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Postfeminist Healthism

Pregnant with anxiety in the time of contradiction

ADRIENNE EVANS, SARAH RILEY E MARTINE ROBSON

Abstract: In this article, we present our concept of a postfeminist healthism. By this term, we mean the many ways women's healthcare concerns are framed as an individual (often psychological) problem, where risks have to be managed through practices that are self-transformative and/or consumerist. The emphasis on women's ideal healthy self promises the achievement of a good life. But, as we explore, this promise is premised on a constant striving, shaped by contradictions that maintain anxiety. In turn, this anxiety keeps us beholden to normativity. In this article, we argue contradictions pertaining to health include a desire for a normal healthy life, which is also a form of largely unattainable perfection, and where freedom and agency are performed through control of the self, often relying on digital technology and consumerism. We then present our original analysis of how these play out in contemporary understandings of the pregnant body. This embodiment is significant, we argue, because of its potential challenge to neoliberal individualism. We conclude by suggesting this makes it an important body on which to map the workings of postfeminist healthism, modern power, and the regulation of women through its affective, anxious intensities.

[**Keywords:** postfeminist healthism, pregnancy, contradiction, anxiety, digital culture]

1. Introduction

In 2015, Sport England launched the “This Girl Can” campaign across the UK. The advertisements were featured on billboards, a social media campaign (#thisgirlcan), in cinemas, and in a television advert that was also present on platforms like YouTube, and therefore sharable. The aim of the campaign, in the words of Sport England, was to “get girls and women moving” in light of data showing that fear of judgement was related to girls' and women's lack of exercise¹.

In the video, the promotion of exercise begins with a visual sequence of a woman walking through dark, empty changing rooms and towards a busy swimming pool (since

¹ Sport England Active People Survey, available from: <https://www.sportengland.org/research/about-our-research/active-people-survey/>> 13 September 2019.



we can hear pool’s reverberating noises), with the camera behind her. She readjusts her bikini bottoms, and at the point the elastic snaps against her skin, the beat of Missy Elliott’s “Get Ur Freak On” kicks in, starting a montage of women enjoying different sports and forms of exercise. Many of these are female homosocial spaces, for example all-women football, netball, squash and dance and spin classes. This homosociality is combined with other activities where women are confidently absorbed in activities on their own: running and rowing on a rowing machine, for example.

Throughout the montage, we are also given various slogans alongside particular sports and exercise. Of a woman running, the text declares “I jiggle, therefore I am”; of a class of Zumba dancers, we see “Sweating like a pig, feeling like a fox”; one football player is superimposed with the motto “I kick balls. Deal with it”; another at spin class has the text “Damn right I look hot”. Throughout, women are shown variously huffing, puffing, sweating and moving – and all of them are presented as enjoying it.

The This Girl Can campaign was met with significant accolades. The overarching “good feeling” of This Girl Can suggests that women’s health is something to “feel good about”. The 2015 campaign was successful enough to be reproduced. A revised version of the advert, This Girl Can: Phenomenal Woman, was created in 2017, featuring the poem Phenomenal Women by civil rights activist Mary Angelou, while the current iteration of This Girl Can has the mantra “Fit Got Real”. The campaign has also been taken beyond the UK, with a branch of it now covering Victoria, Australia.

However, a more critical response was received from feminist analysts. Depper, Fullagar and Francombe-Webb² argued that the campaign represents a responsabilisation of health and weight management. Thus, This Girl Can avoids attention to the intersectional and social structures that might limit girls’ and women’s ability to participate in such sporting activity (e.g. race, class, religion), where, for example, the significant costs associated with gym membership, exercise classes, the purchase of sportswear etc. might act as barriers to exercise. Depper, Fullagar and Francombe-Webb³

² A. Depper, S. Fullagar, J. Francombe-Webb, “This Girl Can: The limitations of digital do-it-yourself empowerment in women’s active embodiment campaigns”, in D. Parry, C. Jonhson, S. Fullagar (eds.), *Digital Dilemmas: Transforming Gender Identities and Power Relations in Everyday Life*, London, Palgrave Macmillan, 2017.

³ *Ibidem*.



identify this oversight of the significant restrictions to exercise as working on the affective structure of shame: if “this girl can”, then presumably you can too. Moreover, they argue, by associating the jiggling, vibrating, sweating female body with health, This Girl Can does little to challenge appearance concerns around the sexy body, despite the campaign’s façade of body positivity and lack of judgement. Similarly, Dobson⁴ suggests that, instead of challenging judgement, This Girl Can in fact incites and authorises it, exposing the female body and making it visible. This Girl Can therefore produces a heightened surveillance of the female body, while also asking women to overcome their own lack of confidence.

We have also used the This Girl Can campaign as an object of critical analysis. Alongside the critiques discussed above, we identified This Girl Can as an object best made sense of through an analysis of postfeminist healthism⁵. Postfeminist healthism draws both on notions of a postfeminist sensibility and discussions of healthism. In this context, we propose there is a “normative expectation for women to be confident, sexually agentic, and efficacious and successful, in their life plans for public roles, paid employment, intimate relationships and embodied health”⁶. That is, women’s health concerns propose a notion of optimal and ideally feminine healthy, happy perfection, which is at the same time unattainable, constantly shifting and impossible to achieve. Through such sense making, This Girl Can becomes one of many examples in which normative sexy bodies are able to co-exist with claims to self-love, body positivity and the supportive homosociality of “girlfriend” culture. In our discussion of postfeminist healthism, we suggest that important cultural anxieties around women’s bodies are reflected in such complex, unsettling contradictions, through which women have to navigate their own feeling of healthiness.

In this article, we take this analysis further, drawing on the contradictions of a postfeminist healthism to analyse the *homo medicus* of the pregnant body, as a particular site of anxiety. Drawing on a largely Foucauldian approach, we pay attention to both the institutional structures that shape contemporary discourse, and how these allow us to

⁴ A. Dobson, *Postfeminist Digital Cultures: Femininity, Social Media and Self-representation*, London, Palgrave Macmillan, 2015.

⁵ S. Riley, A. Evans, M. Robson, *Postfeminism and Health: Critical Psychology and Media Perspectives*, London, Routledge, 2018.

⁶ *Ibidem*, p. 6.



think, feel and act in particular ways. In doing so, we take a broad approach to “institutions”, seeing them in a traditional sense (e.g. healthcare, government), but also in structures that can be defined as “institutional”, such as racism, sexism, and so on. Furthermore, our work often engages with spheres of culture where the distinction between institution and subjective effects have folded. That is to say, in digital media, for example, the institution and the feelings expressed by those engaging are indistinguishable and co-dependent.

