



University
of Glasgow

Saunders, Kristina (2019) *Relational reproduction: exploring women's reproductive decision making in the context of individualization, neoliberalism, and postfeminism*. PhD thesis.

<https://theses.gla.ac.uk/72988/>

Copyright and moral rights for this work are retained by the author

A copy can be downloaded for personal non-commercial research or study, without prior permission or charge

This work cannot be reproduced or quoted extensively from without first obtaining permission in writing from the author

The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the author

When referring to this work, full bibliographic details including the author, title, awarding institution and date of the thesis must be given

Enlighten: Theses

<https://theses.gla.ac.uk/>
research-enlighten@glasgow.ac.uk

Relational Reproduction: Exploring women's reproductive
decision making in the context of individualization,
neoliberalism, and postfeminism

Kristina Saunders

MA (Hons) Sociology

MRes Sociology and Research Methods

Submitted in fulfilment of the requirements of the
Degree of PhD in Sociology

School of Social and Political Sciences

College of Social Sciences

University of Glasgow

September 2018

Abstract

This thesis is a qualitative exploration of women's reproductive decision making in the context of individualization, neoliberalism, and postfeminism. These concepts, which denote the social, political, and gendered contexts in which women live their lives, emphasize the notion of free choice and a subjectivity characterised by individual autonomy. Whilst choice has been widely discussed with reference to women's lives, I considered there to be a theoretical and empirical gap to fill by using the above concepts as a lens through which to view reproductive decision making, and to uncover the valued femininity available to women. I also argue, however, that a fuller picture of how choice and subjectivity are enacted can be found when considering theories of relationality and embodiment which help to connect the isolated, 'flattened out' view of the self to society.

Using data from twenty-two semi-structured interviews with women and service providers (facilitated by the use of concept cards), I trace the contradictory and discursive elements of reproductive choice. I explore this with regards to women's status and relationship to contemporary society, and how they are positioned by their classed, 'leaky', reproductive bodies. I also discuss how seemingly intimate reproductive decisions are inseparable from public and political life, structures, and other people which gives a deeper understanding of choice than what is contained within individualization, neoliberalism, and postfeminism. The depoliticizing effects of choice are also explored, as in spite of reproductive decisions being presented as relational and embodied, participants at times understood decisions as a matter of individual choice, therefore withholding critique of inequalities. Overall, this thesis provides an insight into how the self and reproductive decisions emerge in a relational process that is inseparable from the social and political world, therefore helping to move away from individualized framings, and the undermining of collectivity that neoliberalism enforces.

Table of Contents

Abstract	2
List of Acronyms	5
Acknowledgements	6
Author's Declaration	8
Chapter 1. Introduction.....	9
Questioning choice	11
Research aims	14
Thesis structure	15
Chapter 2. Individualization, neoliberalism and postfeminism	19
Individualization	20
Neoliberalism	30
Neoliberal policies	33
The neoliberal subject	38
Postfeminism	41
The postfeminist subject	44
Conclusion	53
Chapter 3. The relational self and embodiment	55
The relational self	57
The application of Mead	61
Misunderstanding Mead	63
The body and embodiment	66
Embodiment	68
Connecting the public and private	77
Conclusion	84
Chapter 4. Methodology	86
Research aims: researching choice.....	87
Qualitative, feminist research	88
Research methods: Interviews and concept cards	91
Before the field: sample, recruitment and ethics	93
In the field	104
Carrying out interviews: Reciprocity in the research relationship.....	110
Analysis.....	115
Conclusion	117
Chapter 5. Having it all, or doing it all? Women's decisions about paid and unpaid work	119

Labour market structures: Parental leave and financial implications	121
Managing paid and unpaid work	126
“Living a life of one’s own, or living a life for others”	139
Having it all but not doing it all: Faye	144
Conclusion	150
Chapter 6. “I want to choose what to do with my body”: The contradictions of control	153
Fertility.....	154
Contraception	160
Breastfeeding.....	171
The view from the other side: the body and service providers	177
Conclusion	185
Chapter 7: Accounting for men in reproductive decisions.....	188
“Really, it is kinda left up to her!” The distancing of men from reproduction	190
“If I take responsibility then it’s not their issue”: The difficulty of accounting for men’s role in reproductive decisions	198
A relational account of abortion.....	203
Conclusion	215
Chapter 8. Classifying reproduction.....	217
Reproductive trajectories: Classifying lone and teenage motherhood.....	220
Restricting reproduction	230
Raising children	241
Conclusion	257
Chapter 9. Conclusion	260
Women’s status in contemporary society	261
The Intertwining of public and private	263
The desocializing and depoliticizing effects of choice	265
Contributions and future directions.....	268
Appendix A: Photos of concept cards	273
Appendix B: Extended table of participants	274
Appendix C: Recruitment poster	275
Appendix D: Participant Information Sheet	276
Appendix E: Consent Form.....	279
Bibliography.....	280

List of Acronyms

BPAS - British Pregnancy Advisory Service

DoH - Department of Health

FCS - Fertility Care Scotland

GP - General Practitioner

GPC - Glasgow Pregnancy Choices

HRT - Hormone replacement therapy

ISD - Information Services Division

IUD - Intrauterine device

IVF - In vitro fertilisation

LARC - Long acting reversible contraceptives

NHS - National Health Service

SNP - Scottish National Party

STI - Sexually transmitted infection

Acknowledgements

This thesis would not have been possible without the women and service providers who offered up their time to participate. I cannot thank you enough for sharing your stories with me, and offering an insight into your lives that some of you had only shared with a few people. You make this project what it is, and I am forever grateful.

I am lucky enough to have been supervised by Matt Dawson since my undergraduate dissertation, and I'm sure you must be sick of me! I remember one of our very first supervision meetings was spent talking about nineties hip-hop after you asked about my Wu-Tang Clan t-shirt. At this point I didn't know academics could be hip-hop fans, and this was just one of the many ways that you opened my eyes to what it means to be an academic. You have always gone over and above your role as supervisor to challenge and push me academically, and to make me feel supported in my academic and personal life. I am incredibly lucky to have had you as a supervisor and I'm not sure I could have done this without your support (and chats about Kanye) for the last seven years.

I am also extremely fortunate to have been supervised by not one, but two incredible women. Firstly, Philly Wiseman. Thank you for coming on board as supervisor. You have always given me so much encouragement and reassurance, and you continue to develop my thinking as a feminist, a researcher, and a woman. Thank you for always encouraging me to 'be bold' and confident in my work and in myself. You've been a fantastic supervisor. Secondly, Roona Simpson. Thank you for guiding me at the beginning of my PhD journey, and for making me the feminist thinker I am today. I always felt comfortable in your presence in a context where I so often feel out of place. Your support and input in the first year of the PhD helped to shape this thesis and the work that is to come. You are deeply missed.

The staff and PhD community at Glasgow have helped me through this process in many ways, especially my wonderful friends- the troops! I truly would not have got through the PhD experience without you; I love you all and am so thankful to have met you. In particular, to Aisha MacGregor. Thank you for always believing in me and encouraging me to believe in myself. You have helped me through some of the

most challenging times since we met, and have been the most caring, fun, and supportive friend I could ask for. To Maureen McBride, you have determination and drive like no other and you inspire me every day. Thank you for always being there to chat about work, life, and for dances on the coffee table at 5am! To Sarah Anderson - misery loves company! Thank you for listening to me moan since the start of our PhD journey, and for giving me space to feel miserable when I needed to. Our bonfire nights; trips to the Edinburgh Festival; and dancing all night have always given me something to look forward to when things have been rough: long may these traditions continue!

The past and present inhabitants of room 115 have also been a fantastic support. Although the sign on our door advises those who enter to 'abandon all hope', you have kept me going in various ways over the years with good chat, cake, and drinks in Tennents!

Thanks also to my colleagues at GPPC for being so welcoming and helping me find my feet during the stress of PhD submission! Special thanks to Victoria, Linda, and Yvonne for offering advice, much needed proofreading, and many laughs.

I'm not sure what I would do without my best friend and partner, Dominic Reed. Thank you for making me laugh every day; breakfast's in bed; proofreading; and for always being there. You have been a constant source of support and reassurance throughout this process, whilst also reminding me that there is life beyond the PhD. Even though my stress levels have been through the roof pretty much since we met (!), you are still my biggest supporter in everything I do. I love you.

This thesis also would not have been possible without my family: my sister and brother in-law and my hilarious nieces, who always take my mind off work during Sunday afternoon visits, and the endless love and support from my wonderful mum and dad.

I dedicate this thesis to my dad who sadly passed away after my viva. Thank you for always encouraging me to work hard, but to not take myself too seriously at the same time. I miss you every day.

Author's Declaration

I declare that, except where explicit reference is made to the contribution of others, that this thesis is the result of my own work and has not been submitted for any other degree at the University of Glasgow or any other institution.

Printed Name: KRISTINA SAUNDERS

Signature: _____

Chapter 1. Introduction

This thesis explores women's reproductive decision making in Scotland, in the context of individualization, neoliberalism and postfeminism. As will be discussed in what follows, there are similarities and differences between these perspectives that denote the social, political, and gendered contexts in which women live their lives, but they are united by an emphasis on the individual and freedom of choice. In sociological theory, the individualization thesis describes the social context of late modernity in which individuals live their lives. Late modern society is characterized by choice as a result of declining social and traditional ways of being, with women in particular constructed as experiencing a move from "ascribed to acquired roles" (Beck and Beck-Gernsheim, 2000: 55), whilst intimate life is said to have been democratized which is presumed to lead to greater equality in heterosexual relationships (Giddens, 1992). Individualization takes place in the context of neoliberalism, a political project underpinned by free markets and minimal government intervention in the lives of citizens. In order to sustain this political project, the neoliberal citizen is shaped by policy and institutions to resemble the rational economic man: *homo economicus*, who is a freely choosing, responsible entrepreneur of the self (Beneria, 1999). With regards to postfeminism, this sensibility has been referred to as a "gendered neoliberalism" (Gill, 2017:606) whereby femininity is constituted by individualism and empowerment through choice, as women are no longer constrained by gendered inequalities but are free to 'have it all' (Harris, 2004).

The preoccupation with choice in women's lives has been found elsewhere in sociological theory, including Hakim's (2003) "preference theory", in which it is argued that personal values, goals, and preferences can be used to explain the decisions women make, particularly in the context of paid employment and their reproductive lives. Duits and Van Zoonen (2006) also note how the choices and agency of young women are regularly denied in contemporary society, as their decisions - such as wearing religious or sexualized clothing - are always presented as situated in particular contexts, and as informed by outside influences such as religion or consumer culture. It is therefore argued that such decisions should be

understood as autonomous expressions of individual agency, rather than decisions which are:

re-signified by the state, the school, public opinion, parents and other social institutions, and relieve girls from the power to define their own actions, submitting them to the meta-narratives of dominant discourses instead

(Duits and Van Zoonen, 2006: 14).

The concept of choice, and a focus on autonomy and independence therefore take a central place in sociological analysis, which Brannen and Nilsen (2005) attribute to a common acceptance in academia of the individualization thesis.

Demographic literature also attributes changes in reproductive trends such as the falling birth-rate to: greater participation in education and the labour market; access to contraception and abortion; and an increasing acceptance of cohabitation and divorce (McDonald, 2013). Such changes are said to be evidence of increased choice which affords women greater opportunity to “pursue their own goals, less constrained by socially defined roles” (McDonald, 2013: 987). Reproductive decisions have also been framed as the outcome of a rational decision making process whereby individuals weigh up the costs and benefits of their decisions e.g. the decision to have children, and act accordingly (Ajzen and Klobas, 2013; Tavares, 2016). Tavares (2016) notes that rational decision making does not always feature in reproductive choices which may instead be influenced by individual personality traits, such as ‘risk taking’ behaviour as an explanation for teenage pregnancy.

Choice is also central to feminist theorizing, emphasized in the second wave critique of gender inequality (Hughes, 2002). Whilst differences exist between second wave perspectives, there is a common recognition that the gendered division of labour ascribed choice and autonomy to men whilst women were excluded from the role of choosing subjects, therefore fuelling the fight for women’s increased autonomy and right to make independent choices (Budgeon,

2015)¹. Women's right to exercise autonomous choice has also led to extensive feminist analysis of choice in various aspects of women's lives, and has been particularly important to debates around reproduction. The relationship between choice and women's reproductive lives developed out of second wave feminism's concern with reproductive rights, particularly in framing abortion, contraception, and motherhood as individual choices, evident in accounts such as Adrienne Rich's (1976: 264) where she argues, "motherhood, without autonomy, without choice, is one of the quickest roads to a sense of having lost control". Importance was then placed on contraception and abortion as facilitating women's choices about their bodies and having children. The development of various forms of contraception since the mid-1960s in the UK along with the legalizing of abortion in 1967² were celebrated for affording women choice and control over their reproductive lives (Hakim, 2000), with more recent developments such as Long Acting Reversible Contraceptives (LARC)³ being praised for their efficacy in preventing pregnancy and enabling women's greater control over their bodies (see Hoggart and Newton, 2013; Higgins, 2014). Choice as private and empowering is also readily applied to various other aspects of women's reproductive lives, including delayed motherhood (Budds et al, 2016); childbirth and breastfeeding (Phipps, 2014); the use of new reproductive technologies (O'Riordan and Haran, 2009, Baldwin, 2018); and childlessness (Simpson, 2009).

Questioning choice

In spite of the present and historical focus, there is reason to question the emphasis on choice in women's reproductive lives. Within academia, criticism has been

¹ The focus on choice has also caused tensions within feminism over what choices are deemed 'correct', evident in the "'sex wars' of the 1980s in which feminists disagreed vociferously over the status of a number of practices including heterosex, pornography, sex work and BDSM" (Budgeon, 2015: 305)

² The provision of contraception on social as well as medical grounds by local authorities was permitted in 1967, but not until 1969 in Northern Ireland, and the 1967 Abortion Act is not extended to Northern Ireland (McCormick, 2008).

³ LARC is defined as contraceptive methods that require administration less than once per cycle or month. Included in the category of LARC are: copper intrauterine devices, progestogen-only intrauterine systems, progestogen-only injectable contraceptives, progestogen-only subdermal implants (NICE, 2005).

directed towards demographic literature for overstating the notion of rational, individual choice and therefore failing to consider the context, structures, and cultures within which decisions are made (Irwin, 2005; Smart, 2007; Simpson, 2009). Further, much demographic literature is based on survey data which does not allow for “explorations of the motivations and meanings individuals ascribe to statuses such as childlessness” (Simpson, 2009: 26). Within sociology, Gill (2007^a: 72) is also critical of the assertion that girl’s and women’s decisions should be understood as freely chosen, arguing that in the context of neoliberalism and postfeminism there is a need to interrogate such ideas and consider, “what kind of feminist politics follows from a position in which all behaviour (even following fashion) is understood within a discourse of free choice and autonomy?” Gill therefore contends that there is a need to problematize the notion of free individual choice to consider how decisions are made within particular cultural and social conditions. Throughout this thesis it will be shown that an appeal to choice can shape the discourse around women’s lives and may be present in how women account for their reproductive decisions, whilst also demonstrating the contradictory role of choice, as these decisions are bound up with structures, policy, and others.

As suggested above by Gill (2007^a), it is necessary to consider the social and political contexts in which decisions are made, particularly as contemporary events nationally and internationally call into question the notion of free reproductive choice. In the Scottish context⁴, Mooney (2016: 16) writes that debates have centred on claims that the Scottish Nationalist Party (SNP) adopt more progressive policies than the Westminster government. In relation to women’s reproductive decisions, this may be seen in the First Minister Nicola Sturgeon’s commitment to offering women from Northern Ireland access to free abortion care in Scotland (Elgot, 2017). Yet, the progressive approach of the SNP can be called into question as research has highlighted that Scottish women must travel to London for second and third trimester terminations due to a lack of provision - in spite of the legal time limit being twenty-four weeks (Purcell et al, 2014), as well as the recent

⁴ The Scottish policy context will be discussed further in chapter 2.

backlash against women in Scotland being granted the right to take the abortion pill at home from anti-choice groups (Brooks, 2018). Reproductive choice also appears somewhat contradictory when considering the prevalence of abortion protests in the UK (Marsh, 2018) and the recent changes to laws around abortion in Ireland⁵ (Henley, 2018). Women's reproductive choices are also at risk internationally due to President Donald Trump's threats to restrict access to abortion and contraception in the United States, and to withdraw funding for women's sexual and reproductive health services more generally (Grossman, 2017).

With regards to contraception, women's choices came under fire in the UK when the high street pharmacy Boots refused to offer a cheaper form of emergency contraception due to fears over "incentivising inappropriate use" (Kohmami, 2017). The negative contraceptive side effects women may experience also appear more restrictive than enabling a sense of control and autonomy (Tone, 2012) - particularly when trials of the male contraceptive pill in the UK were halted in 2016 due to concerns about side effects, with recent media reports suggesting a pill without side effects could soon be a reality for men (Bishop, 2018). LARC has also been at the heart of policy drives to reduce unintended pregnancies and the rates of teenage pregnancy (Hoggart and Newton, 2013), which may suggest that unplanned, teenage or younger pregnancies are deemed inappropriate, but as highlighted by Arrowsmith et al (2014), GPs receive greater funding for offering LARC which is part of the NHS Quality and Outcomes Framework. It has been noted that LARC uptake is more cost effective than the contraceptive pill and condoms (Higgins, 2014; Hoggart and Newton, 2013), and has also been shown to reduce appointment times (Reddy et al, 2014). It seems plausible then that there is a tension between promoting LARC within a framework of allowing women to make the best decisions about contraception for their lives, or as a political, cost-cutting exercise (Hoggart and Newton, 2013).

⁵ On 25th May 2018, the Republic of Ireland voted to repeal the country's abortion laws set out in the Eighth Amendment of the Irish Constitution, which resulted in women travelling to other countries for abortions. The vote to repeal means women will be able to access abortion within the first 12 weeks of pregnancy. However, beyond 12 weeks, abortions will only be permitted if there is risk to a woman's life or serious harm to physical and mental health up until the 24th week of pregnancy, or in cases of fatal foetal anomaly.

The stigma and silencing of women's reproductive health issues has also been discussed in a recent report published by Public Health England (2018). The report found that women were often reluctant to share their reproductive experiences and any associated health issues for fear of being judged at work, school, and within healthcare settings, therefore silencing women's voices and preventing them from receiving the care and information they feel they need. Further, research has also pointed to the reluctance of doctors to fulfil middle-class women's requests for sterilization (Brockwell, 2015) whilst working-class, black, disabled, and lesbian women have historically had their reproductive decisions restricted and unsupported (Davis, 1982; Ryan-Flood, 2011).

The above examples give a snapshot of the hostility directed towards, and restriction of, reproductive decisions that occur in social, political, and gendered contexts underpinned by the notion of individual choice, and in a Scottish policy context deemed progressive and supportive of women's reproductive decisions. I therefore considered it necessary to undertake an empirical sociological examination of reproductive decision making from the voices of women and service providers in Scotland, exploring how the social and cultural forces of individualization, neoliberalism, and postfeminism can be used as a lens through which to analyse these accounts.

Research aims

This research set out to empirically examine how the processes described by the concepts of individualization, neoliberalism, and postfeminism impacted women's reproductive decisions. The research had the following aims:

- To explore the ways in which women make and experience their reproductive decisions through the lens of individualization, neoliberalism, and postfeminism.
- To investigate the role of services, others, and the social world in women's reproductive decision making.

- To examine the ways in which women engage with the contradictions and discursive elements of neoliberalism, postfeminism, and individualization and the ways in which this may shape decisions related to reproduction and the family.

Whilst the aims of the research seek to address dominant conceptualizations of choice in individualization, neoliberalism and postfeminism, the theoretical concepts of relationality and embodiment will be used throughout this thesis as a framework that provides a deeper understanding of how choice and subjectivity are enacted.

Thesis structure

This thesis consists of two literature chapters, and a methodology chapter in which I outline the methods used to collect data and why these methods were chosen. The thesis also comprises four data chapters, and a conclusion where I bring together the key themes from the findings chapters. The thesis structure and chapters are outlined below.

Chapter 2: *Individualization, Neoliberalism, and Postfeminism* explores the prominent role of choice contained within these perspectives and draws out the forces of mutual attraction -the elective affinity - between them. In doing so, the social processes these concepts describe will be outlined. The chapter focuses on the emphasis of free choice and individual responsibility, and the apparent insignificance of social norms and categories across these perspectives, as well as considering how this can serve to construct an idealized subjectivity and femininity. Criticisms directed towards these perspectives are also presented that demonstrate the contradictory role of choice in late modern society, and the persistence of inequalities that are complicated by the focus on choice and responsibility. However, it will be argued that these perspectives provide a lens through which to view how choice and femininity are enacted in contemporary society.

Chapter 3: The *relational self and embodiment* is the second literature review chapter and aims to provide a deeper understanding of how choice and subjectivity are enacted. This will be done by considering George Herbert Mead's work on the

self as always connected to others via the social. Much like the previous chapter's discussion of the elective affinity between three theoretical perspectives, Mead's work on the self speaks to the concept of embodiment. As a conceptual tool, embodiment can aid in challenging the idea that the body is increasingly opened up to rational, individual choice which relies on a mind/body separation. Further, embodiment will be shown to provide a theoretical lens through which to view women's reproductive decisions as not purely biological or freely chosen, but as connected to other bodies, structures, and the social. Embodiment literature will be shown to problematize the separation of public and private and is therefore useful in linking intimate practices to neoliberal structures, whilst also allowing for the body and matter ascribed to the private to be viewed as not detracting from women's status, but as valuable. The concept of embodiment can be used alongside Mead's theoretical work on the relational self to understand women's reproductive experiences and relationship to contemporary society as intersubjective and social.

Chapter 4: *Methodology* outlines the methods and methodology I employed. The chapter begins with an outline of the research aims and the qualitative, feminist approach taken to address these aims. Feminist standpoint theory is then discussed as providing an alternative to research underpinned by objectivity, focusing instead on the relationship between knowledge and power and the need for knowledge about women's lives to begin from their experiences. The particular approach to standpoint theory developed by Dorothy Smith will be shown as viewing women as the authority of their experiences, and whose knowledge is situated and embodied. The chapter then outlines the research design which involved in-depth semi-structured interviews with women and service providers, and thematic analysis of data. Central to the research design was the use of concept cards as an interview technique, which I used in the hope of breaking down power in the research relationship. Crucially, concept cards will be shown as enhancing women's participation in the research, giving them greater agency over the elicitation of knowledge about their bodies and lives. This chapter also considers the ethical tensions when carrying out feminist research that attempts to minimize power in the research relationship and aims to be reciprocal.

Chapter 5: *Having it all, or doing it all?: Women's decisions about paid and unpaid work* is the first data chapter presented in the thesis. This chapter begins by looking at labour market structures as influencing experiences of undertaking paid and unpaid work, and how participants attempt to navigate these spheres that are intertwined but presented as distinct. The chapter goes on to look at participants' experiences of the self and the differential engagement with ideas of an identity based on, "living a life of one's own", as opposed to "living a life for others" (Beck and Beck-Gernsheim, 2002:119). The chapter concludes by way of a case study that focuses on the experiences of Faye. Whilst many of the participants attempted to balance and negotiate the contradictory relationship between reproduction and production, Faye's story provides a deeper understanding of the dichotomy between the two and demonstrates that to fully engage with the valued neoliberal subjectivity requires compromising care.

Chapter 6: *"I want to choose what to do with my body": The contradictions of control* builds upon the themes presented in chapter five and focuses on how participants negotiated decisions about the body. The chapter explores how women perceive and experience their bodies in a context in which there is an emphasis on individually controlling the body, or the active body is expected to be absent in public life. The complex relation between freedom and constraint will be shown, as the body was often discussed as something to be controlled as part of one's self, and as something which controls and disrupts the self. The chapter also provides insights from two service providers: a midwife and a doula, whose accounts demonstrate how women's embodied knowledge and decisions may be shaped and subordinated by healthcare professionals, as well as drawing attention to the role of structure and policy as bound up with women's bodies and reproductive decisions.

Chapter 7: *Accounting for men in reproductive decisions* focuses on the central role male partners played in decisions about reproduction, as told from the perspectives of the women interviewed. The chapter begins by looking at the way in which men are often considered 'outside' the reproductive realm by healthcare services, which may then be reproduced by men. The chapter goes on to show how this may also be reproduced in the accounts of women, whilst they simultaneously

emphasise the role male partners have played in their decisions. The chapter ends with a focus on abortion that deepens understandings of reproductive decisions as relational due to being bound up with policy, structures, and others. In particular, focusing on participants' experiences of abortion draws attention to the significance of men to a decision often constructed as an individual choice and 'selfish'.

Chapter 8: *Classifying reproduction* is the final data chapter and explores the way in which value is placed on some reproductive decisions over others, which can be seen to maintain class inequality in apparently individualized times. The chapter begins by looking at how reproductive trajectories are classed and assigned value if engaging with postfeminist ideals by middle-class women, whilst also exploring how working-class participants often did not assign value in the same way. The chapter goes on to show that in spite of the expectation to reproduce being directed towards all women, for some, motherhood was presented as imperative whilst for others it was thought inappropriate and in need of regulation. The chapter ends by considering how processes of classification that assign value to women's reproductive trajectories and capacities also operate in the decisions women make about raising children. Whilst middle-class participants in this study adopted a future oriented approach in their decisions about raising children which operates to sustain class inequalities, working-class women focused on the present and at times resisted forms of classification, demonstrating how the postfeminist subjectivity can be negotiated.

Chapter 9: *Conclusion* is the final chapter of the thesis in which the key themes that emerged across the data chapters are presented, along with the overall conclusions that provide empirical understandings of women's reproductive decisions and their relation to society. The key themes that will be discussed are the status of women in contemporary society; the interconnection of public and private; and the depoliticizing and desocializing effects of choice.

Chapter 2. Individualization, neoliberalism and postfeminism

This chapter aims to explore how choice and subjectivity are conceptualized in individualization theory, neoliberal ideology, and the postfeminist sensibility acknowledging the commonalities and differences in these perspectives. Whilst the right to choose is prominent in feminist thought - particularly in terms of reproduction - a sociological approach would not over-emphasize choice at the expense of structure, and would continue to consider the various and intersecting constraints and enablements on choice which may be left out of late modern conceptualizations. This, as argued by Phipps, (2014: 4) resonates with Fraser's (2009) concerns regarding the co-opting of feminism by neoliberalism whereby:

elements of the feminist critique of capitalism, namely those focused on cultural and identity-based recognition, have been co-opted in the current political context, while structural and economic themes have been lost or transmuted into individualistic self-betterment goals.

Through a review of theoretical literature which presents particular understandings of choice and subjectivity, this chapter will outline the context and theoretical framework for this research.

The first section of this chapter will provide a review of sociological arguments about individualization as found in the work of Beck and Beck-Gernsheim, Giddens and Bauman, who describe the social context in which individuals live their lives. The emphasis on choice in these accounts shall be discussed, with Beck and Beck-Gernsheim and Giddens providing optimistic accounts that lack concern about the operation of power. Bauman provides a more critical outlook of the outcomes of individualization that recognizes power and inequality, yet his account also does not pay sufficient attention to class and gender. Criticisms of individualization theory shall also be presented, some of which have been formed when attempting to empirically research individualization - which the theorists of individualization fail to do. The critiques focused on here are the retraditionalization of gender in a time of supposed removal of constraints around traditional roles, and the persistence of class. Though social categories and normative ways of being are not

necessarily removed, the empirical literature demonstrates that at times social actors view their lives and decision making in an individualized way.

The second section will consider the relation between individualization and the political context of neoliberalism. A discussion of what neoliberalism is and its different phases shall be provided, before going on to consider how neoliberalism takes hold at the level of the individual to produce a freely choosing, entrepreneurial, responsabilized subject. The third section will then discuss the notion of postfeminism as an analytical object that “operates as a kind of gendered neoliberalism” (Gill, 2017: 606). An understanding of postfeminism as a sensibility will be outlined as well as how this resonates with neoliberalism to shape the way in which “gender is lived, experienced or represented” (Gill and Scharff, 2011: 2). Finally, the chapter will consider how the notions of choice and entrepreneurialism construct women as ‘productive’ and reproductive subjects who can ‘have it all’.

This chapter therefore attempts to provide a discussion of choice and the social processes described by the concepts of individualization, neoliberalism and postfeminism and how these concepts interact with each other, whilst also outlining how subjectivity and femininity are moulded by the autonomous, entrepreneurial self.

Individualization

Individualization refers to the way in which social actors are required to take responsibility for self-creation through autonomous choices. For Beck (1992), this occurs in the context of globalization in which traditional identities and ways of life are said to decline in significance, “for example, the increasing fragility of such categories as class and social status; gender roles; family; and neighbourhood” (Beck and Beck-Gernsheim, 2002: 2). The role of the welfare state in facilitating individualization is also said to be significant through the process of “institutionalised individualism” (Beck and Beck-Gernsheim, 2002: 11), where collective forms of dependency and support are removed and are instead directed towards individuals. The lessening of traditional constraints and collectivities implies increased freedom of individual choice over life trajectories and the self meaning “the normal biography becomes the elective biography, the reflexive

biography, the do it yourself biography” (Beck and Beck-Gernsheim, 2002: 3).

Though structural forces and social categories remain as ‘zombie categories’ (Beck and Beck-Gernsheim, 2002) they are reconfigured, meaning inequalities and forms of risk can be seen as resulting from choice.

An important consideration for this research is how individualization is said to occur in women’s lives as it is argued that “fundamental changes in the context of women’s lives have occurred over the last few decades, both in the family and in relation to education, work, legislation, and public life” (Beck and Beck-Gernsheim, 2002: 54). Women are therefore viewed as possessing greater ability to exert independent expectations and choose autonomously, largely as a result of increased participation in paid work and being freed from expectations associated with domesticity and family life. However, individualization in women’s lives is said to be only a “glimmer of something like choice” (Beck and Beck-Gernsheim, 2002: 55), therefore raising questions about the extent of individualization as Beck and Beck-Gernsheim provide occasional suggestions that we are not entirely free to choose.

For Giddens, individualization is said to occur in the context of late modernity, which is described as “a post-traditional order in which social life is propelled away from the hold of pre-established precepts or practices” (Giddens, 1991: 20).

Exploration and self construction become fundamental requirements, and identities are transformed from a ‘given’ to a project that must be worked upon and planned extensively. Though some choices may not be available to all, social actors are required to shape their lives and selves, even where this may result in “an unsupportable burden and sense of despair rather than self-enrichment” (Giddens, 1991: 86). Relationships are also perceived as no longer bound by tradition and are said to be based upon what the relationship itself may deliver, allowing partners greater freedom to leave (Giddens, 1992). Relationships are said to be sustained by increased negotiations and emotional disclosures between partners which Giddens claims is evidence of the democratization of intimate life, leading to greater equality in relationships. Giddens also refers to a transformation in sexuality involving “a revolution in female sexual autonomy...and the flourishing of homosexuality, male and female” (1992: 28), implying increased autonomy and choice as sexuality becomes “a property of the individual” (1992: 175). Both Beck

and Giddens present individualization as a somewhat positive, universal process whereby social actors are expected to choose, and to take responsibility for their decisions and self-creation.

Bauman's account of individualization has much in common with those outlined thus far, agreeing that a key feature of individualization is the transformation of the self from pre-determined to something social actors must work upon (Bauman, 2000, 2005). Choice is again emphasized in Bauman's account, and is exacerbated by the shift from a producing to a consuming society whereby identity construction is facilitated by choice. This consumer logic is not only applied to individual identity construction but is said to infiltrate all areas of life, including areas considered outside of the market such as social services and relationships, as individuals are granted increased choice to 'shop around' and choose from a variety of options (Bauman, 2000, 2005). Along with increased choice, Bauman views individualized societies as characterised by fluidity and instability, leading to the notion that "men and women are constantly on the move...with no prospect of re-embeddement" (Bauman, 2000: 33); the significance of fluidity causes Bauman to define this era as liquid modernity.

Whilst Beck and Giddens present somewhat optimistic accounts of individualization, Bauman provides a more critical perspective, affording greater attention to power and inequality. This is evident when considering de jure/de facto individualization:

There is a wide and growing gap between the conditions of individuals de jure and their chances to become individuals de facto - that is, to gain control over their fate and make the choices they truly desire.

(Bauman, 2000: 39)

Individualization *de jure* is the requirement for all social actors to be self-asserting freely choosing subjects. However, the conditions under which this takes place and the resources available play a vital role in determining the capacity to choose and become individuals *de facto*, encouraging "cut-throat competition rather than a unifying condition inclined to generate co-operation and solidarity" (Bauman, 2000: 90). The contradictions of individualization are clear: the requirement to be freely

choosing and self-asserting means there is no choice but to be an individual (Bauman, 2005) but for some, the choices they make are considered to be ‘wrong’ and not legitimated due to being positioned as faulty consumers (Bauman, 2005). Choice as contained within individualization can also be viewed as depoliticizing, as Bauman (2001: 9) holds that the individualization of narratives “suppresses (prevents from articulation) the possibility of tracking down the links connecting individual fate to the ways and means by which society as a whole operates”. What were once considered collective concerns and structural issues are individualized to private problems, which social actors are less able to challenge (Bauman, 2000, 2001). Bauman’s account emphasizes the increased privatization of individual responsibility that comes to define the conditions of late modernity under the guise of freedom, which will be shown as central in the accounts of participants in this research.

Bauman’s more critical outlook is also evident when considering relationships. Whilst Giddens frames the pure relationship in a somewhat optimistic way, Bauman (2003) argues that though opened up to choice, the decision to end a relationship is rarely shared equally by both partners: freedom of choice and democratic negotiations in this context therefore appear limited as “those on the receiving side are seldom consulted, let alone given the chance to exercise free choice” (Bauman, 2003: 89-90).

The conditions created by individualization that include the requirement to take responsibility for self-construction and life trajectories through autonomous choices, the increased privatization for structural concerns, and the apparent democratization of intimate relationships demonstrate the pressures under which women are expected to live. This sets the context for this thesis in showing how social processes of individualization emphasize choice, and a view of the self as individually constructed and less connected to others and the social world. The next section shall outline a number of criticisms directed towards individualization theory with a focus on gender and class. The literature reviewed below questions the role of choice and the extent to which normative ways of being and structural inequalities are dissolved, whilst also highlighting how social actors come to view their lives and decision making when living under individualized conditions.

