hospital’ and to the people attending the birth … as ‘doctors’, ‘nurses’, ‘medical professionals,’ or ‘practitioners’” (12). The authors state that this medical model is “the most frequent scenario” and that the reader can find information on midwives and homebirths in other sections of the book (12). However, the reader might be surprised to find that the sections the authors refer to are both under two pages long. The choice between traditional medical birth attended by a physician and delivery by a midwife may exist, but *The Expectant Father* fails to provide enough information about the latter for their reader to make an informed decision. Interestingly, the section with information on midwives (Brott & Ash, 2001, 20) is shorter (only 26 lines) than the section pertaining to doulas which is 58 lines long (Brott & Ash, 2001, 138). This may be due to the participation of doulas within a hospital setting. Doulas within a hospital continue to reinforce a traditional bio-medical birth approach. It is clear that for better or worse, the advice within *The Expectant Father* lies firmly within a medicalized model of pregnancy and childbirth.

In *Your Pregnancy’s*’ (2003) first note to readers, a shaded section on page vii of their introductory chapter, they claim that they “have chosen not to discuss some of the more serious conditions and problems a [pregnant] woman may experience … most of them are dealt with in our other books” (vii). The authors make reference to their other pregnancy advice books under the “*Your Pregnancy*” trademark. This suggests that pregnancy advice for expectant fathers is an afterthought and that pregnancy advice is primarily for women. It also suggests that advice books for men aim not to teach
expectant father what they might need to know about pregnancy, but rather, to advance a consumer-driven culture of expert advice. Not including the serious aspects of pregnancy in advice books for men reinforces the idea that women alone are ultimately responsible for fetal health and that men’s decisions and lifestyle do not have a significant impact on pregnancy outcomes.

Increasingly, pregnancy advice books are merely one component of a publisher series. Books for expectant fathers are one division of a series, which may include advice for couples trying to conceive a child, advice for pregnant women, and advice on parenting children of different ages. This trend is evident within the *What to Expect When You’re Expecting* trademarked brand which includes books on a variety of pregnancy and parenting subjects including the classic *What to Expect When You’re Expecting* as well as *What to Expect the First Year, What to Expect the Toddler Years, Eating Well When You’re Expecting, The What to Expect Babysitters Handbook* as well as a series of children’s book with similarly themed titles. In her study of online parenting websites, Hammond Rashley argues that parenting discourses “rooted in existing concepts of culture and … shaped by [there] increasing commercialization” (2005, 84), this is true also of conventional, woman-centred pregnancy advice literature as well as the new genre of advice books for expectant fathers.

Of traditional pregnancy advice books for pregnant women, Copelton (2003) claims that “packaging a specific chapter for fathers, though intended to be read as one part of the entire book, may in fact encourage fathers to read only “their” chapter and may heighten, rather than lessen, the view that pregnancy is really a woman’s issue” (2003, 81). Copelton cites Helen Damon-Moore’s observation that separate books or
separate chapters for men and women further differentiate parenting roles “that can be packaged and sold separately” (Damon-Moore, 1994, 5 cited in Copelton, 2003, 81). What Copelton fails to emphasize is the consumer nature of advice books. Advanced liberal responsibility requires that individuals seek out expert advice. Engaging with expert advice is vital to being a responsible liberal subject. The expansion of the self-help genre and the diversity of ideas and subjects within this genre have provided an ever-increasing pool of expert advice for individuals to choose from. Being a responsible liberal subject means making yourself aware of the diverse opinions of experts before making decisions about your health and your life. Whereas public health information is free, self-help style advice books are big business. Pregnancy advice books for expectant fathers that I examined retail between $12.95 and $19.95 Canadian. Pregnancy advice books for women can be purchased for similar prices. The financial cost of learning how to manage a pregnancy responsibly is high.

**Shaded Boxes**

The organization of the books in my sample allows for repetition and simplistic messages. Simple introductions, bold type, and shaded advice boxes allow readers to skim content easily. Both serious books in my sample include introduction sections to each chapter and shaded boxes with specific suggestions that can be easily read without delving into content-filled paragraphs. The shaded boxes highlight simple advice in the form of tips and notes that are repeated in the body of the chapter. *Your Pregnancy* includes both generic advice boxes (with or without titles) as well as specific thematic boxes. This section will outline the extensive shaded boxes within *Your Pregnancy* and make comparisons to *The Expectant Father* in order to illustrate the way
that brief simplistic advice might reinforce conventional ideas about gender and the family.

The generic shaded boxes in *Your Pregnancy* focus primarily on the subjects of money, knowledge, preparation and health. The shaded boxes contain primarily medical advice, but also include legal and financial advice. Often the advice is based on scientific research or expert opinion. Shaded sections usually begin with a statement outlining scientific research within the discourse of risk and consequence, and then draw an advisory conclusion. Only 5 out of the 56 shaded boxes in provided advice that had a social or relational context. Within Brott and Ash’s (2001) *The Expectant Father*, nearly 1 in 3, or 20 out of 64 had a relational or social context. Advice with a relational or social context were those topics which discussed the relationship between a man and his pregnant partner. Other types of advice were those that simply directed expectant fathers to take some action not directly linked to his pregnant partner, or which simply provided “fact” about pregnancy.

*Your Pregnancy* focused on fetal health through suggestions regarding women’s behaviours or prenatal care. In the first half of the book, most of the advice described what a pregnant woman should do, often using the plural pronoun “you” when referring to the expectant couple, such as “your pregnancy doctor” (10), or “your social insurance numbers” (Curtis & Schuler, 2003, 162). Other inclusive terms such as help, encourage or support served to discursively include the male reader in pregnancy management. Later in the book, primarily in the chapters about money and finances, advice was more concretely directed at expectant fathers who were advised to take direct action in terms of their family’s finances and safety. For example, the authors of *Your Pregnancy* state,
“if something happens to you, you want to be assured your child will be provided for and financially taken care of” (2003, 144) It is within the shaded boxes that we see a stereotypical masculinity being reinforced through the attention to the male reader’s role as a financial provider and manager, and a protector of women and fetuses through knowledge of fetal risk and safety.

The idea of the planned or willed pregnancy is implicit in two out of eight of the anecdotes in the shaded “Memorable Moments from Dr. Dad” (MMFDD) section within *Your Pregnancy* (Curtis & Schuler, 2003). The assumption in the current discourse is that responsible women necessarily want to control their reproduction. Those who do not choose to use medical science as a method of controlling their reproduction are deemed irresponsible. The idea that family planning is ideal and that pregnancy can be biologically controlled allows for the proliferation of reproductive technologies. This technology allows individuals and couples a sense that they are in control of the process. Furthermore, when reproduction doesn’t occur according to the “natural” plans couples have prepared for, reproductive technologies allow them to continue to feel in control of their choices. Reproductive technologies and bio-medical intervention allow the modern reproductive subject to be interpellated into a subject position of responsibility for their reproductive success or failure.

Technology is a theme in 3 of the 8 “Memorable Moments”. The MMFDD anecdotes promote the idea that medical intervention in the form of fertility treatments or other diagnoses are a particular way that individuals and couples can plan for reproductive success. Rather than questioning the ideal of parenthood as the primary goal for adults (married, heterosexual adults), these stories portray couples that take
responsibility for their reproductive potential by seeking expert advice. Each of these eight inspiring stories ends in reproductive success; the birth of a healthy baby. This section fails to offer alternatives to an idealized heteronormative, medical-model pregnancy. The product of a successful pregnancy is always a “healthy” baby. The definition of health is never fully explicated and therefore limited to hegemonic representations of what constitutes success and healthfulness.

Within the MMFDD anecdotes, heterosexual marriage is reinforced (Curtis & Schuler, 2003, 68) and expert advice is presented as crucial for demonstrating parental responsibility. Gender stereotypes are reinforced through various “role model” scenarios. Men are repeatedly presented as either “bored” by pregnancy or ignorant about the process, illustrated by the story of a husband who brings “sexy, lacy negligee” to the hospital for his wife to wear during childbirth. These anecdotes create a sense of inclusion for readers through success stories of men being taught about pregnancy and taking up the role of responsible expectant father with the help of expert advice. Unlike women, men are portrayed within Your Pregnancy as lacking the fundamental instinct for parenthood. Being involved in pregnancy, however, is a way for fathers to gain “a better appreciation of what is required of a parent” (85), to become someone who “helps” plan meals and does “some of the cooking” while his wife is pregnant (85), and enjoys the pregnancy through the reassurance of expert advice. In the end, “Dr. Dad” has presented a series of stories which reinforce traditional common-sense understandings of men’s (and women’s) role in pregnancy and parenthood.
Chapter Five: Humorous Advice

In this chapter, I explore the role of humour in pregnancy advice for men. I give a brief overview of sociological theories of humour. I assess the functions of humorous pregnancy advice books for men, and compare these books to serious advisory books. Based on my analysis I argue that humorous advice books function differently from serious books in a number of key ways: they rely upon exaggerated gendered stereotypes for entertainment purposes, they assume that men are peripheral to pregnancy and as such do not present themselves as essential or important reading; and, they offer different advice. I conclude this chapter by examining the ways that advice is presented within humorous pregnancy books and suggest that one characteristic feature of these books are consistent undermining of their own information. This quality is why some of my analysis in the following chapter does not include humorous books.