Our approach to anxiety is likewise influenced by our Foucauldian perspectives, but alongside a feminist affect theory that takes seriously the political implications of affects and emotions⁷. Thus, taking our examples from digital media and consumer culture, in this paper we argue that the pregnant body is an important site of anxiety, since its mutability and doubled embodiment provides a useful challenge to current neoliberal and consumerist logics. At the same time, the potentially subversive pregnant body means the hailing of tighter regimes of power and discipline. To make this argument, begin by further detailing the contradictions of postfeminist healthism in terms of 1) a normalising desire for “good health” as a vital component of living a good life, 2) that this good health is in fact highly idealised and exceptional, and 3) the careful control and management of such forms of health through technological (self)surveillance. We then apply these contradictions to several contemporary examples of pregnancy, including “baby bump” Pinterest and Instagram boards, contemporary advertising, and the growth of “femtech”, where monitoring and measuring of the pregnant body is tied to wider digital-consumerist networks. We suggest that the anxiety embodied by such contradictions allows normative expectations of pregnancy to deepen their affective grip. We conclude by suggesting that such sites of anxiety are important spaces for the reproduction of gender power relations, in a wider political context where such regimes of discipline take place alongside the increasing control of women’s reproductive rights.

⁷ See for example S. Ahmed, *The Promise of Happiness*, Durham (NC), Duke University Press, 2010; C. Pedwell, A. Whitehead, “Affecting feminism: Questions of feeling in feminist theory”, *Feminist Theory*, 13 (2012), 2, pp. 115-129; C. Hemmings, “Invoking affect: Cultural theory and the ontological turn”, *Cultural Studies*, 19 (2005), 5, pp. 548-567.



2. Postfeminist healthism as contradiction

Our understanding of a postfeminist healthism draws heavily on Gill's⁸ definition of a postfeminist sensibility, where such sensibility gives the present moment a particular feel, sentiment or "structure of feeling"⁹ that shape contemporary gender relations. For Gill and Kanai¹⁰, such a sensibility creates a certain set of gendered "feeling rules" that mark out what emotional repertoires are permitted and delegitimised in the present moment. Thus, this way of conceptualising postfeminism as a sensibility sets it apart from thinking of it as an historical period after (or "post") feminism. Neither is it a particular form of activism, akin to what is commonly referred to as the "third (or fourth) wave". The concept of a postfeminist sensibility is also different from conceiving of postfeminism as an identity category. That is, from our perspective, one cannot claim to "be" postfeminist. Likewise, it is not a perspective one can adopt as a theoretical approach¹¹. As Gill¹² has noted of her own take on a postfeminist sensibility, "I do not see myself as a 'postfeminist analyst' but as an 'analyst of postfeminism' – a patterned yet contradictory sensibility connected to other dominant ideologies (such as individualism and neoliberalism)".

Our own understanding of a postfeminist sensibility is particularly interested in how it shapes current possible forms of subjectivity, with a certain ideal forming around the construct of the economically productive subject-citizen, who is individually accountable and freely choosing, especially when such freedoms are enacted through forms of consumption¹³. Coalescing with a neoliberal imperative, it is also a subject who actively participates in forms of self-mastery, which hold their own feeling rules: such as in those enacted by self-help literature, through which self-mastery is performed by the constantly transforming subject. Texts like *The Goddess Revolution*¹⁴, for instance,

⁸ R. Gill, "The affective, cultural and psychic life of postfeminism: A postfeminist sensibility 10 years on", *European Journal of Cultural Studies*, 20 (2017), 6, pp. 606-626.

⁹ R. Williams, *The Long Revolution*, Peterborough, Broadview Press, 2001 [1961].

¹⁰ R. Gill, A. Kanai, "Mediating neoliberal capitalism: Affect, subjectivity and inequality", *Journal of Communication*, 68 (2018), 2, pp. 318-326.

¹¹ See for an overview of these perspectives S. Riley *et al.*, "A critical review of postfeminist sensibility", *Social Psychology Compass*, 11 (2017), 12, p. e12367.

¹² R. Gill, "Post-postfeminism?: new feminist visibilities in postfeminist times", *Feminist Media Studies*, 16 (2016), 4, p. 621.

¹³ A. Evans, A. Riley, *Technologies of Sexiness: Sex, Identity and Consumer Culture*, Oxford, Oxford University Press, 2014.

¹⁴ M. Wells, *The Goddess Revolution: Make Peace with Food, Love Your Body and Reclaim Your Life*, London, Hay House, 2016.



suggest that such self-mastery is engaged with when the productive subject-citizen follows the book's call to "work out like a goddess" and by "treat[ing] self-care appointments with yourself like important business meetings". In this example, a postfeminist sensibility blurs self-improvement with an expectation to work on appearance, and to understand a woman's relation to her own sense of self within the realms of workplace terminology. Significantly, such self-mastery erases forms of structural inequality, such that becoming a "goddess" is a personal, individual undertaking. Within a postfeminist sensibility, the individual becomes a marker of their own success and failure, so that optimal life is presented as freely available to anyone, regardless of class, race, differently abled embodiments, and so on. In this way, the task of analysing and making sense of a postfeminist sensibility engages in the task of critically interpreting the gendered implications of neoliberalism¹⁵.

As the example from self-help illustrates, a postfeminist sensibility is implicated in the way women can think, act and feel in relation to health, such as in how they develop a "healthy" sense of self, or "positive" mental health. Thus, the shifts described and analysed in turning our critical attention to a postfeminist sensibility take place alongside transformations to concepts of health. This includes a "healthism", in which health is no longer merely a medical issue, but characterises all aspects of life, such that we may consider our lifestyles, relationships or work-life balance as constituents of what is "healthy" or "unhealthy"¹⁶. This broadening of the notion of health is supported by larger societal and institutional shifts, for example in the privatisation and competitive marketisation of healthcare. For us, these larger structures enact a Foucauldian governmentality, so that forms of intelligible, preferred subjectivity are also those that have internalised wider structural disciplinary power¹⁷. Hence, the privatisation of healthcare in turn becomes internalised in the individual's own private care of the self. Likewise, the wider structural marketisation of healthcare is reflected in our own apparent consumer choices, such as in the purchase of the "right" healthy food – and, since women

¹⁵ R. Gill, "Culture and subjectivity in neoliberal and postfeminist times", *Subjectivity*, 25 (2008), 1, pp. 432-445.

¹⁶ R. Crawford, "Healthism and the Medicalization of Everyday Life", *International Journal of Health Services*, 10 (1980), 3, pp. 365-388.

¹⁷ M. Foucault, *Surveiller et punir. Naissance de la prison*, Paris, Editions Gallimard, En. tr. *Discipline and Punish: The Birth of the Prison*, New York, Vintage Books, 1995.



have historically been associated with food purchase and preparation, the subject's own healthy food choices are themselves highly gendered.