Critiquing individualization: Gender and Class

The theorists of individualization can be critiqued for their failure to empirically research the theoretical claims made (Atkinson, 2010^a), thereby presenting a lack of evidence regarding how individualized trajectories are developed and experienced by social actors (Nollman and Strasser, 2007). Brannen and Nielson (2005) suggest that due to individual choice permeating discourse in everyday life, social actors may - as individualization theorists suggest - emphasise agency and freedom of choice in accounts of their lives without acknowledging structural disadvantage. This is not to deny the continued relevance of structural constraints and enablements, but that the force of individualization can shape perspectives in such a way as to make structure more difficult to comprehend and articulate. These criticisms, along with arguments from feminist scholars questioning the role of individualization in women's lives, and those considering the apparent displacement of class by individualization, will now be outlined. This empirical work discusses relationships, gender, work, and class. Through focusing on these intersections, the research highlights the persistence of structural inequalities whilst also highlighting how social actors may account for decisions as individualized.

Choosing relationships, gender, and sexuality

Individualization theory holds that women have been freed from traditional gender roles as a result of, "little freedoms such as inclusion in the market as a female worker or being released from direct ties to the family" (Beck and Beck-Gernsheim, 2002: 55). However, this does not automatically determine that women have greater agency and choice. As mentioned above, though women are said to move from ascribed roles to acquired roles, the idea that consumer logic comes to define all aspects of life has been criticised by those interested in the implications for gender and relationships (Jamieson, 1999; Heaphy and Yip, 2003; Branaman, 2007). Jamieson (1999: 482) is critical of the overemphasis on choice in relation to intimate relationships, which fails to acknowledge the role of "practical, economic and material circumstances" in shaping relationships, which often reproduce "gender, class and ethnic divisions rather than democratise personal life". The idea that relationships are structured by mutual discussions which lead to greater equality between couples is also said to be overstated, as men often exert greater

choice over “opting in and out of domestic work and childcare” (Jamieson, 1999: 484), and women continue to undertake greater emotional responsibility in relationships. Jamieson acknowledges the apparent sexual autonomy afforded to women in late modernity, as seen in the features of women’s magazines that promote an active sexuality. However, Jamieson (1999:484) also points to empirical work that has found heterosexual sex to be viewed as “something that men do to women”. In spite of these persisting inequalities, Jamieson (1999: 484) notes that men and women often describe their relationships as equal, demonstrating how social actors may describe the context of their relationships and decisions made in an individualized way, even if their relationships “diverge considerably from the pure relationship” (Jamieson,1999: 484). Jamieson (1999: 484-485) notes the way in which couples gender particular tasks but present these as if freely chosen and as denoting an equal relationship, such as “she happens to be better at cooking” or “it’s how he was brought up”. Inequalities therefore persist but are concealed by the notion of choice and couples’ desire for equal relationships (Jamieson, 1999).

With regards to gender and sexuality, Branaman (2007) argues that even if gender and sexuality are now open to increased choice, norms and inequalities are maintained in various social contexts. This has also been discussed by a number of feminist scholars who argue that expectations remain regarding heterosexual, gendered reproductive trajectories whereby the benchmarks of marriage and motherhood are still expected to be ‘ticked off’ and are not as easily disembedded (McNay, 1999; McRobbie, 2013; Nash, 2014). A similar argument is presented by Heaphy and Yip (2003) in their research with self-identified lesbians and gay men, who at times emphasized choice in their accounts of constructing personal and sexual identities and creating relationships and communities. Such findings resonate with the ideas contained within individualization theory that sexuality becomes a property of the individual, and relationships are open to negotiation. However, Heaphy and Yip (2003) caution against over-emphasizing the choices and creativity available to non-heterosexual social actors, as a number of participants felt they lacked choice in terms of coming out to others and did not have strong relationships with families or ‘families of choice’, whilst some highlighted how family ties meant they were unable to develop the relationships they desired. Participants also felt

less able to identify with non-heterosexual communities due to concerns about their visibility in these communities. This empirical research therefore demonstrates that in spite of the proliferation of choice discourses, exclusion and inequalities based on sexuality persist.

A contradictory view of choice is also evident in individualization theory with regards to norms about relationships and sexuality, as there tends to be a focus on heterosexual relationships and the nuclear family. This is evident where it is argued that “the family is not breaking up” and that “most people will continue to live within a partnership or a family” (Beck and Beck-Gernsheim, 2002: 98). There is also the suggestion that female individualization is responsible for rising divorce rates and the declining birth-rate, demonstrating somewhat of a heteronormative pessimism in the individualization thesis; thus even in this account of social change, traditional relations are not entirely removed (Simpson, 2003). The literature discussed above demonstrates that opportunities for living and choosing gender, sexuality, and relationships in late-modernity are therefore “uneven” (Heaphy and Yip, 2003).

Women and paid work

Mary Evans (2016) notes that whilst there are no formal barriers existing to women entering paid work, women’s relationship to the labour market remains unequal. This can be seen from the findings of empirical research exploring women’s role as paid workers, and the notion of workplace freedom as presupposed by individualization theory (Skelton, 2005; Banks and Milestone, 2010). In research exploring women’s career experiences in academia, participants described a perceived need to appear “more masculine” (Skelton, 2005: 326) in an attempt to overcome unequal power relations based on gender and age in the workplace. This points to the traditional associations of public, paid work with masculinity whilst new tensions and inequalities also come to exist between women in the workplace as, “if (managerialist) success is increasingly defined in masculinist terms then the more likely it is that women are pressed to conform to its dictates” (Skelton, 2005: 328). Skelton’s research showed that in spite of Beck’s conception of the “liberated woman within his model of the ‘individualized individual’” (Skelton, 2005: 323), there was little suggestion that organizations are becoming less masculinised.

Individualization may therefore mainly involve changes in women's lives as opposed to changes taking place in the lives of men or traditionally masculine spheres, meaning women's lives become individualized as they become closer to that of men's.

Building on these ideas, Banks and Milestone (2010) also highlight the need to be critical of the apparent release of women from traditional gendered roles and trajectories in relation to paid work. Following the work of Adkins (1999), it is argued that traditional divisions such as those based on gender do not dissolve but instead are retraditionalized: "tradition does not die in individualized modernity but regroups, reconvenes and is reapplied" (Banks and Milestone, 2010: 74). This was found when researching the experiences of women employed in cultural industries, who often undertook unofficial roles associated with normative female gender identity by carrying out emotional labour in order to support male co-workers. Women in the workplace were viewed by male colleagues as possessing traditionally feminine characteristics such as sensitivity and altruism, and were therefore considered responsible for supporting men in their roles as managers. This occurred against a backdrop of lower status and pay for women, whereas male colleagues were considered more able to meet the demands of long working hours and flexibility due to a lack of caring commitments.

The retraditionalization of gender roles demonstrates the contradictions of individualization in women's lives, calling into question the extent to which normative gender roles and identities are being dissolved, as well as highlighting the way in which paid, public work remains structured by masculinity. Whilst gender roles may be less bound by tradition and women can participate more fully in the paid workforce with no formal barriers, there is little evidence to suggest that labour market practices and structures are less governed by masculinity. Individualization may therefore be seen as a masculine phenomenon which women should 'slot' into (Skelton, 2005).

Individualization and class

Beck argues that in the context of late modernity and removal of tradition, new global risks and uncertainties are created of which all social actors are potential

victims, and as a result class “loses its basis and is no longer experienced” (1992: 98). As will be discussed in what follows, this claim has been contested by a number of authors. For Skeggs - and as will be discussed in chapter eight- class remains central to social actors’ ability to produce a self that is valued through differential access to resources, and material conditions. The working-class therefore “cannot capitalize on their culture because it has already been devalued as that which is not optimizable” (Skeggs, 2004: 78), evident when considering how working-class women are often defined, categorized, and fixed in place by their gender and class and therefore pathologized by others (Skeggs, 2004). Building on these ideas, it has been argued that class does not decline in significance in late modernity, but it is the values and standards associated with the middle-class that come to be presented as ‘normal’ (Gillies, 2005; Skeggs, 2009). This was found by Skeggs (2009) in relation to the rise of reality television programmes which feature working-class participants - often women - who are presented as in need of transformation to fit middle-class standards that have become taken for granted as ‘normal’ and ‘appropriate’. However, working-class women are also presented here as individually responsible for their “lack of self-investment and access to the requisite cultural resources” (Skeggs, 2009: 639) demonstrating the persistence of class, and the value attached to certain women’s choices.

A further challenge to the idea that class has lost its basis comes from Atkinson (2007), who does not deny that social change is occurring in the form of individualization but disagrees that class has been displaced. Atkinson (2007: 361) uses the example of education to critique the notion of institutionalized individualization which is said to aid in releasing social actors from traditional identities and ways of life, and contends that the institutions Beck speaks of are “riddled with class processes themselves”. Atkinson argues that access to resources and capitals remain differentiated by class and that in spite of increased participation, remaining in education is largely the preserve of the middle-class; therefore, education is not a “class free institution experienced in a uniform manner regardless of one’s background” (Atkinson, 2007: 361).

Complicating class

Following on from the above discussion, the persistence of class and how social actors account for their decisions has been explored in empirical studies, particularly in the area of higher education (Reay et al, 2001; Lehmann, 2009; Atkinson, 2010^b). Research by Atkinson (2010^b: 4.1) explored to what extent “structural forces were misread as individual motivations” in the narratives of social actors regarding education. Participants from different class backgrounds were found to discuss advantages and disadvantages in their lives in an individualized way such as, “you pave your own way in life” or “you choose your own path”. A similar process happened within class, as participants from working-class backgrounds expressed a sense of responsibility for not achieving highly in education, which they perceived to be a sense of individual failure as opposed to not possessing similar levels of economic and cultural capital as their middle-class counterparts. The sense of individual responsibility felt by the participants discussed above points to how the emphasis on choice and privatization of structural issues operates in individualized societies, as social actors may account for their decisions as freely chosen and divorced from structures and social categories.

Researching the experience of working class students in Canada, Lehmann (2009) presents a more complex account of the role of class in individualized societies. Though participants’ accounts demonstrated how their university experience was differentiated by class due to financial concerns, pressures of paid work, and the uncertainty of being the first generation to enter higher education, Lehmann (2009: 631) also found that participants managed the experience of class inequality by using “individualistic strategies that draw on collective values”. Such strategies involved drawing on working-class dispositions as an advantage including being hard working, responsible, and having greater work experience. In this way, “structural disadvantages were actually recognized and articulated, but almost instantly turned on their head and reconstructed as moral advantages” (Lehmann, 2009: 640). Though invoking the experience of class inequality and class dispositions as an advantage, class differences were not explicitly discussed by participants and class consciousness was not recognized. Instead, the advantages outlined above were

framed by participants as individual traits and considered a means of ensuring social mobility to 'become' middle-class, as opposed to a means of differentiating themselves from middle-class peers (Lehamnn, 2009). Class therefore remains relevant whilst being simultaneously denied in favour of freedom of choice and the ability to act beyond social constraint, whilst traditional class dichotomies are complicated (Lehmann 2009). Individualization therefore does not present us with the displacement of class but demonstrates the continuing significance of class relations that are complicated and difficult to articulate. In doing so, individualization theory implies that class is not important because people do not account for it as important.

Despite an overemphasis on choice and freedom from constraints such as those related to the family, gender and class, the literature discussed in this section highlights that structural inequalities remain, whilst also demonstrating that the requirement to be a choosing and responsible citizen is clearly in operation. The retraditionalization of gender and the persisting role of class demonstrates that social actors remain socially situated and contextually embedded, but their narratives may at times reflect the language of choice and responsibility due to the disarticulation caused by individualization. In spite of the criticisms outlined, it is important when researching choice sociologically to consider how the privatization of responsibility can shape the way in which social actors present their decision making processes as free from structural constraints and norms, due to being less able to articulate and therefore challenge norms and constraints. This allows for an understanding as to how individualized trajectories are empirically developed and experienced.

In the next section, I will consider the neoliberal setting in which individualization takes place.

Neoliberalism

What is neoliberalism?

The social processes of individualization as described in the previous section take place in a neoliberal setting. Neoliberalism is an economic and political project, but the main concern of this thesis is the operation of neoliberalism as an ideology that

is structured by individualization, which takes hold at the level of subjectivity. This section will outline an understanding of what neoliberalism is and the different phases of neoliberalism in the UK. The relation of neoliberalism to the state and policy shall also be discussed, followed by a discussion of the way in which neoliberalism produces a particular kind of subjectivity that is freely choosing, entrepreneurial, and responsabilized.

Before considering the way in which neoliberalism takes hold at the level of subjectivity, it is first necessary to outline the economic and political project of neoliberalism. The principal tenets of neoliberalism are said by Harvey (2005: 2) to include:

strong private property rights, free markets and free trade. The role of the state is to create and preserve an institutional framework appropriate to such practices - all to guarantee the proper functioning of markets. Furthermore, if markets do not exist they must be created...But beyond these tasks should not venture. State interventions in markets should be kept to a bare minimum, because according to the theory, the state cannot possibly possess enough information to second guess market signals (prices) and because powerful interest groups will inevitably distort and bias state interventions (particularly in democracies) for their own benefit.

Underpinning neoliberal economies is a particular kind of freedom tied to the market, which advocates the limiting of government interventions so as to allow for the free operation of markets to accumulate profit - therefore serving the interests of those who own capital (Harvey, 2005). Though the idea put forward is that the state will not interfere with markets, the state does have a central role in “shaping how economic freedom is to be defined and instantiated” (Davies, 2017).

It is possible to identify different phases of neoliberalism. In the UK the first phase of neoliberalism began with the Thatcher’s Conservative government in 1979, referred to by Davies (2016) as “combative neoliberalism” due to the orientation to make capitalism seem the only possible economic system, therefore removing the possibility of socialism. This involved the rolling back of the welfare state which

under neoliberalism is constructed as a burden, as services and support should be received from the market and not the state (Hall, 2011). Flexible labour markets were created by the rolling back of state involvement in terms of their regulation, and the “taming” (Standing, 2011) or “disciplining” (Davidson, 2016) of trade unions lowered the prospect of collective bargaining power and created a compliant workforce. (Harvey, 2005; Standing, 2011). Flexible labour markets are characterised by employment insecurity due to the ability of corporations to make changes to suit the accumulation of capital, creating greater inequalities and an increasing number of insecure workers (Standing, 2011).

The second phase of neoliberalism began with the New Labour government in 1997. This stage closely resembles the first but is characterised by an increased transference of power from the state to other institutions such as giving control over interest rates to banks (Davidson, 2016). Davies (2016) refers to this phase as “normative neoliberalism” as the aim was to establish how to make this system seem fair in the absence of socialism. A key way in which to do this the extension of market principles into previously non-market areas such as education and health care, which become consumer products as opposed to state funded services (Crouch, 2011; Hall, 2011). The proliferation of markets makes competition central to the distribution of social services and goods as a means of maximizing choice that is thought not to be present when using state services (Crouch, 2011). For Davies (2016), competition came to define this phase meaning inequality was less likely to threaten neoliberalism due to the construction of freely choosing ‘winners’ and ‘losers’ competing on a supposedly level playing field. This phase also saw the rise of auditing so as to rank the competitiveness of institutions: an entrepreneurial logic which filtered down to all levels of society, determining what and who is valuable (Davies, 2017). The extension of market principles to subjectivity⁶ also came to characterise this period of neoliberalism, which aided in securing “support for the neoliberal project through offering to extend to social life the freedom and individual autonomy supposedly offered by the market” (Davidson, 2016: 58).

⁶ A more detailed discussion of the subjectivity produced by neoliberalism is provided later in this chapter.

The third phase of neoliberalism followed the financial crisis of 2007. This phase is defined by the punishment inflicted on citizens in the form of austerity measures due to the bank bail-out by the government (Davies, 2016). This phase is named “punitive neoliberalism” by Davies (2016) and is said to differ from previous stages as the main object of attack is no longer socialism, but citizens - particularly the most disempowered members of society. This points to how state involvement is always a part of neoliberalism in spite of free market principles, which in this example are overturned if not serving the interests of the wealthy (Harvey, 2005). What is key is that markets are presented as a justification of themselves (Crouch, 2011) and that all spheres of life can be viewed in, and should be remodelled in economic terms of “productivity, incentives, risk and returns on investment” (Davies, 2017). State accountability is reduced and free market rationality becomes taken for granted, reproduced by the conditions of late modernity that instil citizens with choice and responsibility. As discussed in the previous section, political and social problems are converted into individual issues to be solved privately, which Brown (2006: 704) argues:

depoliticizes what has been historically produced...the project of navigating the social becomes entirely one of discerning, affording and procuring a personal solution to every socially produced problem: the economy is tailored to it, citizenship is organized by it, the media are dominated by it, and the political rationality of neoliberalism frames and endorses it.

This section has provided a definition of neoliberalism and charted its different phases so as to set the scene for its current manifestation, and the political context in which subjectivity is moulded and women live their lives and make decisions. The next section shall give greater consideration to the role of the state and neoliberal policies in entrenching personal responsibility.

Neoliberal policies

UK policies: Sure Start and the Big Society

Unlike cuts to welfare and anti-labour movement legislation, some UK policy measures carried out during the phases of neoliberalism do not appear inherently

neoliberal. Policies implemented by the New Labour government such as the increased provision of subsidized childcare via the 'Sure Start' programme in areas of high deprivation can be viewed as attempts to reduce social inequality and not inherently neoliberal, as state and third sector services were expanded to deliver these policy measures (Gillies, 2013). However, Gillies (2013) notes that Sure Start took on a more regulatory and responsabilizing role as parents - usually mothers - from poor families were required to attend parenting classes, and were threatened with fines and imprisonment for non-attendance. Gillies (2013: 95) argues that at this time: "the family was hailed as the formative site through which "competent personhood' is cultivated"; therefore, the poorest families were blamed for making the 'wrong' choices and failing to raise children appropriately as competitive neoliberal citizens.

The Coalition government of 2010 further entrenched the notion of personal responsibility against a backdrop of austerity measures which involved extreme cuts to welfare and public service funding (Gillies, 2013). Lupton et al (2016) write that the policies of the Coalition government were presented as advocating fairness in the decisions that were made post-economic crisis; in practice however, Coalition policies were underpinned by a need to "achieve more than three-quarters of budget savings from spending cuts rather than tax increases, and to make savings within the social security budget from benefits for working-age households" (Lupton et al, 2016: 4). Policies were therefore rolled out in the context of a smaller state that reduced social and welfare spending. The promotion of localism and a smaller state can be seen to underpin the Coalition government's Big Society agenda (Levitas, 2012) due to the focus on empowering neighbourhoods and communities, and enabling citizen engagement (Gillies, 2013). In practice, this resulted in the increased responsabilizing of parents for finding their own solutions to problems whilst austerity is imposed and the state withdraws (Gillies, 2013). Those with high economic capital can use resources to counter the effects of the removal of state services and are presented as appropriately investing in, and caring for, their children and communities. For example, involvement in the setting up of Free Schools as a response to a lack of investment in state education which was constructed as taking personal/community responsibility for solving a failure of the

state (Gillies, 2013). Those with limited resources however, are positioned as making poor choices and as a drain on the state due to failing to take responsibility for investing in their families and communities (Gillies, 2013). This again demonstrates how policy centred on parenting takes on a neoliberal and punitive approach that negatively impacts the poor.

It could be argued that policies such as Sure Start, and the Big Society agenda are not innately neoliberal and could well have been rolled out in a Keynesian society. However, they come to enforce individual responsibility and have punitive outcomes for the most disadvantaged in society due to being implemented in a neoliberal context that relies on notions of choice and the requirement to be an individualized subject.

The Scottish Government: childcare and child welfare

As discussed in chapter 1, it is often claimed that the Scottish Nationalist Party (SNP) are distinct from the UK government due to a seemingly more progressive approach to welfare (Mooney, 2016: 16). This could be argued in relation to the ‘baby box’, based on a Finnish initiative and offered to new parents in Scotland with the aim of improving child health and tackling infant deprivation, as well as the expansion of free childcare places which was implemented to enable women’s participation in the labour market (Mooney and Scott, 2016). However, Mooney and Scott (2016: 246) argue that in spite of initiatives such as these, the SNP fails to provide a “realistic or overall vision at local or Scottish level that could meet the demands of parents and address issues of poverty”. In the example of childcare, there remain insufficient facilities and state funded places resulting in childcare remaining too costly for many families in Scotland. Further problems arise when considering the part-time, often precarious employment women undertake and must consider alongside childcare arrangements, whilst the emphasis placed on returning to paid work suggests a requirement to demonstrate productivity and the devaluing of women’s unpaid care work. Mooney and Scott also draw attention to the need to avoid further privatization of childcare in Scotland so as to prevent entrenching a market approach to care that prioritises profit, and to allow for improved conditions for childcare workers in council-run services. The SNP can therefore be critiqued for failing to provide adequate childcare, and their

reluctance to use devolved powers to implement policies that will tackle the underlying causes of inequalities (Mooney, 2016).

McKendrick (2016) also highlights how the recent focus on early intervention in child welfare policy - which is presented as an attempt to prevent, as opposed to managing, unequal outcomes as early as possible - represents neoliberal values due to the requirement for families to take responsibility for and invest in children from an early stage to ensure positive outcomes. Families are therefore expected to adopt a future oriented perspective to mitigate possible risks - even those resulting from structural inequalities - so as to “maximize their life chances” (Scottish Government, 2009). These ideas also underpin the Scottish Government’s ‘Named Person Scheme’ which aimed to appoint a named person, usually a teacher or healthcare professional, to safeguard the wellbeing of every child (Waiton, 2016). The scheme was ruled against by the supreme court in 2016, and has been criticised for promoting early intervention whilst also constructing parents as in need of intense surveillance (Waiton, 2016) - arguably targeting parents (mothers) from poor and working-class backgrounds, and blaming them for their poor choices and personal problems.

Welfare reform

Reforms to the current welfare system throughout the UK - Universal Credit - were initially supported by some due to the aim of replacing the existing complex benefits system, and enabling greater independence for claimants (Dwyer and Wright, 2014). However, the rolling out of Universal Credit brings to light the punitive effects of neoliberalism as welfare conditionality has intensified, claimants have experienced delays in payments, and increasing numbers of people have been placed in low paid, precarious employment (Dwyer and Wright, 2014). The impact of austerity is pervasive, but some members of society are disproportionately affected. The removal of in-work benefits under Universal Credit demonstrates a punitive neoliberal approach that for some citizens means receiving less money than under the current system (Millar and Bennett, 2017). The removal of in-work benefits and reduced subsidised childcare and budgets for adult social care, have also been shown to disproportionately affect women’s employment if they have caring responsibilities (Gillies, 2013; Lupton et al, 2016). Gillies (2013: 106) argues

that this is evidence of re-traditionalization as the policy agenda “fits neatly with an old-fashioned male breadwinner/female carer binary in which unpaid female labour plugs the holes as the state retreats”, meaning women are therefore at greater risk of poverty or deepening poverty (Engender, 2017). This is exacerbated for those women who are lone parents, disabled, or for those who have more than two children due to the introduction of the ‘family cap’ - the limiting of child tax credits or the child benefit element of Universal Credit to two children. This policy disproportionately impacts “families where larger numbers of children are more usual including some religious and faith communities, black and minority ethnic families, and refugee families” (Engender, 2017: 2).

Neoliberal austerity measures therefore write political and economic rationality into women’s reproductive lives at the level of policy⁷, as only those who can afford to reproduce should, and those who have ‘too many’ children and require state support are punished, therefore disputing the notion of choice in women’s reproductive lives.

Progressive policies in a neoliberal context?

To an extent, policies that increase subsidized childcare, the baby box, early intervention, and even some of the ideas behind Universal Credit have some progressive potential. As argued by Levitas (2012:336), it is possible to take a different approach to reading these policies and:

create a narrative in which they cease to be an ideological cover for neo-liberal dispossession of the poor, and become positive attributes embedded in another potential society.

Policies that when rolled out are repressive and take on a neoliberal ethos could be re-imagined as progressive if the social and economic conditions under which we live are altered. When considering the way in which women make decisions about reproduction, it is therefore important to be aware of the neoliberal context policies are rolled out in, which rely on social actors engaging with the neoliberal subjectivity - or rejecting this. An example of this rejection was found by Brady

⁷ The intertwining of policy and women’s bodies shall be discussed in greater depth in chapter 3.

(2007), whose research with single mothers in Canada demonstrated how at times women were able to mediate and resist dominant discourses around welfare and employment, whilst at the same time outlining the support they deemed necessary in order to make what are considered appropriate and productive choices. For Levitas (2012), it is essential to rethink the notion of productivity, create good quality paid work, value care work, implement universal child benefit and citizen's basic income, and prioritize an economy of need over capital accumulation. Principles such as those outlined would create conditions where policies could be rolled out progressively, allowing for redistribution and gender equality (Levitas, 2012).

Though some policy measures may not at first appear neoliberal, they cannot be divorced from the economic and political context in which they are rolled out. Policies take on a more punitive role as those who cannot demonstrate individual responsibility are punished or subject to increased surveillance by the state so as to ensure compliance with neoliberalism, and with a particular form of subjectivity. The way in which neoliberal ideology comes to shape subjectivity at the individual level will be the focus of the next section.

The neoliberal subject

As discussed, free markets, competition, and consumer choice are central to neoliberal thought, yet these ideas are not only contained within the economic and political realm, but are extended to the social and individual level (Brown, 2003). Neoliberal ideology promotes choice through consumption of products and services and this in turn is presented as liberating, making the freedom to consume appear equivalent to freedom itself (Bauman, 2007; Hall, 2011). The proliferation of consumer products, along with the creation of markets and the privatizing of once public services facilitates the construction of citizens as consumers who, as suggested by individualization theorists, are set free from traditional social categories and therefore must create themselves (Giddens, 1991; Bauman, 2005; Beck and Beck-Gernsheim, 2002). As discussed in relation to neoliberal policies, ideas of economic freedom are taken up by the state to create self-reliant and

responsible citizens (Brown, 2003) which aids in sustaining neoliberalism, meaning those who do not engage with this subjectivity face harsh outcomes.

Along with the intensification over time as outlined in the discussion of neoliberalism's different phases, Gill and Scharff (2011: 6) note it is also necessary to consider this intensification in relation to subjectivity as actors are required to be:

rational, calculating and self-motivating, and are increasingly exhorted to make sense of their individual biographies in terms of discourses of freedom, autonomy and choice - no matter how constrained their lives may actually be.

These arguments resonate with the Foucauldian view of neoliberalism as a form of governance whereby the state governs through freedom, and the notions of choice and responsibility are extended not just to all aspects of life, but produce a valued subject (see Barry et al, 1996). This rational subject is similar to the subject of homo economicus (Read, 2009), who is self-interested, competitive, and takes an entrepreneurial approach to life and decision making (Beneria, 1999; Read, 2009; Hanappi-Egger, 2014). Acker (1990) argues that the body must be controlled in this construction of the neoliberal subject who is dedicated to paid employment, and is disembodied through the prioritization of rationality and therefore the mind. A further characteristic in the neoliberal conception of homo economicus according to Read, (2009) - and reflecting Davies' (2016) outline of the changing phases of neoliberalism - is the inclusion of competition. Instilling the notion of competition in social actors further entrenches the idea that inequalities in outcomes can be understood as individual successes and failures (Davies, 2016). Resonating with accounts of individualization as having a depoliticizing effect, Brown (2003, 2006) argues that focusing on the competitive pursuit of self-investment has a de-democratizing effect, since the need to strive for the social or collective good is eliminated by individual self-interest and self-profit.

The empirical effects of these processes can be seen in research by Scharff (2016) exploring how subjectivity and emotions are remoulded by competition and entrepreneurialism from the perspectives of classical musicians. Participants

discussed the need to manage their emotions so as to put a positive spin on negative situations such as being unsuccessful in auditions, and the prevalence of injury. Scharff (2016: 113) relates such positive thinking to the entrepreneurial subjectivity as the individual takes responsibility for managing emotions and the body by attempting to think positively, which is presented as a solution to all problems. The wider effect of self-management through positive thinking is diminished feelings of “anger, despair, critique, and the impetus to change something other than the self”, and thus the management of emotions in this way also has a depoliticizing effect. Participants were also shown to demonstrate self-directed competition, along with or in place of other directed competition, which Scharff (2016: 118) suggests is “indicative of power dynamics working on a ‘deeper’ level”.

The conditions individualization creates and the focus on choice and responsibility come to construct valued subjects who reproduce neoliberalism, and are less able to articulate or challenge structural issues. This has been shown to operate at the level of policy as even when some policies may appear to have progressive elements, when rolled out in a neoliberal context they take on a more punitive form that requires personal responsibility and the privatization of public and structural concerns. This section has discussed the economic and political context in which subjectivity is shaped, and social actors live their lives and make decisions, whilst further demonstrating how an individualized, neoliberal context is depoliticized and de-democratized. The construction of, and social actors’ engagement with, a neoliberal self that is entrepreneurial, rational and imbued with choice is central to this thesis.

Scharff (2016) argues that engagement with the entrepreneurial subject cuts across class; with regards to gender however, the entrepreneurial subject as defined by self-interest rationality and aggressive competition is seen in opposition to normative femininity constituted by altruism and caring for others (Beneria, 1999; Hanappi-Egger, 2014). In spite of being in tension with the valued neoliberal subject, femininity cannot escape the grip of neoliberalism and therefore is also shaped by the notions of entrepreneurialism, choice, autonomy, and responsibility. This is found within the notion of postfeminism which denotes a neoliberal version

of femininity, or a “gendered neoliberalism” (Gill, 2017: 606), which will be discussed in the next section.

Postfeminism

Postfeminism as a sensibility

Gill (2007^b) understands postfeminism to be a sensibility: it is an object of analysis as opposed to a theoretical position that denotes contemporary beliefs about gender. Gill et al (2017: 230)⁸ write that contained within this sensibility are a number of features that come to constitute femininity including:

a focus upon empowerment, choice and individualism; the repudiation of sexism and thus of the need for feminism alongside a sense of ‘fatigue’ about gender; notions of makeover and self-reinvention/transformation; an emphasis upon embodiment and femininity as bodily property; an emphasis upon surveillance and discipline; and a resurgence of ideas about sexual difference.

Whilst this list is not exhaustive, it is evident that the features of postfeminism resonate with neoliberalism and individualization. Firstly, there is the emphasis on the individual which comes to obscure the significance of structural factors and power relations. Secondly, is the similarity between the freely choosing, self-sufficient, and entrepreneurial neoliberal subject and the subject of postfeminism; this suggests postfeminism is “not just a response to feminism but at least partly constituted through the pervasiveness of neoliberal ideas” (Gill and Scharff, 2011: 7). Thirdly, gender is significant as due to the constraints imposed on women’s lives by gender-based inequalities, women are considered the vanguards of social change that has occurred as a result of detraditionalization, and are therefore constructed as the beneficiaries of choice and increased options (Baker, 2008). Following Crouch (2011), Gill (2017: 608) writes that along with neoliberalism, postfeminism may be understood as experiencing “a strange non-death” since its formulation ten years ago. The notions of individualism, choice, responsibility, and entrepreneurialism

⁸ For an earlier version of the features of postfeminism, see Gill (2007^b)

are said by Gill (2017: 609) to have intensified and become taken for granted, resulting in postfeminism “tightening its hold” and operating as “a kind of gendered neoliberalism”. The promotion of the autonomous, freely choosing subject is said by Gill to be “complicit with rather than critical of discourses of individualized, postfeminist neoliberalism” (2007^a: 79), leading to social norms or inequalities coming to be understood as freely chosen (Gill, 2007^b).

Postfeminism and Feminism

Gill (2007^a) asks what kind of feminist politics result from a preoccupation with choice? An answer is provided in the work of McRobbie (2008), who argues that postfeminism is sustained by the interlinking of anti-feminist and feminist ideas. Instead of feminism being entirely disregarded, what is central to postfeminism is the way in which it:

positively draws on and invokes feminism as that which can be taken into account, to suggest that equality is achieved, in order to install a whole repertoire of new meanings which emphasise that feminism is no longer needed, it is a spent force

(McRobbie, 2008: 12).

Linking back to the depoliticizing nature of choice, though taken into account, feminism may not necessarily be called upon in order to tackle gender inequalities, meaning in the face of unequal conditions, the postfeminist subject is, “despite her freedom, called upon to be silent, to withhold critique...indeed this withholding of critique is a condition of her freedom” (McRobbie, 2008: 16). Women are expected to refrain from critique and therefore must find individual solutions to once collective or social problems (McRobbie, 2007). This is referred to by McRobbie (2007: 723-724) as:

the postfeminist masquerade: a strategy or device for the re-securing of patriarchal law and masculine hegemony...it is a highly-styled disguise of womanliness now adopted as a matter of personal choice.

In contrast to the repudiation of feminism as discussed by McRobbie, Gill (2016, 2017) notes the popularity of feminism in recent times where to identify as a

feminist has become more desirable and fashionable, suggesting that perhaps we are now “post-postfeminist” (Gill, 2016: 611). The increased visibility in recent years of feminism in the mainstream media, bestselling books, and celebrities proclaiming their feminist identities could be seen to complicate the pastness of feminism (Gill, 2017). The promotion of empowerment through celebrating individual choices is also found in many women’s magazines including slogans such as “the freedom to run in heels” and “the right to wear red lipstick” (Gill 2016). Yet, the mainstream version of feminism found in the accounts of celebrities and women’s magazines often leaves unsaid what it means to be a feminist. This is also true of the new corporate feminism associated with Facebook COO Sheryl Sandberg who encouraged women to take responsibility for the barriers they faced in the workplace as opposed to questioning structural inequality. These consumer and corporate versions of feminism therefore often have “little in common with activist feminisms concerned with protesting budget cuts or deportations” (Gill, 2017: 611).

Whilst feminist activism in contemporary society is visible and feminist topics and concerns are discussed in the mainstream, Gill (2016) argues that this does mean we are post-postfeminist, just as increased activism against capitalism does not mean we are post-capitalist. Instead, Gill suggests that multiple ideas can operate together at the same moment, such as feminism operating alongside postfeminism. In a similar way to neoliberalism being underpinned by a certain kind of freedom, Gill warns that “postfeminist logics currently operate through a celebration of (a certain kind of) feminism” (2017: 612) that is based on choice and is depoliticized; that takes feminism into account in order to repudiate it (McRobbie, 2008).