Theories of Humour

Sociological theories of humour investigate the role of humour in social interaction and attempt to explain the social functions of humour (rather than give explanations of why we laugh). Social relations can be established, maintained, or criticized through the language of humour. Examining the function of humorous pregnancy advice books for men illuminates the purposes of these books, the way they function differently than their serious counterparts, as well as their underlying assumptions about the relationships between men and their pregnant partners.
Mulder and Nijholt (2002) identify three main theories of humour: maintenance, negotiation and frame theories. Maintenance theories apply a structural-functionalist lens to jokes. These theories emphasize the maintenance of social roles and stratification within society. Jokes and humorous discourse serve to strengthen relationships within groups and to differentiate between groups. Negotiation theories explain the role of humour and laughter as a social event. Jokes can only be defined as funny in relation to the context in which they are told and heard. In order for humour to serve its function (to exist as humour) it must be defined as humorous by the actors involved. On this view, humour does not exist unto itself but rather is a social construction that is always contextual. Frame theories of humour are best aligned with conflict theories within basic sociological theory. According to frame theories, it is through humour that individuals are able to present criticism of normative discourses. Within a humorous, rather than serious frame, individuals can criticize the status quo or break taboos without serious consequences, such as statements which present women as sex objects that might in other circumstances be considered gender-based discrimination. Humour thus functions to broach subjects that might otherwise be avoided. Again, frame theories, like the negotiation theory, rely on a certain level of consensus for a joke to be accepted as humorous rather than inappropriate (Mulder & Nijholt, 2002. 7).

Mulkay (1988) describes humour directed at individuals as “a device for reformulating others’ speech and action and thereby proposing an alternative reality, without seriously doing so” (quoted in Attardo, 1994, 321). This type of humour is
directed at individuals and their social location and usually involves exaggeration of a normal object or event. This type of humour often serves to reinforce stereotypes.

**Camaraderie**

In my analysis of both sub-genres of advice books I found that humorous books did, in fact, provide much of the same advice that the conventional books did. Likewise, conventional books sometimes evoked humour within their format of serious advice and in doing so were utilizing the benefits of humour. In general, the humorous tone serves to establish camaraderie between the narrator and the reader.

From a maintenance theory perspective, discourses of gender difference establish and strengthen the reader-writer relationship. It reassures the reader and invites him into the fold of fatherhood. Meanwhile, humor may also serve to differentiate between the two groups: fathers and mothers. Many of the jokes contained within the books rely on contemporary cultural assumptions about men, women and their relationships. For example, when the author of *What to Expect* begins a statement with the phrase, “if listening to your wife is difficult ...” (1993, 21), it is humorous only if readers are familiar with stereotypical notions about nagging wives or inattentive husbands. Through pointing out the differences between men and women, the male reader’s relationship to fathers as a group is strengthened and the difference between men and women is exaggerated.

From the perspective of frame theories, much of the advice in *What to Expect* proposes ideas which are taboo and outside of contemporary conventions about marriage and gender equality. This may be in part, a consequence of this book being nearly 10 years older than the others in my sample. While some readers may take
genuine offence to his non-politically correct approach to humour, others may find his writing humorous because it proposes opinions which are deemed culturally inappropriate or taboo. For example, the authors of *What to Expect* advise their readers to ward off the sexual advances of their pregnant partners by “hint[ing] at the unattractiveness of the beached whale look.” The authors even label one section “What Your Wife Will Be Constantly Complaining About.”

*Pregnancy Sucks* devotes an entire section to “How to Live with a Woman With Mood Swings”, most of which reinforces traditional notions of the irrational pregnant woman. For example, the narrator shares the following anecdote about his own pregnant partner: “her mood swing pendulum swung so hard that it got stuck and remained permanently locked in the ‘bitch’ position” (25). The narrator also adds that “your wife is like one big bloated bonfire waiting for you to douse her with fuel... drink heavily” (2004, 26).

**Pregnancy, Parody and the Peripheral Male**

As Mulkay (1988) describes, jokes proposes an alternative reality – that men are the central actors in pregnancy. The information contained within humorous advice serves to establish men as spectators in pregnancy. When expectant fathers are presented as central to the process of pregnancy *in an exaggerated way*, it actually reinforces the idea that they are peripheral to pregnancy. For example, *What to Expect* suggests that “pregnancy can be just as challenging, rewarding, and involving for a woman as it is for a man” (1993, 20) and further, that “we [the authors] feel strongly that a man shouldn’t get pregnant on his own. Call us old fashioned” (1993, 20).
The cover of *What to Expect* (1993) contains a red banner stating that the book is a “parody”. Certainly, the title alludes to the best-selling pregnancy guidebook for women, *What to Expect When You’re Expecting*. While the other humorous book, *Pregnancy Sucks*, does not make specific reference to parody, its introduction refers to both its humorous character and to the existence of more conventional pregnancy advice books. *Pregnancy Sucks* also illustrates the fact that humorous advice books do not espouse to be important—and also reinforce the stereotype of the peripheral father. For example, in referring to what men will learn from pregnancy advice books, the authors say: “if you still can’t manage to read this book, just stick a porn magazine inside of it and pretend to” (2004, xx).

Within the humorous books, references are made to more conventional pregnancy advice books that pregnant women may be reading; it is assumed that the pregnant woman is getting her serious advice from other books. Unlike their serious counterparts, the humorous books do not assume that expectant fathers will be providing insight to their pregnant partners about fetal risk. In Hill’s *What to Expect*, the author references “the real *What to Expect When You’re Expecting*” (my emphasis) as something an expectant couple should buy. Repeatedly, the authors of *Pregnancy Sucks* (2003) assume that pregnant women have already given up “indulgences” and changed their lifestyle because of pregnancy. For example, in Chapter Three, the authors list characteristics of pregnant women including “she doesn’t drink” and “she doesn’t smoke” (Kimes & Kimes, 2003, 75). They go on to further describe the way that pregnant women will control their pregnancies and the social environments including
second-hand smoke. It is made clear that humorous advice books for expectant fathers are assumed to be more entertainment than advice.

The authors of the serious books, on the other hand, presented the information they were providing as an important resource for expectant couples. Most of the books (all but Pregnancy Sucks) insisted that there was something missing from the advice literature; that is, “the other side of the story” (Hill, 1993, 16) and “the male point of view” (Curtis & Schuler, 2003, ix). The cover of What to Expect claims that this books is “a guide for the Father-to-be, Whether He Wants Advice or Not”. Throughout, the underlying assumption is that men may want to read humorous books on pregnancy but not serious advisory books. The repeated section entitled “A Couple of Things to Say to Let her [your pregnant partner] Know You’re Caring, Sensitive, and Up on the Required Reading” provides the reader with simple, “interesting and relevant facts” about pregnancy. This section is an example of the way the humorous books undermine serious advice in favour of entertainment.

Humorous pregnancy advice books suggest, not only that expectant fathers are peripheral to pregnancy management but also that they are not interested in taking a central role in fetal risk management. The authors of Pregnancy Sucks (who are a married couple) describe how, as an expectant father, Jeff Kimes “had committed the worst offence a man living with a pregnant wife can do: … [he] didn’t read a pregnancy book” (xix). Humorous advice books for men reinforce the idea that advice literature is highly valued by women but not valued by, nor written for, men. For example, the narrator, Jeff Kimes states, “I’m willing to make a bet that you didn’t buy this book for
yourself” (Kimes & Kimes, 2004, 33). This statement reinforces that men are uninterested in learning about pregnancy or reading advice books.

**Undermining Advice**

The humorous books do contain content which might be called “advice”. In the first chapter of *Pregnancy Sucks*, the authors discuss what they call “Your “Yes-Yes” List”. The “Yes-Yes” list is titled in reference to the pregnant woman’s “No-No” list of “indulgences” she is expected to give up during pregnancy (Kimes & Kimes, 2004, 28). This list is presented by the authors as one that “must be strictly adhered to in order for your wife to give birth to a healthy kid” (28). The activities on the “Yes-Yes” list are active and directive. They include a variety of “serious” activities from changing the cat litter to doing chores that require a ladder. These suggestions give identical advice to that found in the two serious books in my sample. This list, however, is followed up by a humorous conclusion which states “remember, unlike your wife, you can do most of the things on your list drunk” (29). This section illustrates the fluidity of discourses. While presenting the “Yes-Yes” list as a parody, the authors of *Pregnancy Sucks* provide the same advice as serious advice books. Meanwhile the authors reinforce stereotypical notions of masculinity and undermine the legitimacy of their own advice.

The discussion of exercise in the humorous book *Pregnancy Sucks* (2003) is much like the advice given in serious advice books. The author does, however, end a paragraph on the health benefits of exercise by saying that exercise will “allow her to get back into her pre-pregnancy jeans faster” and then the after-remark of “[it] may not help out with her pregnancy, it certainly doesn’t hurt” (Kimes & Kimes, 2003, 93). The
joke reinforces the idea that the purpose of women’s bodies is aesthetic rather than functional. After this joke, however, the author continues to describe different exercises pregnant women are able to do and others they should avoid, just as the serious advice books do.

Lifestyle is one of the major areas of discussion within all pregnancy advice books. *What to Expect* includes a large section devoted to lifestyle in which he alludes to the special dietary needs of pregnant women by evoking the expectant fathers’ special dietary needs. The author describes caffeine as a “need” and sugar as “vital” (1993, 34). He describes the expectant father’s food consumption as a masculine activity. Repeatedly, they author advises the reader to eat because *he* can. He uses a masculine discourse to describe a man’s ability to eat, in contrast to a pregnant woman’s “condition” as pregnant. For example, the author says of eating food that might provoke indigestion, “your [stomach] can take it. Prove it to her” (1993, 33). He goes on to say that “heavily spiced foods are exclusively the male province” (1993, 33). Through his parody the reader can infer what a conventional advice book might advise.