Our account of postfeminist healthism therefore takes this to mean the way that women's contemporary health concerns are framed as individual (often psychological) problems, so that risks associated with health have to be managed by the individual. In addition, we argue that healthism needs to be understood as gendered. This self-management often includes a "transformation imperative"¹⁸, whereby women are encouraged to constantly aim for ever greater ideals of health perfection. And, in turn, such self-management through constant transformation is enabled by modes of consumption, which both intersect with medical models and reach beyond them. Thus, the emphasis is on women's ideal "healthy" self, constructed through a network or *dispositif*¹⁹, including healthcare professionals, media texts and a range of others, often positioned as "experts". This notion of the ideal "healthy self" promises a version and fantasy of achieving health. However, this fantasy is premised on a constant striving, similar to what Berlant²⁰ terms a "cruel optimism", in which we become attached to objects (in this article, health) that prevent us from flourishing. Concurrently, we argue that postfeminist healthism is a constant striving that creates the ground for us to feel anxious, provoked further through a number of contradictions, including: the idea that good health is the essence of a good life; the unattainability of concepts of optimal health; and, the control of this good health through digital and consumer culture. We discuss each below, before going on to show how these make themselves felt in relation to pregnancy.

The first contradiction, then, emerges through normalising desire for "good health", or the internalisation that good health as something we (should) all individually and collectively strive for, as the panicle of what any "normal" person would want from life. This includes, for example, the normative coupling of "health" and "happiness", where to be healthy is to be happy, and vice versa²¹. We witness this in popular

¹⁸ S. Riley, A. Evans, "Lean and light and fit and tight: Fitblr blogs and the postfeminist transformation imperative", in K. Toffoletti, H. Thorpe, J. Francombe-Webb, *New Sporting Femininities: Embodied Politics in Postfeminist Times*, London, Palgrave Macmillan, 2018.

¹⁹ M. Foucault, "The confession of the flesh", in C. Gordon, *Power/Knowledge: Selected Interviews and Other Writings 1972-1977*, New York, Pantheon Books, 1972.

²⁰ L. Berlant, *Cruel Optimism*, London, Duke University Press, 2011.

²¹ See, for a discussion on the cultural preoccupation with happiness, S. Ahmed, *The Promise of Happiness*, London, Duke University Press, 2010.



psychology, such that the *Psychology Today UK* website includes the tagline “Health, Help, Happiness”²², suggesting psychological health, experts (i.e. “help”) and overall happiness have an assumed, obvious connection. This is despite the fact that what is considered “healthy” is constantly changing; for example, in changes to BMI “healthy” or “normal” categories, in constantly changing “healthy” foods (e.g. the way salmon has been both championed as high in omega 3 fatty acids, and carcinogenic), or in the shifting designation of unhealthy food types, for example the oscillation between fat and sugar.

An important contradiction in postfeminist healthism is thus a disparity between the seeming obviousness that good health is something we should all actively desire, necessary for a good life, even while definitions of what is and is not healthy are constantly changing. This contradiction is maintained through affective registers that tie together good feeling, female empowerment, body positivity and self-determined autonomy²³. We have seen these affective registers already in the example of This Girl Can, a pattern which is shared across media and health promotion. In the Special K advert “Women Eat”, for instance, women are celebrated as “amazing”, able to give birth, run marathons, and lead companies. These amazing capabilities are achieved by women because, according to Special K, they eat. The advert thus combines the biological necessity of eating with a feel-good sentiment, even while Special K has historically been sold as a cereal associated with weight loss and dieting²⁴ and continues to be marketed as a Special K “diet” online, where meals are replaced with the cereal as a weight loss method²⁵. But in the advert, women are celebrated as amazing simply for being women, with the affective texture of the advert acting as a form of control. Such a sensibility convinces us that those things that “feel” good should also “be” good, while avoiding the contradictions of such claims. To point out anything otherwise to happiness is to upset the good feeling and positivity of others, a position which Ahmed has notably termed the “feminist killjoy”²⁶.

²² *Psychology Today UK*, available at <<https://www.psychologytoday.com/gb>> 17 September 2019.

²³ See R. Murphy, S. Jackson, “Bodies-as-image? The body made visible in magazine love your body content”, *Women’s Studies Journal*, 25 (2011) 1, pp. 17-30; R. Gill, S. Orgad, “The Confidence Cult(ure)”, *Australian Feminist Studies*, 86 (2015), 30, pp. 324-344.

²⁴ R. Gill, A.S. Elias, “‘Awaken your incredible’: Love your body discourses and postfeminist contradictions”, *International Journal of Media and Cultural Politics*, 10 (2014), 2, pp. 179-188.

²⁵ See for example <<https://www.healthline.com/health/diet-and-weight-loss/special-k-diet#is-it-healthy>> 19 October 2019.

²⁶ S. Ahmed, *The Promise of Happiness*, London, Duke University Press, 2010.



This brings us to our second contradiction: that, despite these feel good sentiments that present good health as both something we should all want and accessible to all, good health is in fact highly idealised and exceptional. Thus, the normativity of good health is also a health that is not normal, but perfect, a construct we define as a postfeminist perfection. Such perfection is embodied by “clean eating” raw and plant-based diets, for instance, where diet regimes are reimagined as practices of self-health. Ella Mill’s social media and wellbeing empire, *Deliciously Ella*, is exemplary of the expectations of postfeminist perfection. On the *Deliciously Ella* Instagram account, what it means to be healthy merges seamlessly with a normative white, heterosexual and middle-class blissful domesticity and an idyllic social life, complete with the holiday photographs, and of course stylish food. As McRobbie²⁷ has argued, this new perfect emerges at a time when feminism is publicly visible, so that such perfection reorients femininity to heteronormativity and reroutes feminine success in comfy domesticity, so that “feminism can be made entirely compatible with the search for the ‘good life’”²⁸. This good life incorporates self-regulation and striving for perfection that is nevertheless constantly out of reach, and which, for McRobbie, endows women with a new psychic fragility²⁹. Likewise, in our discussion of a postfeminist perfection, the conflation of “exceptional health” with “normal health” produces suffering, since such exceptional health is ultimately unattainable. Furthermore, attempts at optimal living require time, money, and other resources, which are not equally available to all. And, like McRobbie’s account of the need for constant monitoring of the perfect, achieving postfeminist perfection in health is always insecure, requiring never-ending labour on the self (such as in the “healthy” practices of self-help³⁰).

Postfeminist healthism is thus a normalising sensibility, presenting a desire for good health as ordinary and expected, and a sensibility secured by a perfection that is precarious and insecure. Taken together, these contradictions create the necessary foundations for management and control of the female body. However, this leads to our

²⁷ A. McRobbie, “Notes on the perfect: Competitive femininity in neoliberal times”, *Australian Feminist Studies*, 83 (2015), 30, pp. 3-20.