This section has considered the relation between postfeminism and feminism demonstrating that we are not ‘post-postfeminist’ as in spite of the resurgence of feminism in recent years, this is underpinned by a neoliberal and postfeminist logic of choice which further distances women from critique. The next section shall consider who the postfeminist subject is, and how the reshaping of subjectivity by choice, competition, and entrepreneurialism constructs - alongside the neoliberal subjectivity - a valued gendered subjectivity.

The postfeminist subject

The subject of postfeminism has been assumed as white, western, middle class, heterosexual and young (Gill, 2017). Jess Butler (2013: 48) argues that in the same way gender, sexuality, and race are constituted by normative ideals, postfeminism “promotes a restricted version of femininity, it shores up heterosexism, and reinstates whiteness as a standard”. However, Butler suggests this does not mean that working class, non-white, and non-heterosexual women are outside of or unaffected by postfeminist discourse, though their engagement may be limited due to the idealized standard remaining white, middleclass and heterosexual (Butler, 2013). Butler notes that women of colours’ engagement with postfeminism does not “disrupt its central tenets” (2013: 50), but instead further entrenches the notion that racial and gender politics are no longer required: “in the same way that it does for white women, postfeminism requires its non-white participants to reject political activism in favour of capitalist consumption and cultural visibility” (Butler, 2013: 50). Dosekun (2015: 972) also takes issue with the idea that postfeminism is “for Western girls only” as the sensibility, “transnationally circulates culture” (2015: 960). Gill (2017: 615) describes a similar process in relation to sexuality, arguing that non-heterosexual women are not unaffected or outside of the postfeminist sensibility. The visibility of lesbians in popular culture is said by Gill to suggest that “queer is taken into account only to empty it of its potential to threaten the dominant heteropatriarchal order, as well as wrongly suggesting homophobia has been dealt with and is no longer a live issue”.

Choice, entrepreneurialism and competition

Similar to the neoliberal subject, choice, entrepreneurialism, and competition underpin the postfeminist subjectivity but are manifested in gendered ways. Second wave feminism of the 1960s and 1970s is said by Harris (2004: 17) to have “furnished women with choices” about education, paid work, and sexuality and reproductive rights, and that this focus on choice has been taken under the wing of neoliberalism to construct the ‘can do’ girl who can ‘have it all’. As discussed in the gendered critique of individualization, the emphasis on empowerment through choice means that even where women take unequal responsibility for more traditionally gendered work such as domestic tasks (Baker, 2012), this becomes

more difficult for women to challenge. Baker's (2012: 351)⁹ research on the division of household labour found women often expected housework to be split evenly with their partners but found new ways of describing inequalities in domestic tasks as the result of personal choice, as to acknowledge and critique this inequality would be to admit personal failings and a return to "a potentially embarrassing relic of earlier times". Due to the postfeminist emphasis on 'having/doing it all', gendered inequalities are less likely to be challenged. This again links to the privatization of structural issues which social actors are required to take responsibility for, leading McRobbie (2013: 128) to argue that much in the same way as the effects of individualization and neoliberalism, in women's lives specifically, "the ideological force of choice has a de-socialising and de-politicising function".

The gender specific operation of competition and entrepreneurialism in neoliberal societies that shapes subjectivity and emotions has also been explored (Gill, 2014; Gill and Orgad, 2015; McRobbie, 2015). Gill (2014) argues that understandings of gender inequality in the workplace need to be complicated by considering changes to subjectivity, in particular, the need to manage one's life in an entrepreneurial manner. Gill refers to changes in the conditions of those working in cultural and creative industries that have been impacted by neoliberal conditions such as precarious contracts, long working hours, lack of union power, and the colonizing of life by work making the demands of unpaid work such as childcare incompatible. It is therefore necessary, Gill (2014: 515) argues, "to explore the processes or mechanisms that create this difficulty or incompatibility", which is linked to changes in subjectivity. This subject is self-managing, flexible, dedicated to the workplace and "without encumbrances or needs" (Gill, 2014: 516), appearing to take on an entrepreneurial ethos with a gendered nature as the "injunctions never to be pregnant, and never to need time off to care for one's self or others may pose particular challenges for women" (Gill, 2014: 517). This was evident in Gill's research as participants did not frame experiences of gender inequality as a structural issue, but instead spoke of the need to enact entrepreneurial

⁹ Baker also found there to be no significant class or race differences in how women spoke about housework, highlighting the far-reaching consequences of the notions of choice and responsibility.

responsibility in order to individually safeguard against the precarity and risk in the labour market. Similar across accounts of individualization, neoliberalism, and postfeminism is the creation of subjects who are uncritical of inequality, and instead are responsibilized which reproduces neoliberalism and sustains patriarchy.

The effects of competition and entrepreneurialism on subjectivity are said by McRobbie to also create a disciplinary check-list directed towards women that requires striving for ‘perfection’:

How well did I do today? Did I manage to eat fewer calories? Did I eat more healthily? Did I get to the gym? Did I achieve what I aimed to achieve at work? Did I look after the children with the right kind of attention? Did I cook well after the day’s work? Did I ensure that my family returned from school and work to a well-appointed and well-regulated home? Did I maintain my good looks and my sexually attractive and well-groomed body?

(McRobbie, 2015: 9)

In a similar way to the notion of choice, the discipline exerted over daily life is said by McRobbie to create the illusion that women are in control of their lives, but is representative of an intense self-audit that women must undertake (McRobbie, 2015) in keeping with the entrepreneurial ethos of neoliberalism. As previously discussed with regards to Scharff’s research on classical musicians, this regulatory checklist is forcefully directed towards the self (McRobbie, 2015). The inner-directed competition fostered by neoliberalism is said by McRobbie to lead to self-beratement and anxiety over not being ‘good enough’, causing an intense focus on the individual and moving away from how the self is related others and society. A similar discussion is provided by Gill and Orgad (2015) who consider the heightened gendered address to women and girls of the need to work on the self through managing emotions, so as to build self-esteem as a means of individually protecting from the harms of neoliberalism.

The imperative to be confident is said by Gill and Orgad (2015: 326) to be a technology of self “that brings into existence new subject(ivities) or ways of

being”. This is explored in relation to gender equality in the workplace and consumer body culture where it is argued that confidence is presented as the answer to women’s happiness and success, which could be mistaken as part of a feminist turn encouraging women to believe in their abilities and love their bodies. Such ideas can also be linked back to the earlier discussion of Giddens’ account of individualization, where it is also claimed that the body is now a project that is reflexively appropriated by the mind and “fully available to be worked upon” (Giddens, 1991: 218). This suggests a disembedding of the self and the body, which are objects of choice to be individually constructed and controlled, as opposed to created and understood in relation to society and others (Crossley, 2005). Leve and Ruby (2012) write that such body projects are often discussed in relation to cosmetic surgery, which is linked to individualized, neoliberal, and postfeminist ideas of the body as an object to be worked upon, and to notions of continual bodily (and self) examination and improvement through choice. The body is also responsibilized within such discourses due to being positioned as in need of safeguarding from risk and therefore must be managed and kept under individual and external surveillance constantly - in the case of women’s cosmetic surgery, this relates to the risk of appearing physically unattractive or ageing (Leve and Ruby, 2012).

With regards to the body and confidence, Gill and Orgad (2015) argue that women are blamed for their lack of confidence and low self-esteem which are presented as aspects of the self that they must work on and exert control over, therefore obscuring the role of capitalism and patriarchy in creating a culture that continually monitors and controls women’s bodies, providing endless products to ‘create’ a body that looks a certain way. The body and self are therefore presented as the responsibility of individuals to work on through making autonomous choices, but, and as highlighted in an earlier section, must also be controlled¹⁰. Similarly, gender inequality in the workplace is presented as resulting from women’s lack of confidence, and therefore they must work on their self-esteem in order to succeed - avoiding any critique of male power. These ideas again reflect the writings of

¹⁰ A fuller discussion of the body and control is presented in chapter 3.

Sheryl Sandberg who focuses not on persisting gender inequality in the labour market, but on the seemingly internal barriers erected by individual women who are responsible for changing themselves in order to succeed and ‘have it all’ (McRobbie, 2013; Rottenberg, 2013).

The intense focus on the self and body as in need of continual management and individual work demonstrates an insidious adaptation of feminism that shapes subjectivity and emotions, and separates the body and self from social influences. Notions of choice, personal responsibility, and the intense focus on the individualized, managed self therefore leaves “the existing patriarchal regime untouched...any aggression is entirely inner-directed” (McRobbie, 2015: 17). The next section will build on the themes discussed above to consider how the postfeminist subjectivity operates alongside a valued trajectory women are expected to follow, and produces valued parental strategies for women through the construction of maternal femininity.

Productive and reproductive subjects

Women’s enjoyment of freedom, choice, and the ability to live independent lifestyles is tied to a narrative of success that comes from education, paid work, and consumption (Harris, 2004). Women are now expected to “make projects of their work selves from an early age” (Harris, 2004: 18), by investing in the self and planning for the future. Harris writes that femininity has always included the need to work on the self in terms of self-presentation and appearance, but this has now been extended to investing in the self so as to compete and succeed in the labour market. Such ideas were evident in the New Labour government’s notion of a competitive meritocracy, which McRobbie argues (2007: 722) resulted in the government focusing as much on women as productive and reproductive, constructing women as “highly efficient assemblages of productivity”. The construction of women as paid workers complements the demands of the new economy and resonates with feminist demands for participation, equality, and empowerment through paid work (McRobbie, 2007). Obtaining qualifications and competing in the education system for a prolonged period to then succeed in the labour market is therefore expected of the postfeminist subject, whilst the notions of choice, competition, and responsibility fail to account for structural barriers in

education and employment such as those based on race and class, meaning those who leave school without qualifications or do not attend university are considered as failing (McRobbie, 2007).

To fully engage with the late modern requirements of dedication to paid work and consumption, women are also required to delay (but not forgo) motherhood (Harris, 2004; McRobbie, 2007) as having children remains central to femininity:

Women are told that they can choose whether or not to reproduce and when, to choose paid employment in either a full or part-time capacity, or to be full time mothers. But these choices still often come with the burden of expectations...The concept of a ticking biological clock is more readily applied to women than men. Biological motherhood for women is still seen as being central to the performance of femininity

(Nash, 2014: 13).

The requirement to have children but at the 'right' time is said by McRobbie (2007) to allow women time to consume and invest in the self and their future families so the welfare state does not have to, thereby reflecting the requirements of neoliberalism. To secure this trajectory, Harris (2004) writes that middle class parents - especially mothers - are often involved in the surveillance of their daughters' lives, planning ahead to ensure educational success and protect them from the 'risk' of teenage pregnancy; this is viewed as a flawed decision which McRobbie (2007) argues cuts across class and ethnicity. Walkerdine et al (2001:194-195) also argue that the perceived need for women to succeed in the labour market and fulfil their role as consumers results in women themselves exerting increased self-regulation over their reproductive lives, in order to avoid a 'failed' trajectory that involves teenage or younger motherhood. These requirements are said by McRobbie (2007: 733) to be part of a:

new sexual contract: on the condition she does not reproduce outside marriage or civil partnership, or become the single mother of several children, the young woman is now granted prominence as a pleasure seeking subject in possession of a healthy sexual appetite and identity.

Though apparently instilled with choice, women's reproductive decisions appear somewhat regulated so as to delay - but not forgo- motherhood, and avoid teenage or younger motherhood which is considered irresponsible and as connoting inappropriate sexuality, dependency on the state, and a failed femininity (Harris, 2004; McRobbie, 2007). Ideas around a valued reproductive trajectory are also implicit in the context of Scottish policy, evident in the strategy on *Pregnancy and Parenthood in Young People* which suggests that teenage pregnancy should be avoided to enable young people to contribute 'productively' to society as they are:

tomorrow's workforce, parents and leaders. Any limitation on the potential of young people in Scotland will impact their ability to contribute productively as citizens, family members and employees

(Scottish Government, 2016: 4).

Related to this, the uptake of LARC methods in Scotland has been shown as most prevalent among women in their twenties (ISD Scotland, 2017). This trend may reflect ideas around 'appropriate' reproduction that entails delaying motherhood so as to participate as economically active workers and consumers (McRobbie, 2007), and as will be shown from the data, may also enter into the decision making of healthcare professionals demonstrating how structures, policy, and other people are bound up with women's bodies.

The expectation that women will delay but not forgo motherhood to engage with a productive and reproductive subjectivity can also be seen in the examples of egg freezing and abortion. Though new reproductive technologies have been presented as affording women increased choice over when to have children, the very fact that large corporations have provided professional women with the option to freeze their eggs (Moore, 2017) is indicative of the intermingling of capitalist systems and women's bodies, and an expectation that women will delay but have children at some point. In addition to this, Baldwin (2018) showed that women's decisions to have their eggs frozen are shaped by discursive and ideological forces - particularly neoliberal ideas around responsibility, self-determination and consumer choice, but also by traditional gendered expectations of motherhood. This demonstrates how

discourses of choice exist alongside gendered norms in the construction of the postfeminist subject.

Given the conditions of late modernity, decisions to delay or to not have children could be considered a “signifier of a ‘choice biography’” (Simpson, 2009: 23), evident as abortion has been described in sociological theory as constituting “the paradigm of feminine power” (Boltanski, 2013: 17), whilst also being labelled as “lifestyle” (Bingham, 2014) or “career girl” (Innes, 2014) abortions in the mainstream media. Yet women’s decisions to not have children or have an abortion are often constructed as ‘selfish’ (Budds, et al 2016) - therefore at odds with the self-interested, masculine subject of homo economicus. As highlighted in chapter one, there are number of examples in relation to abortion that allow for the questioning of choice, and also point to what is considered a valued reproductive trajectory. This is evident when considering the political and religious discourses that restrict access to abortion in Northern and the Republic of Ireland which often require women to travel for the procedure (Bloomer and O’Dowd, 2014); the lack of provision of second trimester abortion in Scotland which also requires women to travel to England (Purcell et al, 2014); and the reluctance of healthcare professionals to grant women’s abortion requests if over the age of 30 and middle class (Beynon-Jones, 2013). It is therefore clear that wider structures and institutions are bound up with the construction of appropriate reproduction which ultimately expects that women will have children later in life.

Maternal femininity

A number of writers have pointed to the entanglement of neoliberalism, postfeminism, and the construction of a maternal femininity (Allen and Osgood, 2009; Tyler, 2011; McRobbie, 2013; Phipps, 2014; Orgad and De Benedictis, 2015). The focus of neoliberal capitalism on productivity is said to produce a maternal femininity that is defined by activity, evidenced in the depiction of the ‘yummy mummy’ who works on the body through exercise and consumer products, and is an extension of the productive, economically active and ambitious working woman - as opposed to the unproductive “benefit dependent ‘underclass’ single mother” (McRobbie, 2013: 120). Also underpinning maternal femininity is the expectation of combining paid work with a form of motherhood that is intensive and requires that

children are invested in; the notion of ‘having it all’ therefore appears more akin to ‘doing it all’ (McRobbie, 2013). In the context of austerity, the ‘good mother’ is seen to be self-governing and not reliant on the state for support, as women are called upon to be “labourers/consumers and mothers/carers, shifting responsibility away from the welfare state and towards individuals” (Orgad and De Benedictis, 2015: 3). This is in contrast to what Orgad and De Benedictis (2015: 3) refer to as “traditional ideologies of maternity that posit mothering as independent of economic labour and incompatible with neoliberal values”.

Women are therefore expected to be economically active and are responsabilized for care work or must exercise their consumer choice by using privatized care as the welfare that once supported women as mothers is diminished, and those who require support are demonized due to their ‘failure’ to demonstrate self-reliance (McRobbie, 2013). The emphasis on women to ‘do it all’ by being economically active and providing childcare fails to consider economic inequalities, those who are employed in low paid precarious work or unemployed, the cost of childcare, the unavailability of childcare provided by employers, or the way in which white, middle class women make use of the low paid labour of working class and migrant women for domestic labour. The imperative to ‘have/do it all’ provides another example of how the individualized, neoliberal, and postfeminist subjectivity invokes personal responsibility and makes inequalities less likely to be challenged.

This section has considered the gendering of neoliberal subjectivity by exploring the postfeminist subject who is called upon to be freely choosing and responsabilized to a greater extent than men. The literature discussed has pointed to the valued reproductive trajectory women are expected to follow and shown that the emphasis on choice in women’s lives means structural constraints or the ascribing of normative gender roles are presented as an individual choice. This has the potential to empty feminism of its political concerns, making inequalities and patriarchal structures difficult to challenge. This is also the case when thinking about the ‘have it all’ discourse, which appears more akin to women undertaking responsibility to ‘do it all’ as productive and reproductive subjects, meaning inequalities in public and private life may go unchallenged. Postfeminism as an analytical object can therefore be used critically to make visible the valued femininity available to

women in individualized and neoliberal times, and the implications and enactments of this femininity (Lewis, 2014).

Conclusion

This chapter has discussed the social, political, and gendered contexts in which women live and make decisions. The social processes described by individualization, neoliberalism, and postfeminism are united by their focus on freedom of choice and responsibility and a view of the self as no longer pre-given, but as opened up to choice and must be worked on individually.

The first section presented sociological arguments about individualization which holds that social actors are now free to construct the self in the face of declining tradition, and therefore possess increased agency and choice whilst also being instilled with responsibility. Criticisms from empirical work were then considered, demonstrating the persistence of social categories such as gender and class. However, these studies also outlined the way in which social categories are complicated in late modernity as social actors may come to understand their lives and decisions in an individualized way. In spite of the criticisms put forward, when researching choice, it may be of value to use individualization theory to empirically explore how individualized trajectories and selves are developed and experienced. The social conditions created by individualization that exhort social actors to take personal responsibility for structural issues and collective concerns are valuable when thinking about how decisions are accounted for - even if it is clear that these decisions are not made in isolation or separated from social constraints.

The chapter went on to outline the political and economic context of neoliberalism within which individualization takes place. It was shown that policy comes to entrench notions of personal responsibility, resulting in policies that are not innately neoliberal but are rolled out in a neoliberal way due to the political and economic context which requires citizens to be individualized subjects. In this way, the neoliberal ideology can take hold at the social and individual level to shape subjectivity around the tenets of choice, responsibility and entrepreneurialism to secure its compliance. The way in which neoliberalism operates as an ideology through policy and institutions and takes hold at the level of the individual is a key

concern of this thesis. The neoliberal subjectivity may be written into women's reproductive lives at the level of policy and therefore come to impact how they make decisions, whilst the emphasis on choice, responsibility, and entrepreneurialism as elements of subjectivity further prevents from articulation the impact of social constraints.

Postfeminism was then considered as a distinctive sensibility in women's lives which denotes a neoliberal version of femininity or a gendered neoliberalism. Features of the postfeminist sensibility were outlined, highlighting the centrality of choice and entrepreneurialism which come to reshape feminism and the self. This reshaping makes connections to others and society, and challenges to structural inequalities and normative gender roles unspeakable, whilst emptying out feminism of its collective, political concerns to focus on individual choice. The final section considered the relation of postfeminism and neoliberalism to women's 'productive' and reproductive lives, presenting the contradictory notion of choice and the increasing responsibility instilled in women, which comes to produce a subject who is required to 'do it all' and is responsibilized to a greater extent than men. Postfeminism as an analytical object can therefore be used critically to make visible the valued femininity available to women in individualized and neoliberal times, and the implications and enactments of this femininity (Lewis, 2014).

Whilst this is the normative femininity women are encouraged to engage with in late modernity, there is the possibility that women will not act in line with this subjectivity and may negotiate or subvert its demands. Further, whilst the social processes described in this chapter may be taking place and are worthy of analysis, they may not tell the whole story. To counter the notion of an entrepreneurial and individualized self that is divorced from others and society, approaches that consider the self and decision making as socially situated, relational, and embodied shall be considered in the following chapter. I will argue that these perspectives offer a deeper sociological account of how decisions are made and subjectivity is moulded.

Chapter 3. The relational self and embodiment

The previous chapter reviewed a body of literature on the social, political, and gendered contexts in which women live their lives and make decisions where they are encouraged to be freely choosing, entrepreneurial, and individually responsible. The literature that will be reviewed in this chapter builds a picture of how agency and the self are enacted in relational and embodied ways in negotiation of those pressures. Literature on relationality and embodiment will be shown to offer a more empirically grounded framework for understanding choice, agency, and subjectivity than what is implied by individualization theory, neoliberal ideology, and the postfeminist sensibility.

The first section of this chapter will outline the relational approach of George Herbert Mead (1934) who maintains that the self is other oriented and socially situated, arising as a result of inner conversations with ourselves and others. The empirical value of Mead's work will also be shown as bringing to light the importance of others in decision making and understandings of the self. The way in which Mead's work has been misinterpreted as depicting an over-socialized version of the self will also be outlined. However, it will be shown that Mead's insistence on the social and individual as different phases of the self, and the potential for creative responses, allows for protection against accusations of over-socialization. Recognizing social actors as relational presents a view of the self and decision making as always connected to others and the social, yet this does not determine behaviour, but allows for varied responses as a result of internal negotiations.

The relational approach challenges the dichotomy between the social and the individual, and offers a more sociological understanding of the self, choice, and agency that challenges individualized conceptions whilst not erasing the individual from this process. It is my view that the ideas contained within individualization, neoliberalism, and postfeminism do not determine the self or how decisions are made, but are involved in an ongoing process of interaction in everyday life.

Much like the previous chapter's discussion of individualization, neoliberalism and postfeminism, Mead's perspective on the self and the notion of embodiment speak to one another. Theories of embodiment entail that bodies are active: we have and

do bodies, and therefore all experience is embodied. Along with Mead's relational approach, embodiment will be outlined as a useful analytical tool for challenging conceptions of decision making, agency, and the self that are traditionally associated with the rational mind - as found in discussions of homo-economicus - and are disembodied. The ideas contained within individualization, neoliberalism, and postfeminism that construct social actors as self-managing and controlling the body with the mind through private choices is problematized by embodiment, as the body, and other bodies, are implicated in decision making and there is an interconnection between the body and the self. The concept of embodiment also problematizes dualistic thought which allows status to be granted to 'productive' and public actors whilst those associated with reproduction and intimate life are excluded.

Embodiment allows for the body to be viewed not as detracting from women's status but as valuable, and draws attention to the ways in which the public and social structures are connected to seemingly private and intimate life - which can be obscured by the late modern focus on personal choice. Building on Mead's relational approach, understanding the body as active and as a resource for agency and status is important when considering women's reproductive bodies that are often denied agency or seen as barriers to public and political life, whilst allowing us to see that decisions constructed as private and individual are deeply connected to the social. The women who participated in this research, like everyone, have bodies; it is therefore important to acknowledge the body and embodiment when exploring how women relate to society and make decisions, and how they perceive and experience their bodies which are linked to other bodies and neoliberal structures.

Bringing together the theoretical perspectives of the relational self and embodiment offers a theoretical lens through which to view women's reproductive lives as connected to structures, the social, and to others that is not accounted for in the social processes described by individualization, neoliberalism, and postfeminism where the focus is on women's decisions being opened up to individual choice.

The relational self

The I and the Me

The work of George Herbert Mead presents a view of the self as a relational process, where social and individual components are seen to interact as a whole and not in opposition (Roseneil and Ketokivi, 2015) - as suggested by individualization theory. The self is made in an ongoing process of interpretation and interaction with others, our pasts, and social contexts which are continually reflected upon (Jackson and Scott, 2010). Selves are composed of various attitudes but this does not mean to imply we are nothing more than these attitudes as Mead (1934: 163) writes “we are not only what is common to all: each one of the selves is different from everyone else but there has to be a common structure”. To unpack this further, we can refer to Mead’s discussion of the ‘I’ and the ‘Me’ as phases of the self. These phases should not be viewed as separate entities with the temptation being to suggest that the ‘I’ represents an individualized self, and the ‘Me’ as socially embedded and therefore in need of prioritization when thinking about the self as relational (Roseneil and Ketokivi, 2015). Instead, this should be thought of as an ongoing dialectical relation, as attitudes and relationships with others - specific and generalized - are incorporated in the self and reflected upon in an interactive process (Da Silva, 2007; Jackson and Scott, 2010; Roseneil and Ketokivi, 2015).

The ‘I’

Mead considers the ‘I’ to be the phase of the self that reflects upon social situations which involves a dialogue between various attitudes and other selves. What is key when thinking about the self, choice, and agency is that a creative response is generated through this process (Mead, 1934). The ‘I’ therefore allows for some distinctiveness of self and does not presuppose a socially determined actor ruled by social norms, (Da Silva, 2007; Roseneil and Ketokivi, 2015). The ‘I’ reflects upon - but is not determined by - and responds to social contexts, structures, and relations (the ‘Me’) by way of a reflexive inner conversation (Da Silva, 2007). Inner conversations involve engaging with ourselves, structures, and specific and generalized others: we become aware of ourselves by locating ourselves in relation to others - not in opposition to (Jackson and Scott, 2010). This is what Mead (1934)

refers to as ‘the conversation of gestures’, during which social actors are affected by the attitudes of others, which causes the self to arise in the individual and others. The self and agency are therefore presented as relational through the conversation of gestures:

it is through taking this role of the other that he is able to come back on himself and so direct his own process of communication...The control of the action of the individual in a co-operative process can take place in the conduct of the individual himself if he can take the role of the other

(Mead, 1934: 254).

Actions are therefore negotiated by considering the role of others and engaging in an inner conversation, and this can also be applied to the process of decision making.

The ‘Me’

The ‘Me’ can then be thought of as “the social object of the ‘I’ (Roseneil and Ketokivi, 2015: 5), the phase of the self representing the multiplicity of attitudes, experiences, and relations that are observed by, reflected upon, and responded to by the ‘I’ (Da Silva, 2007). It is due to the interaction between the ‘I’ and the ‘Me’ that we come to view ourselves through the eyes of others, or what Mead (1934: 167) refers to as taking “the attitude of the community, the generalized attitude”. The attitude of the community may be taken to represent wider social and group attitudes that can elicit common responses however, “there is a common response in varied forms” (Mead, 1934: 261). While group and wider social attitudes may shape the self to cause similar responses amongst actors there is room for creativity in Mead’s approach; the attitudes of the community do not determine behaviour but “define the social, or socially responsible patterns of individual conduct in only a very broad and general sense, affording plenty of scope for originality, flexibility, and variety of such conduct” (Mead, 1934: 262). The different phases of the self in interaction are shown by Mead (1934: 175) in the example of playing a ball game in which we are presented with rules to follow (the ‘Me’), but there is also space for creativity in terms of how the game is played (the ‘I’):

He can throw the ball to some other member because of the demand made upon him from other members of the team...He has their attitudes, knows what they want and what the consequence of any act will be...Now, it is the presence of those organized sets of attitudes that constitutes that 'Me' to which the 'I' is responding. But what that response will be he does not know and nobody else knows...The response to that situation as it appears in his immediate experience is uncertain, and it is that which constitutes the 'I'.

So while social actors take the role of specific and generalized others, this is negotiated through an internal dialogue that can lead to creative responses but is always implicated in the social.

'The heat of the moment' and social control

Mead (1934: 211) also accounts for how spontaneous decisions that are made in the 'heat of the moment' can occur when "the structure of the 'Me' does not there determine the expression of the 'I'". This can be seen via Mead's (1934: 217) concept of "the genius", whereby actors remain socially situated however, "the social order is implied but not adequately expressed. Such an individual is divergent from the point of view of the community". This allows for the expression of unique responses to situations that are different to what may be expected from the attitude of the community, and all have the potential to act in ways that diverge from the expected course of action. Conversely, Mead also suggests that in some situations the 'Me' can take over against the 'I' which results in "social control". Here, the self and actions are more bound by social attitudes or norms, as the generalized other may exert a greater influence over the actions of individuals and "enter as a determining factor into individuals thinking" (1934: 155). The use of the term social control may appear somewhat deterministic and imply that agency is not present, but even if taking up and acting towards norms and conventions, our inner conversations and engagements with norms remain a key part of this process (Jackson and Scott, 2010). Engaging in conversations with ourselves presents an active view of the self but does not, as discussed in the previous chapter, suggest we are individually free to choose.

Echoing Mead's discussion of social control, Jackson and Scott (2010: 43) argue that gender is not deterministic but provides, "parameters within which we make sense of ourselves". Jackson and Scott (2010) writes that gendered selves emerge due to interaction with others who are gendered, suggesting the other is not in opposition to the self but is involved in an active process of taking the role of the other and locating the self within a gendered world. Interactions with gendered others do not result in a self determined by norms but instead, "gendered selfhood emerges as variable, there is no single way of being a little boy or a little girl, or later in life a man or a woman" (Jackson, 2010: 132). Thinking about how we understand ourselves in relation to particular norms and social contexts suggests the possibility of both variability and conformity in how we interpret and respond to these. Therefore, the previous chapter's discussion of the individualized, neoliberal, and postfeminist subject may at times be engaged with by women, but this is not universal as there is the possibility of negotiating or subverting these demands. A relational approach would aim to draw out the ways in which the 'I' reflects upon and responds to the organized social attitudes of the 'Me' and how this is accounted for by social actors.

Similarly, Mackenzie and Stoljar argue that when thinking about a feminist conceptualization of agency, it is necessary to consider how the self and decision making may be restricted in certain ways, which may potentially cause agents to "emphasize aspects of themselves that are socially reinforced" (2000: 17), meaning at times agency may be limited in certain aspects of life e.g. choosing the nuclear family where women are subject to traditional gender socialization (2000: 18). In a similar way to Mead however, Mackenzie and Stoljar seek to develop a view of agency in women's lives that is not completely determined by social norms nor as aligned with self-interest, but instead emphasize the notion of self-reflecting, socially embedded agents whose actions are shaped by intersecting social factors. In this view, agency should be reconfigured as relational and "anti-individualistic"; as opposed to abandoning the notion of agency due to associations of "abstract individualism" (Mackenzie and Stoljar, 2000: 8). However, Mead's use of the generalized other as central to processes of reflexivity is not developed by

Mackenzie and Stoljar, but is considered central to the approach taken to choice, self, and agency in this thesis.

The way in which Mead's work has been applied in empirical studies will now be discussed.

The application of Mead

Empirically situating the role of others

The empirical significance of the 'generalized other' can be seen in research exploring young people's experiences of leaving the parental home (Holdsworth and Morgan, 2007), and in Scott's (2004) sociological account of shyness. For participants in Holdsworth and Morgan's research, their accounts of decision making demonstrated there is more to actions and experiences than being bound up with intimate relationships and the role of specific others, (e.g. parents, siblings, friends etc.), as they described how internal deliberations involved non-specific others (e.g. 'a lot of them', 'the majority of people', 'people say') that represent wider social influences. References to general and specific others were woven together in a further process of negotiation in participant's discussions with researchers, suggesting the roles and attitudes of others can be interwoven in a more complex process during internal and external deliberations (Holdsworth and Morgan, 2007).

Processes of deliberation involving others and how this impacts understandings of the self were also shown in Scott's (2004) research on shyness. Scott (2004) writes that the shy 'I' has a sense of themselves as shy, and the shy 'Me' recognizes themselves to be lacking skills of interaction in the eyes of others: the "competent other", who when encountered is used as a point of comparison due to their perceived poise and skills of interaction. The dialogue between the 'I' and the 'Me' and the role of the competent other is said by Scott (2004: 122) to demonstrate that shyness is "an emergent property of interaction, arising in the negotiation of meaning between knowledgeable actors and normative structures". Scott explores these ideas from the account of a participant who understands herself to be shy - the shy 'I' - but also recognizes and compares herself to others and their reactions to her shyness - the shy 'Me' - causing reflection on the self in an ongoing negotiation between the 'I' and the 'Me'. Shyness was recognized and understood

in relation to others - specific and generalized - so as to construct the competent other against whom shyness was evaluated (Scott, 2004). Scott also argues that when social actors are frequently labelled as shy it becomes a defining factor of who they are: their master status (Becker, 1963 in Scott, 2004). This labelling by others may “operate as a self-fulfilling prophecy” (Scott, 2004: 133) demonstrating that the self is “an intersubjective reality created through the negotiation of meaning in a normative context” (2004: 133), and not the product of individual construction as outlined by the individualization theorists. However, dominant understandings pathologize shyness as an individual character trait which is a means of excluding social actors, as opposed to viewing shyness as relational and constructed in interaction with others (Scott, 2004).

The role of others can be seen as entering into deliberations as points of comparison, which were referred to in order to account for participants’ own actions (Scott 2004, Holdsworth and Morgan, 2007). Making comparisons against and judgements about others highlights the everyday processes of how we come to view ourselves, make decisions, and account for those decisions in relation to others. This is not only of theoretical value but is also empirically significant, as the way in which the generalized other is used demonstrates “who comparisons are being made with, who do people feel an affinity with, who can make judgements of them and who they can, in turn make judgements of” (Holdsworth and Morgan, 2007: 414). The studies outlined above demonstrate that the self and agency are relational, as others and the social are implicated in decision making and self-understanding in continual processes of negotiation. The application of Mead’s work demonstrates its empirical value, as the self and how decisions are made are shown to be intersubjective and grounded in social context, which is in opposition to how the enactment of choice and the self are described by the processes outlined in the previous chapter. The self and decision making are involved in inner negotiations with social norms and values and with specific and generalized others, therefore highlighting their relational quality.

Mead’s contribution provides a useful theoretical lens through which to view the self, choice and agency, and for thinking empirically about the processes through which decisions are made without resorting to the notion of individual versus

society. Mead's view moves away from the idea of socially determined selves and actions and allows for creativity in responses, whilst also emphasizing that the self, others, and social world are part of each other. Such an approach allows for elements of creativity without reproducing the individualized view discussed in chapter two, or erasing the individual completely from the process of decision making. Mead's perspective is therefore central to the way in which this thesis views choice, agency, and the self.

The next section of this chapter will consider the ways in which Mead's work has at times been misunderstood and deemed as presenting an overly socialized view of the self and agency.