**After the Laughs, What Should Fathers Do?**

Humorous advice books assume that pregnant women and others have expectations of how expectant fathers should behave during pregnancy. One assumption is that an expectant father’s life will change when his partner becomes pregnant. The author of *Pregnancy Sucks* (2004) recounts a list of “Rules of Pregnancy” suggesting that doing these things will keep the peace in the expectant couple’s household. These rules include a suggestion to “abstain from the same things that your wife has to abstain from … of course, as soon as she’s out of the room or you’re out of
the house, all bets are off” (95). Similar to the serious genre of books, men are asked to change their behaviour only so much as it influences women’s continued compliance with ideals of maternal responsibility. The major difference between the two sub-genres is the consistent undermining of advice. The humorous books utilize two tactics in undermining their advice. First the authors denigrate their advice by presenting their books as parody, presenting men as peripheral, and stating that “real” advice can be found elsewhere. Second, when advice that is similar to that found in serious books is presented it is almost always followed up by humorous statements which serve to undercut the advice. The advice given in my sample of humorous books is not the opposite of that within the serious books, but rather emphasizes different discourses and assumptions. *Pregnancy Sucks* provides similar advice as the serious books on some topics (for example, regarding how to combat morning sickness). However, it falls back on exaggerated gender stereotypes in order to remain humorous.

Much of the “advice” within the humorous books is clearly ironic. Treating the humorous advice books within my sample as discursive equals to the serious sub-genre would overlook the different assumptions and functions between the groups. My content analysis revealed that sex\(^{15}\) and hormones\(^{16}\) were overrepresented themes in the humorous sub-genre. Had I endeavoured to provide in-depth analysis of the themes within the humorous books alongside the serious books my results may have been skewed.

\(^{15}\) Sex made up over 20% of the total content in both of the humorous books and less than 5% in the serious books.

\(^{16}\) Similar to the theme of sex, hormones were a meagre 3% in both serious books while making up over 10% of the total content in the humorous books.
Chapter Six: What to Do and How to Think

In this chapter, I provide a descriptive analysis and discussion of my findings. This chapter presents a case study of what discourses are involved in responsibilizing the expectant father. I begin with a thematic analysis of my sample of four pregnancy advice books. Then I undertake a comprehensive analysis of the key themes. I outline the five major themes identified in the advice books and their conceptual importance to the medico-moral project of contemporary pregnancy management. I examine these themes and associated repertoires in terms of their role in discourses of gender, responsibilization and pregnancy governance.

Findings: A Note on Thematic Coding and Interpretive Repertoires

My detailed analysis resulted in twenty themes, from which I distilled five major themes: Expectations, Men and Women, Sex, Health and Fetal Risk, and Money. These major themes are, in turn, linked to interpretive repertoires. After completing these steps, I reviewed my original notes on the serious-toned advice books to ensure that these key themes continued to describe the content of the books. My thematic analysis includes conceptual themes rather than advice based themes. Through the examination of repertoires, I explicate the key discursive themes within pregnancy advice books for men. I identify the ways that discourse orders and organizes the responsibilities that expectant fathers are invited to take up and those he imposes on others. I have included two tables, which illustrate the distribution of themes across books, and across sub-genres (the first two books are serious and the third and fourth are humorous). Table 1 shows the original twenty themes for each of the sampled books. Table 2
shows the five major themes by sub-genre as well as by book. I have included totals for both the humorous and serious sub-genres in this table. Both tables show counts in the first column and percent of total counts in the second column. The percentages are presented as a way of comparing the frequency of various themes within the books. The counts serve to show the diversity of topics, or lack thereof, within the various books.
<table>
<thead>
<tr>
<th>Major Themes</th>
<th>Original Themes</th>
<th>The Expectant Father</th>
<th>Your Pregnancy</th>
<th>Pregnancy Sucks</th>
<th>What to Expect</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expectations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roles</td>
<td>15</td>
<td>7.2%</td>
<td>33</td>
<td>12.4%</td>
<td>10</td>
</tr>
<tr>
<td>Pregnancy as Work</td>
<td>7</td>
<td>3.4%</td>
<td>3</td>
<td>1.1%</td>
<td>8</td>
</tr>
<tr>
<td>Joys of Pregnancy</td>
<td>4</td>
<td>1.9%</td>
<td>7</td>
<td>2.6%</td>
<td>1</td>
</tr>
<tr>
<td>Support</td>
<td>31</td>
<td>14.9%</td>
<td>66</td>
<td>24.8%</td>
<td>9</td>
</tr>
<tr>
<td>Jealousy</td>
<td>8</td>
<td>3.8%</td>
<td>0</td>
<td>--</td>
<td>11</td>
</tr>
<tr>
<td>“We’re Pregnant”</td>
<td>6</td>
<td>2.9%</td>
<td>1</td>
<td>0.4%</td>
<td>0</td>
</tr>
<tr>
<td>Becoming a Family</td>
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<td>0.5%</td>
<td>12</td>
<td>4.5%</td>
<td>0</td>
</tr>
<tr>
<td>Staying Involved</td>
<td>14</td>
<td>6.7%</td>
<td>20</td>
<td>7.5%</td>
<td>0</td>
</tr>
<tr>
<td><strong>Gender Difference</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women’s Power</td>
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<td>0.5%</td>
<td>2</td>
<td>0.8%</td>
<td>11</td>
</tr>
<tr>
<td>Instinct</td>
<td>11</td>
<td>5.3%</td>
<td>3</td>
<td>1.1%</td>
<td>9</td>
</tr>
<tr>
<td>Gender Difference</td>
<td>35</td>
<td>16.8%</td>
<td>9</td>
<td>3.4%</td>
<td>53</td>
</tr>
<tr>
<td>Hormonal Women</td>
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<td>2.9%</td>
<td>8</td>
<td>3.0%</td>
<td>29</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>9</td>
<td>4.3%</td>
<td>12</td>
<td>4.5%</td>
<td>63</td>
</tr>
<tr>
<td><strong>Health and Fetal Risk Management</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicine</td>
<td>21</td>
<td>10.1%</td>
<td>20</td>
<td>7.5%</td>
<td>6</td>
</tr>
<tr>
<td>Health and Fetal Risk</td>
<td>8</td>
<td>3.8%</td>
<td>33</td>
<td>12.4%</td>
<td>6</td>
</tr>
<tr>
<td>Risk and Safety</td>
<td>22</td>
<td>10.6%</td>
<td>27</td>
<td>10.2%</td>
<td>7</td>
</tr>
<tr>
<td><strong>Money</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finances and Money</td>
<td>8</td>
<td>3.8%</td>
<td>7</td>
<td>2.6%</td>
<td>9</td>
</tr>
<tr>
<td>Consumerism</td>
<td>1</td>
<td>0.5%</td>
<td>3</td>
<td>1.1%</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total Count</strong></td>
<td>208</td>
<td>100.0%</td>
<td>266</td>
<td>100.0%</td>
<td>238</td>
</tr>
</tbody>
</table>
Table 2: Five Major Themes

<table>
<thead>
<tr>
<th>Serious Advice Books</th>
<th>Expectant Father</th>
<th>Your Pregnancy</th>
<th>Total Serious</th>
<th>Percent Serious</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Expectations</td>
<td>86</td>
<td>142</td>
<td>228</td>
<td>48.1%</td>
</tr>
<tr>
<td>#2 Men and Women</td>
<td>53</td>
<td>22</td>
<td>75</td>
<td>15.8%</td>
</tr>
<tr>
<td>#3 Sex</td>
<td>9</td>
<td>12</td>
<td>21</td>
<td>4.4%</td>
</tr>
<tr>
<td>#4 Health and Fetal Risk</td>
<td>51</td>
<td>80</td>
<td>131</td>
<td>27.6%</td>
</tr>
<tr>
<td>#5 Money</td>
<td>9</td>
<td>10</td>
<td>19</td>
<td>4.0%</td>
</tr>
<tr>
<td>Total Count</td>
<td>208</td>
<td>266</td>
<td>474</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Humorous Books</th>
<th>Pregnancy Sucks</th>
<th>What to Expect</th>
<th>Total Humorous</th>
<th>Percent Humorous</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Expectations</td>
<td>39</td>
<td>33</td>
<td>72</td>
<td>21.4%</td>
</tr>
<tr>
<td>#2 Men and Women</td>
<td>102</td>
<td>23</td>
<td>125</td>
<td>37.1%</td>
</tr>
<tr>
<td>#3 Sex</td>
<td>63</td>
<td>21</td>
<td>84</td>
<td>24.9%</td>
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<tr>
<td>#4 Health and Fetal Risk</td>
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<td>6.5%</td>
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<td>#5 Money</td>
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<td>19</td>
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<tr>
<td>Total Count</td>
<td>238</td>
<td>99</td>
<td>337</td>
<td></td>
</tr>
</tbody>
</table>
The five major themes relate to repertoires found within my sample of advice books. Within the *expectations* theme, “supporting your pregnant partner”, “staying involved”, and “we’re pregnant” emerge as important repertoires within the construction of the idealized paternal role. Key repertoires within the *gender difference* include: “the hormonal pregnant woman” and “instinct”. Masculinity and femininity as constructs might also be understood as repertoires. Within the *health and fetal risk*, the repertoires of “risk”, “prenatal testing”, and “health(y)” are imbued with scientific authority. The *money and finances* theme infuses the repertoires of “providing”, “protecting”, “securing”, and “taking care” with a large dose of masculinity in constructing the financial responsibilities of expectant fathers.