²⁸ *Ibidem*, p. 7.

²⁹ *Ibidem*, p. 5.

³⁰ S. Riley *et al.*, “The gendered nature of self-help”, *Feminism and Psychology*, 29 (2019), 1, pp. 3-18; E. Illouz, *Saving the Modern Soul: Therapy, Emotions and the Culture of Self-Help*, Berkeley (Ca), University of California Press, 2008.



final contradiction, since such control is performed as though it were the outcome of self-determined freedom and agentially made choices.

One key mechanism through which postfeminist healthism enables this contradiction is through forms of technological and consumerist practices that present disciplinary techniques as acts of freely chosen self-care and pampering, and therefore ultimately beneficial to health. We see this, for example, in the technological consumer culture that has developed around sexual health and female genitalia. Surgical procedures include labiaplasty, labia majora “augmentations”, liposuction, vaginal tightening, clitoral hood reductions, clitoral repositioning, G-spot “amplification” and hymen reconstruction³¹. While other non-surgical self-care practices include the “vajacial”, or vagina facial, promoted by celebrities such as Gwyneth Paltrow as improving virginal health and sexual pleasure³². In Braun’s³³ analysis of advertisements for such procedures, she suggests women’s choice is promoted by this growing industry as though undergoing these treatments were pleasurable, a “treat” that one can give oneself, with a by-product being better vaginal health. Alongside the fact that there is little evidence of such benefits (for example, in relation to the vajacial), the presentation of these practices as part of health fails to questioning what cultural contexts or judgments made about women’s bodies might shape women’s desires to undergo genital surgery or beauty treatments.

Further evidence of the tightening of control over women’s bodies and health includes the biopolitics of the rising market for “femtech” and levels of self-surveillance and self-monitoring required to track sex, reproduction and fertility. Applications (apps) such as Flo feature high on the top downloads for health and fitness in the Apple app store, with the app’s functionality allowing women to monitor their menstruation cycle, with questions on launching the app including: “is your menstrual cycle regular”? Another screen ask the user to “Log the first day of your last period”, with such content already assuming a level of self-knowledge to begin using the app. Ovia, a period tracker

³¹ V. Braun, “In search of (better) sexual pleasure: Female genital ‘cosmetic’ surgery”, *Sexualities*, 8 (2005), 4, pp. 407-424.

³² T. Vandenburg, V. Braun, “Basically, it’s sorcery for your vagina: Unpacking Western representations of vaginal steaming”, *Culture, Health & Sexuality*, 19 (2017), 4, pp. 470-485.

³³ V. Braun, “In search of (better) sexual pleasure: Female genital ‘cosmetic’ surgery”, cit.; see also V. Braun, “The women are doing it for themselves’: The Rhetoric of Choice and Agency around Female Genital ‘Cosmetic Surgery’”, *Australian Feminist Studies*, 60 (2019), 4, pp. 233-249, for a discussion on the Western-centric mode of such agency in comparison to discussions of female genital mutilation.



app that works similarly to Flo, recently caused controversy when Blizzard (the game developer) offered female workers a \$1-a-day incentive for using the app³⁴, breaking the illusion that women might engage in such monitoring as a self-determined choice. Similarly, companies including Apple, Google and Facebook have variously encouraged their female workforce to freeze their eggs, offering a seeming “solution” to the “problem” of women’s bodies. The promotion of egg freezing by these companies is presented as good equality policy, giving women freedom to advance their careers, without questioning why childbirth should be a hindrance to career success, and assuming a biological essentialism in which all women’s bodies represent likely future pregnant bodies. From this perspective, rather than offering freedom, menstrual surveillance and technological interventions in fertility as part of employee reward and employment packages represent just one way women’s bodies, and their capabilities, are culturally perceived as in need of monitoring to make them governable. This offers corporations better control of the female bodies of their workforces and ensures time is spent being economically productive. Moreover, they often require financial resources from those who participate, with, for example, egg freezing in the UK being estimated as costing between £7,000-8,000³⁵, thus making these apparent freedoms unavailable to many.

So far, we have argued that a postfeminist healthism shapes available ways of understanding women’s health, defined by a number of contradictions. It is our claim that these contradictions work by maintaining anxiety around women’s health. Furthermore, we would argue that this anxiety is ideological, working to maintain gender power relations. That is, if we are anxious about health, we are more likely to conform to current ideological expectations that shape how women can understand themselves and their bodies. Read through the lens of Berlant’s³⁶ work, this anxiety keeps us attached to the construct of the “good life”; while thinking this context through Bauman’s³⁷ account of fear, we could see such uncertainty as making us desire safety while renouncing freedom.

³⁴ A. Mahdawi, “There’s a dark side to women’s health apps: ‘Menstrual surveillance’”, *The Guardian* (2019), available from <<https://www.theguardian.com/world/2019/apr/13/theres-a-dark-side-to-womens-health-apps-menstrual-surveillance>> 23 August 2019.

³⁵ Human Fertilisation and Embryology Authority, “Should I freeze my eggs?” A guide to the latest information and statistics on egg freezing in the UK, (2018), available at <<https://www.hfea.gov.uk/media/2659/should-i-freeze-my-eggs-september-2018.pdf>> 24 September 2019.

³⁶ L. Berlant, *Cruel Optimism*, London, Duke University Press, 2011.

³⁷ Z. Bauman, *Liquid Fear*, Cambridge, Polity Press, 2006.



Below, we use this discussion of postfeminist healthism to make sense of current constructs of pregnancy.

3. Postfeminist pregnancy, or what to expect when expecting

Of all the capabilities of bodies, in this article we focus on pregnancy given its cultural and political significance. Pregnancy is over-invested with meaning, symbolising the beginning of all human (and non-human animal) “life”. Within the framework of *homo medicus*, however, pregnancy also poses a challenge. As some of our examples above indicate, pregnancy is understood in opposition to the economically active working subject. Connectedly, is also in conflict with the ideal neoliberal subject, as a subject who is a sovereign and autonomous individual³⁸. The capacity of women’s bodies to grow and give birth to other bodies, and to be two (or more) bodies in one, acts as a fundamental challenge to how Western culture has formulated (human) subjectivity³⁹. However, we argue that this also means that the pregnant body is the object of heightened forms of anxiety and control. We document this through 1) the visualisation of pregnancy, and 2) the monitoring of pregnancy, showing how the contradictions of postfeminist healthism (normativity, perfection and control) play out in both.