Misunderstanding Mead

Mead's account of the relational self is often misunderstood. Roseneil and Ketokivi (2015) highlight this misunderstanding in sociology when referring to the work of Carol Smart (2007), who presents a dichotomy between the 'Me' considered to be the social aspect of the self, and the 'I' representing the self as conceptualized in individualization theory. Such distinctions are unhelpful when attempting to build a fuller, more sociological understanding of the self and agency, where the 'I' and 'Me' are "different phases of the same process called 'the self'" (Roseneil and Ketokivi, 2015: 147).

Such misunderstandings are evident in the work of Margaret Archer (2000, 2003), who also developed an account of agency and self that focuses on internal conversations and the mutual dialogue between self and society. This is evident in Archer's (2003: 19-20) definition of reflexivity as "a generative ability for internal deliberation upon external reality, allowing for the capacity to ask ourselves, 'how do other things affect me?'" From this, a relational approach seems to be suggested in which the self and society are in dialogue and structure and agency are intertwined (Archer, 2000), yet it is also claimed that the self is "prior and primitive to our sociality" (2000: 121). Archer refers to Mead's distinction between the 'I' and the 'Me', but instead argues "the 'I' equates to personal identity...and the 'Me' as characteristics that have to be lived with" (2000: 264). This can be seen as a misunderstanding of Mead's approach; such a separation minimizes the

interplay between self and society in which both are a part of, and impact upon one another to present the self as a process (Jackson, 2010), along with the 'Me' in Archer's formulation edging towards social determinism. In later work, Archer (2003: 79) argues that "the 'Me' is really the 'We' - what Mead called the 'generalized other'", suggesting Mead focused too heavily on conversations with society at the expense of conversations with oneself. This leads Archer (2003: 87) to argue that the generalized other is "autocratic" and produces an oversocialized version of the internal conversation, whereby the self is dominated by the social. Archer's critique reflects Wrong's (1961: 192) argument that sociologists over-emphasise the role of social factors, and actors who are "completely moulded by the particular norms and values of their culture". However, Wrong (1961: 183) also argued that though social actors are not fully socialized, they are social, and the task of sociology is to "develop a more complex, dialectical conception of human nature" which Mead's view on the self allows for.

Gronow (2008) argues that Archer misunderstands Mead, as taking the perspectives of others and wider social attitudes is not always repressive or deterministic due to the potential of creative responses from the 'I'. The generalized other does not dominate in Mead's conception of the self, but is a part of the self as process. Further, Gronow (2008: 255) views Archer's critique as potentially leading to an *undersocialized* version of the self and agency if the self is said to exist prior to the social, as following Mead's perspective:

our social relations are our natural way of being. So much so that sociality - in the sense of being able to think of other minds - precedes the ability to think of one's own mind in a reflexive manner.

Mead's work can in fact be viewed as protecting *against* oversocialization and the notion of actors simply reproducing the norms that Wrong (1961) was concerned about, as there is always potential for the varied and creative response of the 'I'. The social world and others will always be incorporated in the self, with attitudes taken on by social actors which are then involved in a process of interpretation, negotiation, and renegotiation.

Further criticism of Archer's (2003) discussion of inner deliberations comes from Holmes (2010) who argues that this conceptualization obscures the role of emotions due to the emphasis on reflexive conversations with our *selves*, as opposed to Mead's view that we negotiate with others and society through the generalized other. The role of others - specific and generalized - as part of the self, agency, and choice considers not only the way in which the actions, thoughts, and speech of others enter into our inner conversations, but also what they feel (Holmes, 2010). Our emotional relations to others which are negotiated in imagined and real interactions reinforces a view of the self and agency as relational and challenges the reason/emotion dualism present in Archer's work, as emotions are central to processes of reasoning and are produced through interaction (Holmes, 2010).

In more recent work, Archer (2012: 42) appears to present an individualized approach, revising the position previously taken on agency and reflexivity:

In the two preceding works, contexts and concerns were presented as the key to what guided the reflexive process. Context is now changing beyond recognition...this means that personal concerns play an increasing role in guiding deliberations and the conclusions arrived at. In sum, the importance of what we care about has never been more important.

Contexts can and do change, nevertheless, personal concerns must not be overstated without continuing to emphasize the ways in which such concerns are in dialogue with history, relationships, social attitudes, and contexts. Taking Mead's approach allows for this individualized view to be challenged and for reflexivity to be viewed as part of the social, just as relations and the social are a part of reflexivity (Jackson and Scott, 2010). Further problems arise in Archer's account as a break from the past is insisted upon when thinking about agency and the self (Archer, 2012). Though our histories should not be thought of as determining the self and actions, past experiences enter into inner conversations and are engaged with in order to understand, and allow for the emergence of, our present situations (Jackson and Scott, 2010). Thinking about the role of the past in this way allows for the self as an individualized, "novel project of our own making" (Archer, 2012: 44) to be challenged in favour of a more relational conception.

The above critique of Archer's discussion of Mead is important given how poorly Mead's work is understood in her account, but more significantly, because feminist theorists such as Clegg (2006: 320) suggest that Archer's theorizing on the inner conversation "provides the resources for thinking about agency in terms of the conditions for the emergence of individual and collective agency". I would argue however, that Mead's work offers a fuller, more secure basis for analysing the self, agency and choice than what Archer's account suggests and deepens our understanding of women's reproductive decision making, whilst Archer's account, and the version of choice and subjectivity constructed by the forces of individualization, neoliberalism, and postfeminism only tell us part of the story. The self is always connected to and engages with the social, others, and emotions yet the self is also active, meaning the responses of social actors can be varied. A relational approach also allows for consideration of the self and decisions made as at times reflecting what is contained within the neoliberal ideology and postfeminist sensibility, whilst also allowing for consideration of how dominant ways of being are negotiated.

The next section will continue to develop a framework for understanding choice by considering the notion of embodiment as the body, how women feel, what they know, and how they relate to other bodies, is central to researching reproductive decisions. Embodiment builds on the relational approach outlined by challenging perspectives that do not give an active role to the body in the process of decision making or self-construction, where the body is instead viewed as a barrier to social and political life and as an object to manage and control. It will also be shown that the concept of embodiment makes clear the interconnection of public and private and therefore the linking of intimate practices to structures and policy, and is a means by which we can argue for status to be given to bodies where value is typically assigned to those who are 'disembodied', 'productive', and public.

The body and embodiment

The separation of mind and body

This section will outline the historical, academic, and conceptual separation of the body and the mind (which, as will be shown, is problematized through the notion of

embodiment) and how this is closely linked to a number of dichotomies which are exclusionary and serve to reproduce unequal social relations (rational/emotional, nature/culture, public/private, control/out of control).

Much theorising of the body outlines the impact of the Cartesian separation of mind and body, (Grosz, 1994; Nettleton and Watson, 1998; Price and Shildrick, 1999; Shilling, 2012). This distinction is marked by the privileging of the mind due to its construction as the site of reason and its capacity for agency. The body is subordinated due to its construction as merely a biological vessel for the mind (Grosz, 1994), and is therefore “an obstacle to pure rational thought” (Price and Shildrick, 1999: 2). Feminist accounts have drawn attention to the far-reaching impact of the Cartesian dualism which has influenced the gendering of the mind as masculine, and the subordinated body as associated with femininity (Grosz, 1994; Price and Shildrick, 1999), therefore presenting inequalities in who is afforded agency and who is considered in need of regulation - which may be further entrenched in the context of neoliberalism due to the value placed on the rational, self-interested subject.

Women’s bodies have been characterised as leaky, unpredictable, irrational, and unruly and therefore in need of control and regulation. This is evident when considering how aspects of reproduction including menstruation, pregnancy, and childbirth are seen to distance women from the privileged notions of control and rationality which grant citizens agency and inclusion (Grosz, 1994; Price and Shildrick, 1999; Bacchi and Beasley, 2002). This dualism reproduces ideas of gendered difference as women’s association with the subordinated body is framed as a “‘natural’ inequality...restricting women’s social and economic roles” (Grosz, 1994: 14). This links to women’s association with domesticity and the private sphere due to being defined by their ‘unruly’ reproductive bodies; which results in lower social and political status for women and exclusion from participating in public life, which is more freely inhabited by men¹¹ (Shilling, 2012) - calling into question the claims of individualization theory regarding women’s lives, as outlined

¹¹ Embodiment and women’s status will be discussed later in this chapter.

in chapter two. The separation of mind and body and associated dualisms that create inequalities are problematized by the notion of embodiment.

Embodiment

Theories of embodiment hold that the body is more than an object or a thing but is dynamic, processual, and experiencing as it is shaped by and shapes society (Nettleton and Watson, 1998). Embodiment mediates the intertwining of the body as a material entity, and as an intercommunicative social agent that interacts with other bodies (Lyon and Barbalet 1994). The body constitutes the life-world that it experiences in a relational process with other bodies, structures and institutions (Leder, 1990; Nettleton and Watson, 1998). This view is put forward in Maurice Merleau-Ponty's (1962) phenomenological notion of being-in-the-world, where we cannot be independent of the body because we are our bodies and without them we would not fully experience or perceive the world. Much like the challenge presented by Mead's work to the individual/social dichotomy, the perspective of Merleau-Ponty (1962) provides a basis for developing a theory that problematizes the mind/body dualism. It is argued that the mind and body are intertwined and that all human perception is embodied: we cannot perceive or sense anything independently of our bodies (Crossley, 1995^a; Nettleton and Watson, 1998), echoing Merleau-Ponty's (1962:173) argument that "I am not in front of my body, I am in it, or rather I am it". Embodiment therefore denotes perceptual experience which is, "our mode of presence and engagement with the world" (Nettleton and Watson, 1998: 11). Speaking to the relational approach, implicit in the notion of embodiment is that the body is a feeling agent that experiences social interaction through sensation and perception. In this way, we can view the self and decision making as emerging through the lived experience of the body.

Embodiment and symbolic interactionism

Crossley (1995^a) draws on Merleau-Ponty's phenomenology of perception to consider the body as both object - it is sensible as it can be seen, perceived and touched - and subject - the body sees, perceives, and touches and therefore experiences the world. We see from within as subjects and are simultaneously objects that are seen from without by others (Leder, 1990). From this, it can be argued that the self

emerges through the lived experience of the body which challenges the idea that the self is “relegated to the mind” (Leder, 1990), and it is through this being-in-the-world that agency is generated as our lived experience is realized (Lyon and Barbalet, 1994; McNay, 1999). In a similar way to Mead’s discussion of the self as relational, Crossley (1995^a: 49) notes how for Merleau-Ponty, the body is experienced through our interaction with others, and turns back on itself to obtain an outside perspective “such that we become objects for ourselves and can experience ourselves as something other”; but this does not involve the separation of body and mind. Thus, the body constitutes my world and the world of others through perception and intersubjective realities.

Similar ideas are also be found in Mead’s (1934) discussion of the ‘I’ and the ‘Me’ and ‘the conversation of gestures’, which draw attention to the active and creative role of human beings. This is demonstrated through our interaction with the social and specific and generalized others, which involves an internal deliberation whereby agents turn back on themselves to be both subjects and objects. The conversation of gestures involves not only the attitudes and voices of others, but also requires physical embodied communication. The physicality of communication involves responding to the gestures of others which will then elicit a response in them, which Mead (1934) demonstrates through the example of a dog fight in which the bodily actions of the dogs call out a response in each other that is not a form of imitation but is reciprocal, and involves awareness of the dog’s own bodies and each other’s. Mead (1934: 362) also acknowledged a role for the body in interaction when discussing the hand and the various “contact experiences which come through the hands”, which involves contact with the self and others and provides “a multitude of different ways of doing things, and thus invite alternative impulses to express themselves in the accomplishment of his acts” (Mead, 1934: 363).

Awareness of the self is socially embedded and constituted through considering, but not determined by, the bodies of others (Crossley, 2006), highlighting how intersubjectivity features in the work of Mead which is central to understandings of the self, agency, and decision making. From this perspective, the body can be understood as:

an enormous vessel of meaning of utmost significance to both personhood and society. The body is a social object, which is to say that the body as an object cannot be separated from the body as a subject; they are emergent from one another

(Waskul and Vannini, 2006: 3).

Crossley (1995^b) provides an account of embodiment in which it is suggested the concept of 'body techniques' (Mauss, 1979 in Crossley, 1995^b) can be taken further by considering how the body reproduces norms and traditions in everyday interactions. Crossley uses the example of walking to demonstrate how this practice may be situated within the interaction order, which extends Mauss' (1979) conceptualization of walking as socially variable:

the different settings in which we walk, the rules and values of those settings which pedestrians operationalise in the course of their stroll, and the manner in which specifically social obstacles or events are constituted and managed or avoided in the process e.g. beggars, market researchers and commuters

(Crossley, 1995^b: 136).

The example of walking demonstrates that the body is socially and relationally situated but is also active, as the body adapts and co-participates in different situations with different actors. In a similar way to Mead's relational self, attention is given to the notion of intersubjectivity, as actions and bodies are other oriented (Crossley, 1995^b). To exercise body techniques involves the bodies of others and our interactions with them which suggests an active body:

by means of actions, gestures, and modes of comportment...the intercorporeal world and its intermundane spaces are hives of on-going, situated actions, and these actions constitute and reproduce those spaces and that world

(Crossley, 1995^b: 146).

The body and social world as interdependent is therefore central to the interactionist perspective, which allows for interest not only to be directed to how the body is, “acted upon and represented” but to “what the body does in the social world, how it works to construct and reproduce the world and how it acts” (Crossley, 1995^b: 147-148). In this view, the body is active and can be placed at the centre of understandings of choice, agency and the self. The body is not only an object or an individualized project to be managed and worked upon, which according to Crossley (2006: 24) is the view found in the work of individualization theorists who present “a disembodied agent who makes decisions in isolation”, and therefore do not fully consider how we experience the world in relation to others, as intersubjectivity is a crucial pillar of our being-in-the-world.

Budgeon (2003) is also critical of the account of the body in individualization theory due to the dualistic thinking implied in this work on identity formation, where the body becomes an object of choice controlled by the mind. An embodied perspective is said by Budgeon to be missing from individualization, where it is claimed instead that the body is now reflexively appropriated by the mind and worked on through choices, with reproduction also said to be “a field where plurality of choice prevails” (Giddens, 1991: 219). Budgeon (2003: 38) writes that the focus on choice and the project of the self suggests that the mind takes over the body and though the self is reflexive, it is not embodied:

The body becomes the material upon which the mind acts and, by effectively placing the body ‘outside’ the actor, the actor becomes fundamentally a thinking and choosing agent but not a feeling and being agent.

The implications of individualization theory’s discussion of the body and self is that it reproduces dualistic thinking and the privileging of the mind which, as has been shown, has historically served to restrict women’s agency and constitute their bodies as inappropriate in the public sphere and therefore deemed in need of control (Budgeon, 2003). Such dualistic thinking and emphasis on choice is challenged by Budgeon (2003: 46) through the use of interview data with young women on cosmetic surgery, who presented embodied accounts such as “this is *my*

face” or “having a nose that’s not *you*”. In this way, the dualism of body and mind, and the body as a separate project to be reflexively worked upon can be called into question, as young women’s accounts show that “neither the self nor the body can be chosen because...the body is already the self. The self is already the body” (Budgeon, 2003: 46).

The concept of embodiment therefore allows for the body to be understood as having a material basis that is shaped and experienced by others and the social world (Leder, 1990; Grosz, 1994), whilst simultaneously emphasising lived experience and the body as active (Csordas, 1994) and connected to the self. This is said by Grosz (1994) to be particularly enriching for feminist theory due to the emphasis on lived experience as implicated in the production of knowledge which is often subordinated. Knowledge of the body is available only through living in the body which is not a separate entity from the world, the self, or others (Grosz, 1994). Davis (2007: 62) also argues that embodiment is essential to a conception of agency that takes seriously how, “women’s bodies shape the world they live in, just as how they live in the world is shaped through their bodies”. Women’s bodies come to be understood not as passive or defined by biology and in need of control or management through choice, as the body is an active, relational, and feeling agent. The role of emotion and the sensorial experiences of ‘feeling’ are routes in to seeing the body as an agent and as actively experiencing the world.

Embodied emotion

Lyon and Barbalet (1994) consider the role of emotions as embodied. This builds upon the earlier discussion of Holmes’ (2010) argument on the importance of emotions to the self, and Elliot’s (2002: 312) critique of individualization theory as failing to fully consider the centrality of “interpersonal, emotional, and cultural factors” that continue to shape the lives of social actors and are present in their decision making. Emotions help present the body as more than passive or an object due to the way in which feelings are produced within the individual body in response to various situations and others, whilst also producing feelings in the bodies of others (Lyon and Barbalet, 1994). Emotion is constructed - and subordinated - in a dichotomous relationship with reason. The emotional body is therefore devalued and deemed in need of regulation so as to achieve agency which

is associated with the mind (Lupton, 1998). The dualisms of mind/body, reason/emotion are gendered, as women come to be associated with “uncontrolled embodiment and softness and men with rational control and hardness” (Lupton, 1998); as a result, women are constructed as lacking agency, suiting the private realm, and of lower status.

However, embodied emotion is central to agency as it is through emotions that we become conscious of our bodies: we experience ourselves in and as our bodies particularly when feeling that we are present in the world (Lyon and Barbalet, 1994; Lupton, 1998). Lupton (1998) draws on the way in which sensations produced by emotions bring the body into consciousness such as the beating heart, tense muscles, and rush of adrenaline that may be associated with anger or anxiety. It is with and through the body that we actively express feelings which are part of a bodily sense of how we evaluate experiences. (Lyon and Barbalet, 1994). The body is therefore shown to be more than biological, but as a “conscious, experiencing, acting, interpreting entity...it is through emotion that the intersection of the individual order and social order may be most clearly seen” (Lyon and Barbalet, 1994: 63).

Considering the role of emotion lets us see how the body is connected to the world and wider structures. This is discussed by Williams and Bendelow (1998: 154) who suggest that embodied emotion allows for a shift in thinking of emotions as irrational or only contained within the private realm as emotions let us see a link between the micro and the macro due to exerting:

a powerful influence over whether social structures are reproduced or experienced as alienating and therefore in need of transformation.

Structure may be reconceptualised in these terms as both the medium and the outcome of emotionally embodied practices and body techniques it recursively organises.

Nancy Scheper-Hughes (1993) presents a similar discussion of how embodied emotion is directly linked to social structures and policies. Scheper-Hughes argues that the body can be understood as social and relational with regards to how poor women in the Alto region of Brazil perceive breastfeeding and the use of formula

milk, but also that their decisions and emotions are produced by and reproduce the capitalist system:

what has been taken from these women is their belief in the ability to give: 'we have nothing to give our children'. And so the cycle of economic dependency is complete

(Scheper-Hughes, 1993: 326).

Poverty and the commoditization of powdered milk in Alto society is embodied; this impacts how women make decisions and how they perceive their bodies in relation to the “social production of scarcity” (Scheper-Hughes, 1993: 325), which disrupts the embodied experience and knowledge of breastfeeding. Embodiment therefore also allows for consideration of the links between emotion, the body, and social structures, and the body as active in social processes and institution making (Lyon and Barbalet, 1994). The way in which social structures, institutions and policies are bound up with the body and wider processes of control and status will be considered later in this chapter, and will also be shown in the accounts of participants in the research findings.

Dys-appearing body

As discussed, though the body is active, feeling, and connected to the self, in everyday life the body is often experienced as taken for granted or absent (Leder, 1990). The notion of the absent body is reproduced by the prioritization of mind and its association with self-production and reason in a dichotomous relationship with the devalued body. Leder (1990) speaks of the body as ‘dys-appearing’, by which he means the taken for granted body appears to us only when in a state of dysfunction, pain, or illness, causing heightened attention to be paid to the body. The importance of the social to the experience of the dys-appearing body is highlighted particularly in relation to women’s bodies, as Leder (1990: 89) points to the way in which the active body and what it does is often not discussed, making a number of reproductive experiences including menstruation, pregnancy, and menopause appear, “dysfunctional and alienating as opposed to normal and necessary parts of the life cycle”. This may be further entrenched in an individualized, neoliberal, and postfeminist context where it is harder to articulate

inequalities, and women are expected to individually manage their bodies. As will be shown from the findings of this research, women described a heightened awareness of their bodies due to their social devaluing, causing bodies to be experienced as problematic and subject to regulation.

The work outlined in this section can be seen as building upon Mead's relational approach as the body is given an active role and is therefore a part of agency, decision making, and self production as opposed to a barrier that has to be managed and controlled by the mind. The notion of relationality is also relevant here as implicit in the idea of embodiment is that the body experiences social interaction as it is active, feeling and intersubjective. Embodied emotion is also central to understanding choice and agency as it is through feeling that we are present in the world, with emotions produced in response to various situations and others, whilst also producing feelings in the bodies of others. Embodiment and relationality therefore provide a lens through which to analyse women's decision making that tells a fuller story than the social processes outlined in the previous chapter, where emphasis is placed on the individual at the expense of the social, structures, and the role of others. The next section will demonstrate the value of the concept of embodiment when researching women's reproductive decisions and what it allows us to consider, by focusing particularly on what is missed from a sociological account of abortion that is disembodied.

Abortion and embodiment

The work of Luc Boltanski (2013) can be critiqued for discussing the body and abortion in a disembodied way. Though presenting a largely theoretical account, some empirical interview data from women who have experienced abortion is provided which are clearly embodied accounts. In a discussion of pregnancy prior to abortion, one participant explained, "everything really is happening in your body. Your body is alive, it's telling you things...there's a sensation" (2013: 196). Yet Boltanski (2013: 207) writes that due to the "contradictory situation" in which women may find themselves when experiencing the sensations and feelings of pregnancy prior to abortion, "she must not know what she is feeling". This demonstrates how the active, sensory body is denied along with women's embodied knowledge and emotions; that is, their knowledge as thinking, feeling actors but

more so, the intimate knowledge women possess of their own bodies that is often not recognised or afforded status, and is subordinated in public and political life. Boltanski continues to paint a disembodied picture of abortion when interpreting women's accounts, as a distinction is created to describe women's decision making process as a tension between the "agency of the I" or the "will of the flesh" (2013: 214), evidence of dichotomous thinking in which the mind and body are separated. This can also be found where Boltanski describes the body as "other" when a woman is pregnant, as though to imply the body exists independently from the self. There is also no attempt to connect this feeling of bodily otherness in women's accounts to their experience of being in the world and relation to other bodies. This can be seen where one participant described feeling "there was an intruder inside me" (2013: 212) prior to abortion, but who also then went onto discuss the violence she experienced from her partner. Another participant, who after a number of sexual encounters did not know who she became pregnant to, felt as though she had "a monster inside" before her abortion.

Though marking the "parental project" (2013: 90) as the context in which abortion decisions are made between (heterosexual) men and women, the intersubjectivity of this decision is not explored by Boltanski and instead women's abortion decisions are interpreted as "rational actions" (2013: 225). Women's feelings such as that of 'otherness' cannot be separated from their experiences such as those discussed above which are embodied, and therefore decision making can be shaped by the experience of violence, or social norms regarding women's sexuality. As previously outlined, it is possible that we can experience ourselves as something other; however, this does not involve a separation of body and mind, but it is through perception and intersubjectivity. Women's accounts of abortion in Boltanski's work were also clearly impacted by such factors as the gendered division of labour as participants discussed 'doing it all' for their partners and existing children, racism, and feelings of guilt that were shaped by the stigma attached to abortion. These experiences were *felt* by women and shaped their decisions, and impacted how they understood their bodies and selves before and after having an abortion.

Despite being presented with embodied accounts from women, Boltanski frames women's decisions as rational and separate from the mind and other bodies, whilst

also suggesting that women do not possess embodied knowledge of their pregnancies and abortions. The concept of embodiment therefore allows us to make these connections and understand not only abortion, but a number of reproductive decisions as shaped by the intertwining of the body, self, mind, and the social whilst highlighting women's knowledge about their active, feeling bodies. I will highlight this throughout the thesis to present an embodied analysis of, for example, miscarriage, pregnancy, birth, breastfeeding, contraceptive side effects, and various other embodied dimensions of decision making processes as described by participants. The body, how women feel, what they know, and how they relate to other bodies is therefore central to researching reproductive decisions.

The next section will further consider the potential of embodiment as a conceptual tool that can be used to problematize the public/private dichotomy which has afforded women lower status, and will also outline the relation between the body and control.

Connecting the public and private

This section will consider the way in which the body and aspects of seemingly private and intimate life have traditionally been viewed as associated with lower status, and as distinct from and a barrier to participation in public and political life. The notion of embodiment presents a challenge to the absence of the body in traditional ideas about status, therefore allowing reproduction to be positioned not as detracting from women's status but as a resource. In this view, subjectivity, including political subjectivity, is 'fleshy' (Bacchi and Beasley, 2000).

Problematizing the public and private allows for an understanding of the interconnection between seemingly private, individual choices and neoliberal structures.

Traditionally, notions of status are underpinned by participation in paid work in the public sphere (Lister, 1997). This is further entrenched in the construction of the neoliberal and postfeminist subject as discussed in chapter two. Status is afforded to this subject on the basis of being economically independent and contributing to the economy whilst making minimal demands on the state (Salmon, 2011), and when demonstrating the ability to 'have it all'. However, those who are associated

with the private including disabled people and women, are deemed ‘non-productive’ and therefore afforded less status and face exclusion (Bacchi and Beasley, 2000; Salmon, 2011), whilst the way in which “structural and institutional factors differentially enable some individuals and groups to participate in communities, national economies, and institutions” (Salmon, 2011: 173) is obscured from view.

Though women’s participation in the paid workforce has been a key feminist issue, the status afforded from public, paid work is also an important area of critique for those arguing for the private and intimate to be recognized as valuable. (Lister, 1997; Bacchi and Beasley, 2000, 2002). Through the notion of intimate citizenship, Plummer (2003: 70) argues that aspects of seemingly private and intimate life are always bound up with the public: “all those areas of life that appear to be personal but that are in effect connected to and structured by or regulated through the public sphere”. This is elaborated on when considering the seemingly private life of the family, as the family is also a “site for the reproduction of gender relations and for the patterning of power relations...Family life is engulfed in legislation regarding marriage, divorce, child care, not to mention wider ideologies of familism” (Plummer, 2003: 70). In this view, the personal, public and political are not distinct but are intertwined, and can therefore be considered important parts of subjectivity and how decisions are made. Le Feuvre and Roseneil (2014) argue that intimate citizenship is also concerned with the way in which agency in intimate life may be constrained and shaped in various ways by state laws and policies, and by social relations between groups. This demonstrates that what is traditionally conceived of as the private and afforded lesser status has always been the concern of policy, the state and wider social norms - even if not recognised as such - linking back to Plummer’s assertion that the public and the private are interdependent.

A similar argument is presented with regards to the body (Bacchi and Beasley, 2000). Social policies and institutions are directly linked to bodies, yet this connection is often not recognised. The connection between bodies, policies, and institutions can be seen in relation to reproduction when considering the examples provided in chapters one and two which demonstrate the role of social and structural forces in women’s decisions to have children e.g. the family cap, but can

also be seen when considering the lack of second trimester abortion provision in Scotland which requires women to travel to England (Purcell et al, 2014), a growing number of Government-supported initiatives to increase the rate and duration of breastfeeding (Lee, 2011) whilst breastfeeding in public spaces remains stigmatized (Boyer, 2012), and the difficulties women may experience when attempting to access sexual and reproductive health care - particularly disabled women (Anderson and Kitchen, 2000), lesbian, bisexual, and trans women (Albuquerque et al, 2016), and migrant women (Mengesha et al, 2017). This demonstrates how the public and political are bound up with bodies and intimate life which can therefore impact decision making, as well as highlighting the barriers that may be encountered to living a full intimate life and the lower status afforded to women as a result of their bodies.

Given the dominant marginalization of the private, it is not surprising that a limited view of the body is offered in accounts of women's position in society. This is evident in the work of Dietz (1985) who argues it is necessary to reject motherhood and activities that take place in the private sphere in order to facilitate women's participation in society. For Dietz (1985: 34), the potential for women's participation in public, and political life is not possible through "the language of love and compassion or the 'robust' demands of motherhood". Political activity is said to be based on activities that are public such as, "public speeches and debates, organized movements with expressly political goals, and democratic activities in which feminist citizens challenge the 'givens'" (Dietz, 1985: 35). In this view, motherhood, the private (and therefore the body) are seen to negatively impact women's status and are considered of less relevance. Lister argues however that status "can fluctuate during the individual's life course, reflecting in part the demands of caring obligations which can also be interpreted as the exercise of citizenship obligations" (Lister, 1997: 36). Rather than solely emphasising women's public participation and role as paid workers, importance is placed on the private sphere and the activities undertaken there as valuable to, as opposed to detracting from, women's status in public and political life. To demonstrate this, Bacchi and Beasley (2000: 349) provide the example of breastfeeding mothers and disabled people as both:

corporeal social actors and as citizens...so as to loosen citizenship from its almost exclusively public location and make bodies (e.g. birth, breasts, breast milk and spinal cord damage) part of the participating subject, while at the same time grounding the notion of the Body...by lodging bodies in their physical and social particularities.

In this view, the private sphere and the body are not obstacles to status but are resources; this aids in shifting the focus from ideas around who is traditionally afforded status as public and disembodied, to present a conceptualization that makes central the bodies of those typically constructed as ‘lacking’, and therefore of lower status. (Bacchi and Beasley, 2000). This view challenges the notion that valued, agentic subjects are ‘productive’ and disembodied, as social actors are instead considered to be “enabled rather than disqualified by their bodies” (Bacchi and Beasley, 2000: 351).

A similar discussion can be found in the work of Smyth (2008) who argues that breastfeeding should be considered an important part of public and political life, and as deeply connected to the self, others, emotions, and the materiality of the body which helps to make sense of why women decide to breastfeed or not (Smyth, 2008). Such a view provides an embodied understanding of breastfeeding which may not be presented in dominant understandings where the body and breasts are often positioned as inappropriate for public spaces, and where breastfeeding comes to be constructed in neoliberal contexts as a private choice bound up with achieving targets and a moral obligation to ensure the health and wellbeing of children (see Phipps, 2014). Not only this, but viewing breastfeeding as an important part of public and political life, much in the same way as paid work, challenges the previous arguments from Dietz by problematizing breastfeeding or caring for children as devalued domestic practices, positioning them instead as active social practices that shape social relations.

Smyth also points to the role of policy in facilitating parents to make decisions about how to care for children, so as to enable rather than curtail their position in society; this is particularly relevant to breastfeeding and the use of, and belonging in, public spaces. Smyth argues that spaces are actively produced through social

processes and embodied social relations. Breastfeeding can therefore be considered as shaped by, as well as shaping, the social spaces in which it is carried out and may be managed in accordance with ideas of how and by whom space should be used and where caring should take place, therefore entering into women's decisions about breastfeeding. Positioning breastfeeding in public spaces as inappropriate is synonymous with traditional perceptions of the body as outwith the public sphere and its presence as shameful (Elias, 2000). The view of the body as inappropriate in the public sphere can exclude women from public and political life and may therefore impact emotions and decisions around breastfeeding, highlighting the contradictory messages given to women due to the societal and policy pressures to breastfeed - evidencing again how the seemingly private practice of breastfeeding is connected to the public and the structural. This exclusion, and the lower status afforded to women, is also linked to the perception of women's bodies as out of control.

Control and 'out of control' bodies

Bacchi and Beasley (2002) draw attention to perceptions of control in relation to the body. Those who are viewed as having control over their bodies are afforded higher status with agency granted on this basis (Bacchi and Beasley, 2002), whereas those who are considered controlled by the body are excluded from social and political life and deemed in need of further control and regulation. This links back to Scott's (2004) discussion of shyness and the 'competent other' as the embodied feelings of shyness such as blushing and shaking are socially considered to represent a lack of competency and control in social situations. The reactions of others result in a negotiation of meaning on the part of the shy actor of how their embodied feelings are viewed by others, which may result in others being positioned as in control of their bodies and therefore more competent, potentially leading to the exclusion of the shy actor and restrictions placed on their actions (Scott, 2004).

Bacchi and Beasley (2002) argue that some groups in society are positioned on both sides of this dichotomy. Women are at times deemed controlled by and subject to their bodies - most often in relation to reproduction which is thought to control women and limit their autonomy - but at times may also appear to have control over their bodies in a consumer like fashion e.g. when undergoing cosmetic surgery.

Lupton (2012) discusses women's exclusion as a result of their reproductive bodies, evident in the accounts of pregnant women wishing to withdraw from public spaces due to feeling self-conscious about their bodies and the possibility of losing control by "leaking inappropriate body fluids: vomit due to morning sickness, or their 'waters' breaking" (Lupton, 2012: 333). Yet at the same time, the pregnant women may be considered as "a public figure. Her body is on display for others to comment upon, and even to touch, in ways not considered appropriate of any other adult body" (Lupton, 2012: 332). The perception of women's bodies as out of control results in the regulation of their bodies in ways deemed inappropriate for full citizens, therefore affording women less agency.

Dobson et al (2017: 361) consider women's decisions about cosmetic surgery in the context of neoliberalism and postfeminism, which are often articulated as "doing it for myself rather than for others". This results from the encouragement of women and girls to be freely choosing and self-confident, implying there is a need to exert individual control over the body by the mind. The unproblematic internalization of this discourse by women is questioned by Dobson et al (2017) who point to the decisions of women in their research as intersubjective, as their accounts of cosmetic surgery draw on the role of generalized and specific others. It is also noted however, that the role of others is difficult for women to articulate due to competing discourses of personal choice and exerting control over the body. Women described cosmetic surgery as an individual decision, self-beneficial, and as a means by which to gain self-confidence which is done by controlling the body with the mind, resonating with the individualized notion of the body project. Dobson et al (2017: 362-363) urge feminist researchers to not only account for the centrality of the notion of individual choice and control in women's accounts, but to pay attention to the role of generalized and specific others which may not be easily or explicitly articulated, as this demonstrates "what cannot be said in neoliberal conditions". In doing so, the reality of decisions as relational and embodied can be presented as opposed to individualized and disembodied accounts that "flatten out accounts of the self and the body" (Dobson et al, 2017: 364).