**Theme 1: The Expectation of Responsibility**

The most pervasive theme within my sample of pregnancy advice books for men was *expectation of responsibility* (or *expectations*). Advice books are guides to expectations. The genre of pregnancy advice books in particular teaches expectant fathers what is expected of them. This theme addresses what an expectant father *should* be or *should* do. Expectations are relational but not necessarily based on stereotypical ideals of the “natural” way men and women behave (in my analysis stereotypical ideals are covered in the second major theme—*gender difference*). The theme of *expectation of responsibility* includes explicit advice about roles and responsibilities that include both the emotional aspects of fatherhood and behavioural aspects (such as lifestyle). The *expectation of responsibility theme* made up nearly half
of all content within the serious advice books. This theme captured less content in the
humorous sub-sample: only mentioned 21 times.

In this section, I will outline the main sub-themes and repertoires that I coded as
expectation of responsibility. I will then compare Your Pregnancy’s (2003) use of the
repertoire “support” with The Expectant Father’s (2001) repertoire “staying involved” to
illustrate the way that discourses centralize particular roles and relationships. “Support”
entails an indirect form of pregnancy management that emphasizes the relationship
between the man and the pregnant woman, whereas the repertoire of “staying involved”
evokes the process of becoming the ideal father, which is more clearly directed at the
paternal-fetal relationship. Less prevalent sub-themes within this theme include: the
idea of becoming a family\textsuperscript{17}, jealousy\textsuperscript{18}, the joys of pregnancy\textsuperscript{19} and the work of
pregnancy\textsuperscript{20}.

Responsibility is central to the expectations theme. Responsibility includes both
the emotional work of fatherhood and the direct behavioural management advised in the
lifestyle sections. Interestingly, this behaviour management was directed at both men
themselves and their pregnant partners. The role of expectant fathers includes not just
behavioural roles but the specific expectations of an idealized father identity, as well as
the broad responsibilities of supporting your pregnant partner and being involved in
parenthood.

\textsuperscript{17} This theme was only prevalent in Curtis and Schuler (2003).
\textsuperscript{18} Brott and Ash (2001) addressed the theme of jealousy both directly and indirectly through the repertoire
of male partners feeling “left out”. Jealousy was a theme within both humorous books, making up almost
5% of the content in Kimes and Kimes (2004). Curtis and Schuler (2003) did not mention the topic of
jealousy.
\textsuperscript{19} The joys of pregnancy theme made up less than 3% of total content in both subgenres of books.
\textsuperscript{20} The humorous subgenre had more references to pregnancy as work than the serious books. The topic
accounted for over 3% of all content in both Kimes and Kimes (2004) and Hill (1993) and 1.0% and 3.1%
in Your Pregnancy and The Expectant Father respectively.
With the theme of *expectations*, the subcategories of “roles”, “responsibility”, “support” and “staying involved” are clearly tied to responsibilization. These terms lack clear definitions and are rarely tied to direct action words. The repertoires of “supporting your pregnant partner” and “staying involved” function to discursively frame expectant father’s involvement in pregnancy. The former repertoire frames the role of expectant fathers as auxiliary and mediated through the pregnant woman’s body. The latter presents fatherhood as primarily expressed through identity and emotional commitment. Pregnancy advice books present idealized subject positions, such as that of the supportive or involved partner, and invite readers to take up these subject positions. However, these subject positions are not presented as just one of many viable positions. The invitations occur within a highly moralized terrain of subject production. It is within this terrain that some positions, such as that of the home-birth are excluded from the discourse.

**Partner Support and Staying Involved**

*Your Pregnancy* emphasizes the basic idea of *partner support*. Within the first few pages of the author’s introduction, the importance of partner directed “support” is tied to the “growing baby’s well being and safety” (ix). Repeatedly the reader is reminded that their “support” is pivotal to the birth of a “healthy baby” and that actions they take should be done, “for the good of [their] baby” (Curtis & Schuler, 2003, ix). The discourse of support serves as an indirect initiator of fetal risk management and remains centered on pregnant women’s behaviours. An expectant father’s role in fetal risk management, according to this literature, is closely aligned with supporting his pregnant partner. The authors state, “supporting your partner through the months of pregnancy is
one of the best gifts you can give your child … A healthy mom usually gives birth to a healthy baby” (Curtis & Schuler, 2003, 13). The authors repeatedly link the vague concept of partner support to fetal health, but rarely draw any connections male behaviour and fetal health. An expectant father’s role in fetal risk management, it seems, is closely aligned with supporting his pregnant partner, which is presented as learning about maternal and fetal health, and then encouraging women to conform to normalized medico-moral ideals of pregnancy management. The connection between support and fetal health is made explicit (as is the relationship between maternal behaviour and fetal health), but direct paternal actions are never explicitly tied to fetal health.

Paternal responsibility through the repertoire of “staying involved” is advocated in *The Expectant Father*. The authors include a repeated section in their book entitled “staying involved”, which was central to their approach to teaching men what is expected of them in pregnancy. They describe the staying involved section as “[giving] you specific facts, tips, and advice on what you can *do* to make the pregnancy ‘yours’ as well as your partner’s. For instance, you’ll find … tips about how to be supportive of your partner and how to stay included in the pregnancy” (Brott & Ash, 2001, 11). This description evokes both the idea of pregnancy belonging to an expectant father but also the action word *do* that emphasizes the central role of fathers in pregnancy. Staying involved is a way of supporting your pregnant partner by taking up all aspects, both physical and emotional, of becoming a father. Staying involved is characterized by learning about pregnancy, being available to the pregnant woman emotionally and adopting the identify of a responsible father. The underlying assumption is that by
providing the pregnant woman with a model paternal partner she will be better able to take on her role as mother. Much of the work of staying involved is emotional, from dealing with feelings of being “left out” or “trapped” to “reexamining your relationship with your own father” (2001, 107). The authors of The Expectant Father focus on expectant fatherhood as both a parental role and a personal identity. In this book, staying involved and included in the pregnancy means finding ways to identify yourself as a father—but not necessarily by actively helping the mother.

The main difference between support as advocated by Your Pregnancy and staying involved is that the former emphasizes the relationship between the expectant father and the pregnant woman whereas the latter highlights the male relationship to fatherhood. Highlighting fatherhood does not necessarily mean highlighting the relationship between the father and the fetus. This is evidenced by the scarce discussion of fetal health within the “staying involved” repertoire. The emphasis on fatherhood as an emotional identity in The Expectant Father presents the expectant father as central to pregnancy but subtly ignores the relationship between male behaviour and fetal health.

One unique aspect of The Expectant Father’s advice was the repeated confirmation that “[expectant fathers] had very specific and important needs and concerns [that] didn’t seem to occur to anyone” (Brott & Ash, 2001, 64). Often when the authors of The Expectant Father discuss “support”, they describe the support that expectant fathers need rather than giving advice on how to support a pregnant woman. They emphasized pregnancy as a time of emotional work for men in developing an identity as father. They expressed pregnancy as a shared experience for men and
women in phrases like “you’re pregnant too!”, “our pregnancy” or making the pregnancy “yours”.

Although more prevalent in *The Expectant Father* than in *Your Pregnancy*, the pregnancy advice books pay much attention to the *work* required for their male readers to become responsible fathers. The work of becoming the ideal father was not expressed as explicitly as other themes, but it was present within many of them. Even where the books did not provide direct advice on the topic, they assumed their male readers would (and should) be working on the process of becoming father. The emotional work of becoming a father was described by the authors of *The Expectant Father* as, “no less varied than women’s; expectant fathers feel everything from relief to denial, fear to frustration, anger to joy” (2001, 10). The emotional work of adopting a new, fatherly identity was a reoccurring theme within both of the serious books (best illustrated through a combination of various minor themes including pregnancy as work, jealousy, we’re pregnant, becoming a family and staying involved). Furthermore, these books tie men’s adoption of the fatherhood roles to traditional conceptions of masculinity. The work of becoming father was different than that of becoming mother—tied less to bodily experience and more to responsibility for stereotypically masculine endeavours. These masculine endeavours are explored more closely in the sections below on *health and fetal risk* and *money*.

**Lifestyle: Smoking, Alcohol, Drugs and Nutrition**

Lifestyle is an umbrella concept within the *expectations* theme. Lifestyle can be broadly defined as the way one chooses to live and the things one chooses to do based on their attitudes and values. Pregnancy advice books for men represent expectant
fathers as individuals that can control the degree to which pregnancy influences their lifestyles. Each serious pregnancy advice book has at least one chapter dedicated to the expectant couples’ lifestyle. These chapters encourage the male reader to change his lifestyle and adapt to the “expectations” and “responsibility” of pregnancy. The lifestyle discussions present the concrete behavioural advice on how expectant fathers might change their own behaviour and influence their pregnant partner’s behaviour. It is through the lifestyle chapters that expectant fathers are given clear information about how fetal health is influenced by the behaviours of their pregnant partners and themselves, as well as approaches to act responsibly.