However, before we do, we want to make two caveats to our posing of pregnancy as a useful health issue to undo individualistic concepts of personhood (even as this is constantly reformulated in the interests of power). First, in highlighting pregnancy, we note that not all women get pregnant, not all women want to be pregnant, and not all women can get pregnant. There are complex reasons for this, many of which are qualitatively and importantly different, and which are too large to cover in this paper (e.g. the trans woman who may want to be pregnant, but cannot be, is seismically different to the rape survivor’s desire to terminate a pregnancy resulting from that rape – the two instances are significant, and should be recognised, but are not comparable, and are only two of many other reasons women do not, do not want to be, or cannot get pregnant). We are not proposing that pregnant embodiment is an ideal form of personhood, but rather

³⁸ N. Rose, *Governing the Soul: The Shaping of the Private Self*, London, Routledge, 1990.

³⁹ I.M. Young, “Pregnant embodiment: Subjectivity and Alienation”, *Journal of Medicine and Philosophy*, 45 (1984), 9, pp. 45-62.



use it here to critically unpack the anxieties surrounding women’s health and bodies, given its capacity to otherwise undermine neoliberalism.

Our second caveat is to note that the anxiety produced by the pregnant body is hardly new. Historically, pregnancy has been understood as “doubly mutable”, both scared and diseased⁴⁰, and we argue that such notions continue today in the context of a postfeminist healthism. For example, while talk of “the glow” of pregnancy continues, it is still an embodiment that produces an intense medical intervention, which frame pregnancy as “not normal”⁴¹. Lupton notes, of the many medical interventions made, women are:

expected to attend regular antenatal checks, undergoing a series of urine and blood tests and internal examinations. Their weight and blood pressure are regularly checked. Other medical tests, such as the maternal serum or triple test (involving a blood sample from the woman that is screened for various components indicating the normality of the foetus), amniocentesis (tests on a sample of amniotic fluid drawn from the uterus by a needle, used to diagnose chromosomal defects such as Down’s Syndrome), chorionic villus sampling (CVS, also a test used to detect chromosomal defects, using tissue taken from the uterus) and ultrasound (magnetic resonance imaging of the foetus)⁴².

That is, historical discourses of the pregnant body have not been done away with, but adapt and evolve to fit their context, including that of increasing levels of monitoring engaged with as part of the medical-industrial complex. As Lupton⁴³ notes, the intensity of tests and check-ups on the pregnant body, alongside wider cultural regulations, creates anxieties that are further read through the lens of medical and psychiatric knowledge, rather than through recognising how framing pregnancy as disease may affect women – for example, when women are diagnosed with Obsessive Compulsive Disorder during pregnancy. This is a continuation of much longer histories, such as the associations between ‘lunacy’, female reproductive organs and femininity⁴⁴.

⁴⁰ C. Hanson, *A Cultural History of Pregnancy: Pregnancy, Medicine and Culture, 1750-2000*, London, Palgrave Macmillan, 2004; see also S. Riley S. *et al.*, cit., for a discussion of different historical and historical-technological constructs.

⁴¹ I.M. Young, “Pregnant embodiment: Subjectivity and Alienation”, *Journal of Medicine and Philosophy*, 45 (1984), 9, pp. 45-62.

⁴² D. Lupton, “Risk and the ontology of pregnant embodiment”, in D. Lupton (ed.), *Risk and Sociocultural Theory: New Directions and Perspectives*, Cambridge, Cambridge University Press, 1999, p. 65.

⁴³ *Ibidem*.

⁴⁴ C. Hanson, *A Cultural History of Pregnancy: Pregnancy, Medicine and Culture, 1750-2000*, cit.



What we argue is new is the widening and permeable reach of attempts to control the pregnant body, exposing the pregnant body, making it available to ever subtler (and not so subtle) control through a postfeminist healthism that maintains and heightens insecurity.

3.1. Luminous pregnancy

Forms of control of the pregnant body today include the way it is encouraged to become continuously more visible. As Tyler⁴⁵ has argued, one difference between historical and contemporary constructs of pregnant embodiment is that, where once the visibly pregnant woman would have been an offence to the purity and virtue of the (usually white, middle class) woman, we are increasingly asked to view the pregnant body. This includes new modes of representation enabled by medical technologies, such as ultrasound and photographic techniques that allow us to imagine and reconfirm the separateness – and so individuality – of the developing foetus⁴⁶. But further visibilities emerge from more widespread, seemingly democratic, “vision machines”⁴⁷.

One such visibility has been enabled by celebrity culture. Demonstrating the new scopical regime of pregnancy, Tyler analyses Demi Moore’s 1991 front cover of *Vanity Fair*, in which Moore posed naked and 7 months pregnant, as a watershed moment in visual representations of pregnancy; an image that has been more recently reproduced on *Vanity Fair* in 2017, with a pregnant Serena Williams on the front cover. Tyler suggests that the Moore image was significant because it made pregnant subjectivity visible, emphasising Moore as the subject of her doubled embodiment in pregnancy (in contrast to medical tests or ultrasound photography, which absent pregnant subjectivity). However, through showing the pregnancy bump as smooth round skin, perfectly formed and aesthetically pleasing, the Moore image, and those images it has inspired, create part of the expectations of what pregnant embodiment should look like, an idyllic form of (white) pregnant beauty. Pregnancy became, in Tyler’s words, a “‘body project’ to be

⁴⁵ I. Tyler, “Reframing pregnant embodiment”, in S. Ahmed *et al.* (eds.), *Transformations: Thinking Through Feminism*, London, Routledge, 2000; I. Tyler, “Skin-tight: Celebrity, pregnancy and subjectivity”, in S. Ahmed, J. Stacey (eds.), *Thinking Through the Skin*, London, Routledge, 2001.

⁴⁶ *Ibidem*.

⁴⁷ P. Virilio, *The Vision Machine*, Bloomington, Indiana University Press, 1994.



directed and managed, another site of feminine performance anxiety and thus ironically a new kind of confinement for women”⁴⁸.

Thus, the seeming conflict, in which pregnant subjectivity is made present, but so long as it confirms to normative notions of feminine beauty, can be read as part of a postfeminist perfection. We read this visibility in line with a Deleuzian luminosity, in which normative pregnancy is “created by the light itself”⁴⁹. This happens in the sense that, by making some pregnancies visible in this way (and by necessity, making others invisible), the object is both defined by the light and becomes more manageable within powerful modes of governance. We see this form of control at work in other celebrity pregnancies, for example, Kim Kardashian’s failure to attain a perfect pregnancy body meant she became the object of ridicule during her two pregnancies, while others (e.g. Catherine Middleton, the Duchess of Cambridge) are presented as maintaining appropriately feminine, morally correct pregnant bodies, personified by the flawlessly round pregnancy bump on an otherwise slim, white body⁵⁰. Such luminosities present some pregnant bodies as in need of regulation, especially in relation to race and class/capital as well as in terms of their excess (e.g. of body, glamour or sex), while highly idealised pregnant bodies become, within the realms of visibility, the norm.