The work of Dobson et al (2017) resonates with Bacchi and Beasley's argument that inclusion in social and political life relies on a mind/body separation, as the body is

often depicted as an object or project that women have to gain control over and work upon in order to 'have it all' and participate in society. Bacchi and Beasley (2002) therefore challenge the individualized, neoliberal assumption that the body is an object to be controlled and worked upon through a series of individual choices, by suggesting instead that the body is interconnected with the mind and power relations and produced and experienced in relation to other bodies - all of which shape women's decision making. Bacchi and Beasley (2002) also argue that regardless of women being considered as in control of/controlled by the body, it is medical knowledge that is privileged due to the associations of the mind and rationality, over the knowledge that comes from the lived reality of embodied experience. The knowledge offered by the experiential body can be used to disrupt the privileged position of medical authority in women's reproductive lives, as the body is active, feeling, and experiences the world and is therefore knowledgeable.

The section has discussed the traditional association of autonomy and status with controlling the body and making rational decisions from a range of possibilities. Losing control to the active body means losing autonomy and status, meaning steps can be taken by law, policy, and medicine to control women's bodies - particularly reproductive bodies. Bodies are therefore an important indicator of where a person might be positioned in terms of status and inclusion, therefore it is necessary to consider the body in an analysis of women's reproductive decisions. Theories of embodiment allow for the body, the intimate, and the private to be viewed not as detracting from women's status and inclusion in public and political life, but as valuable. Thus, embodiment can be used as a conceptual tool with which to challenge dualistic thought, and to explore how women perceive and experience their bodies in a context in which there is an emphasis on the need to control the body, or the body is absent. Attention is also drawn to the ways in which the seemingly private and intimate are connected to the public and social structures and therefore are not distinct from this sphere - even though constructed as such. This is valuable as embodiment can be used, alongside Mead's work on the relational self, to problematize the 'flattened out' view of choice and the self that is produced by the social processes discussed in the previous chapter that

emphasise individual choice, personal responsibility, and where the body and intimate life are considered as barriers to agency and inclusion.

Drawing attention to the ways in which bodies and aspects of private and intimate life are connected to policy and wider structures is important for this thesis when considering how decisions are made and the self is enacted. This moves away from individualized, neoliberal, and postfeminist constructions of choice and subjectivity to focus on how decision making involves our own and other bodies, emotions, structures, and the public sphere and therefore are not private decisions that can be individually controlled and managed. As will be shown throughout this thesis, the decisions women make are embodied and relational, but neoliberal structures position women as making private decisions whilst also emphasising the need to control and take responsibility for the body. Though having children is fundamental to 'having it all', reproduction and the domestic will be shown in participant's accounts as devalued, and the body remains considered unruly and in need of regulation resulting in women's unequal status.

Conclusion

The aim of this thesis is to explore women's reproductive decision making in the context of individualization, neoliberalism and postfeminism where decisions are understood as arising from personal choice and social actors are individually responsabilized. This chapter therefore aimed to bring together theoretical work on the relational self and embodiment to provide an alternative lens through which to view choice and agency, and an understanding of the self as social, intersubjective, and active.

A relational approach to the self and agency was outlined which has at its core the ongoing relationship between the individual and the social, therefore shifting attention from the individual/social dualism. The focus on how others and the social world are implicated in the self provides offers a fuller understanding than the discussion of the entrepreneurial, freely choosing subject as discussed in chapter two, and presents a more realistic notion of subjectivity and decision making whereby actors may engage with or negotiate dominant ideas, but the self remains social and other oriented.

Embodiment is also a useful framework for understanding how choice, agency, and subjectivity are enacted. Embodiment allows for an understanding of how the body is active and experiences social interaction, therefore challenging the mind/body dichotomy and bringing to light how the body is part of decision making and is deeply connected to the self. Embodiment was also shown to offer an alternative to conceptions of status as associated with the public and limited by bodies that are 'out of control', to demonstrate that the private and the body are not obstacles to, but are resources for participation in public and political life. Central to this thesis is how embodiment makes clear the interconnection between the public and private. This perspective allows women's reproductive bodies that are often denied agency or seen as detracting from their status to be considered fundamental to conceptualizing agency, choice, and subjectivity and makes clear the connection between the public and private.

Bringing together theoretical perspectives on relationality and embodiment presents a deeper understanding to conceptualizations of the self, agency, and choice outlined in the previous chapter. By doing this, I have brought together the public and private in order to problematize their separation in relation to the research data, and to demonstrate the complexity of women's lives and decision making that are relational and intersubjective. This draws attention to what is unspoken in the context of individualization, neoliberalism, and postfeminism where actors are constructed as freely choosing and individually responsabilized. Theories of relationality and embodiment provide a theoretical lens through which to view women's decisions and experiences of reproduction as not a wholly individual or biological but as always connected to and interacting with the social, whilst still allowing for the body and self to be viewed as active and as responding in various ways.

This will be shown in the data chapters that follow which demonstrate the reality of decision making, the self, and women's status as embodied and relational in participants' discussions of paid and unpaid work, the body, the role of men, and social classification. Yet, the positioning of women in neoliberal structures shapes their choices and often results in women accounting for their decisions in an individualized, disembodied way.

Chapter 4. Methodology

This chapter will discuss the methodological and ethical considerations made when designing and carrying out research on women's reproductive decisions in the context of individualization, neoliberalism, and postfeminism, with the aim of empirically exploring how choice is shaped in the context of their experience.

The first section outlines the research aims, followed by a discussion of the qualitative methodology used for this project. This approach was taken as underpinning qualitative research is a concern with generating rich, in-depth accounts from the perspectives of participants. A qualitative approach which starts from women's experiences was considered most appropriate for providing deep insights into how participants make sense of their everyday lives and decision making which are often not heard. This also resonated with the feminist principles of the research informed by the standpoint theory of Dorothy Smith, in which women's experiences and activities in their everyday lives are viewed as valid sources of knowledge, and knowledge about women's intimate, private, and emotional lives is not separate from the public sphere or social structures. A qualitative feminist approach shaped the considerations made prior to data collection, the methods used, decisions made in the field, data analysis and writing up. The use of semi-structured interviews, and concept cards as an interview technique, shall also be outlined as providing the opportunity for women to take ownership over the interview process, whilst also breaking down power in the research relationship and allowing for the research to be carried out in an ethically attentive way.

The next section will focus on considerations made before entering the field and will discuss issues related to the sample, recruitment, and the ethical dimensions of carrying out research on intimate and potentially sensitive aspects of women's lives. The chapter goes on to outline the process of data analysis, and to present specific experiences from the field. This includes a discussion of the effectiveness of concept cards as an interview technique, whilst also reflecting on the difficulties of establishing reciprocity and rapport in the research encounter.

Research aims: researching choice

Following Gill and Scharff's (2011: 11) call for research that explores neoliberalism and post-feminism "'on the ground' and 'in action'", this research set out to examine the empirical outcomes which the concepts of neoliberalism, postfeminism, and individualization put a name to, by exploring how these concepts were engaged with (or not) by women in terms of their reproductive decisions, and also considered the perspectives of services providers. Though what I considered as reproductive decisions was not fixed, I originally anticipated exploring women's decisions about: contraception, having children, raising children, and abortion. As the research was concerned with providing a space for women to discuss what was important and relevant to them, a number of other reproductive experiences are discussed in the data chapters. The research had the following aims:

- To explore the ways in which women make and experience their reproductive decisions through the lens of individualization, neoliberalism, and postfeminism.
- To investigate the role of services, others, and the social world in women's reproductive decision making.
- To examine the ways in which women engage with the contradictions and discursive elements of neoliberalism, postfeminism, and individualization, and how this may shape decisions related to reproduction and the family.

It is my view that there is a lack of empirical understanding of the representations of choice, agency, and the self as discussed in chapter two, but that a more grounded sociological vantage point from which to critique these framings of agency and choice comes from the relational and embodied approaches outlined in chapter three. Following this approach, individualization, neoliberalism, and postfeminism are not viewed as abstract concepts, nor as entirely deterministic, but as involved in an ongoing process of interaction in everyday lives and decision making. The self and the way in which decisions are made are considered as emerging in a relational process that is intertwined with various relationships, bodies, emotions, structures, contexts, and intersecting social factors.

The next section shall outline the qualitative, feminist methodological approach taken to address the aims of the research.

Qualitative, feminist research

Underpinning qualitative research is the idea that the social world is interpreted and experienced in multiple ways by different actors (Denzin and Lincoln, 1994), focusing on a subjective rather than an objective view of the world as found in positivist approaches. This informs a position concerned with understanding the social world through exploring interpretations (Snape and Spencer, 2003), and is associated with generating deep meaning from the perspectives of participants (Bryman, 2008). A qualitative approach was therefore considered most appropriate for this project due to the research aims being grounded in providing an in-depth exploration of women's reproductive decision making, and would therefore best capture their experiences, emotions, meanings, and contradictions.

Feminist research: Finding a standpoint

Feminist methodology encompasses different epistemological positions and cannot be considered as denoting a single approach to research, and there is not one research method that is specifically feminist (Letherby, 2003: 4-5). However, feminist approaches to research are underpinned by the common concern that “the nature of reality is unequal and hierarchical” (Skeggs, 1994: 77). Feminist approaches to research developed out of a concern with the positivist view that knowledge is inherently objective (Ramazanoglu and Holland, 2002). Feminist perspectives critiqued the positivist view on what counted as ‘legitimate’ knowledge, as it was seen to be synonymous with those who are dominant and as reflecting “a masculine view of social reality that is fundamentally at odds with the viewpoints of women” (Roberts, 1981: 2).

Feminist standpoint theory provides an alternative to dominant conceptions of knowledge and knowledge production. Whilst there is no universal conception of standpoint theory, there is a shared concern about making visible the relationship between knowledge and power and the need to develop knowledge for women that begins from their experiences in different social locations (Collins, 1997; Hartstock, 1997; Harding, 1997). A central claim of standpoint theory is that the experiences

of those who are marginalized are critical sites for the production of knowledge, as they witness a side of society that privileged groups can more easily ignore, therefore affording women a privileged insight on the social world (Harding, 1997; Hartstock, 1997). Letherby and Bywaters (2007) are critical of this aspect of standpoint theory, arguing that such a view has the potential to create a hierarchy based on who has the most privileged insight as a result of their oppression. Criticism has also been directed towards the 'epistemological privilege' (Harstock, 1997) of a feminist standpoint that is said to offer a more 'complete' interpretation of the social world (Stanley and Wise, 1983; Letherby and Byswaters, 2007). Such thinking is said to ignore inequalities and differences between women by focusing on similarities, or the universal idea of 'woman' (Stanley and Wise, 1983). Skeggs (1997) therefore argues that standpoint theory should not be viewed as uncovering authentic 'truth', but as "a way of understanding how women occupy the category 'women', a category that is classed and raced and produced through power relations and struggles across different sites in space and time" (1997: 27).

This view has been most forcefully put across by black feminists who highlight that standpoint theory often comes from the position of white women (Collins, 1997; Crenshaw, 1991). Collins (1990, 1997) argues that women's different experiences of intersecting social structures creates different standpoints, and she draws attention to the difficulty of transferring the notion of a universal standpoint for women, as systems of oppression such as gender, race, and class overlap and are intertwined. Therefore, when thinking about a standpoint, this "must be constructed across differences" (Collins, 1997:250) by considering "the accumulation of social structures that structure women's inequality differently" (Collins, 1997: 251).

Starting from women's experiences

A similar view is evident in the work of Dorothy Smith, who speaks of *women's* standpoint as the place where we should begin sociological inquiry. Smith (1990) argues that traditionally, sociological knowledge was based on the standpoints of dominant men and activities carried out in the public, political sphere which are presented as universal, whilst women's daily activities and experiences of childcare, domestic work, and managing intimate relationships are ignored in the construction of knowledge. For Smith, however, it is these everyday experiences

that should be viewed as the starting point for sociological knowledge. Smith's version of standpoint theory is therefore based on seeing the world from the experiences of being situated in a particular location, where women "are the authoritative speakers of our experience" (Smith, 1990: 28), rather than advocating for the epistemic privilege discussed in the accounts of Harding (1997) and Hartstock (1997).

In later work, Smith (1997: 396) writes that standpoint is not limited to women's experiences but is a means of "developing investigations of the social that are anchored in, although not confined by, *people's* everyday working knowledge of the doing of their lives", opening up this approach to *people's* knowledge from lived experience, which cannot be separated from the position of the knower and their "bodily existence and local actualities" (Smith, 1990: 28). This complements the previous chapter's discussion on knowledge as embodied and social actors as intersubjective. Starting from experience as embodied and intersubjective prioritizes and gives validity to women's experiences of reproduction, as opposed to dominant knowledge in this area which is medicalized and deemed objective. Smith's approach also allows us to consider the interconnection of the public and political world and the everyday, private world of domesticity, care, and reproduction and the way in which social relations organize these worlds (Smith, 2005) - resonating again with the relational and embodied approach outlined in chapter three.

Central also to a feminist approach is the research relationship, and specifically the need to be ethically attentive and respectful of participants. Positivism produced a dichotomous understanding of subject and object, positioning researchers as detached experts and participants as objects of the research (Oakley, 1981). Feminist approaches sought to challenge this dichotomy and minimize power in the research relationship, by aiming to ensure that this is a non-exploitative relationship where participants are respected as active subjects (Oakley, 1981). This can be developed by using methods that allow participants to take the research in the direction they wish (Acker et al, 1983), establishing reciprocity (Oakley, 1981), researcher reflexivity about their position (Hesse-Biber and Leavy, 2011), and being emotionally and ethically engaged (Sutton, 2011). As will be

discussed in a subsequent section of this chapter, though steps can be taken to minimize the unequal balance of power in the research relationship, this can never be completely removed (Acker et al, 1983), nor is this power completely static but can at times be seen to shift (Letherby, 2003).

Due to concerns with dominant constructions of choice, agency, and the self as related to women's reproductive lives, I considered a qualitative approach which starts from women's experiences to be most appropriate for giving space to the perspectives of participants, and to provide deep insights into how participants make sense of their everyday lives and decision making. Qualitative research also resonates with the underpinnings of Smith's standpoint theory which prioritizes the experiential aspects of women's everyday lives, considering the private, intimate, and emotional in the production of knowledge (Ramazanoglu and Holland, 2002; Letherby, 2003). Semi-structured interviews, and concept cards as an interview technique, were considered the most suitable methods to explore the experiences and understandings of participants and will now be outlined.

Research methods: Interviews and concept cards

Interviews

In total, I carried out twenty-two¹² in-depth interviews: six with services in Scotland, and sixteen with women aged between twenty-one and sixty. Though guided by a list of topics, the semi-structured interview is "flexible and free flowing, responding to the direction in which interviewees take the interview, allowing for the seeking out of the world views of research participants" (Bryman, 2008: 320-321). The interviewer therefore maintains an active role, but ultimately focuses on the perspectives of the participant and responds to what is important and relevant to them, allowing for the emergence of rich accounts and unexpected disclosures (Bryman, 2008).

Feminist perspectives hold that semi-structured interviews offer an insight into women's experiences as told from their own words, helping to overcome "centuries

¹² The interview with Karen includes her experiences of making reproductive decisions, and her work as a midwife.

of ignoring women's ideas altogether or having men speak for women" (Reinharz, 1992: 19). The flexible nature of the semi-structured interview that allows space for participants to express their own perspectives and what they feel is important, helps to address feminist concerns regarding the positioning of women as objects of research. This also gives participants some control over the structure of the interview due to the discussion being more interviewee led, therefore helping to minimize power in the research relationship (Reinharz, 1992). In-depth, semi-structured interviews were therefore felt to be the most suitable method to capture rich, detailed, and emotional discussions regarding how women make and experience reproductive decisions. In order to explore women's experiences of reproduction in such a way as to capture their decisions as more than individualized, the interviews were guided by questions regarding the context in which decisions were made, how decisions were carried out, how women made sense of and felt about their decisions, and the role of other people in the decision making process. This was further facilitated by the use of concept cards as an interview technique, which also reflected the feminist approach of this research.

Concept cards

In an attempt to minimize the unequal research relationship and uncover rich accounts of women's reproductive decisions, concept cards were used as an interview technique: cards printed with words related to reproduction and the key themes from the literature (see Appendix A). Concept cards were used in research by Sutton (2011) in order to explore women's experiences of eating disorders, domestic violence, and some aspects of reproduction such as abortion. Sutton originally used the cards as an ice breaker to help women feel more at ease when discussing intimate and sometimes sensitive aspects of their lives. However, the cards became an important part of a feminist research project due to women's increased involvement in the research process. This enabled power in the research relationship to be minimized as women could "enunciate the dimensions of lived corporeality that were most salient them" (Sutton, 2011: 178), as opposed to being based on a preconceived research agenda about women's bodies and power.

Concept cards were therefore considered to be aligned with the aims of this research, and I hoped the cards would grant participants the opportunity to have

greater agency and ownership in the research process, which would help to minimize power in the research relationship whilst being ethically attentive. How the cards were used in this research and their effectiveness will be discussed later in this chapter, following an outline of considerations made about the sample, recruitment, and ethics prior to collecting data.

Before the field: sample, recruitment and ethics

I carried out interviews between September 2015 and November 2016; prior to this, considerations were made regarding how the data would be collected, as well as being attentive to ethical issues that may arise.

Sample

Informing this research is the view that ‘woman’ should not be viewed as a universal, stable or closed category (Code, 1993). Therefore, it was my aim to recruit participants from a range of backgrounds, of varying ages, and from different locations geographically and socially. Though the research is informed by a relational approach and acknowledges the importance of generalized and specific others to reproductive decision making, - including men¹³ - the decision was made to focus on the perspectives of women, as it is women who are positioned as having increased capacity to choose in individualization theory and the postfeminist sensibility due to now being “unconstrained by any lasting power differences or inequalities” (Gill et al, 2017: 231).

I initially intended to carry out ten interviews with sexual and reproductive health services in Scotland to find out how these services viewed their work as impacting upon women’s decisions. I also intended to carry out thirty interviews with women living in Scotland aged between eighteen and sixty. The wide age range was set with the view of attempting to recruit as diverse a sample as possible, and as there is a great deal of existing literature concerned with the impact of neoliberalism and postfeminism on young women’s lives (see Harris, 2004; Aapola et al, 2005; McRobbie, 2007; Ringrose, 2007; Baker, 2010; Scharff, 2012), it was considered

¹³ With regards to research on childlessness, Simpson (2009: 26) argues that focusing on women alone can reproduce the notion that women are “primarily reproductive”.

important to explore if and how postfeminist discourses were engaged with at different stages of the life-course. Attempting to recruit a diverse sample also meant that even though the research was concerned with women living in Scotland, this was not restricted to women who were originally from Scotland. This would have placed unnecessary restrictions on the research, as over half of the participants interviewed were not originally from Scotland.

With regards to the sample, the majority of women interviewed were white and able-bodied (three participants stated ‘mixed’ identities, and two women discussed experiencing prolonged mental health problems), and all identified as heterosexual. Participants presented diverse accounts of their reproductive lives and differed in terms of age, nationality, religion, levels of education, employment status, and class¹⁴. With regards to class, it is my view that this is a messy category and not easy to define. Therefore, I turned to the theoretical approach utilized by Gillies (2006) in her empirical research on working class mothers in order to help me determine participants’ class positions. Following Gillies (2006), this was based on access to capitals: social, economic and cultural. So, for example, Diana and Chiara discussed the need avoid budget supermarkets due to the perceived low quality of food, and the importance of having an au pair to culturally enrich their children’s lives, demonstrating typically middle-class cultural views. In terms of economic capital, Stephanie discussed having “no money” and felt a need to justify her spending to me during the interview. There was also evidence of the affective and psychic experience of class as Holly, Kirsten and Stephanie discussed feeling looked down upon by other women and subsequent feelings of lack. Though potentially obscuring the complexity of class, Gillies (2006: 286) argues that this approach allows for an analysis “of the real effects of class as a set of systemized social relationships with powerful material consequences”.

Interviews with women lasted between ninety minutes and two hours in duration. The majority of service providers who agreed to take part were located in Glasgow,

¹⁴ As will be discussed in chapter eight, this thesis undertakes an analysis of class which views it as a “description of a given place in a social hierarchy and as a name for political struggles against the effects of classification” (Tyler, 2015: 507).

and these interviews lasted on average one hour. Whilst I do believe that further exploration through research is always possible, I continued collecting data until reaching theoretical saturation, which was reached after fewer interviews than originally anticipated due to the rich, detailed accounts elicited during interviews. Although a sample size of 22 may be considered 'small', and in spite of some new elements emerging from participants' accounts, financial and time constraints meant it was not possible to follow these up. However, the use of concept cards allowed for women to discuss their experiences at length and in-depth, with few interjections from me, therefore I believed the richness and complexity of the data generated justified the sample size. Further, the research was not concerned with recruiting a representative sample to generalize from or to quantify women's experiences, but instead sought to capture in-depth, individual accounts and experiences from a particular group of women.

Women Interviewed¹⁵

Name	Age	Location	Education	Paid work	Children
Nikki	22	Glasgow	High school/college	P/T fundraiser	No, doesn't want children
Hannah	25	Glasgow	High school/college	P/T media	No - would like children
Pam	41	Glasgow	University	Social worker	No
Lauren	21	Glasgow	University	Student	No - would like children
Sara	41	Glasgow	University (Two Masters' degrees)	Playwright	No
Isabel	46	Glasgow	University	P/T Travel and planning officer	3, 1 miscarriage
Karen	36	Glasgow	College/University	Midwife	4
Chiara	26	Glasgow	University	Student	No - would like children
Julie	37	Glasgow	University	P/T welfare reform Glasgow City Council	1 -IVF
Faye	60	Glasgow	University (Masters and professional qualifications)	Retired legal executive	1
Alex	28	Glasgow	University (Masters)	NHS, and Endometriosis support worker.	No, unsure if would like children
Holly	27	Glasgow	High school (left at 16)	Not in paid work	1

¹⁵ For a more detailed table of participants, see Appendix B

Veronica	25	Edinburgh	University (Masters)	Marketing graduate programme	No, doesn't want children
Diana	33	Edinburgh	University (Masters)	Business assistant for council	No, unsure if would like children
Stephanie	36	Glasgow	High school (left at 16)	Not in paid work	3- would have liked more but sterilised
Kirsten	38	Glasgow	High School, some University	P/T receptionist	2, 1 miscarriage

Services interviewed

Service	Location	Description
Margaret, Fertility Care Scotland (FCS)	Glasgow	Charity promoting natural methods of family planning.
Dr McDaid - Sandyford Central Sexual Health Clinic	Glasgow	Sexual and reproductive health service, also provides some mental health services.
Helen, Paisley Threads	Paisley	Charity providing support with ante-natal care, parenting, benefits and housing issues for young pregnant women.
Carol - British Pregnancy Advisory Service (BPAS)	Glasgow	Charity offering abortion support. In Scotland, BPAS specifically supports women who need to travel to London for second trimester abortions.

Anne, Glasgow Pregnancy Choices (GPC)	Glasgow	Charity offering support and information on abortion and miscarriage
Sam - Doula	Edinburgh	Doulas offer non-clinical ante or post-natal support based on the needs of women, including breastfeeding and emotional support. Doula's regularly charge a fee, but this may vary depending on what women can afford.

Recruitment

To recruit participants, I created posters asking women to, ‘share your experiences of reproductive choices’ (see Appendix C). I placed posters in a variety of locations across Glasgow including around the university campus and the surrounding communities e.g. in libraries, community centres, supermarkets, and sent to university societies. Service providers were also asked if they agreed to have recruitment posters on display, whilst also taking the opportunity to make service providers aware of the research and that I would also be interested in speaking with them. In an attempt to reach participants across Scotland, the research poster was also placed under the: ‘Volunteer Jobs’ section of the website Gumtree and could be viewed by people all over Scotland; those interested in participating were able to contact me via email or telephone, or using the website’s email system.

Recruiting via an online forum is restrictive in a number of ways, as this limits the sample to those who use, and are able to use, Gumtree. Further, though the research poster was placed in the ‘Volunteer Jobs’ section and it was made clear that there would be no financial incentive for participation, a large number of those who expressed interest in the research enquired about payment, and frequently decided not to participate when made aware they would not be paid for their involvement in the research. In spite of the limitations, Gumtree has the potential to reach a wide range of participants, and proved to be a useful method of recruitment for this research as this is where the majority of participants were recruited from.

For those who expressed interest in the research, an information sheet was sent via email (see Appendix D), and I asked potential participants to reply if they were still interested so we could arrange a time and location for the interview. I sent service providers the Plain Language Statement via email and asked them to contact me if they wished to take part in the research. I contacted a large number of service providers and asked if they would advertise the research, as well as asking if they wished to participate in the project. In the end, only six services agreed to being interviewed due to lack of response.

Ethics

The research aimed to explore deeply personal and potentially emotional and sensitive aspects of women's lives. While some of these could be prepared for, the open-ended nature of qualitative research meant that what participants decided to disclose about their lives, and the direction of the interview could not be anticipated. Nevertheless, this was also considered an opportunity for women to discuss their experiences and decisions in their own words, therefore enhancing understandings of how decisions are arrived at. This is important as the multiple ways and often complex processes by which reproductive decisions are made are not always heard, and may also be constructed as individualized, or subject to negative judgements and stigma.

Emotions were also considered inseparable from everyday life and decision making, and that there is a wider social value in women expressing stories which may be difficult or painful so as to allow for potential changes to be made in the practices of, for example, health care providers and social researchers. Emotions were therefore considered a key part of the research process, meaning emotional encounters in the research did not necessarily have to be discarded, but instead could be reflected upon and written into the research as a necessary source of understanding integral to researching sensitive topics (Carroll, 2012). Taking account of the participants' emotions in their discussions of reproductive decisions may also serve to highlight the ways in which decisions may produce, but also be driven by, emotions created in relation to others which, as mentioned in the previous chapter, is not well accounted for in individualization literature (Elliott, 2002). I encouraged participants to discuss the emotional aspects of their decisions if they felt comfortable doing so, giving them space to express the various and sometimes conflicting emotions they felt, such as in this example from Hannah's interview when discussing her abortion:

K- And after the abortion, do you remember how you felt?

H- Tired. It still all felt really surreal...Emm...it was pretty...it was sad...well, not sad, sorry...

K- Do you need a minute?...Are you ok?

H- Mmm hmm...It was just a really...difficult day. But I was...relieved, yeah like, giddy with relief. I knew what I was doing, but you're just never made to feel like...people assume you'll be really upset and can't feel anything else, but the only...guilt I ever had about my abortion was that so many people would hate me for it.

As Hannah points out in the above excerpt, embodied emotions around abortion are often silenced and stigmatized, and women are expected to feel a particular way in accordance with societal norms. Hannah's account demonstrates the importance of giving women space to discuss the various and complex emotions surrounding reproductive decisions which may be produced in relation to generalized and specific others, even when this may result in an emotional encounter in the interview.

However, it remained essential to attempt to minimize potential distress to participants due to the sensitive and intimate nature of the research. Therefore, prior to asking participants to give consent, clear information on the purpose, methods, and possible uses of the research were provided. Whilst I informally told the participants about my project when first establishing contact, I provided detailed information about the study at the beginning of each interview in order to obtain written and oral consent (see Appendix E). Participants were reminded that the interview could be paused or stopped, and were also asked if they felt able to elaborate on certain topics raised such as abortion and miscarriage whilst being informed that they could move on if they wished. This was particularly important due to the open-ended approach to the research and so consent was viewed as an ongoing process. Further, in spite of topics being written on the concept cards, there was no way of telling the direction participants would take the discussion, meaning there was always potential for sensitive or emotional stories to be elicited. This came to light when Holly discussed her past experience of physical abuse from a partner which influenced her decision to have an abortion, and when Stephanie talked about the physical abuse she experienced growing up from her mother and grandmother, which she discussed in the context of her decisions as a mother and how she raises her children.

A more unexpected account came from Hannah who, after choosing the 'contraception' card, mentioned the poor quality of sex and relationship education (SRE) she received when at high school, but also disclosed being removed from SRE classes at primary school as she had been sexually abused by her father who was later taken to court. I informed Hannah she did not need to elaborate on this and asked if she would like to continue the interview. Hannah felt happy to continue, and so I asked if she would like to pick another card, or if she would like to return to talking about what she remembered from SRE in high school. It is in interactions such as these that Guillemin and Gillam say "the process of informed consent really occurs" (2004: 277), as this demonstrates the importance of ethical reflexivity when in the field which involves an awareness of the need to respect participants' privacy and emotions, but also their autonomy during interactions. Nevertheless, disclosures such as these affected me emotionally - upon hearing them initially in the interview, and during transcription and writing up phase. In order to manage the emotional impact of the interviews, I made sure to take some 'distance' from interviews that were particularly distressing by transcribing these last, as well as taking breaks during transcription, and debriefing with close friends.

I informed participants that they would be referred to by a pseudonym in the research. I also ensured that I would be able to direct women to sources of support if necessary, which I only distributed on one occasion to Hannah, who wished to attend a local endometriosis support group as opposed to using an online forum but was unaware of the support group in Glasgow. Due to the at times intimate and emotional accounts elicited, I contacted participants via email a few days after the interviews had taken place, asking if they felt happy with the interview and if they had questions or anything further to add. I also let them know that they could contact me at any time, but no one made further contact. Participants were informed that interviews could take place at a location of their convenience. Service providers were mostly interviewed on the premises of the service, with one interview carried out in a Library café, (Carol, BPAS) and the doula - Sam - was interviewed in her home. I interviewed nine of the women in cafes, which, though public and noisy, was where participants decided they would feel most comfortable to meet and discuss their experiences. I was initially worried that public settings

would make participants feel less comfortable to discuss highly personal and at times emotional aspects of their lives, but this was not the case as participants openly discussed their reproductive experiences and so clearly felt at ease in an informal setting. Seven participants asked for the interview to take place in their homes; in terms of my own safety, I made sure to inform a close friend and family member of the time and location of the interview and contacted them afterwards.

Carrying out interviews in a familiar setting may make participants feel more at ease, and that they have greater control when revealing highly intimate and emotional aspects of their lives. This was complicated slightly when interviewing Isabel, as her partner returned home from work during the interview and was present in the room next door to where the interview was taking place. I felt the close proximity of Isabel's partner clearly affected her discussion. This was evident when Isabel talked about the difficulties she experienced when caring for three children, as she spoke very quietly and did not mention her partner's role in undertaking care or domestic work. I also felt my role as an interviewer was impacted negatively, as I did not feel comfortable asking questions about Isabel's partner or the division of labour - which other participants had discussed at length - due to his presence in the room next door. As will be discussed in chapter five, though speaking quietly and not mentioning her partner, the fact that her partner was missing from Isabel's account of coping with unpaid work could also demonstrate his absence, particularly as other sources of support such as grandparents and a voluntary service were discussed extensively.

This section has aimed to illustrate the considerations made before entering the field. The next section shall outline the experience of carrying out the research, and the benefits and drawbacks encountered when using concept cards as a feminist research technique during interviews, and the issues with establishing a reciprocal research relationship.

In the field

“The cards really get you talking!” Using concept cards as an interview technique

The use of concept cards proved to be an effective interview technique that elicited rich, detailed data about participants’ reproductive experiences. In line with a feminist approach, the cards provided participants with greater agency and control in the research encounter and presented them with the opportunity to discuss topics they considered important, whilst also providing space to discuss experiences that are socially silenced. I decided to use the cards as I believed they would be an effective means of breaking down power in the research relationship, as participants could take ownership and autonomy over what they wished or did not wish to discuss, which also made the cards an effective tool for talking about potentially difficult and emotional topics. In this section, I will discuss how the cards were used by participants, and the limitations and strengths of using concept cards as an interview technique.

Introducing the cards

The cards were provided for participants to choose from prior to the interview commencing, with blank cards offered for women to write down words or topics they felt to be relevant (Sutton, 2011). Concept cards were not used during interviews with service providers as it was felt that asking more specific questions about the services provided and the work carried out would generate the necessary data, but also due to time restrictions that were often placed on interviews by service providers. It was considered that some women may not feel comfortable using the cards, and the cards could also be viewed as potentially exclusionary as they pre-suppose at least minimal literacy (Sutton, 2011) and no visual impairments. The cards were therefore presented as an option, with a broad introductory question prepared to begin the interview if this best suited the participant. Only one participant did not wish to make use of the cards and instead, Kirsten suggested that we could look over the cards at the end of the interview. Based on the information provided in our exchange prior to arranging the interview, I began by asking Kirsten if having children had always been something that was important to her. At the end of the interview we looked through the cards together, but Kirsten felt there was nothing else to add.

Those opting to use the cards were informed they could choose any number of cards that they felt were relevant and could discuss them in any particular order. In this way, women could then choose to discuss what was important to them whilst the possibility of introducing new topics was also offered by the use of blank cards. Participants were also informed that they could discard topics they wished to avoid so as to minimize distress due to the potentially sensitive nature of the research. The cards therefore reflected feminist concerns of being ethically attentive as, to an extent, this is less intimidating than asking specific questions about potentially sensitive and emotional topics (Sutton, 2011), and crucially, this allowed participants to have a more active role in the research process due to their involvement in selecting topics.

Using the cards

Participants made use of the cards in different ways. It was intended that once participants had selected the cards, they would be prompted to explain why they chose the card and what it made them think of. This approach was taken with some participants, whilst others felt more comfortable to begin telling their stories related to the cards without any initial questions from me, but regular prompting would take place during the interview. This approach was different to that of Lugina et al (2004) and Neufeld et al (2004), who asked participants to sort cards into different categories and make explicit links between the cards they have chosen. This appears to be a less flexible, abstract approach that requires women to categorize their choices in a more structured way. It was therefore felt that if participants wished to make connections between the various topics on the cards, this should be something they actively decided to do as opposed to being asked by me. Many participants selected a bundle and worked their way through the cards, moving on to different cards when they felt they had said enough, and when I asked if there was anything they wished to add. Some participants chose to use the blank cards, adding the topics of religion, miscarriage and pain - all of which were then drawn upon by participants in subsequent interviews.

For some participants, the first card acted as a way to begin the discussion and allowed the interview to proceed in directions that felt natural and important to them, which often led to an in-depth discussion that moved away from the chosen

card. For example, though selecting a number of cards, the first card Karen picked (*family*) led to a long discussion that moved away from the topic of family, but on to other topics also featured on the cards, such as *education/work* and *responsibility*, leading Karen to comment, “I can’t believe we’ve got all that from one card!” This demonstrates that though the cards could potentially be seen to separate or ‘fragment’ aspects of women’s reproductive experiences and decisions, this was not how the cards worked in practice or how women viewed their decisions, but instead highlighted how these decisions and experiences were interconnected. Chiara took a different approach as she made explicit links between the cards when discussing her experiences, by making associations between the words on the cards (e.g. *planning/timing and education/work*), whereas Alex thought of overarching themes (e.g. ‘things that worry me’), and placed cards under these headings. Both Chiara and Alex moved cards around (e.g. *choice, risk, responsibility*) as they made sense of their experiences.