*Your Pregnancy* includes a section called “Lifestyle Changes for you as an Expecting Couple”. The use of the term “changes” illustrates the assumption that pregnancy is a time when new behaviours are to be adopted. In this section, the readers (expectant fathers) are directed to “analyze the situation to find ways to help you and your partner have a happy, healthy pregnancy” (Curtis & Schuler, 2003, 27). “Good health”, the authors explain, is comprised of four components: “her nutrition plan, her exercise programme, her environment and her emotional well-being” (2003, 27). The expectant father is told that he can “promote” the first two components as well as “keep” her environment “healthy and safe” and “support her emotionally” (27). The advice assumes the reader to be a liberal subject who has agency to act in their life. Advice for expectant fathers regarding lifestyle is primarily directed towards the lifestyle of their pregnancy partner—not to their own. Much of the advice within the guidebooks for men emphasize the myriad of things pregnant women should avoid including “nutritional and chemical no-nos” such as “cigarettes, alcohol, fasting, over-the-counter
or prescription drugs, caffeine, recreational drugs, certain foods, cat feces, insecticides, weed killers and the like, as well as hair dye” (Brott & Ash, 2001, 35). On the other hand, expectant fathers are advised of the, “changes you may need or want to make in your life” (Curtis & Schuler, 2003, 78). They are advised to, “cut down on travel … don’t stay out late at night … forego activities in which your pregnant partner is exposed to loud noises … reconsider eating out … ask your partner whether she wants to accompany you to various activities” (78). While cigarette smoke is presented as something expectant fathers “should” avoid, alcohol is something they “may choose to avoid” (44), the discussion of paternal use of illegal drugs is never mentioned. The focus remains on the major lifestyle changes for the pregnant woman and the minor changes an expectant father can make to encourage maternal changes. The ideal lifestyle for the expectant father is, here, one subsumed by the demand to shape the lifestyle of the pregnant woman.

**Alcohol: when your partner drinks alcohol during pregnancy, so does your baby**

Evidence suggests that men’s social behaviours such as substance use have a significant influence on pregnant women’s behaviours (see Chang et al., 2000). For example, there are links between alcohol consumption and partner violence (see Amaro et al., 1990; Cokkinides et al., 1999). Copelton argues that most conventional pregnancy advice books for women ignored or downplayed the influence of paternal behaviour on fetal health and pregnancy outcomes. She did note however, a unique passage in one of Glade Curtis’ previous books:

In recent years, more attention has been given to paternal contribution in pregnancy. We now believe if a father’s age is over 50, it may have an effect of increased risk of Down’s syndrome, although there is not a great
deal of evidence to support this theory. A father’s drug habit may also influence the outcome of your pregnancy. Again, evidence is scant, but there does appear to be an effect (Curtis, 1996, 70 quoted in Copelton, 2003, 127).

The serious books present alcohol as a substance for pregnant women to avoid—but they pay little attention to expectant father’s use of alcohol. For example, Your Pregnancy claims, “when your partner drinks alcohol during pregnancy, so does your baby” (2003, 43). This statement is an example of intertextuality. It draws on the posters, slogans and campaigns used in the past several decades to educate North American women (and society in general) about the risk of Fetal Alcohol Syndrome (FAS). The Expectant Father’s (2001) advice is equally dramatic. They state:

complete abstinence is the safest choice (although your partner’s practitioner may sanction a glass of wine once in a while to induce relaxation). One binge, or even just a few drinks at the wrong time (such as when the baby’s brain is developing), can cause Fetal Alcohol Syndrome (36).

In the passage above, the authors use strong language and a vague reference to fetal brain development to persuade the reader to challenge the recommendations of their physician. They go on to suggest to the reader that “if you’re worried about any drinking your partner may have done before you found out you were pregnant, talk to her practitioner about it” (Brott & Ash, 2001, 36). This sentence successfully moralizes women’s use of alcohol and implies that women (and their partners) are responsible for fetal health prior to knowing they are pregnant. A lifestyle that involves alcohol consumption for a woman in her childbearing years is tagged as potentially unhealthy and irresponsible. Furthermore, despite having contradicted the advice of some physicians (those who sanction a glass of wine), the authority of the medical model is
restored by suggestion that a doctor should be consulted about previous risk exposure. It is unclear whether consulting a physician about previous alcohol consumption would be met with further moralization, advised caution for the future, or medicalization through testing the fetus for problems. An alternative reading of this section suggests that pregnancy advice books challenge the locus of traditional medical authority by challenging the dictum of the (once revered) family physician. In either case, pregnancy advice literature fulfills an important role within advanced liberal society by providing easily accessible expert advice on the medico-moral topic of pregnancy. This is characteristic of advanced liberal society wherein the individual is confronted with a wide range of conflicting expert advice that they must assess. The responsibility is downsized to the individual who must calculate the risks and make decisions for which they will be held accountable.

The authors of pregnancy advice books for men fail to depict men’s use of alcohol as a lifestyle decision that is relevant to the prenatal health of their partners and fetuses. The closest either book comes is the proposal in *Your Pregnancy* that “if necessary, you may choose to avoid it [alcohol], too” (2003, 44). This suggestion uses the modifying phrase “if necessary” which presents the statement as non-directive and the term “choose” serves to diminish the importance of the advice. The expectant father’s avoidance of alcohol is presented as part of “sharing this goal” with his pregnant partner rather than reducing risks in her social environment (Curtis & Schuler, 2003, 44). In their discussions of expectations, the authors of *Pregnancy Sucks* and *What to Expect* tended to emphasize, like *The Expectant Father*, a father’s need for support
during pregnancy. Repeatedly within the humorous books, alcohol was proposed as a substance that would provide “support” to expectant fathers.

**Illegal Drugs: unborn children can be born addicted**

In both serious books, the discussion of alcohol consumption dovetails with advice about illegal drug use. Under the umbrella of lifestyle, a wide range of substances, both legal (alcohol and tobacco) and illegal (cocaine, marijuana), are associated with vaguely defined “lifestyles” which is deemed unacceptably risky and irresponsible. The authors portray illegal drug use as particularly risky and taboo. For example, the authors of *Your Pregnancy* write: “A woman who uses drugs may have more pregnancy complications because of her *lifestyle*. These complications include nutritional deficiencies, anemia, pre-eclampsia and fetal-growth restriction” (emphasis added, Curtis & Schuler, 2003, 44).

A detailed analysis of advice in *Your Pregnancy* and *The Expectant Father* revealed that the authors rarely provided concrete statistics to support assertions regarding the potential hazards of recreational drug use by pregnant women. *The Expectant Father* equates substance use with addiction, suggesting that women “abstain during pregnancy – unborn children can be born addicted” (2001, 36). While making the connection between recreational drug use and lifestyle might be a common assumption, within a scientific perspective drug addiction might be better presented as a medical problem requiring specialized care. Further, neither book addresses the fact that addictions services for pregnant women are rare and cannot meet the demand (Rutman, 2000).
As with advice regarding alcohol consumption, the books virtually ignore the discussion of the expectant father’s use of illegal drugs. This finding supports my hypothesis regarding the social complexity and gendered nature of responsibilization: to be responsible parents, expectant fathers must oversee the health of their partners—not their own; they must be wary of their partner’s use of alcohol or drugs—not their own.

**Nutrition: the best advice**

Pregnancy advice books discuss nutrition by relying on scientific phrases such as “brain development”, “brain cells” and “fetal development”, and by referring to advice from “researchers”. These devices lend authority to the advice. *Your Pregnancy* “piggybacks” the advice of other experts by following scientific research claims with their own findings on the subject.

There is a particular use of modal verbs when discussing the changes that the reader “may” choose as a way to support his partner. “You *may* have to stop …”, “it *may* help if you both …”, “*probably* OK”, “*might* not”. Terms like “some” are also common in this section. They illustrate the vagueness of these “scientific” facts. The authors of *Your Pregnancy* claim that in response to inconclusive or contradictory research findings on substances such as artificial sweeteners, “the best advice … [is to] avoid all” (35). The reader is always advised to act cautiously and avoid any product or substance that falls outside of the vague terms of healthy or safe. *The Expectant Father* suggests to its reader that:
you and your partner might consider eating organic fruits and vegetables during pregnancy to avoid any nasty chemicals that might have been sprayed on them. At the very least, wash your food carefully (Brott & Ash, 2001, 37).

In this case, there is a lack of scrutiny to the fact that lifestyle decisions are closely tied to economic status. Use of phrases like, “at the very least” suggest that certain behaviours, such as washing your food carefully, may not be enough. The more expensive option of buying organic produce is presented as preferable and judgment is cast upon parents who cannot afford the preferred option.

Even when *The Expectant Father* attempt to navigate between encouragement and governance they tend to use language that evokes precaution. For example, at the end of the section on nutrition they warn the reader, “don’t be too hard on her … an occasional order of fries or a candy bar is unlikely to cause any serious problems (my emphasis, Brott & Ash, 2001, 37). The use of modal verbs reminds the reader that risk is always present.

The micro-advice, pertaining to details such as what substances to avoid, is often contradictory from one book to another. The authors of *Your Pregnancy* exclaim, “all raw fish should be avoided during pregnancy!” On the other hand, the authors of *The Expectant Father* quite astutely suggest that the advice to stay away from raw fish (commonly given within pregnancy advice books) might be culturally biased. North Americans do not traditionally eat raw fish and the authors of pregnancy advice books may be biased when they suggest that there is something odd and potentially problematic about eating raw fish. The narrator (Brott) of *The Expectant Father* claims, “my wife’s first OB/GYN was Japanese and had absolutely no problem with her eating
sushi” (2001, 36). Here, we see one example of authors criticizing the cultural biases explicit in the exact genre of book that they write.