The repetitious citation of perfect pregnancy is also evident on social media, in the use of hashtags on Instagram, such as #pregnancyweeks, and “baby bump” boards on Pinterest. For example, in Tiidenberg and Baym’s⁵¹ analysis of pregnancy on Instagram, they argue that pregnancy becomes “intensive”, in much the same way movements such as “attachment parenting” promote an all-encompassing and constantly vigilant closeness between mother and child after birth⁵². Thus, on Instagram, Tiidenberg and Baym argue that this intensiveness permeates visual and textual content through the discourses of “learning”, “buying” and “working it”. Women perform pregnancy through Instagram by demonstrating: their willingness to engage in forms of self-mastery, showing themselves

⁴⁸ I. Tyler, “Pregnant Beauty: Maternal femininities under neoliberalism”, in R. Gill, C. Scharff (eds.) *New Femininities: Postfeminism, Neoliberalism and Identity*, London, Palgrave Macmillan, 2011, p. 29.

⁴⁹ G. Deleuze, *Foucault*, Minneapolis (Minnesota), University of Minnesota Press, 1988, p. 52.

⁵⁰ S. Riley, A. Evans, M. Robson, *Postfeminism and Health: Critical Psychology and Media Perspectives*, cit.

⁵¹ K. Tiidenberg, N.K. Baym, “Learn it, buy it, work it: Intensive pregnancy on Instagram”, *Social Media + Society*, 3 (2017), 1, pp. 1-13.

⁵² A. McRobbie, “Notes on the perfect: Competitive femininity in neoliberal times”, *Australian Feminist Studies*, 83 (2015), 30, pp. 3-20.



as willing to study-up and deploy medicalised language through images of pregnancy books, magazines, food supplements and sonogram images; their consumption of appropriate (middle class) items, often alongside captions that expressed the positive affect and love for the unborn child; and, their ability to maintain heterosexy femininity throughout pregnancy, evidenced in #stylethebump posts, sharing outfits and detailing health, fitness and beauty routines undertaken throughout the pregnancy.

For Tiidenberg and Baym⁵³, what was lacking within these performances of pregnancy on Instagram was ways that women could articulate alternatives to the discourses of “learn it”, “buy it”, and “work it”. As they argue, within the framework of these intensive pregnancy discourses, Instagram “propagates specific, narrow, overlapping visions of what a “normal” pregnancy or a “normal” pregnant woman should feel, look and act like”⁵⁴. Similar observations have been made by other researchers. Rossie⁵⁵, for example, analyses the temporality of “baby bump” boards on Pinterest, in which women often pose in the same location, often in the same clothes, on a monthly/weekly basis to show the bump growing over time. Pinterest’s usability is valuable to such an analysis, since it allows users to collect (or “pin”) images for their own inspiration, so we can assume some level of aspiration: that Pinterest visually collects hopes for a future self and what might be. Rossie interprets these images through the lens of Berlant’s⁵⁶ intimate public, in which an imagined community, such as “women”, are brought together through an affective aesthetic or tone of normativity, such as domesticity and heterosexuality. However, although giving the perception of attainability, inclusivity and belonging, the intimate public also works to make the ordinary seem extraordinary, what Berlant refers to as a “fantasy” of an otherwise common “good” life. Thus, for Rossie’s⁵⁷ analysis of the ritualisation of the image of the baby bump, where the pregnant body is seen to change in highly stylised, managed and staged ways, a fantasy of pregnancy masquerades as normal, in which “women’s striving for Pinterest-level

⁵³ K. Tiidenberg, N.K. Baym, “Learn it, buy it, work it: Intensive pregnancy on Instagram”, cit.

⁵⁴ *Ibidem*, p.10.

⁵⁵ A. Rossie, “‘Pinning’ down time: Post-feminist pregnancies on Pinterest”, *Feminist Media Studies*, 19 (2018), 8, pp. 1-17.

⁵⁶ L. Berlant, *The Female Complaint: The Unfinished Business of Sentimentality in American Culture*, cit.

⁵⁷ A. Rossie, “‘Pinning’ down time: Post-feminist pregnancies on Pinterest”, cit.



perfection adds another layer of stress and anxiety to their lives”⁵⁸. Furthermore, as Rossie notes, despite the reported diversity of Pinterest users, what is notable when searching the images and Pinterest boards is the overwhelming whiteness and implied middle class capital (e.g. the time and money to engage in complex DIY practices).

What these discussions of the visuality of pregnancy on social media suggest to us is that structural inequalities (e.g. class, race, religion, sexuality) are erased through the postfeminist luminosity of perfect pregnancy. Further, we would argue that when the normal and the perfect overlap, what is also erased are the embodied experiences of pregnancy, such as the erasure of the pains and discomforts of pregnant embodiment. This is evident, for example, in a recent Mothercare campaign, “Body Proud Mums”⁵⁹, which we explore below.

In 2019, Mothercare, a British retailer specialising in items for both during and after pregnancy, launched their body positive campaign, Body Proud Mums. The campaign features a diverse group of women, each with a baby (or babies) against an empty blue-green background, foregrounding the woman. Each woman and baby image is represented on the Mothercare website in a tile, reminiscent of Instagram, with the text across the centre stating “Beautiful, isn’t she”. Furthermore, each woman wears the same black underwear, apparently revealing the “real” postpartum bodies of these women⁶⁰. Thus, the statement “Beautiful, isn’t she”, typically directed towards the newborn, is intended for the new mother. Clicking on each tile takes us to text that reveals a narrative of how each woman went from feeling upset, angry or uncomfortable about their pregnant and post-pregnant bodies, to how they learned to love them(selves).

Body Proud Mums, then, seems to be a celebration of the “real” postpartum body, pushing against cultural pressure for women to “snap back”⁶¹ into shape following pregnancy. However, we would argue that such “body positivity” works to individualise the important affective consequences of living in a culture that prioritises appearance.

⁵⁸ *Ibidem*, p. 3.

⁵⁹ Available at <<https://www.mothercare.com/blog/news-and-events/body-proud-mums.html>> 20 October 2019.

⁶⁰ R. Murphy, S. Jackson, “Bodies-as-image? The body made visible in magazine love your body content”, cit.

⁶¹ Nash M., *Making ‘Postmodern’ Mothers: Pregnant Embodiment, Baby Bumps and Body Image*, London, Palgrave Macmillan, 2012.