The flexibility of this method gave control over to women in deciding how they would discuss their experiences and decision making, meaning participants had a more active role in the interview encounter as they could discuss what was important to them, and structure this discussion how they wished: women therefore had greater ownership over the production of knowledge about their lives.

Limitations

At times the cards did not always work effectively and were not always viewed positively by participants. Stephanie was unsure about using the cards, and asked if I could go through them for her:

S- Am no very good at quizzes (*laughs*). Could you go through them for me?

K- Oh no don’t worry - it’s not a quiz! I could just ask some questions if you’d prefer that?

S- No, no I’ll use the cards.

K- Ok, well, the card at the top is pregnancy. Do you remember what it was like to be pregnant?

In spite of my view that the concept cards would minimize power in the research relationship, Stephanie's response suggests that some participants may have perceived there to be a 'correct' way of using the cards due to ideas of how an interview should be, and how to respond to a researcher. Stephanie's response may also be linked to her class position, and as will be discussed in chapter eight, the classification of reproduction, causing certain decisions to be viewed as 'wrong' and lacking value. Stephanie's response could also reflect her experiences of engaging in various power relationships with teachers, doctors, and psychologists to discuss her son's autism, which she said during the interview she found to be intimidating. In this way, the cards bring to light the difficulty of negotiating the research relationship, as I was aware that Stephanie was unsure of the cards and so did not want to push her to use them, yet also did not want to undermine her request that I go through them. In this instance the power of the researcher is evident, but a further example from Stephanie that will be discussed later in this chapter will show how power can shift to an extent.

When choosing cards, participants often asked for clarification, for example, when participants selected the '*services*' card, and so this was changed to '*sexual and reproductive health services*' to make things clearer. However, at times I was afraid that answering participants' questions about the cards could potentially influence their response, and I attempted to answer their questions in a way that would not lead the interview:

Isabel- (*picks relationships/other people card*) So... what were you thinking when you picked this?

K- Well, I suppose that there could be a number of people or relationships that could be important when you're making decisions - what does it make you think of?

In this instance, I was wary of leading or defining the topic for Isabel but also did not want to ignore her question, and so attempted to encourage her to discuss her understanding of the topic and what she felt to be relevant. This also highlights the limits of thinking about the cards as presenting a more participatory approach, as the topics written on the concept cards were pre-determined and could therefore

appear restrictive (Lugina, 2004), or that there is a ‘correct’ way of discussing the topics that could be avoided when asking typical semi-structured interview questions. Though the topics were pre-determined they were not pre-defined, hence why I encouraged Isabel to think about what the card made her think of, and the possible experiences and meanings attached.

“You see it on the card and think ok, it’s ok to talk about this”

In spite of the drawbacks, the concept cards proved to be an effective interview technique, aligned with feminist principles, that participants were also enthusiastic about. As reflected on by Sutton (2011: 186), I found the cards to be a useful icebreaker at the beginning of interviews but paradoxically, some participants would often “dive into” rich discussions about their reproductive lives upon selecting the first card. This often happened when participants discussed abortion, which demonstrates that this was an aspect of their lives women wished to talk about, and felt in control and at ease to do so. Faye reflected on how seeing the different topics on the cards made her feel more comfortable to discuss her experiences of abortion when she said, “You see it on the card and think ok, it’s ok to talk about this”. Though subject to much public debate, women in this research frequently revealed they had only told a few others about their abortions, and that even intimate others were unaware, highlighting that abortion remains a socially silenced and taboo topic (Purcell, 2015) that is strongly associated with feelings of distress and regret (Rocca et al, 2015).

The option of selecting the card allowed women to decide if this was something they wished to discuss or not, and those who did provided in-depth and complex emotional accounts, demonstrating that seeing the card made participants feel at ease to discuss these aspects of their intimate lives over which they had greater control than being asked directly. This was also the case when participants spoke of miscarriage - which was written on a blank card by Isabel and used for future interviews, and was then selected by Kirsten - and IVF, which Julie talked about as something she wished to keep a secret. The concept cards were therefore effective in creating a space where topics that are deemed difficult or sensitive could be discussed whilst importantly positioning women as having agency over these discussions, which can be viewed as a form of resistance from participants to the

silencing of decisions such as abortion. This was particularly evident when women presented in-depth discussions of their embodied emotions in relation to abortion which at times challenged the expected feelings of distress and regret. While some participants did discuss feeling “some grief” (Sara) or “sadness” (Holly), their discussions presented a more complex intermingling of emotions, evident in Sara’s account where she described feeling, “sad, yet so clear”, and “grateful I made the decision”, whilst also reflecting:

I didn’t feel stressed out and anxious afterwards, I just felt...umm...that what I’d done was ok, and everything was as it should be. And there was some sadness, and there was some grief but there was also the knowing that I had made absolutely the right choice.

(Sara, 41)

Further, participants’ discussions uncovered intersubjectivity in their accounts as emotions were discussed in relation to factors surrounding the abortion - most often male partners. I believe the use of the concept cards therefore also allowed women to take ownership over discussing their embodied emotions, and to resist expected feelings of only loss or distress, which can add to the stigmatization of abortion.

The cards can also be seen to generate extensive discussion, and as accessing deeper meanings and emotions that may not have been initially expected. This was evident during Veronica’s interview as though selecting the fertility card, Veronica said, “actually, that’s not something that’s really on my mind”. I then asked what made her pick the card and she went on to provide a rich, emotional discussion of her feelings about not wanting to have children, and how this may be viewed in a negative way socially and by intimate others, again demonstrating how the cards allowed for the eliciting of relational and intersubjective accounts. The way in which the cards may elicit unexpected responses was also evident during Veronica’s interview, as she discussed the gendered division of labour evident in her parents’ relationship after selecting the ‘*education and work*’ card which she said she “didn’t expect”, and commented more generally that, “the cards really get you talking”. Furthermore, the cards worked as a way in which to re-establish consent as women played an active role in deciding what they felt comfortable to discuss.

Resonating with the feminist principles underpinning this research, concept cards were an effective interview technique that broke down power relations in the research process and handed over a great deal of control to participants. Participants were able to take an active role in the research by selecting or discarding topics which they attached with deep meanings and experiences of their reproductive lives. The cards were also ethically attentive as they allowed for discussions around topics that are socially silenced or deemed sensitive and emotional without having to ask about them directly, giving ownership to participants in the telling of stories about their reproductive decisions and associated emotions which they may not have spoken about before. The ways in which women used the cards also showed how various aspects of their reproductive lives are intersubjective and interconnected as opposed to fragmented, as well as showing how women's experiences and decisions are linked to aspects of neoliberalism, individualization, and postfeminism.

The next section shall outline some of the issues encountered related to the research relationship, particularly around the feminist methodological concerns of being reciprocal and building rapport.

Carrying out interviews: Reciprocity in the research relationship

Questions and Advice

Along with the use of concept cards, to further minimize the unequal power in the research relationship and to build rapport, I considered it important to adopt a reciprocal approach during the interviews (see Oakley, 1981; Reinharz, 1992). It was always my intention to answer participants' questions and share my experiences when appropriate, following Reinharz and Chase's (2003: 78) suggestion that researchers should consider "whether, when and how much disclosure makes sense" depending on each interview. Many participants did ask me questions, including if I had similar experiences to them - mostly in relation to contraceptive side effects - and often asked if I was in a relationship, and if I had children or if I would like to in the future. Whilst I was happy to share my experiences when appropriate and when participants asked, I felt uncomfortable answering *some* questions - particularly about my intention to have children when

asked by participants who did have children. The reasons for this stem from my own concerns regarding dominant ideas about the ‘right’ choices for women, and the negative stereotypes assigned to women who don’t have children. I was anxious that participants may appear judgemental if I told them I was unsure or did not want to have children and was afraid this may interrupt the interview or the research relationship in some way. This brought to my attention the difficulty that may be involved in achieving a reciprocal research relationship as I found it extremely difficult to honestly articulate my feelings about having children.

These encounters also brought into focus how participants may feel when talking about decisions that are socially stigmatized or highly intimate with a stranger in the research encounter; this caused me to reflect on Diana’s interview. I felt this interview did not go particularly well and was disheartened that it was not like the others, as Diana was less forthcoming in discussing her experiences and her body language and mannerisms made her appear quite distant. In the interview, I found it difficult to know how to deal with this, struggling with follow-up questions and probes to try and encourage Diana to talk. After the interview, and even when transcribing and reading the transcript, I felt frustrated that it may have gone ‘badly’ and that the data was not as rich and detailed as the rest.

As I experienced when struggling with reciprocity, even when agreeing to participate in a research interview, it should not be taken for granted that intimate aspects of our lives are easy to talk about to a stranger in a research situation. This is even more pertinent when these intimate discussions have perhaps never taken place, and may therefore involve a great deal of emotional labour from both interviewer and interviewee. On reflection, Diana’s interview allowed me to think in greater depth about methodological issues such as power relations in interviewing, researching sensitive topics, and the process of interviewing. As argued by Nairn et al (2005), interviews that do not appear initially useful should not be ‘written off’ as they can potentially teach us a great deal about the theoretical and practical implications of qualitative research, the nature of knowledge production, and how as researchers we embody this role which is given meaning intersubjectively in relation to participants. Hence, Diana’s ‘stand off-ish’ body language is perhaps “indicative of the affective relations of power” (Nairn et

al, 2005: 224). Thinking about what appears to be a ‘failed’ interview in this way allows for reconsideration of “what counts as data and allows us to be reflexive about who we are in relation to who we study” (Nairn et al, 2005: 222).

A question which took me slightly by surprise was when Stephanie questioned my decision to remain in education for an extended period, asking “do you ever think you’ve lost a lot of your life doing this?” In neoliberal and postfeminist discourse - and in the views of many other participants - Stephanie’s trajectory of having three children by the age of twenty-three and not participating in paid work are viewed as ‘limiting’, as this departs from what is considered to be an ‘appropriate’ postfeminist trajectory characterized by educational attainment (McRobbie, 2007) - which my own trajectory appears to reflect. Stephanie’s understanding of my decisions as limiting not only highlights the different meanings women attach to the trajectories of their lives which are often shaped by class and other social factors¹⁶ (Brown, 2016), but that this allowed her to feel comfortable to ask this question. This is in spite of previously viewing the research encounter as a ‘test’, and experiences with people in power such as doctors and psychologists that made her feel like “a daft wee mum”. Though slightly taken aback due to the personal nature of this question, and due to my decisions about education going somewhat unquestioned in my everyday life, I answered Stephanie honestly and allowed space for this to be discussed before moving on.

Along with asking questions, at times, participants reflected on aspects of their lives to offer me advice - particularly on the topic of having children. During Sara’s interview, she told me that when I was thirty I would experience an intense desire to have a child in the same way that she did, whilst Isabel suggested, “You’ll change your mind when you find the right man - or when he finds you!” Whilst some participants - including Isabel - revealed male partners played a key role in shaping

¹⁶ Collins (1998) argues that whilst important work has been carried out by white feminists on the traditional family as a site of oppression, the family is not always understood as reproducing inequality for black women. Duncan and Edwards (1997) also found that differences exist in how women viewed their roles as lone mothers and paid workers, which was shaped by class, race, and the material and social context of their local areas. Thus, differences between women can result in different understandings and meanings attached to decisions and experiences.

their decision to have children, highlighting that this was a relational decision, I still felt uncomfortable with and frustrated by advice and suggestions that I would change my mind about having children, although I did not make this known to participants.

The above examples demonstrate the way power can shift in the research relationship to an extent, as some participants felt they could not only ask questions but offer advice which at times made me feel uncomfortable, but I did not discuss this with participants. This brings to light the difficulty of reciprocity and expectations of being honest and open with participants, and the emotional labour involved in this encounter due to managing feelings and responses (Thwaites, 2017) negotiated relationally in the research encounter. These difficulties will be discussed further below.

An open and honest encounter?

The difficulties of reciprocity and attempts to establish rapport can be further complicated when participants unexpectedly express views that are offensive and challenge the views of the researcher. This was the case when interviewing Pam, who after selecting the '*risk*' card, discussed her feelings on who she felt *should* have children:

I do worry that the...somewhat more...educated and...more...middle-class women- for want of a better expression- aren't having kids. Whereas the girls who haven't had the benefits of an education or a better upbringing or whatever, they're chucking out kids left, right and centre. And I worry that the balance will not be in favour of...an educated human kind...

(Pam, 42)

I was shocked by Pam's views but did nothing to challenge them, which was partly the result of feeling uncomfortable, but also due to concerns regarding how challenging her may affect the rest of the interview. A similar experience occurred when interviewing Anne at Glasgow Pregnancy Choices (GPC), who framed abortion as something women will always regret, and as a decision that can be contemplated without considering the context of women's lives and relationships. It was also

difficult to challenge Anne as she appeared extremely interested and enthusiastic about the research, and I had a nice conversation with her prior to and following the interview.

This demonstrates the messiness of the research relationship, particularly when carrying out a project that engages with feminist politics, and the methodological concerns of reciprocity and rapport - whilst ultimately attempting to collect interesting, rich data. As argued by Scharff (2010: 88), a tension is also highlighted when carrying out feminist research that is underpinned by the need to take seriously the perspectives of participants, and therefore presents the difficulty of knowing where to “draw the line between respecting others, i.e. the participant’s views on the one hand, and speaking for others, i.e. those who are oppressed in ways that the researcher and the researched are not”. Scharff also draws on Letherby’s (2003: 112) view that listening to the perspectives of participants we disagree with is a necessary step in helping to confront such views in the future (2010: 88). However, Thwaites (2017: 4) argues that such encounters demonstrate the “surface acting” involved in establishing reciprocal relationships, as researchers attempt to manage emotions so as to safeguard the research project, meaning the desire to share with participants and engagement with feminist political ideals are pushed aside. In a similar way to Scharff (2010: 89), who did not disagree when participants voiced xenophobic views, this was an instance where I chose not to say anything, leaving me feeling guilty and slightly disappointed at my lack of response.

The above reflections highlight that power is not stable in the research relationship but can shift to an extent, whilst also demonstrating the difficulty of negotiating reciprocity and rapport as part of a feminist research project and the emotional labour involved. Though at times I struggled with how to answer participants’ questions and disclose how I ‘really’ felt during interviews, Thwaites (2017: 5) also argues that “it is not always helpful or right to fully show one’s feelings and emotions; participants would not always want or expect this”. In doing so, the researcher can potentially push participants, “further away, suggesting that the participant’s opinion is less important than their own, or position themselves as knowing more than participants”. What is important according to Thwaites (2017: 8) is that feminist researchers are reflexive about these issues by acknowledging

the emotional labour involved during interviews and the suppression of their emotions and viewpoints so as to offer a more honest and critical discussion of reciprocity and rapport, and how there is potential for “disengagement from the political ideals feminists strive towards in our research practice”. Reflecting on issues of reciprocity and rapport helps to make clear how such issues can impact on the researcher, participants, and the research findings.

In the next section, I will outline how I analysed the interview data.

Analysis

I collected a vast amount of rich data during the period of fieldwork and this was reviewed continuously. I began the process of analysis by transcribing interview data as soon as possible after interviews had taken place. This was a time-consuming process, but I felt it important that I carried out transcription so as to remember as much as possible about the interview, and to start to gain familiarity with the data from an early stage. Though transcription and analysis are a process of interpretation in which the researcher has power to determine what to include and exclude and how to categorize (Ramazanoglu and Holland, 2002; Letherby, 2003), I strove as much as possible to retain accuracy by transcribing the interviews verbatim, including the pauses, laughter, slang, etc. from participants' interviews. During fieldwork, I submitted short descriptive pieces to my supervisors; this involved reading interview notes and transcripts, and listening back to interviews to identify early themes and points of interest. This was repeated throughout the process of fieldwork and helped to inform the recruitment process, (e.g. a move to more purposeful sampling to recruit more women with children), and also helped to gain greater familiarity with the rich and complex accounts provided by participants. This process made clear what themes were emerging from the data which I could then incorporate into future interviews, and also allowed me to determine similarities and differences between my data and existing research and literature. When no new themes were seen to be emerging, it was clear the data had reached a point of saturation.

Data was analyzed thematically which allowed me to organize the data in terms of patterns that were emerging, and to identify and describe key findings (Braun and

Clarke, 2006). Analysis was carried out over a three-month period and was an immersive process, which involved continuously reviewing data by listening to interviews and re-reading transcripts several times before and during the process of writing chapters. Though initially intending to use Nvivo software to analyze the data, I decided to approach analysis manually due to a concern with the already “fragmented” (Holloway and Jefferson, 2000:69) process of coding and that the use of software could further “cut up” (Mauthner and Doucet, 1998: 85) and lose the context of the data. This was an extremely demanding and at times frustrating process due to managing and keeping track of large quantities of data, yet I felt manual analysis allowed for the data to remain contextualized and enabled me to retain a familiarity and closeness to the data. Using Microsoft Word, I made comprehensive memos on the transcripts using the comment function, with initial thoughts and interpretations about the data noted down here. This was helpful in the early stages of analysis for recording patterns and connections that could then be compared and contrasted in later stages.

With these thoughts and points of interest in mind, I then re-read the transcripts and began coding the data line-by-line, comparing similarities and differences and generating a large number of codes that categorized text from the transcripts (Strauss and Corbin, 1990). The next stage involved sorting the different codes that emerged from the data - which were also influenced by relevant literature - for example, ‘responsibility’ ‘stigma’, ‘productive vs reproductive’, to further consider the similarities, differences, and links between codes. The continuous review of the data and comparison between transcripts allowed for codes to be combined under broad themes, with the relevant interview excerpts coded and placed under these themes, which structure the four data chapters in this thesis: paid and unpaid work, the body, men and reproduction, and the classification of reproduction. Though presented in four separate chapters, these themes overlap throughout the thesis, therefore evidencing the complexity, nuance, and multifacetedness of women’s experiences that cannot be neatly bound under distinct headings.

Data analysis was a demanding and time-consuming process that may have been easier to organize by using software; however, I found that a manual approach to analysis allowed for constant engagement with and immersion in the richness of the

data, and allowed me to focus on the depth and meaning of participants' stories. The analysis is grounded in participants' accounts, but is also informed by existing theoretical and empirical sociological research which has inevitably influenced the research design, the way in which themes were highlighted, and the selection and interpretation of interview excerpts.

Conclusion

This chapter has provided an outline of the methodology and methods I used in this project, with the aim of making the research process transparent. The questioning of individualized choice and the autonomous subject comes from a desire to offer a more sociological account of choice and subjectivity and how these are enacted, as well as a concern with uncovering persisting and new forms of inequality that women may experience as connected to their reproductive decisions, which are often obscured or silenced.

The research is underpinned by feminist methodological concerns which informed every stage of the research process. It was also influenced by Dorothy Smith's standpoint theory, particularly the focus on starting from the experiences of women - and that their embodied knowledge and activities in the private sphere are necessary and valid source of knowledge, allowing us to see the intertwining of the macro and micro. These positions shaped the methodological approach and methods used so as to capture accounts of decision making that are intertwined with relationships, emotions, structures, and intersecting social factors, but that are also at times presented as individual decisions.

This chapter has also demonstrated the effectiveness of concept cards as an interview technique which are aligned with the feminist underpinnings of the research. Concept cards were shown to be an ethically attentive means by which to discuss potentially sensitive or difficult topics, whilst crucially granting participants greater agency in the research encounter. Most importantly, the cards were an effective participatory tool that involved women in the co-construction of knowledge about their lives, experiences, and emotions that are often socially silenced. The participants in this research were therefore able to have greater agency and control over the interview process and in the telling of stories about

their reproductive decisions, where the unequal balance of power in the research relationship was broken down. My commitment to minimizing power in the research relationship was also shown to be at times difficult and shifting, as the messiness of the reciprocal relationship and building rapport was reflected upon.

The next section of the thesis will explore the data collected during interviews. The following chapter and first data chapter looks at women's engagement with the notion of 'having/doing it all', which participants discussed in relation to their experiences of paid and unpaid work.

Chapter 5. Having it all, or doing it all? Women's decisions about paid and unpaid work

A key theme to arise during data analysis was women's engagement with paid employment and unpaid care and domestic work. Dual labour market theory holds that capital operates by a primary, well rewarded and relatively stable 'masculine' labour market and a secondary, lower paid and less secure 'feminised' labour market' (Barron and Norris, 1976). Whilst this theory may offer a starting point for showing that gender inequalities exist in the labour market, it can be critiqued along the lines of precariousness entering into every aspect of the labour market today, as well as only describing but failing to explain labour market inequalities between men and women (Beechey, 1978). Crucially, the labour market is presented as determining women's unequal position and therefore fails to link the organization of paid work to the broader explanation of the sexual division of labour (Beechey, 1978). Feminist critiques of capitalism fill this gap by highlighting the gendered nature of the public/private divide, whereby the "ideal-typical citizen is an ethnic-majority male worker" (Fraser, 2009: 213) and women are associated with the private sphere which is viewed in opposition to the valued public sphere of paid work and are therefore afforded less status.

Though not always absent from paid employment, when women are present in the labour market they carry out paid work under different conditions. This is often on a part-time basis and as primarily responsible for childcare, causing women to be "supplemental earners" (Fraser, 1985: 114). Second wave feminism forcefully critiqued this unequal division of labour and the devaluing of the work undertaken in the private sphere by women, with an aim of promoting women's participation in paid work (Fraser, 2009). However, Fraser (2009) notes the co-opting of second wave feminism's demands by capitalism for its own purposes. Thus, women's liberation is tied to capital accumulation and the valorization of paid work is intensified, while unpaid care and domestic labour is devalued but remains women's responsibility in 'have it all' discourses. The tropes of freedom and choice contained within the postfeminist sensibility are said to grant women the capacity to 'have it all' (Gill, 2007^b), where status appears to be afforded to women on the basis that they balance paid work and motherhood. However, engaging with this

dominant version of femininity often resulted in participants ‘doing it all’ by undertaking the majority of childcare and domestic work, alongside paid work.

Focusing on participants who have children, the first section of this chapter will present women’s accounts of labour market structures which will be shown as influencing experiences of undertaking paid and unpaid work, as well as reproducing ideas of value associated with paid employment. The subsequent section will highlight participants’ relationship to paid and/or unpaid work and the way in which they attempt to navigate these spheres. The third section will explore participants’ accounts of selfhood and how the tensions between, “living a life of one’s own “and living a life for others” (Beck and Beck-Gernsheim, 2002: 119) impacted the self. The final section of the chapter will focus on the experiences of Faye who could be seen as closely resembling the neoliberal figure of homo economicus (Beneria, 1999). While many participants attempted to balance and negotiate the contradictory relationship between reproduction and production, Faye’s case study provides a lens through which to view this dichotomy and shows how engagement with the neoliberal subject requires ‘having’ but not doing it all.

Following the feminist critiques presented in chapter two that suggest individualization demonstrates the retraditionalization of gender roles as opposed to detraditionalization (Skelton, 2005; Banks and Milestone, 2010), the requirement to ‘have/do it all’ causes normative ways of being to be rebranded as freely chosen. Thus, women appear to be ‘slotted in’ to the traditionally masculine sphere of employment, whilst the focus is shifted away from the state and men’s responsibility for care. This presents a challenge to the apparent insignificance of social norms and expectations, as production and reproduction were often experienced by participants as in tension. At the same time, their accounts also demonstrated that the public and private were intertwined, yet decisions were often framed by notions of individual choice. Though not all participants may be viewed as engaging with the post-feminist trajectory, all demonstrated an awareness of the value attached to notions of productivity in public, paid work as opposed to unpaid work, presenting a contradictory notion of status as derived from ‘having it all’ and balancing paid and unpaid work.

Labour market structures: Parental leave and financial implications

Experiences of parental leave

The expectation that women will ‘do it all’ can be seen to be reinforced by workplace policies, demonstrating how the public sphere and seemingly private decisions are intertwined. Participants’ accounts show that workplace policies continue to position men as full-time workers and not as carers, meaning women’s part-time paid work and part-time care work are normalized (Fraser, 1994); this results in less care work undertaken by men, and often financial disadvantage for women. The way in which workplace policies such as paternity leave reproduce gendered expectations regarding paid and unpaid work is evident in Julie’s account:

He had two and half weeks off when she was born, so that was a great help him being off. But because she was breast-fed, anytime she cried it was like you need to take her. And I’d be thinking, maybe she doesn’t need fed this time! Maybe that’s not what she wanted, but that was the easiest way to make her stop crying! But it was great having him off then, and he is really, really supportive.

(Julie, 37)

Here, Julie appears to present her husband’s short paternity leave as exceptional. This suggests that for men to undertake a caring role remains somewhat unexpected, and that discourses of ‘having/doing it all’ can aid in shifting the focus away from implementing any real change to labour market structures and policies that prioritise men as paid workers. Similar ideas were found in a content analysis of women’s magazines in the UK, where men were said to be constructed as

a resource that women can use to get a bit of help with domestic labour and childcare...more equal sharing tends to be presented as a luxury that women may be able to negotiate rather than as something that they are entitled to.

(Sullivan, 2015: 292).

As will be explored in greater depth in chapter six, though making the decision to breastfeed, the embodied emotions surrounding breastfeeding appear negative in Julie's account. Julie seems frustrated by her husband's limited support with childcare which is reinforced by employment structures and discourses of 'doing it all', demonstrating how breastfeeding and caring for children is an intersubjective, as opposed to a private practice. Though stressing that her husband was supportive, societal expectations that women will 'do it all' (which are also reinforced by policy), resulted in Julie undertaking the majority of care work in spite of her husband's parental leave.

The way in which gendered norms regarding paid and unpaid work are structurally embedded was also highlighted by Kirsten when discussing her husband's equally short paternity leave:

My husband only had two weeks off the second time; with the first he had three. I remember it being quite stressful 'cause there was just so much goin' on, and so much you had to think about all the time. And I remember ma husband sayin', "Just remember, this is all temporary". And I was like, that's fine for you to say but I'm sleep deprived! But he was right, it does all go really quickly. But at the time it was hard goin', it really was hard goin'.

(Kirsten, 38)

The short paternity leave discussed by Julie and Kirsten demonstrates a lack of structural change and failure to reorganize the relation between production and reproduction that would allow for a more equal share of care work (Fraser, 2016). Kirsten also tries to appear as though she is not complaining about the difficulty of undertaking the majority of care work by agreeing with her husband that time would pass quickly. This demonstrates how the emphasis on choice and women 'having it all' can obscure gendered inequalities associated with paid and unpaid work, and as argued by McRobbie (2013: 14) makes the "feminist emphasis on the tyranny of maternity wildly unspeakable". Both Julie and Kirsten's experiences highlight what could be considered a symbolic value attached to men's role as carers during paternity leave, since women are still expected to undertake the

majority of reproductive work, whilst the very fact men have taken time out of paid work is considered to be enough.

Though not undertaking paid employment, Holly (27) drew attention to how the rise of casual, insecure work in neoliberal societies may further contribute to the re-entrenchment of gendered expectations of care work, as her partner who was employed on a “temporary contract” was only permitted to have “four days off” following the birth of their son. A further tension is therefore evident between reproduction and precarious employment, which adds another layer to considerations about paid and unpaid work as shaped by labour market structures and policies.

Labour market structures and policies such as parental leave can therefore reinforce traditional gendered ideas around who is responsible for care work, demonstrating how seemingly private decisions are bound up with the public. This retraditionalization in late modern times is also facilitated by the expectation that women will ‘do it all’, which can make it difficult for women to fully articulate inequalities in paid and unpaid work, further shifting the focus away from men’s responsibility for unpaid work.

Financial Impact

Some participants highlighted the economic disadvantage they experienced as a result of undertaking the role of part-time worker and carer, whilst participants who did not participate in paid work felt their lack of qualifications would lead to low paid employment which acted as a disincentive. Julie discussed the financial loss she experienced following the birth of her daughter which came to impact her views on family size:

There’s the expense of it as well. I’ve taken a drop in wages to be off on a Wednesday and I just think, if I have another one: can I afford nursery? That’s something that would come into it as well, just thinking the majority of my wages would be spent on childcare.

(Julie)

The promises of economic liberation and empowerment seemingly offered by participation in paid employment, according to the postfeminist sensibility (see Gill, 2007), appear somewhat contradictory. The expectation that women will reduce their time in the labour market presupposes financial disadvantage, which constructs care work as less valuable as worth is assigned to work based on remuneration. There is also a further assumption that women's earnings are supplementary and will be used towards paying for childcare; this aids in reproducing men as bread-winners whilst women's economic disadvantage is obscured by their part-time participation in the labour market and the notion of 'having it all'. Though Julie may be seen to experience some level of economic disadvantage, the decision to pay for private childcare also enables her to 'have it all' due to finding an individual solution to childcare by consuming this from the market - and the labour of lower class women.

Kirsten also reflected on her reduced income, but considered herself fortunate as this was offset by the pay increase her husband received at a similar time:

I was an assistant manager earning a decent wage, then goin' on to maternity pay and your first 4 weeks are fine then after that it's like, woah! But we were quite lucky in a sense that I hadn't long started back part-time and ma husband got promoted, so that kinda counteracted ma drop in pay which was quite good.

(Kirsten)

The pay reduction experienced by Kirsten highlights how women are disadvantaged economically when taking time out of the labour market. This is in contrast to her husband's experience of being granted a short paternity leave followed by a pay rise, highlighting the value afforded to those who can dedicate themselves fully to paid employment. Considering her situation as 'lucky' may be indicative of the depoliticizing effect of choice, which may lead to structural issues and gendered inequalities around paid and unpaid work becoming individualized and more difficult to articulate or challenge (McRobbie, 2013).

Holly, who was not in paid employment and possessed no educational qualifications felt that were she to undertake paid work, the money she earned would not be enough to pay for childcare:

I think our situation made it quite easy to decide that I'll be at home, because what I would earn wouldn't even come close to covering childcare sort of thing, so it kind of matched with our principles.

(Holly, 27)

Though acknowledging that she would earn a low wage if undertaking paid work, Holly seems to frame this as a private choice made between she and her partner, as opposed to being shaped by labour market structures that require the 'right' mode of education (Ringrose and Walkerdine, 2008) in order to earn a decent wage. This reflects Bittman and Pixley's (1997) notion of pseudomutuality which may be exacerbated by the conditions of late modernity where choices are viewed as private and individual and unequal gendered outcomes are presented as the outcome of equal debate. In a similar way to Julie's account, there is also an assumption that were Holly to undertake paid work it would be her wage that paid for childcare as a supplemental earner.

This section has shown how labour market structures and policy are connected to intimate lives and seemingly private decisions. Yet, such structures and policies enforce the separation of these spheres by continuing to reproduce gendered expectations around who is responsible for paid and unpaid work, with dedication to paid employment assigned greater value and financial reward whilst women are positioned as supplemental earners. Discourses of choice and 'having it all' obscure and deepen inequalities associated with paid and unpaid work, evident in participants' accounts where they consider financial disadvantage and the unequal division of labour as fortunate, or as the outcome of private choices and negotiations. The next section shall present the practicalities of 'having/doing it all' as found in women's accounts as they discussed how they attempted to manage their roles as paid and unpaid workers.

Managing paid and unpaid work

Paid work

While the previous section highlighted the intertwining of the public and private, this section outlines their separation in women's accounts in terms of how they experienced paid and unpaid work. Participants reflected not only on their experience of undertaking the dual role of paid and unpaid worker, but how they felt this was perceived by others - specific and generalized - which was often linked to anxieties over lacking productivity in the labour market. This highlights participants' awareness of the greater value afforded to dedicating oneself to paid work. In the accounts below, women who did not have children can be seen to draw upon 'have it all' discourses with regards to their mother's experiences, and discuss how this shaped their decisions about paid and unpaid work:

My mum quit her job to care for me and my brother, and she's always shown us how important we are to her but you know, she had to give up her job and that's not fair. I want to choose when to have a family and also have a career- why can I not have both?

(Chiara, 26)

After my mum had me she stayed at home. So if she hadn't had me she would have still been working, but she stopped and my dad kept working.

K-And did she go back to work at any point?

No. I don't know...you kind of sympathize with her you know? She could have kept earning her own money, working in a job she loved. So I think my points of view are linked to that too: I want to be different to her.

(Veronica, 25)

Chiara's views on paid and unpaid work are clearly shaped by the notion of 'having it all' and the importance of being able to choose - even when this choice is in line with social expectations - which she feels her mother was less able to do. For Veronica, her mother's decision to no longer undertake paid work is seen as limiting and as something to be avoided. Veronica seems to suggest that greater value is

derived from paid work than care work, reflecting the value of productivity in the labour market alongside the expectation of motherhood which is afforded less value and status. This demonstrates the contradictory expectations placed on women's lives as a result of 'have it all' discourses.

For middle-class¹⁷ participants who had children, there appeared to be greater engagement with what Duncan et al (2003) refer to as the 'primarily worker' identity which was felt to be compromised as a result of 'having/doing it all'¹⁸. Isabel discussed her experience of pregnancy in the workplace, and though feeling she was, "not particularly close" to her colleagues, reflected upon how she came to be viewed by them as a result of her pregnancy:

It changed how the women at work saw me. I think they had me down as not being the maternal type and all of a sudden, we found something...common to talk about. I think before I...I didn't really feel...excluded...but maybe I didn't realise I was excluded?

(Isabel, 46)

Isabel's perception that colleagues did not view her as maternal and the association of this with exclusion suggests a continuation of gendered norms that links femininity and the expectation of having children. The fact that Isabel felt more included amongst her colleagues as a result of her pregnancy also suggests engagement with the need to 'have it all', which is recognised by other women in the workplace and affords her status. In a similar way to Scott's (2004) discussion of shyness and appearing incompetent to others which may result in rejection from the team, Isabel could be seen as depending on social interactions with colleagues to confirm that she is not 'lacking' or transgressing expected norms of femininity, highlighting a relational process. Conformance to the role of worker and mother is presented as indicative of status and being included in society, and this 'successful' postfeminist subjectivity can emerge through interactions with others (Scott, 2004).