*Your Pregnancy* presents nutrition as the “key” to a healthy baby (Curtis & Schuler, 2003, 28). They tell expectant fathers that, “helping your partner eat right is one of the best things you can do to ensure that you’ll have a healthy, happy baby (and a healthy, happy partner)” (Brott & Ash, 2001, 37). Nutrition is a signifier of a healthy lifestyle and choosing the best (foods) for your baby. The authors advise that an expectant father “help your partner by eating healthy foods yourself” (28). *The Expectant Father* counsels men to “be supportive … This means that you should try to eat as healthily as she does.” (37). Repeatedly, the reader is advised to “help” or “support” his partner by choosing the same “healthy” substances as her, avoiding substances deemed detrimental and participating in the same activities as his pregnant partner. He is gently told to show by example with his adoption of healthy behaviours and to responsibilize his partner using his knowledge of prenatal health risks. Leading by example in the case of eating is one circumstance where expectant father is encouraged to change their behaviour similar to their pregnant partner. However, in *The Expectant Fathers’* “Final Note on Nutrition” expectant fathers are advised, “If you absolutely must have a banana split, do it on your own time (and don’t brag about it)” (37). While expectant fathers are encouraged to “eat as healthily as she does”, they are also allowed indiscretions because the emphasis remains firmly on the pregnant woman’s lifestyle rather than the expectant fathers.

*Cigarette Smoke: help her understand*
Cigarette smoke receives considerable attention in pregnancy advice books for both men and women. Cigarette smoke is a lifestyle choice which is commonly understood as harmful to fetal health. Both Your Pregnancy and The Expectant Father highlight the risks of smoking through specially shaded sections of text that draw attention to the importance of this particular advice. These sections include detailed descriptions of the ways that cigarette smoke is harmful to the fetus and can complicate pregnancy. The authors instruct expectant fathers to “help her [the pregnant woman] understand the impact her smoking can have on the baby” (Curtis & Schuler, 2003, 41). This statement asks the reader to be an agent of responsibilization for his pregnant partner. Expectant fathers are advised to stigmatize their smoking partners by “ask[ing] your partner not to buy cigarettes; instead ask others for them (if your partner has to ask someone else for every cigarette, it might help her stop)” (Curtis & Schuler, 2003, 41). The authors of The Expectant Father use a similar type of paternalism when the authors refer to cigarettes, alcohol, caffeine, illicit drugs and other substances as “Nutritional and Chemical No-Nos”. The term “no-nos” encourages the reader to take a paternalistic approach and to treat the pregnant woman as if she were a child needing guidance and occasionally scolding.

The scientific community agrees that second-hand smoke harms fetuses. In this area, advice books draw direct connections between men’s behaviour and fetal health. Your Pregnancy suggests that men first “try to give up smoking”, and, next, adopt some “unusual measures to avoid subjecting your partner, and later your newborn baby, to the negative effects of cigarette smoke” (2003, 43). These “unusual” tactics include “taking a shower, washing your hair and putting on clean clothes after you smoke” to
avoid bringing harmful chemicals into the pregnant woman’s environment. *The Expectant Father* takes a stronger stand on the subject of partner smoking. The authors suggest that “too many expectant dads … [are] dangerously wrong” in their assumption that smoking around a pregnant woman is not problematic (35). Rather than “encouraging” expectant fathers to “try to give up smoking” as the authors of *Your Pregnancy* did, *The Expectant Father* directs the reader to “quit now”, claiming that “[putting] off quitting – or asking their partners to quit – out of fear that withdrawal might lead to some marital tension” is a “bad choice”. The words, “bad choice” are presented as a stand-alone sentence, accentuating their presence as a scolding. Here, it begins to become clear that in order for an expectant father to become a responsibilizer of his pregnant partner, he must first adopt his own role as a responsible father.

Through the lifestyle sections of pregnancy advice books we see the concrete behavioural modifications that expectant fathers are invited to make. As my analysis of lifestyle factors such as alcohol, drugs, nutrition and exercise shows, expectant fathers are only required to change their behaviour in ways that will influence pregnant women to change their behaviour. They are encouraged to lead by example and “support” their pregnant partner’s behaviour modifications but in the end changes to their own behaviour are not required if the pregnant woman is already acting as the responsible prenatal parent. This is especially clear in the book’s total lack of discussion regarding paternal drug use. The one exception to this rule is the case of second-hand smoke where expectant fathers are encouraged to stop, although with somewhat less fervour than the same advice to pregnant women.
Theme 2: Gender Difference, Hormonal Women, and Natural Instinct

My sample of pregnancy advice books suggests a variety of techniques of behaviour management. One of the main assumptions within humorous pregnancy advice books is that men and women are fundamentally different, illustrated by the very fact of pregnancy. Pregnancy is often conceptualized as a natural expression of femininity, which should be met by expectant fathers with demonstrations of masculinity. Gender difference is one of the most pervasive tools we have to create grammatical coherence and organize our social world. Gender difference, situated within the context of the imagined normative heterosexual family, is a vital part of the worldview espoused by the sample of pregnancy advice books I analysed.

The theme of gender difference includes the categories: “men and women”, “women’s power”, and “the hormonal pregnant woman”. This theme played a larger role in the humorous books than in the serious ones. The humorous books, as I discuss in Chapter Six, use categories such as “women’s power”, “masculinity and femininity”, and “pregnancy hormones” to evoke humour, and in doing so they reinforce gender stereotypes. The “hormonal pregnant woman” repertoire was present in all four books within my sample. Though this repertoire played a minor role in the serious books, the humorous books played up this stereotype to the extreme, claiming for example, that “you’ll repaint that nursery 2.3 times before she likes the color” (Hill, 1993, 18) or describing living with a pregnant woman as “a hormonal rollercoaster ride from hell” (Kimes & Kimes, 2004, 85). The serious books were gentler on the subject, but did not shed traditional gender stereotypes completely. For example, Your Pregnancy informs expectant fathers that “pregnancy symptoms and hormones are “not all in her head” (7),
but then advice men to “deal” with their partner’s emotions (and hormones) “without becoming emotional yourself” (Curtis & Schuler, 2003, 93). Advice such as this relegates women to the realm of emotion while elevating men to the domain of reason. In The Expectant Father, the authors make some effort to deconstruct the notion of the irrational and hormonal pregnant woman by referring to hormonal changes and other pregnancy symptoms as “natural”. Yet, they fall back on this notion occasionally, for example, through references to the “incredibly bizarre food cravings” of pregnant women (Brott & Ash, 2001, 106). By evaluating pregnant women and their behaviour in contrast to men and male behaviour, the authors reinforce the notion that the behaviours of pregnant women are “abnormal”.

The authors of the serious advice books also suggest that gender difference is pivotal to the roles of expectant mothers and fathers. They advocate that men need support from society, and from pregnant women, to optimally fulfill their roles as fathers. While the illustration of father as important parent (in the prenatal stages and beyond) could potentially equalize parenting responsibilities, male parenting is presented as highly gendered and limited in its scope. Rather than focusing on men having a direct – albeit social rather than physiological – relationship to the fetus through lifestyle and environment, men are encouraged to manifest their parental instincts through masculine endeavours such as “being a good provider for your family” (Curtis & Schuler, 2003, 135).

One of the ways in which these books reinforce traditional gender roles is by exaggerating gender differences. These differences are then presumed to be instinctual. This is especially true in The Expectant Father, which references the
difference between men and women 35 times compared with just 9 in *Your Pregnancy.* The authors of *The Expectant Father* were also more likely to talk about the naturalness or instinctual nature of parenthood than any other authors in my sample. They often mentioned the natural instincts that men have for parenthood or for stereotypically masculine endeavours. For example, when referring to a woman’s “nesting instinct” they followed this passage by saying,

> almost all expectant fathers experience some sort of nesting instinct themselves. Besides worrying about finances, many men spend a lot of time assembling, or even building cribs, changing tables, and other baby furniture (Brott & Ash, 2001, 145).

The traditionally masculine activities of “worrying about finances”, “assembling” and “building” are framed as natural expressions of fatherhood and positioned in direct opposition with women’s nesting activities.

**Theme 3: Sex**

The theme of *sex* played a distinct and significant role in all of the books. Within the serious literature, *sex* comprises only 4% of total content yet discussions of sex were frequent and thorough. *Your Pregnancy* (2001) devotes an entire chapter to the “couple relationship” which included both emotional and physical intimacy. Four full pages outlined “how pregnancy may affect a woman’s sex drive”, “how sex during pregnancy may affect you [the man]” and when sexual activity should be avoided (Curtis & Schuler, 2003, 99). The authors also include two smaller sections about sex in the “ways to support your pregnant partner” and “now you’re a dad!” chapters. *The Expectant Father* also had a four page discussion of sex during pregnancy as well as
smaller sections outlining some issues pertaining specifically to sex in the first and third trimester.

Sex played a more prominent role in the humorous books, making up 21 to 27% of the content. References to sex were often imbedded in jokes about other subjects. Both humorous books repeatedly joked about a lack of sex during pregnancy. *Pregnancy Sucks* (2004) refers to sex a total of 63 times. Their advice often objectified women as sexualized body parts, referring to breasts as “your [the readers] favourite toys” (Kimes & Kimes, 2004, 16), or linking sex to masculinity in passages such as, “your wife rejects you so often in bed that you feel as macho as Pee Wee Herman” (ibid, 101). Within the humorous books, sex serves as an easy target for jokes. While the serious books emphasized the complexity of sexual relationships during pregnancy, the humorous books oscillated between the two extremes of “her complete disinterest in sex” (Hill, 1993, 41) and referring to pregnant women as “horn dogs” (Kimes & Kimes, 2004, 34). In one reference to sex during pregnancy, the authors of *Pregnancy Sucks* (2004) express first in a light-hearted tone the fortune of “having more sex than ever before” with your pregnant partner, followed by a serious toned passage about both men and women losing their libido during pregnancy. In the serious books, sex is a subject of male inquiry. In the humorous books, it is a flagship signifying the extreme differences between men and women.