More generally, the take up of body positivity discourses, often by consumer industries that rely on women's bodily insecurities (e.g. as seen in the Special K example earlier in this article), is understood as taking place within a neoliberal logic, requiring women to work on their emotional selves in appropriate gendered ways that refute anger and replace it with self-love⁶². Rather than take issue with the structures of racism, sexism and capitalism that effect how the pregnant body is treated and understood as beautiful, women are asked to work on an internal self. This plays out in Body Proud Mums in the affective tone of the text "Beautiful, isn't she", seemingly challenging cultural conventions (beautiful being applied to describe the mother, not the baby), while reorienting the postpartum body to aesthetic ideals of feminine beauty. At the same time, such images work in a similar way to Dobson's⁶³ critique of the This Girl Can campaign. That is, by claiming that the postpartum body is beautiful, alongside an image of its embodiment, the Body Proud Mums campaign exposes this body, asking us to judge this body in relation to beauty.

A further issue with the application of body positivity rhetoric to the postpartum body is in the implication that this is a body otherwise difficult to love or find beautiful – hence, the need for such a campaign⁶⁴. While creating new expectations that postpartum women should work on their own subjectivities to feel "pride", the campaign's implied cultural incongruence of the label of beautiful to the postpartum body suggests that this body is more commonly seen as somehow unattractive, since body positivity assumes we are not already positive about these bodies. This is strengthened by the affective tonalities of the narratives provided by the different women. Explaining that they felt fat, unsexy or ambivalent about their bodies before taking part in the campaign⁶⁵, the adverts tacitly reassert the same bodily dissatisfaction that they appear to challenge.

⁶² S. Riley, A. Evans, M. Robson, *Postfeminism and Body Image*, cit.

⁶³ A. Dobson, *Postfeminist Digital Cultures: Femininity, Social Media and Self-representation*, London, Palgrave Macmillan, 2015.

⁶⁴ R. Gill, A.S. Elias, "'Awaken your incredible': Love your body discourses and postfeminist contradictions", *International Journal of Media and Cultural Politics*, 10 (2014), 2, pp. 179-188.

⁶⁵ See M. Nash, "Shapes of motherhood: Exploring postnatal body image through photographs", *Journal of Gender Studies*, 24 (2012), 1, pp. 18-37 for an analysis of women's feelings around the postpartum body.



3.2. Monitored pregnancy

Our second sphere in which we see the contradictions of postfeminist healthism at work is in new forms of control enabled by digital technologies, such as the femtech apps that take the place of Flo and Ovia, discussed earlier in this article. Indeed, many of these apps have a dual purpose: for example, having monitored menstruation, the Ovia app can also predict fertility levels, and in turn has an Ovia Pregnancy Tracker and Ovia Parenting and Baby Tracker. The use of such apps to monitor and measure takes place in the context of a larger “data surveillance”, in which the neoliberal reflexive self collects its own biometrics, often to the benefit of surveillance capitalists, who then sell this data on, or use this data to promote forms of consumption, or both⁶⁶. Meanwhile, the use of digital technology in the monitoring of pregnancy engenders both a further medicalisation (and quantification) of women’s pregnant bodies, while at the same time undermining and privatising social welfare, for example, in the UK, where a recent push towards smart, wearable technology and “digital doctors” risks widening healthcare inequalities, where the use of these services often comes at considerable cost⁶⁷.

In Thomas and Lupton’s⁶⁸ analysis of the socio-cultural meanings ascribed in all the available pregnancy apps on Google Play (665) and Apple’s App Store (1,141), they suggest two key discourses emerge: one of the pregnant body as risky, and thus in need of careful self-monitoring, and the other of entertainment and pleasure, in line with normative gendered expectations. In relation to risks, apps demonstrated their scientific and medical expertise, often claiming to be developed by doctors and obstetrician-gynaecologists. A number of the apps they analysed claimed to calculate genetic and/or environmental risks, including one app which claims to “prevent” the foetus developing “Down syndrome...muscular dystrophy, Tay-Sachs disease, fragile X syndrome, Thalassaemia, sickle cell disease, cystic fibrosis, and cerebral palsy”⁶⁹. While, elsewhere, pregnancy apps focused on forms of self-monitoring that were presented as fun, for

⁶⁶ S. Zuboff, *The Age of Surveillance Capitalism: The Fight for a Human Future at the New Frontier of Power*, London, Profile Books Ltd, 2019.

⁶⁷ See <<https://www.theguardian.com/technology/2016/oct/02/gp-smartphone-apps-threat-to-nhs>> 19 October 2019.

⁶⁸ G.M. Thomas, D. Lupton, “Threats and thrills: Pregnancy apps, risk and consumption”, *Health, Risk and Society*, 17 (2015), 7-8, pp. 495-509.

⁶⁹ *Ibidem*, p. 500.



example, in the taking of a photograph each week of the growing pregnancy, similarly to the Instagram selfies and Pinterest baby bump boards discussed earlier, or in linking pregnancy to fashion and shopping. As Thomas and Lupton note, these apps all assume heterosexuality (with many referencing a present, if disinterested, husband), thus absencing same-sex relationships, single motherhood or surrogacy. Thus, they argue that these apps, which are growing in popularity, represent a series of normative expectations of pregnancy, through heightening feelings of anxiety, self-responsibility and blame⁷⁰, and through the promotion of highly gendered forms of consumption.

These highly gendered forms of consumption are also noted in Johnson's⁷¹ research. Johnson's work combines analysis of selected apps and interviews with women both during and after pregnancy. She analyses this material through Foucault's⁷² concept of a technology of the self, in which self-reflexive practices are engaged with in order to better the self, with the aim of achieving "good" citizenship. Johnson suggests that such technologies of the self are pertinent in maternal subjectivity, since the neoliberal imperative towards responsabilisation is heightened when caring for others. Thus, she suggests, the responsabilisation of the pregnant body is "gendered and double-pronged; this is not simply neoliberal responsabilisation as we know it, but responsabilisation for the self-for-others; 'being-for-intimate-others'"⁷³. Through this framework, she analyses digital pregnancy apps (e.g. Pregnancy Sprout, Baby Connect) as constituting a form of bio-citizenry, a form of "good" subjectivity which is oriented to a self-medicalisation and accumulation of bodily knowledge.

Johnson's analysis of these apps maps on closely to our own research on the mobile phone app, The Bump⁷⁴. The Bump is a particularly interesting example within the market, since it is owned by The Knot Worldwide group, who have heavily invested in providing advice on the progression of a normative (heterosexual) marital life. The Knot Worldwide group's primary focus is wedding advice (The Knot app); they also own

⁷⁰ *Ibidem*, p. 504.

⁷¹ S.A. Johnson, "'Maternal devices' social media and the self-management of pregnancy, mothering and child health", *Societies*, 4 (2014), 2, pp. 330-350.