¹⁷ As outlined in the previous chapter, class was determined on the basis of women's access to capitals: social, economic and cultural.

¹⁸ A fuller discussion of how reproductive decisions are classed and assigned value is presented in chapter eight.

Though experiencing an element of inclusion due to interactions with colleagues, once having children, Isabel discussed the difficulty of ‘having/doing it all’ and how she perceived this to be viewed by others in the workplace:

I think with work in general, there’s this whole cliché about once women have children then they aren’t reliable workers anymore...I mean, having children has changed my approach to work because...the time that is missed out just to look after the children when they are sick or...you know, even when you have to go and pick them up from school and so have to leave a wee bit earlier, or when they start school and the first two weeks are only half days - who covers this? And I mean, in general...taking them to the dentist and all these things...how does that look? And at work I always try and do what I can to say in advance if there’s things with the children, like the nativity play in nursery and I want to take the afternoon off. It normally works but I understand that it seems like maybe I’m not as dedicated in my job. But it’s hard, and I try to work overtime when possible so...trying to balance all these things, it’s not easy, but I know I am one of the lucky ones.

(Isabel)

Though having felt a certain level of inclusion from her colleagues due to recognition of engaging with a postfeminist trajectory and ‘having it all’, Isabel highlights the demanding expectations when required to ‘do it all’ and appear as a dedicated worker and mother. Isabel also raises concerns about the perception of diminished capability in the labour market as a result of undertaking childcare responsibilities, which she feels may be viewed as interfering with her role as a paid worker. Though afforded status from engaging with feminine norms of maternity and undertaking paid work, ‘doing it all’ is embodied and creates a sense of guilt and a perceived need to prove herself to others in the workplace as ‘productive’ or ‘competent’ (Scott, 2004), demonstrating that unpaid care work is still perceived as a barrier to status. Attempting to balance paid and unpaid work has been shown to result in women feeling guilty about how they will be viewed as mothers (Duncan et al, 2003). The guilt felt in relation to commitment to paid work

mirrors the responsibility and entrepreneurialism contained within the neoliberal and postfeminist subjectivity that requires women to consider “what (work) they can do while caring for children” (Lewis, 2014: 1856) as opposed to a more traditional approach that suggests women should dedicate themselves to childcare (Lewis, 2014). Though expected to ‘have it all’, greater value continues to be placed on ‘productive’ paid work.

Further, by describing her situation as ‘lucky’, like Kirsten did in the previous section, Isabel seems to suggest that she should not complain about ‘doing it all’ as this is what is required of the postfeminist subject, denoting successful self-management in comparison to women who perhaps cannot fulfil these expectations. Feeling lucky again demonstrates the depoliticizing effect of choice, (McRobbie, 2013) whereby the expectation to ‘do it all’ is presented as freely chosen, meaning women may be less likely to criticise the structures and relationships that create and sustain inequalities associated with paid and unpaid work. Isabel’s account also points to how emotions are produced in relation to others and the ‘have/do it all’ discourse, as women must manage emotions associated with undertaking paid and unpaid work whilst also carrying the emotional burden in partner relationships (Duncombe and Marsden, 1995; Jamieson, 1999). There is also emotion work involved in feelings of guilt, the frequent invocation of ‘luck’, and not complaining about the unequal division of labour (Duncombe and Marsden, 1995), that is sustained by discourses of ‘choice’ and ‘having it all’.

Julie expressed similar concerns over the tension between reproduction and the ‘productive’ realm of paid work. This was discussed in relation to pregnancy as Julie experienced *hyperemesis gravidarum* (severe vomiting) which caused her to take a long period of time out of the labour market prior to maternity leave:

J- I had to take a lot of time off work

K-And how did that make you feel?

J-Emm I was quite upset about that, because I wanted to be at my work and you’re just worrying about how it looks. Even though pregnancy sickness doesn’t count towards a disciplinary or anything like that it’s

just... you know, it wasn't that side that bothered me, it was just like...oh she's only pregnant. It was more thinking about what other people thought, you just feel like you're letting them down. And I don't take time off work at the drop of a hat so I just felt guilty as well.

(Julie)

Even before having children, the separation of reproduction and what is considered the productive world of paid work is clear from Julie's account. Julie appears to feel a similar level of guilt to Isabel with regards to negotiating the spheres of reproduction and productivity, as well as feeling concerned about others in the workplace who may view her as less competent or productive due to pregnancy. The perception that non-specific others will view her as 'only pregnant' suggests an awareness that reproduction is devalued in spite of the requirement to 'have it all', therefore to take time out of paid work as a result of pregnancy is felt to be an individual failing. The impact of this discourse is further evidenced as Julie is aware there would be no formal repercussions as a result of her illness, yet social norms come to construct a sense of not being dedicated enough. Julie also discussed the difficulty of returning to the labour market following maternity leave:

In a way, I was really glad to get back to work because it's easier in work than it is looking after a child all day. But at the same time, I felt really guilty that I was leaving her in the care of someone else when she didn't want to go. And it was this look of total betrayal on her face! So I struggled with that a bit at first, and now I'm struggling with the idea of going back full-time in June and not having that day off, I have a wee bit of anxiety about that just now. But if I keep it up then I'd have to make it permanent, which I don't want to do because I don't want to be part-time when she's at school. In the past it would have been ok for work life balance to keep that day then go back full time in a few years, but that's all changed - you take it temporary for a year and then you decide if you want to go back to your full-time position. And I don't really need that day off when she's at school. So I'm a wee bit apprehensive about that.

(Julie)

Though previously expressing concerns regarding a lack of productivity in the labour market as a result of being unwell during pregnancy, here, Julie positions paid work as less demanding than the work she undertakes at home, and that a sense of guilt also exists around her role as a mother. Though consuming care from the market comes to be expected of women so as to allow them to demonstrate economic activity, this expectation is placed alongside the requirement for women to mother intensively (Faircloth, 2013) therefore creating anxieties around being a 'good enough' mother and worker. A lack of commitment to structural change and flexibility that benefits women with children in the labour market is also evident here, as Julie effectively has to make the decision to remain part-time permanently and therefore be disadvantaged in the labour market and economically, or return to full-time hours and face anxiety over her role as a mother. This demonstrates the continued value assigned to paid work and the expectation that it is women's responsibility to - in spite of their interconnection - manage the tensions between paid and unpaid work, and the embodied emotions that are produced.

Kirsten, a working-class participant who reduced her hours in paid work after having children discussed how she felt this was viewed by other people:

K- And did you feel like anyone ever had a problem with it?

No not really, but the one I was telling you about who used to never like tellin' me what to do? It would get to four o'clock and I'd be like I'm away, and she'd be like, 'oh right...ok'. Like that. And she'd never have said anything but you could see she was kinda thinking, you never used to do that. But at the same time I was thinkin', I never used to go home to two small children, I need to go home and clean my house! And she doesn't have kids so she doesn't see that, and people just don't get it and assume you can or should stay in work late, or that just because they can then you should as well. One of the other people I worked with, she had a wee girl but her partner didn't work, her mum didn't work, her gran works in the morning, her auntie doesn't work, and all of them were on hand to look after her wee girl: pick her up from school, take her to dancin', have her stay over so she could do extra shifts. So I only had

one, but she was able to do all these extra shifts but it was like, there's nobody else to get the dinner ready because my husband was out the house workin' all day long. Then people make comparisons like, well how come she can do it and you can't?

(Kirsten)

Kirsten refers to specific colleagues who can undertake a greater amount of paid work - one of whom she appears critical of as she does not have children and therefore does not 'have/do it all', and another colleague who she appears to criticise for not carrying out 'enough' childcare. This can be seen as engagement with the 'primarily mother' identity valued by participants in the work of Duncan et al (2003) that, as will be discussed in greater depth in chapter eight, is linked to classed based orientations to raising children, but also as Kirsten's attempt to negotiate the pressures associated with the postfeminist sensibility. Kirsten also refers to generalized others, suggesting awareness of wider social norms around what counts as productive, valued work, and that it is women's responsibility to appear productive as both workers and mothers.

The beginning of this chapter highlighted the intertwining of public and private as labour market structures and policies were shown to shape participants' decisions; this section demonstrates how the public and private are experienced as dichotomized in women's accounts when they discuss the practical experience of undertaking paid and unpaid work. Though engaging with discourses of 'having it all' is socially valued and seen to denote a successful feminine subjectivity, the reality of 'doing it all' results in feelings of increased pressure and anxiety, which becomes difficult to articulate due to the language of choice and requirements of the postfeminist subjectivity. Though expected to 'do it all', an awareness of the devaluing of reproductive work was evident in participants' accounts as they feared appearing less productive or competent in paid work after having children, which at times led to criticism being directed towards the self and other women as opposed to unfair structures and expectations.

Unpaid work

Participants also outlined the practicalities of undertaking unpaid care and domestic labour. Kirsten discussed how her experiences of unpaid work impacted her decision not to have a third child:

The amount of homework my oldest daughter gets bein' in primary one, and having to help her with that whilst keeping the youngest occupied because I'm here myself at night until ma husband comes from work on a Monday and Tuesday night...having another one and having to keep them occupied, or doing two lots of homework with another one running about is like...it's not fair I don't think. I think if ma husband was in a job where he wasn't out the house as much then it might be slightly different because you could think, well he'll be in at half four-quarter to five, we could leave the homework until after dinner and do it then. But he doesn't get in the house until quarter to seven a lot of the time, then I come up and run their bath at ten to seven, he has his dinner, the youngest usually falls asleep straight after that, and the other goes to bed at quarter to eight and that's it. So it's just...it would be easier if there was two people.

(Kirsten)

In the previous section, Julie discussed how financial loss would impact her decisions about family size; here, Kirsten's decision is in part influenced by the expectation that women will undertake the majority of unpaid care work whilst men dedicate themselves to long hours in the labour market. Though a dual-earner household, Kirsten is still responsible for carrying out the majority of care work, which appears to continue when her husband returns from work.

Though not employed in paid work, Holly presented a similar account of the demands of unpaid work and her attempts to negotiate this with her partner:

I think it takes a while to get in the swing of things. Like for us it was definitely about adjusting to who's doin' what, because he's out at work

during the day and when he comes in he wants to relax. But at the same time, you've been with the wee one all day so you want to relax!

(Holly)

Both Kirsten and Holly highlight the gendering of what is considered productive work whereby paid work is not only assigned value by means of remuneration, but also by the implication that those undertaking this work should be afforded more time to rest than those carrying out reproductive work in the home; this reflects the capitalist tradition of women's unpaid care and domestic work sustaining men's role in the "official economy" (Fraser, 2016). Though highlighting the difficulty of undertaking unpaid work in the home, Holly also seemed reluctant to give up her role as primary carer as she mentioned feeling uncertain as to how often her son would attend nursery because she "liked being at home with him". This implies a great deal of choice in her role as primary carer as it is framed as a preference, which is further emphasized when Holly discusses how this decision was arrived at:

I think it's something that I really value, and I think our society has lost sight a bit of looking after kids, it's more about...ok, someone else can look after my kids.

(Holly)

Holly again appeals to the language of choice when discussing the decision to be the primary carer to her son by presenting this as something she individually values, in spite of previously mentioning that her decision to remain at home was influenced by the low income she would receive from paid work - which was also framed as an individual choice. Holly also appears somewhat critical of women who turn to the market for care which Kirsten also hinted towards previously, and in the account below:

I always kinda thought, the whole work thing- I know some people *have* to do it- some people have to go back and work full-time- but I always kinda thought, you cannae do that, one of you has to be there. Emm and because of the nature of ma husband's job I always thought that would

have to be me. I just always thought I should be there to bring up my own children, instead of nursery or someone else doing it.

(Kirsten)

A shift is evident here from 'have/do it all' discourses in Kirsten and Holly's accounts. Both women are from working-class backgrounds and appear somewhat critical of women who may return to full-time paid work and use market solutions for childcare. This was also highlighted by Duncan et al (2003) who found that the situations of white, working-class women participating in their research was said to reflect a more traditional gendered division of labour, as women expressed a sense of distrust towards nurseries and felt strongly that they should be the primary caregivers to their children. In opposition, middle-class mothers often identified as 'primarily workers'¹⁹. In the above account, Kirsten frames her role as primarily responsible for unpaid work as a choice which is also in light of recognising that the 'nature' of her husband's job influenced this decision, as has been highlighted in previous sections. This suggests that demonstrating greater engagement with paid work in the public sphere is considered 'natural' for men as opposed to women who are associated with private and intimate life, and are therefore afforded lower status.

As discussed in the methodology chapter, though not explicitly mentioning her husband's involvement in paid and unpaid work, Isabel alluded to her greater responsibility for childcare and domestic work. Her reluctance to mention her partner may have been due to his presence in the room next door when the interview was carried out, as when explaining why she did not wish to have any more children she said:

I - (*speaks very quietly*) Three children can... can be very...hard work? Sleep is...it's very difficult, but now obviously they sleep more during the night which is much better. But during the day, it still can be...hard...attending their needs

¹⁹ A more detailed discussion of class and orientations to raising children is presented in chapter eight.

K- Absolutely. And is it just your oldest son who is at school?

I - Yes, he is in primary three. My daughter and youngest son are at a private nursery and emm I am only working four days. So one day with me, one and a half days with grandparents, and the rest in nursery

(Isabel)

The fact Isabel spoke very quietly when discussing raising three children, as well as not mentioning her husband's role in the childcare arrangements, highlights the difficulty of unpaid care work - even when using social and economic capital to help manage this. Private nursery is used by Isabel as the main source of care, which again reflects the findings of Duncan et al (2003) as the majority of white, middle-class mothers in their sample were more likely to express a preference for using marketized care. This was considered a social and educational investment for their children²⁰ and also as helping to facilitate their role as paid workers. Making use of private care allows middle-class women with higher economic capital to engage more with the postfeminist subjectivity as they fulfil the role of responsible, active consumers. They do so by paying for care which is considered to be a form of investment in their children, allowing them to dedicate more time to paid work. All the while responsibility for care is shifted from the state and male partners, and likely on to working-class and/or immigrant women (Ehrenreich and Hochschild, 2003). Isabel elaborated on the difficulties of undertaking unpaid work, particularly following the birth of her third child:

The older ones were sleeping through the nights but then he came along and I was hardly sleeping and having to sleep in the bed with him, and I was really, really struggling. And emm...so...there was a home visiting teacher for my daughter coming to the house and...it isn't really her place, she dealt with other things but...it just all came out of me and I said, I'm really struggling here and she said, how about we refer you to Home Start? It's a charity and volunteers come to the house and give you support for family matters. So this woman contacted the health visitor

²⁰ The way in which middle-class women invested in their children will be discussed in chapter 8.

and they referred us right away. So after a year of...I still remember now...it was really bad. I mean, interrupted sleep is bad enough, but no sleep is just...unbearable. And so that is still ongoing, there is a volunteer coming in once a week in the afternoon for a few hours and she plays with the children so I can do some housework and start the cooking, so it's still helpful.

(Isabel)

When Isabel found it difficult to cope with 'doing it all', the solution was to outsource care to a voluntary service as opposed to sharing caring responsibilities and domestic tasks with her husband. Further, making use of the volunteer service does not completely alleviate Isabel from 'doing it all', and instead she outlines how additional unpaid work from another woman allows her to fulfil traditional gendered expectations of carrying out domestic labour. Similarities can be drawn here to Standing's (2007: 512) discussion of the operation of the welfare state under neoliberalism whereby "collective insurance functions based on principles of social solidarity, have been gradually reduced by the rhetoric of individual rights-and-responsibilities" and in-work benefits are used to 'top up' the incomes of workers which allows businesses to pay extremely low wages (Standing, 2007). In Isabel's case, she is able to cope not by having forms of support such as an equal split of care with her partner, free childcare, or extended nursery opening hours but by finding individual solutions to the issue of childcare by having another woman 'top up' her domestic labour, highlighting the class differences in 'having it all' as Isabel can 'have/do it all' with a minimized burden.

Unlike Isabel, when finding it difficult to cope with caring for three autistic children, Stephanie asked her husband to help with caring responsibilities:

I'm the kinda person who wants to do everythin' by herself and doesn't want any help. But it became really overwhelmin', and it got to a point where I had to put my hands up and go, I can't. I do need help. But ma husband's really good, if I need to go to appointments or anything he'll just stop work and come, but I try not to make him come to too many. So he's really good and flexible in that respect so I can't

really...emm...grumble. And like, he's really good in the mornin' and stuff. He gets up, gets the kids ready, makes their breakfast, then he wakes me up. And he done it because the kids are so challengin' in the morning and he see's it now- they fight and...he's now seein' it, what I done for all those years. So it's a wee bit of pressure aff me and it's great. Now instead of getting up at seven I get up at half past seven! (*laughs*).

(*Stephanie, 36*)

At the beginning of this account, Stephanie appears to engage with notions of being self-reliant and suggests that undertaking the burden of this work is her choice, meaning that seeking support from her husband was viewed as somewhat of a last resort. Even after asking her husband for help, Stephanie still undertakes the majority of caring responsibilities, yet in a similar way to Julie's discussion of paternity leave, frames her husband's contribution as almost exceptional and that she shouldn't complain. Similarities are again found with the work of Duncan et al (2003) regarding working-class families engaging with a more traditional gendered division of labour, meaning that to ask men to undertake more care work is perhaps viewed negatively. Stephanie's experience of sharing care work can also be seen to differ from the account previously outlined by Isabel, who used various other sources of support as opposed to her husband sharing care and domestic labour. A fuller account of alternative valued practices associated with having/raising children and how they are subject to processes of classification will be presented in chapter eight.

This chapter has so far presented the way in which women's decisions and experiences related to paid and unpaid work are deeply connected to structures, policies, and the role of others - particularly male partners. Labour market structures are intertwined with seemingly private decisions about childcare and how the practicalities of paid and unpaid work are negotiated, both of which reflect expectations of 'doing it all' which sustains and deepens the gendered division of labour. This was also reinforced by the interactions between women and their partners, but obscured by the language of choice. The way in which

participants referred to their situations as ‘lucky’ has also been shown even when these situations reflected gendered inequalities reinforced by structures and intimate relationships’. This demonstrates the depoliticising effect of choice and ‘having it all’ that underpin the postfeminist subjectivity.

The feelings of guilt experienced by participants was also discussed as in spite of the expectation to ‘do it all’, there is a continued separation of public and private as women expressed a great deal of anxiety over how they would be viewed by others in their role as paid workers after having children. Managing the burden of unpaid work was also discussed by participants. Whilst some participants acknowledged the difficulties of carrying out care and domestic work with little help from their partners, working-class participants at times framed this as a choice that fit with their principals often drawing a distinction between themselves and those women who returned to paid work earlier and made use of marketized care. This links to Isabel’s story which demonstrates how economic and social capital can shift some of the burden of unpaid work to the market and onto other women, therefore finding private solutions that will enable her to engage with the requirements of the postfeminist subject, demonstrating class differences in how ‘having/doing it all’ is managed.

The next section of this chapter will present a discussion of the broader notions of self as contained within participants’ accounts, and how ‘have/do it all’ discourses can shape the self.

“Living a life of one’s own, or living a life for others”

For the proponents of individualization theory, an apparent decline in the significance of traditional categories that once guided lives, such as gender, class, and the family is said to produce the conditions for self-creation (Giddens, 1991; Beck and Beck-Gernsheim, 2002; Bauman, 2001, 2005). This suggests a fluid approach to self-creation, with women in particular thought to possess greater autonomy to define themselves independently from their relations to others (Budgeon, 2011). The continued expectation that women will have children and be primarily responsible for care, highlights contradictory life expectations that create a “tension between exercising the traditional feminine mode of relationality and

the exhibition of individualized agency previously associated with masculinity” (Budgeon, 2011: 285). This links back to Branaman’s (2007) critique of individualization theory as leading to claims that gender itself becomes a choice. This tension was most evident in the accounts of Isabel and Julie, who were highly educated and had professional careers:

I think the thing with children is, there’s no logical reason for having them? Everything about it says no. Hard work, cost money, changes your life...you know? You have to care for someone and you don’t have as much freedom... I’m sometimes quite angry I have to deal with all these things and I don’t have that much time for myself.

(Isabel)

The contradictory messages of freedom and choice around life trajectories can be seen from Isabel’s account as the expectation that women will care for others takes precedence over the desirable, fluid approach to identity construction (Ringrose and Walkerdine, 2008). At the same time, Isabel can be seen as exerting an individualized logic in her claim that there is no logical reason to have children. Isabel went on to highlight how she viewed motherhood as specifically impacting her sense of self; showing a desire to engage with a flexible self which proved difficult:

I think some women become so caught up in the idea of being a mum, that they identify themselves first as being a mum and I thought, I don’t want this. I still want to be myself, and I still want to be...the person I am? I still want to be a friend, partner...a daughter, sister, worker - and also a mum. And...I...I have mixed feelings about it. Because there are moments where I think...all of those things have been sacrificed, and it is a bit of a sacrifice. I think emm... I maybe wasn’t aware how much motherhood actually changes your life, and I don’t think I’m alone? So...emm...I think right now... I would like if it was a bit easier.

(Isabel)

Isabel appears frustrated that her role as a mother has taken precedence, which may be influenced by the notion of flexibility in relation to identity as imparted through the “do it yourself biography” (Beck and Beck-Gernsheim, 2002: 3) in the context of individualization. Not only does Isabel feel she lacks time for herself, but that she has also lost certain aspects of her self. Julie presented a similar account regarding what she perceived to be a negative impact on her sense of self that resulted from motherhood, which, along with the previously discussed financial impact, played a role in influencing her decision regarding family size:

It's really just the financial side of it, and well...giving up- it does sound dead selfish when you say it out loud—but giving up two years basically of my life now to just be a mum, even though I'm back at work now, I don't do anything. I don't go out at night anymore, I don't go to the gym anymore...

(Julie)

Julie too appears frustrated that her role as a mother takes precedence, which again may stem from the supposed freedom and reinvention promised to middle class women from identities based on education, paid work (Ringrose and Walkerdine, 2008), and ‘having it all’. Julie appears to feel uncomfortable about being defined by her role as a mother in spite of fulfilling the postfeminist sexual contract by delaying motherhood and investing in her own education and career. For Stephanie however, coming to be defined by caring for others was seen as something she prioritised, which was influenced by her experience of physical abuse from her mother and grandmother who both used alcohol problematically:

For me, being a parent was everythin'. And to be everything ma parents weren't, ye' know what I mean? So I had that over...kinda...overbearing urge to be a mum and do everythin' differently. So compared to ma life they've got a wonderful life, and so I think I'm achievin' what I want to be achievin'.

(Stephanie)

In contrast to Isabel and Julie, having children was extremely important to Stephanie's sense of self. Her overwhelming desire to be a parent stemmed from difficult experiences growing up and therefore took precedence when it came to the decisions she made about her life; challenging the seemingly universal status attributed to a postfeminist identity based on paid work and education (Ringrose and Walkerdine, 2008). Stephanie's account demonstrates the contextual, relational, and emotional aspects of decision making and self formation that women engage with, which may depart from neoliberal and postfeminist norms. This resonates with the work of Brady (2007) highlighted in chapter two, where it was found that single mothers in Canada at times mediated and resisted dominant discourses around welfare and employment, whilst at the same time outlined the support they deemed necessary in order to make what are considered in neoliberal rhetoric as appropriate and productive choices. This was further demonstrated by Stephanie who distanced herself from being defined by participation in paid work, defining herself primarily as a mother:

It's as if there's nothin' there for me just now so I haven't really thought about it. But I'm a kinda mumsy mum anyway who wants to be with her kids, want to listen to them, wants to do everythin' for them.

(Stephanie)

Here, Stephanie distances herself from the role of a paid worker by suggesting this is not only due to a lack of options, but that to undertake this role may be incompatible with undertaking her role as a mother. This highlights that not all women will come to value a sense of self defined by paid work, whilst also demonstrating how the discourse of 'having it all' can be subverted as Stephanie suggests there is a lack of jobs for her to choose from. Holly shared a similar account to Stephanie in that she had always felt a desire to carve out an identity based on caring for others, which she linked to her experience of being involved in an abusive relationship as a teenager:

I think with everything that happened in that relationship... creating my own family and having a place full of love became really important to me. I've never had something that I thought, I want to do that. Even

when I was younger...it was actually all about having a family. Not in the sense of, oh I want to get married and have kids and be a house wife, just...just wanting that for myself really. More than academic stuff...yeah... Or maybe I'm just lazy (*laughs*).

(Holly)

Both Stephanie's and Holly's focus on identifying as a mother as opposed to following the postfeminist trajectory could be seen to result from their class positions, and their experiences of past trauma in intimate relationships. Though subverting and negotiating dominant female life expectations this was not entirely freely chosen due to the significance of the role of intimate histories in shaping these decisions and identities. However, Holly also appears to recognise the association of education and labour market activity as valued and denoting productivity when she comments that perhaps she is 'lazy'. Though not constructing a sense of self based on the postfeminist ideal of 'having it all', Holly demonstrates an awareness of this requirement, and that her decision to be 'just' a mother may be socially perceived as lacking.

This section has explored the implication of the 'having it all' discourse for broader notions of the self as contained within participant's accounts. This was differentiated by class as whilst Isabel and Julie felt engagement with a flexible, individualized self to be restricted as a result of having children, Stephanie and Holly sought to carve out identities based on caring for others, suggesting different valued trajectories which will be discussed in greater depth in chapter eight.

The next section will explore the neoliberal subjectivity and dichotomy of reproduction and production more deeply by way of a case study focusing on the experiences of a participant who could be seen to 'have it all' but did not 'do it all'. The previous sections have presented the experiences of some participants who appeared to value a 'primarily-worker' identity who demonstrated feelings of guilt from attempting to balance responsibility for paid and unpaid work, and worried they did not demonstrate enough productivity in the labour market. As will be shown in the following case study, Faye can be seen as more closely resembling the entrepreneurial, self-interested neoliberal subject of homo economicus who is

associated with masculinity (Beneria, 1999), as she dedicated herself more to paid work whilst sacrificing caring for her daughter. Faye's story provides a deeper understanding of the contradictions in value shaping women's relation to society. Though 'having/doing it all' is a requirement of postfeminism, greater value remains attributed to the ability to exhibit a more individualized subject position and dedicate oneself to paid work and the public sphere at the expense of unpaid work; a position usually inhabited by men.

Having it all but not doing it all: Faye

Faye grew up in the USA during the 1970s, and was married and gave birth to her daughter at the age of nineteen. Faye was the only lone parent of all the participants, but in spite of the social stigma directed towards young lone mothers, Faye discussed this as a positive life decision:

When she was a month old we moved in with my parents. So we left my husband, his father and my mother did an intervention and took us away from him, and I got a divorce. So I had no job, no money, no car, no education, I mean nothing at all except this month old baby to take care of. So...in order to meet my responsibility towards her, I started college when she was fifteen months old and just kept going. So I got an associate's degree, then a bachelor's degree, then a law degree, and eight years later I was a lawyer.... She set the course and the tone for my entire life so I'm grateful. I really feel like she saved my life.

Faye can be seen as taking a slightly different path from what is now socially constructed as a successful life-course, where investment in oneself and the future family is required before having children. From what may have been viewed as a devalued trajectory, as will be explored further in chapter eight, Faye was able to undertake an extensive period in education and go on to have a successful career due to the financial aid available for lone mothers at this time. Though lone motherhood may be constructed as restricting participation in education and paid work, the social capital available to Faye from her parents and care from the market, enabled her to advance in her career:

K- And did your parents help out with childcare?

F-Mmm hmm. They did. And I think, we all believe as a family that they actually saved my daughter emotionally, because they gave her the love that I wasn't able to. And they just loved her. They loved her in a way that I couldn't because I was just sitting there studying all the time because I was convinced that education was my way out, and that I could provide for us...So yeah, I just spent a lot of time studying and I neglected her, so thank god my parents were there to support us. Then when she was six I had to move from the country to the big city. And that was probably the hardest period for her because we get to the city and I'm still neglecting her, but she doesn't have my parents. So she was at school and baby sitters. It was horrible for her.

Aside from not being in a relationship, Faye's experiences could be viewed as more closely resembling *having it all* as opposed to *doing it all*, differing from the accounts provided by participants throughout this chapter. The need to provide financially for her daughter meant dedicating herself to paid work, which took precedence over caring and providing emotional support to her daughter which was instead provided by her parents. The need to take individual responsibility for accruing economic capital and invest in the self and the family may be even more pertinent to Faye due to the stigma attached to being a lone mother, who is negatively constructed as transgressing and threatening social norms related to the family, lacking productivity, and dependent on the state (Orgad and De Benedictis, 2015). Working in a senior, professional role, Faye's experience can be seen to reflect what Lewis (2014: 1857) refers to as "excessive entrepreneurial femininity" as despite fulfilling the expectation of motherhood, this did not impact Faye's role as a paid worker in the same way as other participants since she was less involved with caring for her daughter. Lewis (2014: 1858) argues that the presence of traditionally feminine norms and behaviours such as those associated with motherhood and caring can result in women being:

designated as not legitimate business people, who are blamed for their own exclusion from the entrepreneurial field, with little attention directed at the structural and cultural constraints which act on them.

In order to participate and succeed in traditionally masculine spheres of public paid work, particularly at a senior level, engagement with the entrepreneurial subject who is characterised as self-interested, dedicated to the workplace, and free from caring responsibilities is required (Gill, 2014).

Faye made frequent references to she and her daughter's difficult relationship, which she attributed to her dedication to paid employment. Here, Faye discusses the impact she perceived 'doing it all' as a lone mother would have had on her life:

I was working so I could provide for us, and I wanted to say, can't you see I'm doing this for you? And at one point she said, your job is more important to you than I am, and I said, no...you're more important than the job but I need to work to provide for us. At this point she was fifteen and I said, you're going to be gone soon and what am I going to have except my career? And so if I give up my career now, and then you go away, I'm left with a half-baked career and I'm going to resent it. I'm sorry, I know I will. And being financially there is huge, how was I going to put food on the table?

Though other participants discussed feelings of guilt regarding the time missed in paid work as a result of childcare responsibilities, Faye did in fact dedicate herself to paid work which compromised her ability to undertake care work. Faye also draws on the wider devaluing of women's unpaid care work and how attempting to 'do it all' would have negatively impacted her position in the labour market, as was previously highlighted by participants where they discussed how unpaid work impacted their roles as paid workers. Compared to other participants, Faye had a different set of concerns due to being a lone parent, and felt it was important to define herself primarily as a paid worker due to the prospect of her daughter eventually leaving home which she suggests would leave her disadvantaged in terms of her career and intimate relationships. Faye therefore felt it necessary to dedicate herself to the labour market and carve out a sense of meaning and

identity from education and work, as her role in paid work would extend further than her role as a mother.

As a lone mother, the need to demonstrate high levels of productivity and economic independence may aid in minimizing the stigma that results from negative constructions of welfare-dependency and laziness (Tyler, 2008) but in Faye's case, this appears to have been at the expense of providing care and emotional support to her daughter. Faye further discussed the apparent incompatibility between paid and unpaid work, and providing emotional support:

In order to preserve myself I wasn't emotionally there for her. I had to remove myself emotionally so that everything didn't fall apart. I had to withdraw from her to keep everything together.

For Faye, minimizing emotional labour appears to be synonymous with maintaining a sense of self and a sense of control. The seemingly negative perception attributed to emotions and her lack of involvement in care work again demonstrates engagement with the entrepreneurial subject, who is seen in opposition to traditional femininity that is constituted by altruism and caring for others (Beneria, 1999). Thus, care work and emotions are seen as outwith the public sphere and are devalued - in spite of the intertwining of public and private shown earlier in this chapter. Though other participants' experiences of paid and unpaid work also demonstrated the division between public and private, their accounts were based on negotiating this dichotomy, whereas Faye was focused on paid as opposed to unpaid work. This difference may also be attributed to the generational difference between Faye and the other participants, meaning she may have had greater exposure to neoliberal discourses circulating in the USA from the late 1970s onwards (Harvey, 2005), than the inception of the postfeminist sensibility in the mid-late 1990s (Gill, 2017).

Faye's dedication to paid, as opposed to, emotional labour *did* result from a feeling of responsibility for her daughter but this responsibility was defined mostly in economic terms, suggesting that to 'keep it together' as a lone mother employed in a position of seniority in neoliberal societies requires a 'care deficit' (Fraser, 2016). Faye's perceived need to reduce emotional labour could also be seen as allowing

her to distance herself from the afore mentioned negative depiction of the lone mother, as she could instead be viewed as a self-sufficient, highly productive worker as opposed to a dependent carer.

The dichotomy of paid and unpaid work - particularly when working in positions of seniority that have traditionally been filled by men - was also discussed by Faye:

I was an executive for many years, and my girlfriends were all executives. So all of my peers never had children because they started on that climb and never got off of it to take the time to have a family. But for women it does, it hurts our careers. And for my girlfriends, having a child meant getting off the career track, and who has time when you're jetting around the world to take care of a child? You marry the career. It completely takes over your life, it totally does, but all of the guys had a stay at home wife to keep their lives running.

Faye's account reflects those stories from other participants, and the arguments made by Lewis (2014) and Gill (2014), that feminine norms and behaviours such as those associated with motherhood negatively impact women's careers in a traditionally masculine sphere, where being free from caring responsibilities is a requirement to legitimately inhabit this field. A traditional division of labour is also drawn upon when referring to male colleagues who could dedicate themselves to the workplace whilst their partners remained at home to facilitate their productivity in the labour market. A link could also be made back to Faye's earlier discussion of the need to individually preserve herself and keep everything together, as unlike her male colleagues mentioned above, she did not have a partner to provide support and 'keep her life running'. Women are therefore expected to adapt to a masculine sphere without the removal of gendered structures or additional support from the state or partners, which according to Faye results in some women deciding to forgo motherhood.

Though outlining the separation of public and private, their intertwining is also evident in Faye's account as she discussed how her role as a paid worker impacted her decisions to have two abortions, the first when her daughter was eleven and another four years later:

I knew that I couldn't put the energy into the career that I needed to. I just wouldn't have been able to, and so having another baby...it just wasn't worth it to me.