**Theme 4: Fetal Risk Management and Health**

Discussions of health rarely fall outside of risk discourses. From broad discussions which posit the potential for illness against the ideal of health, to microscopic calculations of the statistical probability of genetic abnormality,
contemporary discussions of health are always oriented to discourses of risk. Modern medical technology both creates and illuminates risk. In the case of biomedicine, for example, not only does advanced technology produce health risks directly caused by medical intervention, but it also allows us to investigate and measure risks, thereby creating heightened awareness of them (Luhmann, 1993; Giddens, 1994; Beck, 1999). As biomedicine advances, we are aware of a multitude of risks to maternal and fetal health, which each include their own prevention, screening, diagnosis and therapeutic techniques. Karen Lane (1995) argues that increased attention to maternal and fetal risk illustrates the “micro-social regulation” of modern subjects (Lane, 1995, p. 59). Pregnancy discourse employs a risk vocabulary and repertoires of risk which provoke the responsible parental subject to manage risk with the assistance of experts.

Fetal risk management and health are important concepts within pregnancy literature. Conventional advice books for women emphasize managing fetal risk through the governance of pregnant women’s everyday behaviours such as their eating habits, exercise habits, stress management techniques and approach to prenatal care and information (Copelton, 2003). A medical approach to pregnancy situates fetal risk management—awareness and reduction of risks to the viability of the fetus—as the key determinant of positive pregnancy outcomes. Pregnancy advice books for men are companions to conventional books written for women in that they adhere to similar medical models of risk assessment and risk management.

The relationship between expectant fathers and fetal risk is ambiguous because their relationship to the fetus is, for the most part, mediated by the pregnant woman. As noted above, there is increasing evidence that social factors have a profound effect on
fetal health. Both serious advice books contain devoted chapters to both lifestyle (everyday behaviours such as eating and exercising which influence fetal health and development) and prenatal medical care. Lifestyle advice is primarily directive and prenatal medical care advice is often informative. Discussions which fall into the fetal risk management and health theme are similar to those within the expectations theme because they involve explicit responsibilization as expectant fathers are encouraged to adopt a fetal-health conscience mindset.

Within discourses of fetal health management, articulations of risk are not always explicit. Nonetheless, risk discourses frame the issue of prenatal health. For example, the authors of Your Pregnancy write, “You want a healthy baby. That is the goal in every pregnancy—a healthy mom and a healthy baby” (27). Even without any reference to risk or harm, the goal of health is presented as is the implicit alternative to failure. As the example above shows, risk discourses do not necessarily use the language of “risk”. Risk discourses are based on scientific authority and the calculation of potential negative outcomes. Often these discourses refer to broad risk categories, such as low- or high-risk pregnancy. The escalating consciousness of risk within pregnancy reduces the number of births that are considered low risk. In other cases, risk is articulated as a statement of consequences, “risk of having a child with … problems” (Brott & Ash, 2001, 53). Phrases like “slightly higher risk” (Brott & Ash, 2001, 58) as well as discussions about “chances”, “likelihood” and “probability” obscure their own vagueness with the authority of science and calculation. Terms like “slightly higher” do not evoke a “slight” response. For every articulated risk there is an idealized response that requires action. “The chances that complications can develop are significant, and you and your partner
should make every effort to ensure the safest possible delivery” is an example where
the reader is asked to “make every effort” in response to a reference to possible
complications that are vaguely stated as significant (my emphasis, Brott & Ash, 2001,
17).

Other articulations of risk are specific and directive, “If your partner uses drugs,
even if it’s only occasionally, encourage her to stop now! Your baby’s life is at risk”
(Curtis & Schuler, 44). The authors clearly indicate the risky behaviour—using drugs;
the potential harm—a loss of life for the fetus; and the responsible action—stopping.

Theme 5: Money and Finances

While both Your Pregnancy and The Expectant Father include chapters on
money and finances, these themes contributed a negligible amount to their overall
content. This may be, in part, because of coding. These topics had devoted chapters
but were not mentioned to a large extent outside of those particular chapters. Money
and finances played a larger role in the humorous books. What to Expect in particular
evoked the topic of consumerism repeatedly and linked responsibility for finances to
masculinity.

The Expectant Father begins its money and finances chapter with an initial
critical reflection on how “American society values men’s financial contribution to their
families much more than it does their emotional contribution” (80). They follow their
critique of the “traditionally masculine way of expressing their concern for the well-being
of their wives and little fetuses” with a chapter that focuses on the financial aspect of
having a child. Your Pregnancy on the other hand, begins the money and finances
chapter by stating that expectant fathers may be “overwhelmed at the thought of being a
good provider for [their] family” (135). They focus, not on the stress an expectant parent may feel about “the financial realities of parenthood”, but focus more on ways of managing finances (133). The authors of Your Pregnancy suggest an expectant parent may want to “earn more money by working overtime [and] explor[e] every way to increase your pay check” (137). They emphasize, “it’s important to provide financial security for your child. It’s part of being a responsible parent,” and go on to state that “knowing you are providing for your family may help you handle this big change” (137).

Unlike The Expectant Father, which discourages working overtime (81) and devote many pages of text to discussions of paternal leave (113), Your Pregnancy take a more traditional approach by utilizing repertoires of “taking control”, “taking care” “providing for” and “financial responsibility”.

Your Pregnancy includes a shaded box called “Brownie Points”, which suggests to expectant father that they should, “include your partner in any financial decisions you make for you family. After all, many of them directly affect her” (137). This statement shows the paternalism of this chapter clearly by stating first that the decisions the reader is making are “for his family”—which by definition would include both his pregnant partner and the fetus she carries—and then, as an afterthought claiming that “many” of these decisions “directly affect [his pregnant partner]”.

The Expectant Father further solidifies the relationship between consumerism, masculinity and fatherhood through a two page section, “Way to Show Her You Care” within the chapter entitled “Money, Money, Money”. While many of the suggestions don’t refer directly with consumerism their placement within the finances chapter and the simplicity of the list presented as “mak[ing] you popular around the house” suggest
that expectant father’s role and influence within the household are tied to his purchasing power. Within the list of “ways to show her you care”, many of the activities men are encouraged to do include buy stereotypically feminine items for their pregnant partners including, “roses”, “bubble bath”, “a toy or outfit for the baby”, or “a pretty maternity dress” (2001, 82). Other suggestions include doing domestic chores with the explicit assumption that these chores are not the normal duties of men, such as “vacuum[ing] the house … without being asked” or “run[ning] errands … before you get asked to” (82). The third and final way that the relationship between consumerism, masculinity and fatherhood is illustrated is the inclusion of such suggestions as “listen[ing] to her complain”, listening to her fears “no matter how insignificant they may seem to you” and “say[ing] No” if she asks if she’s acting crazy” within the money and finances chapter (82). By presenting paternal support as best shown by purchasing stereotypically feminine, “helping” your pregnant partner by doing household chores or by simply accepting her feminine complaints, irrationality and craziness the masculine role of provider is firmly entrenched in the realm of calculation and rationality.

Throughout this chapter men are encouraged to support women through the idealized masculine identities of “bread-winner” and “provider”. Buying gifts that can be appreciated by the pregnant woman such as a “pretty maternity dress” reinforces the importance of masculinity in expectant fatherhood through

**What to Do**

The concrete advice provided to the male reader, whether on the topic of nutrition, sex or finances, serves to impress upon him the responsibility of expectant parenthood. He is asked to take up the advanced liberal challenge of self-directed
learning through the advice of experts. He is asked to sift through discourses of risk and harm, internalize the responsibility for his health and the health of his family, and make rational choices. These choices are presented to him in the simple terms of responsibility and irresponsibility. Much of the information he obtains about pregnancy will relate to the pregnant woman’s body—the target body of responsibilization. He is asked to find ways of ensuring that the responsible expectant parent positions are upheld, both his own masculine fatherhood and his partner’s motherhood. Through changing his own behaviours and supporting, through whatever means necessary, the responsible behaviours of his pregnant partner he will become the responsible subject.
Chapter Seven: Conclusion

In my concluding chapter I reflect on what my findings show about the ways in which pregnancy advice books for men responsibilize expectant fathers and their pregnant partners. I contend that this literature presents two stages of responsibilization for expectant fathers: information accumulation and behaviour modification. As argued below, the behaviour modification stage is particularly important because it requires both self-government and the government of others. Men engage in pregnancy management in part by influencing the behaviour of their pregnant partners—who mediate the fetal environment. Finally, I return to the theoretical context of governance and responsibilization and review theoretical implications of my findings. I suggest that this case study is a starting point for broader conceptions of responsibilization which account for the interpersonal relationships through which risk is managed.

Stages of Responsibilization in Pregnancy Advice Books for Men

Expectant fathers are taught through the discourses of pregnancy advice books that they have two roles in pregnancy. The first is to learn about pregnancy and engage with the medico-moral discourses of fetal health. This process of engagement requires the expectant father to acknowledge and accept the idealized identity of the responsible father. At the second stage, the expectant father takes an active role in managing pregnancy behaviours. Expectant fathers learn how to be responsible parents through their identification with discourses of fetal risk. What arises is a complex pregnancy management regime characterized by complex direct and indirect relationships between expectant fathers and fetuses. Only through responsibilization of pregnant women’s
behaviours can expectant fathers fully engage themselves in pregnancy governance. Therefore the final component to becoming a responsible expectant father is to use knowledge about pregnancy to become a responsibilizing agent for his pregnant partner.