⁷² M. Foucault, "Technologies of the self", in L. Martin, H. Gutman, P. Hutton (eds.), *Technologies of the Self: A seminar with Michel Foucault*, Amherst, The University of Massachusetts Press, 1988.

⁷³ S.A. Johnson, "'Maternal devices', social media and the self-management of pregnancy, mothering and child health", *cit.*, p. 332.

⁷⁴ S. Riley, A. Evans, M. Robson, *Postfeminism and Health: Critical Psychology and Media Perspectives*, *cit.*



Lasting, a “marriage health” app that gives guidance on “how to stay healthy and happy, together, for a lifetime”.

In our own engagement with The Bump app, one immediately evident element of the app is the medicalisation of pregnancy. A key function, for example, is the Planner+ feature, which works “seamlessly with your iOS calendar” to remind the user of when they need to book particular tests and make appointments with a doctor. Likewise, The Bump provides information on pregnancy stages, making the pregnant body knowable and visible, and therefore more easily managed and controlled. This is evident in another feature of the app, in the form of notifications. While other pregnancy apps include a number of push notifications, which Johnson refers to as a “pushiness”⁷⁵, what makes The Bump stand out in contrast to its competitors is the push notifications’ comparison of the size of the foetus to various fruit and vegetables. At week 19, for example, a notification tells us “Your baby is as big as a mango”, drawing together both medical knowledge and fun⁷⁶. Such content is combined with deeply affective push notifications that work to give the unborn child a sense of self separate from the pregnant body; at week 33, for example, the user is informed that “He’s keeping his eyes open while awake”. While further content demands attention be paid to an ever-changing concept of “health”, for example, the app asks “Are you eating your superfoods?”. The implication here is that the pregnant woman “should be” eating her superfoods, while, in line with the contradictions of a postfeminist healthism, such “superfoods” rely on a constantly changing notion of what is healthy.

As evident in our discussion above of The Bump, one important element of the control of the pregnant body is the way health and medical advice is presented indivisibly from forms of friendly, feminine address, as though the app were acting as a thoughtful “girlfriend”⁷⁷. Such forms of intimacy also align health and medical advice to aspirational middle-class forms of consumption, presenting both health and consumption simultaneously in ways that might otherwise seem incompatible. That is, the constant

⁷⁵ S.A. Johnson, “‘Maternal devices’, social media and the self-management of pregnancy, mothering and child health”, cit.

⁷⁶ G.M. Thomas, D. Lupton, “Threats and thrills: Pregnancy apps, risk and consumption”, cit.

⁷⁷ See A. Winch, *Girlfriends and Postfeminist Sisterhood*, London, Palgrave Macmillan, 2013; A. Kanai, *Gender and Relatability in Digital Culture: Managing Affect, Intimacy and Values*, London, Palgrave Macmillan, 2019.



planning, medical measuring and bodily surveillance that takes place through The Bump app sits alongside a construct of idyllic, perfect “domestic bliss” and the promotion of a sublime embrace of pregnant embodiment, so long as the latter is facilitated by consumption. For example, an app feature titled “Nursery Ideas”, which appears alongside similar “nesting” advice, suggests in a friendly tone that the user should “Treat the nursery like you would the rest of your home... Don’t feel the need to fit some old fashioned criteria. Otherwise, your child will grow up to have terrible taste in décor”. Meanwhile, a list of “Babymoon” destinations on The Bump’s website suggest the user have “a last hurrah with your partner before you become a family of three”. Like others have observed⁷⁸, such advice is presented as though heterosexual coupledness is essential to pregnant embodiment, erasing single, same-sex and surrogacy pregnancies. Furthermore, the locations proposed for such pre-childbirth vacations include beach, spa and shopping holidays, implying particular forms of middle-class capital and financial freedom.

We would argue that the contradictions of presenting such medical and health advice alongside suggestions for aspirational consumption work on apps such as The Bump because engaging in traditionally feminine pursuits such as home décor and expensive, leisurely holiday destinations are presented as a pleasurable break from the constantly monitored and medicalised body. In this way, the control of pregnant bodies through a postfeminist healthism, relying both on medical and consumerist discourses, presents a desirable pregnancy that further binds women to ever more demanding, unachievable responsibilities – “monitor yourself/your pregnancy”, “decorate your home”, “don’t forget to have fun!”. Thus, through the lens of postfeminist healthism, such pressures become expected, normal, and, ultimately, unattainable.

4. Conclusion

In this article, we have argued that a postfeminist sensibility engenders new, intense forms of anxiety, through a number of contradictions that work to make women feel unsure and insecure. This is particularly true of women’s health. Outlining our analytical framework

⁷⁸ G.M. Thomas, D. Lupton, “Threats and thrills: Pregnancy apps, risk and consumption”, cit.



of a postfeminist healthism, we have argued that such contradictions include: a normalising desire for “good health”, while what is considered healthy is constantly changing; that this normative idea of good health is in fact highly idealised and exceptional; and, that this health is practiced through technological self-surveillance and consumption, presented as though it were an act of the freely choosing individual.

We have focused here on how these contradictions play out in terms of pregnancy. Our choice of pregnancy to demonstrate the workings of a postfeminist healthism is deliberate. Since the pregnant body is a double embodiment, interconnected with other bodies and revealing the fundamental permeability of all bodies (since all our own bodies were always once part of another body), it represents a vital point at which to challenge Western individualism and neoliberalism. Thus, the pregnant body is met with powerful forms of disciplining and control, both historically and in contemporary pregnancy, that reduces this radical potential. This has arguably intensified in the context of a postfeminist sensibility, where the heavily medicalised and monitored pregnant body has become an object of power through its exposure (in celebrity culture, social media and advertising) and through new technologies that permit more intensive forms of self-self-surveillance. In these spaces, a desire for anormal but perfect pregnancy, such as in the normalisation of a perfect round bump on an otherwise slim, often white, body, controls what kinds of pregnant bodies are deemed legitimate, and which ones are problematic. This also shapes new digital-consumerist technologies that define how pregnancy should be done.

We argue that this construction of pregnancy marks out the affective landscape as one of anxiety and uneasiness, which in turn makes women more mouldable to power. What, then, can we do to challenge or resist this formation of pregnancy? We would argue that in revealing this anxiety, understanding pregnancy through the lens of a postfeminist healthism is a decisive step. Showing this anxiety is important in a wider context where social media like Instagram, campaigns like Body Proud Mums and apps like The Bump exist in a much larger assemblage. This assemblage includes the infringement of bodily rights and tightening of control over reproduction and abortion, and the rolling back of access to healthcare, shaped by widening inequalities both within nations and across the



globe. We contend that challenging these powers means exposing the anxieties of these contexts, and through harnessing the potential of the body.

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