**Information Accumulation**

In the first stage of responsibilization, expectant fathers accumulate information about pregnancy. Men are invited to learn about pregnancy. Within the analytical themes of *fetal risk management* and *expectations* (especially within discussions of lifestyle) expectant fathers are taught about both fetal development and the influence of their pregnant partners lifestyle choices on fetal health. Within a medical model, learning about fetal risk factors and strategies for fetal risk management are foundational to pregnancy preparation. As previous literature has shown, fetal risk factors and strategies to manage fetal risk are largely articulated in terms of everyday risk factors relating to the ambiguous and widespread category of lifestyle (see Copelton, 2003; Markens, S.; Browner, C. H. & N. Press, 1997).

Men are also taught about the emotional changes associated with becoming a parent. *The Expectant Father's* use of the repertoire “staying involved” clearly illustrates the importance placed on the emotional work of becoming a father. Discourses within the *sex*, *gender difference*, and *money and finances* themes (as well as the humorous advice books) reinforce the masculine characteristics that men must identify with in order to achieve ideal fatherhood.

Two of the major assumptions within pregnancy advice books for men are, “[men’s] desire to be an active participant in the pregnancy” (Curtis & Schuler, 2003, 75).
and their need to receive “help” (via advice books) to “accept [the] role of father” (Curtis & Schuler, 2003, 92). Expert knowledge is a key aspect of advanced liberal governance. Expert knowledge is presented alongside a call for individuals to make choices and take responsibility for their own lives. Pregnancy advice books for men aim to, “provide [the reader] with vital information that is fairly elementary in nature to help [the reader] understand what may occur during a normal pregnancy, what [they] may need to be prepared for and how [they] can help [their] partner” (Curtis & Schuler, 2003, vii).

Building on the chief assumption that the very reading of these advice books reflects a male partner’s investment in fetal health, men are invited to internalize the idealized subject position of the responsible father. For expectant fathers, making the pregnancy “yours” reflects the wider discourses of choice and control. As the authors of The Expectant Father explain: “the more you learn about pregnancy and the birth process—from good nutrition and exercise to the types of pain medications most frequently given to labouring women—the less you have to fear and the more in control you’ll feel” (133).

The process of knowledge accumulation is thus one of the foundational pillars of responsible expectant parenthood. Men are invited to take up the role of learner in order to better “help” and “support” their pregnant partners. As the following quote from Your Pregnancy illustrates, the knowledge men gain as they become responsibilized is important for the responsibilization of their pregnant partners as well: “… who knows—you may end up knowing more about what’s going on during pregnancy and you’ll be explaining things to your pregnant partner!” (Curtis & Schuler, 2003, 5).
Behaviour Modification

Learning about pregnancy is only the first step in pregnancy governance for men. Interpellation is the foundation of responsibilization; when men begin to identify themselves in the process of pregnancy, they begin to actively take on new roles. As evidenced by the gendered discourses within pregnancy advice literature for men, an important part of making the pregnancy “yours” for expectant fathers is to begin self-identifying as the masculine counterpart to the pregnant partner. Responsible expectant fathers are represented predominantly as physical protectors and financial providers for their partners. Hence, to be responsible, expectant fathers must situate themselves as active and responsible agents of pregnancy in relation to the core target of pregnancy management—the pregnant woman. Unlike the maternal-fetal relationship, the relationship expectant fathers have with the fetus is not direct and must be accessed through the target pregnant body. Expectant fathers thus internalize collective representations of responsibility and become responsible by managing fetal risks through modifying their own and their partner’s behaviour.

As Alan Hunt claims, through responsibilization the expectant father may both evaluate his own conduct and the conduct of others (2003). When expectant fathers become familiar with risk discourses, they problematize practices of pregnant women. Expectant fathers may then choose to manage fetal risk through negotiations in their micro-social relationships. Leading by example, or doing “helpful” things for the pregnant woman are examples of the non-coercive ways that expectant fathers may both be responsibilized themselves and responsibilize their pregnant partner.
In managing their own behaviour modification, expectant fathers are advised to consider their relationship to their pregnant partner and ensure their behaviour will support her role as a mother. This may imply only minor behavioural adjustments. For example, the authors of *Your Pregnancy* suggest, “if she needs the window open, and you feel cool, put on a sweater” (2003, 51). The advice books also encourage expectant fathers to govern the behaviour of others in order to oversee fetal health, for example by ensuring that others refrain from smoking around their pregnant partner.

The division between self-governance and the governance of others is thus more complicated than previous literature has often assumed. In some areas, expectant fathers are instructed to modify their own behaviours in hopes of affecting positive results for maternal and fetal health. In other instances, the advice books call on expectant fathers to responsibly oversee changes in their partner’s behaviours. For example, the diets of pregnant women are typically subject to intense scrutiny in advice books. Those written for men are no exception: the male reader is advised that, “helping her eat right is one of the best things you can do to ensure that you have a healthy, happy baby (Brott & Ash, 2003, 37).

Within sections of the books pertaining to lifestyle such as nutrition and exercise fathers are encouraged to take on “healthy” behaviours alongside their pregnant partners in order to lead by example. In some instances, the authors advise expectant fathers to influence their partner’s behaviour by modifying their own. “Your effort during these months should involve more than just being sympathetic to your partner’s discomforts” advise the authors of *Your Pregnancy*. In other instances, the authors give expectant fathers a more active role, employing exhortations such as “motivate her” to
exercise (Brott & Ash, 2001, 29), “keep her away from white bread” (34) and “learn to cook simple, quick meals” (38).

Passive discourses of “encouragement”, “support” and “help” often mask the disparate standards advice books impose upon expectant mothers and fathers and reinforce traditional notions of pregnant women as altruistic, responsible mothers. For example, in The Expectant Father’s discussion of breastfeeding, the reader is advised: “don’t be tempted to suggest switching to bottles. Instead be supportive ... praise her ... encourage her to keep trying” (Brott & Ash, 2001, 217). “Support”, here, means holding women to the highest standard of responsibility—a standard not necessarily applied to male partners. The authors illustrate this double-standard in reference to food choices: “while she’d undoubtedly be better off eating nothing but healthy foods all the time, an occasional order of fries or a candy bar is unlikely to cause any serious problems” (37). But while the best plan for a pregnant woman is to eat nothing but healthy foods all the time, expectant fathers are told to merely “be supportive. This means that you should try to eat as healthily as she does. [But] if you absolutely must have a banana split, do it on your own time (and don’t brag about it).” (37).

My analysis found that while men were encouraged to modify their behaviour in ways that would influence female behaviour, beyond that, their responsibility stopped short. Men are responsibilized to learn about pregnancy; to identify with and engage in the emotional work associated with fatherhood; and ultimately to improve fetal health through improving maternal behaviour. The advice did not make explicit the numerous links between paternal behaviour and maternal behaviour nor did this literature make the most of this opportunity to expand responsibility for fetal health and pregnancy
outcomes to a wider social context. As Cynthia Daniels (1997) argues, “maternal and fetal health are deeply affected by a woman’s access to social resources such as health care and food, by her exposure to environmental toxins, and by her relationships with her sexual partner, her family and her community” (581). Throughout the discourses, the focus remained firmly on the behaviours of the pregnant women and men were only implicated in fetal health to the extent that their behaviour could support, encourage or influence their pregnant partners to behave better.

**Theoretical Implications**

In Chapter Two I described the prominence of the individualized responsibility thesis in theoretical work on governance and responsibilization. This thesis asserts that within liberal society individuals are called upon to assess risk and adopt responsibility for their own well-being. In the case of pregnancy, the application of the individualized responsibility thesis posits women as those who are responsibilized by individualized conceptions of risk and responsibility. I have used pregnancy advice books for men as a case study to illustrate that responsibilization, in fact, works on multiple targets.

By exploring the overlooked, male target of responsibilization in pregnancy, I have added empirical evidence to the literature and investigated how responsibilization “works” through medico-moral discourses. My exploration of pregnancy advice literature for men suggests that contemporary theories of governance and responsibilization are overly simplistic. Responsibilization functions not simply at the individual level but through complex social webs of interpersonal interaction and negotiation. The medico-moral discourses in pregnancy advice books both responsibilize men and transform them into responsibilizers of women. Pregnancy advice books for men require the
expectant father to negotiate the risks of pregnancy that they and their partners face by changing their own behaviour—and by ensuring behavioural changes in their partners as well.

**Future Research**

My research is a case study of how responsibilization works on men and women through the discourses of medico-moral pregnancy advice. My analysis of advice literature for expectant fathers challenges liberal assumptions and examines how the process of responsibilization works. The findings of my analysis illustrate not only a need for further empirical research into responsibilization but also explorations of the interaction of gender and responsibilization. My findings show that in the case of expectant fathers, responsibilization is gendered at each step of the way. Men are invited to take up roles of expectant fatherhood that are often conventionally masculine and reinforce the idea that men’s behaviour in and of itself has little influence on fetal health. This begs further inquiry into the gendered quality of responsibilization in general. Is it only in the highly gendered forum of pregnancy that process of individual responsibilization requires the responsibilization of the other as well? My thesis suggests that there may be a more nuanced story to be told about the responsibilization of pregnant women that that presented by theorists to this point. How might a pregnant woman envision her role as a mother and counterpart to her partner’s role as a father? How might the dynamics of responsibilization during pregnancy change in same-sex partnerships? These and many other questions await those that will explore the social character of governance and responsibilization in advanced liberal societies.
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