Attempting to care for another child was viewed as placing restrictions on productivity in paid work, and could have caused Faye to be placed as closer to the negative lone mother identity due to the difficulties of having to individually care and provide for two children. Faye also discussed how the relationship between paid work and being a lone mother influenced her decision to have a second abortion as she, "wouldn't have had a choice to go out of the labour market, I would have to keep working", highlighting an awareness of neoliberal responsibility for finding individual solutions to problems such as childcare, which appear even more difficult to manage as a lone mother.

The separation but intertwining of paid work and reproduction, and the need to self-manage this relationship was also discussed by Faye with regards to her experience of menopause, which she felt prevented her from, "thinking clearly" in her job. Faye began Hormone Replacement Therapy (HRT) so as to manage the relationship between paid work and the reproductive body, allowing for the continued demonstration of productivity in the labour market. Faye discussed her experience of withdrawing from HRT after twelve years, and the impact she felt this had on her role in paid work:

I had to apologise to three people in the space of three days for being a total bitch and worse, Loving. Every. Minute. Of. It! I'm like, you know what, it's affecting me and my moods - lets go back on it! But HRT saved probably all of my relationships, especially work relationships! And my brain, I just couldn't think as clearly and I needed to think for my job.

The importance placed on maintaining relationships in the workplace highlights the centrality of paid work and the need to find ways of, as will be discussed in chapter six, controlling the reproductive 'leaky' and 'unruly' body in a male dominated public sphere in which it is deemed a barrier and inappropriate (Lupton, 2012). The separation of mind and body is evident, as HRT was used as a means to manage embodied emotions and prioritize the mind so as to legitimize Faye's role in paid

work, again bringing her closer to the role of an entrepreneurial, self-managing subject whose body is absent and can therefore dedicate themselves to ‘productive’ work. This links to the social status/positioning of women as being unequal and are therefore subject to greater control and regulation, and HRT is just one way this manifests²¹.

Faye’s story offers a different insight into ‘having it all’ than what is contained within the accounts of other participants. Whilst participants in the first part of this chapter attempted to balance and negotiate the contradictory relationship between reproduction and production, Faye dedicated herself to paid work and compromised care. In doing so, the valued neoliberal subjectivity was fully engaged with by Faye, but perhaps not the postfeminist requirement of ‘having/doing it all’. The feelings of guilt experienced by other participants in relation to their role as paid workers that resulted from undertaking care and domestic work was not shared by Faye as she was not primarily responsible for care work when her daughter was growing up; this allowed Faye to ‘*have it all*’ but not ‘*do it all*’ by engaging with the entrepreneurial subjectivity. Though separating paid and unpaid work their interconnection is evident, as in order for Faye to succeed, care and emotional labour were compromised due to their devaluing in a masculine public sphere that is hostile to women and reproduction. Analytically, Faye’s story strengthens the evidence of contradictions in value shaping women’s relation to society. Though ‘having/doing it all’ is a valued postfeminist requirement, greater value is placed on the ability to exhibit a more individualized subjectivity and dedicate oneself to paid work and the public sphere.

Conclusion

This chapter has shown how the postfeminist requirement to ‘have it all’ results in women ‘doing it all’ when attempting to balance paid and unpaid work. Participants’ accounts demonstrated the way in which labour market structures are connected to private/reproductive decisions whilst simultaneously reinforcing the

²¹ A more substantial discussion of the body and control will be presented in the following chapter.

public/private dichotomy. This illuminated how the notions of choice and ‘having it all’ can obscure persisting inequalities resulting from this divide, as women are expected to undertake paid work but are treated unequally in this sphere and afforded less status due to their association with the private. This resulted in many participants describing instances of inequality as fortunate or as something that was a personal decision, demonstrating the depoliticizing effects of choice as the sexual division of labour is deepened and sustained but crucially, goes unchallenged.

The devaluing of unpaid care work was also evident in participant’s accounts where they attributed value instead to paid work, and experienced guilt as a result of their part-time worker role. This demonstrates that in spite of the need to ‘have it all’, work carried out in the private sphere is seen to restrict the entrepreneurialism contained within the postfeminist, neoliberal subject position. This was shown to link to broader notions of the self as impacted by the postfeminist ideal of ‘having it all’ and individualized conceptions of freedom to construct the self. This however was differentiated by class, highlighting that the norms of postfeminism may at times be negotiated.

The case study of Faye was used so as to provide a deeper understanding of the dichotomy between production and reproduction, and the roles women are expected to take. Faye was the only lone mother in the sample who could be seen as ‘having’ but not ‘doing it all’. Her story showed the incompatibility of care and domestic labour with the public sphere of paid work, and that in order to succeed in this field, reproduction and the private are expected to be absent despite their interconnection to public life and wider structures.

This chapter has shown that despite the postfeminist requirement of ‘having it all’, the status afforded from this appears contradictory. This was evident as the dichotomy between the public and private remains with value placed on paid, public work, despite the clear interconnections between decisions made in the private sphere and policy, structures, and the role of others. Further, the notion of ‘having it all’ and the emphasis on choice results in women’s self-management of paid and unpaid work and the justification for decisions as private and individual, meaning inequalities in responsibility from male partners and the state go

unchallenged. Individualization theory's emphasis on the loosening of tradition and increased freedom to construct the self and life trajectories therefore raises particular tensions for women attempting to individually manage their roles as paid and unpaid workers which was experienced in practical terms, and in broader notions of the self. In spite of women's engagement with 'having it all', the possibility of negotiating or subverting this discourse was shown in the accounts of working-class women, highlighting that differential engagement with the postfeminist subject is possible.

The next chapter will discuss the how the body was bound up with 'have it all' discourses, and the contradictions of control evident in women's decisions about the body.

Chapter 6. “I want to choose what to do with my body”: The contradictions of control

The body emerged from participants’ accounts, and I felt that an embodied approach would allow me to show how the body specifically was connected to other bodies, society, policies and structures, and how emotions are embodied. The focus on the body also highlights the complexity of control in women’s reproductive lives. In chapter 3 it was shown that there is an elective affinity between the notion of embodiment and Mead’s relational perspective on the self which allows for a fuller understanding of the self and decision making than that contained within neoliberalism. The idea that we are our bodies and that the self and decisions are intersubjective presents an alternative to conceptions of the body as in need of individual management and control, or as something women must control through private, rational choices.

In a similar way to the previous chapter where decisions about paid and unpaid work were viewed as private and individual, participants often did not account for their decisions as embodied. Contradictions of control, and the lack thereof, also featured in participants’ discussions as the body was often considered as something to be controlled as part of one’s self - which is synonymous with status (Bacchi and Beasley, 2002), and as something which controls and disrupts the self. Women’s accounts showed the complex relation between freedom and constraint in how the body was experienced as in spite of the body being shown as active, participants often framed this negatively and as a restriction on agency, therefore wishing to control the body.

The connection between public and private was also shown as women’s accounts brought to light how their bodies and reproductive decisions were intertwined with policy, service providers, and intimate others. This chapter also draws on the perspectives of two service providers: a midwife and a doula. These accounts demonstrate how women’s embodied knowledge which, as outlined in chapter three, refers to women’s knowledge as thinking, feeling actors, and the intimate knowledge women possess of their own bodies, is often not recognised or afforded status and is subordinated by medical authority.

This chapter provides an understanding of how women perceive and experience their bodies and the self in contemporary society, drawing out the contradictions of status and control and the dichotomy between public and private. Though women's decisions and understandings about the body were at times framed by discourses of individual choice, this chapter also evidences the connection between bodies, policy, structures, health discourses, and other bodies. Using the notion of embodiment as an analytical tool allows for a deeper understanding of the body and reproductive decisions than that provided by individualization theory, neoliberal ideology and the postfeminist sensibility. These themes will be explored in relation to various aspects of reproduction in the sections that follow: fertility, contraceptive use, and breastfeeding.

Fertility

This section will draw out the themes of the body and control in relation to fertility, and how this links to norms of femininity and women's sense of self. A number of participants expressed concerns about fertility due to a desire to individually control their ability to have children - but which they felt was controlled by their body. As outlined in chapter three, the body is often constructed as an object that is separate from the self and the mind, something that women must gain control over in order to be afforded status (Bacchi and Beasley, 2002). This links back to the previous chapter's findings where reproduction was considered outwith the public sphere, as the reproductive, active, and 'out of control' body is thought to denote lower status for women despite discourses of choice and 'having it all'. The desire to control fertility was expressed by Chiara:

K- And you picked the fertility card, is there anything you wanted to say on that?

C- Yeah emm...it is something I worry about - what if I'm not fertile? I think if I was infertile I would be really disappointed. I want to choose to become a mother, not because I'm a woman and technically it's what my

body is for- I want to choose to have children and, and...whatever.
 So...choice (*picks up card*) ...also links to body - that's another card- I
 want to choose what I want to do with my body.

(Chiara)

Chiara made use of the concept cards (fertility, body, and choice) to construct a narrative which highlights her frustrations regarding how the possibility of having children may not be her individual decision - which would prevent engagement with the requirements of the postfeminist subject who 'has it all'. Though making frequent references to choice, Chiara's account demonstrates the contradictions of postfeminism as traditional expectations of what the body is 'for' e.g. pregnancy exist alongside a conceptualization of motherhood as a free choice. Status is associated with 'having it all' and as Chiara suggests here, also with control of the body.

Despite not wishing to have children, Pam (42) was also concerned about fertility and did not "like the idea that it's not my choice". Nikki expressed similar frustrations:

Even if I found out I was infertile I would be really upset because that choice has been taken away from me - even though that's not what I want. To know that I can't, and that it was my body that made that decision and there's nothing I can do.

(Nikki, 22)

Though Nikki does not wish to have children, she is unhappy with the idea that this is a decision she cannot individually control. Along with the connection between status and controlling the body and self, Nikki's account could also reflect the neoliberal and postfeminist idea that lives and bodies are increasingly open to individual choice, and to be unable to choose- even when we don't particularly desire the outcome- disrupts the notion of the body as a project amenable to choice. This is perhaps even more specific to traditional conceptions of femininity and links to the notion of the 'dys-appearing body' (Leder, 1990), as when the body

does not conform to social or bodily norms such as the ability to have children, women's sense of self and femininity are disrupted. Women may therefore be afforded less status as infertility and not having children questions traditional feminine norms, but as shown in the previous chapter, status is difficult for women to achieve as pregnancy, birthing, and breastfeeding constitute their bodies as 'out of control' and problematic, and therefore as not belonging in the public sphere.

Similar themes were found in the accounts of women with children, who discussed fertility concerns as partly motivating their decision to have children - even if they were unsure this is what they wanted. Kirsten reflected upon feeling that, "I might get to thirty-odd and this won't be my decision anymore", which caused her to rethink her views on having children. Kirsten's anxieties could be linked to notions of control and fears over deviating from social norms by not becoming a mother as "biological motherhood is still seen as central to the performance of femininity" (Nash, 2014: 13). This was evident in Julie's account who though feeling "certain" that she did not want to have children, decided to try as her husband "really wanted them". Below, Julie discussed what led her to pursue IVF:

After a while I thought, why isn't this happening, it happens to everybody else! So I just began to think, what's going on, what's wrong with me. That's what made me worry and I thought gosh...what if I get older and then I can't have them, and I haven't gone down that road of investigating if there was a problem.

(Julie)

Julie's decision to pursue IVF was not necessarily motivated by a personal desire to have children. As well as the role of her husband, Julie describes an inner conversation involving her self, generalized others (Mead, 1934), and societal norms regarding femininity. In this way, the self and decision making are shown to be intersubjective as Julie becomes aware of her embodied self in relation to others and gendered expectations (Jackson and Scott, 2010). However, this is then individualized where she worries about potentially failing to control and self-manage fertility. The reference to generalized others and pregnancy as happening to "everyone else" reflects not only dominant associations of women as mothers,

but also highlights the greater attention given in popular discourse to reproductive ‘successes’ as opposed to those stories which may be seen as disrupting ‘normal’ reproductive trajectories (Greil and Johnson, 2014). Julie’s feeling that there was something “wrong” with her again links back to the body as ‘dys-appearing’ (Leder, 1990) and viewed as dysfunctional when not conforming to social and bodily norms, which may lead to femininity being questioned and women afforded less status as a result. The feelings of anxiety expressed over fertility draws attention to the intertwining of public and private as it is through embodied emotion that “the intersection of the individual order and social order may be most clearly seen” (Lyon and Barbalet, 1994: 63).

Julie remained concerned that there was possibly something ‘wrong’ with her body during fertility treatment, reflecting that after each round of IVF she felt:

Upset that it didn’t happen because I was thinking: what’s wrong here?
But then... I was a bit relieved that it didn’t? Because I wasn’t really
wanting kids.

(Julie)

The link between emotions, bodies and social norms is again evident as Julie does not associate her feelings with the desire to have a child, but appears to relate this to concerns that she was not able to fulfill dominant expectations of the female body, and of her husband. Interesting also is that Julie did not refer to her partner’s fertility, or that he may have any problems. This was also evident when speaking with Margaret from Fertility Care Scotland (FCS) - a service promoting natural birth control and approaches to fertility issues - who explained that in their approach it is assumed, “the male is fertile all the time”; this reproduces essentialist ideas that construct the male body as productive, and the female body as wasteful and passive (Martin, 1991). Women are therefore responsabilized for fertility issues, and their bodies are determined and assigned value based on their reproductive capacities, whilst also being positioned as sites of blame in need of medical control and explanation (Shilling, 2012; Greil and Johnson, 2014). Class differences in how fertility is framed was found in accounts from two participants who had been diagnosed with endometriosis - a condition which can

cause infertility. Hannah (25), a working-class participant, referred to a lack of choice over having children as a result of her diagnosis, but felt IVF would be, “too much”, and described feeling, “powerless, because my body just...can’t”. Hannah also expressed that she “hated” and felt “resentful” towards her body. This emotional account demonstrates the interconnection of the body, emotions, and the self as it is with and through the active body that Hannah expresses feelings and evaluates her experience (Lyon and Barbalet, 1994); at the same time, Hannah understands her body to be powerless. Alex also felt disappointed at the lack of control over her fertility, but did not express negative feelings towards her body or experience a sense of powerlessness. Instead, her diagnosis led to undertaking voluntary work as a group facilitator for Endometriosis UK in Glasgow (a group Hannah was unaware of until I informed her after she discussed the lack of support groups in Glasgow) and ‘educated’ herself on the condition, which included paying for treatment from an herbal therapist who she felt:

views me as more than a reproductive system with a pathological problem- which is very much the case in how many of the medical professions I’ve encountered view me.

(Alex, 28)

Alex also appeared to demonstrate a form of resistance to the medical response to her body:

I’ve become much more in-tune with my body, I listen to my body- that’s one thing I’m thankful for about having endometriosis. I’ve managed to see my body in a new light and I’m really just, loving my body. I’m loving it! It’s so powerful and...it’s amazing! And a lot of people I imagine.... never really get to that place.

(Alex)

Alex presents an oppositional response to perhaps being viewed as ‘failing’ or transgressing norms of femininity due to possible infertility, and appears to exert a great deal of control over a situation that, as mentioned above, women often feel a

lack of control. This could be linked to Alex's greater possession of economic and cultural capital which to an extent allows her to overcome being 'othered', or pathologised and considered in need of medical control (Williams and Bendelow, 1998; Nash, 2014), which partly arises from her ability to consume treatment. Research has highlighted that obtaining individual knowledge and developing a, 'pro-active' approach to the body is often undertaken by more privileged women, who can then position themselves as possessing greater control over their bodies (Lupton, 2012) and are afforded higher status as a result. However, as has been discussed, having children remains central to femininity (Nash, 2014) and status is afforded to women on this basis; yet, motherhood and intimate matters remain outwith the public sphere and are devalued in comparison. As will be discussed in a subsequent section, a similar sense of rejecting medicalized practices and knowledge was also discussed by middle-class women who did not use hormonal contraceptives, and who felt a sense of privilege as a result of resisting medical knowledge in favour of embodied knowledge.

Margaret also highlighted the classed element of infertility when reflecting on the women using the services of FCS:

I think the women that are more... educated...tend to say, 'aw I don't want to listen to that'. Some people that I've had recently have been, I would say...I don't want to emm ...of a more...simple...background? I don't want to mean that in a bad way, do you know what I mean? But they are very...accepting of it. I just noticed that, I don't think it's a trend or anything but I just, I thought to myself, it's people you would think would be really embracing this and think, aw that's great, a good method, they're not. They're - oh no, that's not for me, I'm not interested in that. Whereas people who I think... are more...simple are kinda, more eager to take it on?

(Margaret, FCS)

It is assumed that infertility or managing fertility is a concern for women who have higher levels of education, which could arise from the greater likelihood of delayed childbearing amongst this group (Bell, 2009). Implicit here may also be classed

assumptions that construct middle-class women as infertile, and working-class women as 'too fertile' (Greil and Johnson, 2014) due to associations with excessive sexuality, and as perhaps incapable of researching or having knowledge of their bodies and fertility. The apparent uptake of working-class women could also be related to the fact that FCS is a voluntary service and may therefore alleviate financial anxieties, as well as anxieties of interacting with healthcare professionals. This was also discussed in research exploring working class and black women's experiences of infertility in the United States who felt healthcare professionals to be negative and judgmental, and associated doctors with encouraging them to avoid/prevent pregnancy as opposed to assisting them to achieve pregnancy (Bell, 2009). A fuller discussion of class and the power of healthcare professionals in the regulation of reproduction is presented in chapter eight.

Participants were shown to be frustrated by the idea of the body having control over fertility, and highlighted a preference for attempting to gain individual control over the body so as to fulfill expectations of femininity and achieve status. The value placed on being able to control and manage the body resonates with the self-managing, choosing subject of neoliberalism and postfeminism, and traditional ideas of status being granted to controlled bodies. The neoliberal and postfeminist emphasis on choice that exists alongside the requirement to have children may shape how women understand and make decisions about the body, as well as the body being central to participants' sense of self as women. Class was also shown as impacting women's feelings and understandings about the body, as those with greater economic and cultural capital were more able to demonstrate control over the body than working-class women who felt, and are viewed by others, as though they lack control and embodied knowledge. The next section will present issues of choice and control in women's experiences of contraceptive use.

Contraception

The pill, side effects, and condom use

Though the development of various forms of contraception since the mid-1960s has been said to provide women with increased control over their lives (Hakim, 2000), participants often highlighted the contradictory nature of control when discussing

contraceptive use. The majority of participants discussed their use of contraception including the pill and LARC methods and were frustrated by the side effects experienced, difficulties negotiating LARC methods with service providers, and accessing and negotiating condom use. In the account below, Chiara outlines the factors impacting her current contraceptive use:

C-I gave up the pill two years ago because I felt it was badly affecting my body and... I don't know if there's now new types of pill out there that affect your body less and...I was thinking maybe... I should probably try to go back on the pill now... But it made me put on weight and I wasn't happy and... so...I'm happy to do it again - it's my choice. It allows me to plan, to have more...freedom...but not totally free I suppose because my body is affected by that...

K- And how did you feel after you stopped using it?

C-Oh, much better

K- And did you talk about this with your current partner?

C-Yes

K- And how does he feel about using condoms?

C-Well... he asked me if I would take the pill again but I said no...maybe now if I tried a different brand or something? I mean, I tried three, but maybe there's one out there now that's better for me. And of course, I would like to be more spontaneous during sex instead of, oh gimme a second (*laughs*). And if you take the pill you don't have that problem, but I don't want to put my body and mind through that again. I really don't need that, but...I don't know, maybe I could try again now.

(Chiara)

To an extent, Chiara can be seen as rejecting contraceptive responsibility by not taking the pill as a result of embodied side effects. However, Chiara and her partner seem to be aware of the expectation that she *should* be responsible for contraception in spite of the negative impact. Chiara appears to deliberate over

what she would prefer to do, and what is expected regarding managing the body, sexual intimacy, and emotional labour as a result of side-effects highlighting the contradictions of choice and control. Sara (41) described a similar account to Chiara, as in spite of her last experience using the pill making her “really sick”, she decided to try again with a different brand at the request of her partner and “eventually found a pill that agreed with me”. The emancipatory potential of contraception may be called in to question when considering the impact of negative side effects, and the potential for increased medical surveillance as a result (Wigginton et al, 2016). In spite of the expectation of being reproductively responsible and the influence of her partner, Chiara’s account appeals to the language of choice when considering the possibility of using the pill.

Using the pill is also associated with sexual freedom in Chiara’s account which is thought to be compromised by using condoms, but the effect of the pill on the body is also said by Chiara to limit her freedom. Nikki raised similar issues, as she experienced irregular bleeding when using both the pill and contraceptive injection, but felt that, “contraception has always made it easy to have sex. So it’s been really good to have that, I’ve been so much more free”. Both Nikki and Chiara’s discussion of sexual freedom and pleasure relates to ideas prevalent from the introduction of the pill regarding promises of uninterrupted sexual intimacy (Tone, 2012). The postfeminist sexual contract (McRobbie, 2007) in which young women are incited to explore their sexuality using contraception to control their fertility may also be relevant here, whereby women are constructed as: “available for sex, while still responsible for preventing pregnancy” (Wigginton et al, 2016: 729-730) - and managing bodily disruption. As discussed in the previous chapter in relation to paid and unpaid work, the gendered division of labour is also evident and is embodied when it comes to the responsibility for contraception and negotiating sexual intimacy, which reinforces ideas around male sexuality as uncontrollable and men as reproductively irresponsible (Lowe, 2005). This is a further demonstration of the requirement for women to ‘do it all’ that is obscured by the emphasis on choice.

The irresponsibility of male partners was also discussed by participants who found the possibility of developments in male contraception humorous, as they felt men could not be trusted with this responsibility:

It's simple for men, they put on a condom and that's it - if you're lucky!
It annoys me, its always really annoyed me! Like when they came out and said there was going to be a male pill I was like, thank God! (*laughs*) But who knows if that'll happen, they probably wouldn't take it anyway!

(Hannah, 25)

Participants also experienced this directly when they felt pressured by men not to use condoms or, as discussed by Sara, a previous partner had been dishonest regarding his sexual health²².

Evident also is the idea that women should take responsibility for choosing from a variety of brands of the pill or forms of contraception in order to narrow down the most suitable option. Despite the availability of free contraception in Scotland, and the potentially positive impact of women being able to choose from a range of options, a consumer-like element to contraceptive decisions is evident as there are now over forty brands of pill for women to choose from (Tone, 2012). This, along with the need to 'try' different forms of contraception as expressed by Chiara, also links to the perception of the body as a project that women should continually work upon until it is controlled for sex and economic activity.

Though not experiencing negative side effects from the pill, this was something that concerned Lauren who described feeling, "terrified of all the chemicals":

L-So I talked to the doctor about it and he was like, obviously the condom is like, the least harmful then it's the pill. So, no questions asked, just go for that.

K- And how did you find speaking to the doctor about it?

²² These points will be explored in greater depth in chapter seven on men's relation to reproductive decision making.

L-It's funny because like, (*laughs*) I always wanted to ask for free condoms but I'm more embarrassed to talk about that than talking about going on contraception (*laughs*). I don't know why! I feel like it's a bit rude and I don't know why (*laughs*). Like, I went to uni and I got them there and I was like, I'm sorry I feel so rude!

(*Lauren, 21*)

Lauren opted to use the contraceptive pill despite prior concerns regarding how this may impact her body, and being informed by the doctor condoms would be the least harmful method of contraception. This highlights women's role as bearers of contraceptive responsibility and perhaps that the effects on the body, and the possibility of sexually transmitted infections, are viewed as less severe than the risk of pregnancy before the 'right' time (Tone, 2012). Lauren also highlights the taboo that persists around discussing and accessing condoms. This was also discussed by Chiara who despite currently using condoms with her partner, felt that "just saying the word condom is like...it's so taboo, and like a word you're not supposed to say!" The stigma surrounding condoms adds to women's responsibility for managing contraception and as suggested by Lowe (2005), young women in particular may be reluctant to carry condoms which though potentially demonstrating responsibility, may also be stigmatized due to notions of promiscuity which are less visible when using hormonal contraceptives.

The stigma of more visible forms of reproductive responsibility was also felt by Lauren when attending an appointment for a sexual health check, as she felt the nurses to be "unsupportive and judgemental" which made her, "reluctant to go back". Though Lauren is from a middle-class background, such stigma may be felt by and directed towards young working-class women to a greater extent, as their sexuality is often seen as excessive and pathologized (McRobbie, 2007). This was highlighted by Helen who worked for Paisley Threads - a service in a deprived area supporting young pregnant women and families - who provided free condoms to service users, as young women attending the service were said to often feel, "ashamed about speaking to someone at the Sandyford or going into Boots and feeling embarrassed, and that everyone will know what they're doing". Managing

reproduction through the use of contraception is positioned as a responsible practice that enables sexual exploration for some women. For others, factors such as class and age may be seen as denoting deviant bodies which could impact the ability to discuss and access contraception.

Though the provision of free condoms is a positive initiative, in practice this has been shown to responsibilize women, and questions the notion of freedom said to result from increased access to contraception. This was evident when Veronica discussed accessing condoms:

V- I was visiting the doctor one day for something else and they told me about the C-Card which you can take to the sexual health clinic and get free condoms.

K- And do you and your partner have one - the C-Card?

V- Oh... only *I* have one. Basically, where my house is, just a ten minute walk away there's a sexual health clinic.

K- Ok, and have you always felt ok using the card to get condoms?

V- Emm I was quite embarrassed the first time, but now it's fine. It just feels natural.

(Veronica)

Veronica describes a division of labour whereby she is expected to manage contraception and the impact this may have on her relationship, and as found in Chiara's discussion, this division of labour is embodied as Veronica points to how this impacts her self, emotions and body. This is experienced as 'natural' by Veronica, demonstrating women's association with the body and the private which sustains gendered inequalities of status (Grosz, 1994), and operates alongside the neoliberal emphasis on individual responsibility and self-management.

Negotiating LARC

Participants with experience of using LARC methods - particularly the contraceptive implant - all expressed dissatisfaction with this method due to negative side effects, and difficulties experienced when requesting the removal of the implant:

I had to *really* negotiate with them I was like, I'm exhausted, I'm bleeding all the time...and then I didn't quite have the education to say look, this could make me anaemic, this might impact me in this way, blah blah blah. Didn't have that knowledge then. So I left the doctors, went back 3 months later- so now we're at 9 months of this- I was like, take this out, get it out now, I can't take this anymore!

(Alex)

In a similar way to her previous discussion on endometriosis, Alex again draws on discourses of individual responsibility for becoming a knowledgeable expert on her health. While embodied knowledge is available to everyone and is regularly devalued in relation to medical knowledge, some women may be more able to assert this and have greater confidence in their interactions with healthcare professionals than others. The very fact that Alex describes her interaction with a doctor as a negotiation highlights her feelings of self-assurance which result from greater capital and resources, while other women, such as Holly, may feel less able to do so:

K- So the next card you picked is contraception, you said you're using the implant?

H- Yeah...I think I'm about to get that taken out though, I don't like it at all.

K- Why is that?

H- Well...I don't know if it's me that's got the problem or something (*laughs*). But I went through a lot of time bleeding to start with, so went to the doctors and they were like - they're quite adamant that they want you to keep it! They were like, it'll calm down, it'll calm down. But it was like, irregular bleeding and you can't keep track of it, and sometimes it would go on for ages and I felt like it was really taking over my life and doing my head in. So then they put me on the pill as well to calm down the bleeding, and I was given something that was meant to do

something to...the uterus lining? So in the end that's like three things and I'm just like...I don't know. It doesn't sound right...I don't know, I don't think you should be like...messing with your hormonal balance a lot, it just didn't sound right to me. But I don't know.

K- And how did you feel about having to stay on the implant when you didn't want to?

H- Well, I was like...I don't have a life and it's really annoying! Like, you don't even know when you can have sex and what is going on, if it's going to last...sometimes there would only be a week between periods... But they seem to be like, oh yeah it'll calm down. And that's why I've stuck with it. I don't know why they're so adamant you stick with it really...Maybe if I'd thought about it more....it was more of a knee jerk reaction, it's not really the kind of thing I want.

(Holly)

Unlike Alex, Holly's request for removal was rejected and instead she was prescribed more medication, demonstrating how class may allow some women to ameliorate the control of medical knowledge in favour of their embodied knowledge. Holly is hesitant when attempting to articulate the extent of the side effects she experienced and how this made her feel, and seems reluctant to challenge the opinions of healthcare professionals blaming her body and lack of knowledge about contraception instead. Though requesting removal, Holly's experience differs from Alex's who was able to take on the role of the knowledgeable expert and attempt to challenge the dominant opinions of healthcare professionals, whilst greater control was exerted over Holly's body.

A disrupted body, a disrupted self

Hannah discussed feeling unhappy with the embodied side effects she experienced when using the contraceptive implant which included gaining weight, and a negative impact on relationships due to "rage blackouts- my flatmates were terrified". In spite of this, Hannah was unable to have her implant removed when requested:

It was just another case of not being heard. I was saying please take it out, and they were like, oh it's just your hormones and I was like...I can take being teary, I can take putting on weight, but having rage fits? That's just...it's so not me and I like...destroyed so many friendships at that time and have no idea what happened because I blacked out.

(Hannah)

Both Holly and Hannah attempted to have their concerns about side effects taken seriously, but their lack of cultural capital in comparison to Alex may have made it more difficult to challenge healthcare professionals. The control of fertility and apparent freedom offered through the use of contraception appears to compromise control over other aspects of women's lives such as emotions and relationships. Hannah also draws upon the self as disrupted due to the effects of the implant where she mentions, "that's so not me". This too was found in research with young women who, following removal, reflected that they did not feel normal when using the implant (Hoggart and Newton, 2013: 5). Nikki also reflected on how she felt her self to be disrupted when using the contraceptive injection as after stopping this method she felt "more normal", and Kirsten mentioned that since no longer using the contraceptive pill she realised, "that wasn't me, I was totally nuts!" For some participants, the use of contraception to control the active body causes disruption to the sense of self: as the body feels and responds so does the self (Sanders, 2006). The body therefore appears as something to be controlled as part of one's self and is tied to status, and as controlling and disrupting the self. Though contraception is thought to allow women greater control, participants' accounts have shown how the body can be further experienced as out of control or unruly, which is simultaneously reflected in women's sense of self due the interaction between body and self.

Faye, who used Hormone Replacement Therapy (HRT) for eighteen years, discussed a similar experience regarding her sense of self when ending all hormonal treatments:

Menopause has been great, just great (*laughs*). Really, I'm so much calmer! You know, I just felt like I was all over the place but I'm just

much more even tempered. That peacefulness takes a while to get to - you've got this to look forward to (*laughs*). And I have a lifetime to look back on now and say, that wasn't really like me but at the time you don't realise that.

(*Faye, 60*)

Faye suggests that upon ending the disruption to her body through the use of hormonal treatments, the disruption to her sense of self also came to an end. A similar finding was discussed by Lupton and Schmied (2013: 838) in their research exploring women's sense of self after giving birth, as participants took some time to re-establish their "sense of self and bodily boundaries" following a period of severe disruption caused by labour. Criticism has also been directed towards the prolonged medicalization of women's bodies when using HRT, and that this treatment can be seen as another form of control that aims to 'restore' femininity (Lupton, 1996). However, Faye believed HRT granted her "a better quality of life" and as discussed in the previous chapter, felt this helped her to maintain good personal and professional relationships whilst enabling her to demonstrate productivity in a male dominated profession. This contrasts with how other participants viewed their experiences of using hormonal contraceptives as often entailing negative side-effects and interfering with everyday life and relationships. However, the accounts of Faye and other participants highlight the body as outwith the public sphere, and a perceived need for the 'leakiness' and 'unruliness' of women's bodies to be controlled by medication and made available for economic, and sexual activity. This again links to women as more regulated and of lower status, and contraception is just one way in which this manifests.

Control and resisting the 'unnatural'

A sense of control was also expressed by some participants when avoiding hormonal contraception, which was viewed as facilitating control over the body. This can be seen in Diana's account, who was the only participant to have never used hormonal contraception:

I have very strong opinions against hormonal contraception. I don't want to have any implants or IUD, or take any pills. Nothing like that. Because

I...like to know my body... follow my own body. I am against it because I just don't like the idea that we switch off our natural hormones and ...I think it just can't be good for your system.

(Diana, 33)

An association is made between the rejection of hormonal contraception and the idea of controlling and becoming an expert on the body. Diana also relies on dominant constructions of women's bodies as natural, which here is used as a normative judgement about what is good and bad for the body (Lupton, 2012), aiding in the construction of divisions between women who are considered knowledgeable or ignorant about the body (Lupton, 2012; Phipps, 2014). Sara, who was now using the contraceptive pill but had avoided hormonal contraception in the past, also discussed how this made her feel, "really in tune" with her body, and that she felt "very fortunate I've been so in-sync". The sense of resistance that comes from avoiding medical interventions is not necessarily available - or desirable- to all women. As has been shown, taking into account women's embodied knowledge is essential to women's status and inclusion in society, but claiming this and resisting medical knowledge is often only available to middle-class women who possess greater economic and cultural capital (Lupton and Schmeid, 2013).

While it may be said that the availability of contraception offers women greater choice and control, the relationship between contraception, control and women's bodies is not straightforward. Participants' accounts demonstrate how contraception can regulate women's bodies that are socially deemed to be out of control, making them available for participation in paid work and sex - again demonstrating how women's bodies are bound up with structures, policy, and others. The use of contraception as a means of controlling 'leaky', 'unruly' bodies further demonstrates the unequal social position of women who are deemed controlled by the body, and therefore forms of regulation can be exerted over them in ways thought inappropriate for full citizens (Bachhi and Beasley, 2000), especially working-class women.

Further, the use of contraception to regulate women's bodies can also cause them to appear out of control due to the impact of side effects. Contraceptive use as

embodied was shown as participants also discussed how negative side-effects impacted not only the body, but were deeply connected to the self, emotions, relationships, and everyday life. This formed part of the embodied emotional labour of contraceptive responsibility in heterosexual relationships adding to the requirements of the postfeminist subject and the need to 'do it all'. Subjectivity was therefore also shown to be embodied as opposed to the purely rational, disembodied subject position valued by neoliberalism as when bodies were disrupted, a sense of disruption was also felt in relation to the self. However, participants' frustration at a lack of control over their bodies could be influenced by the notion of choice - and aligned with the separation of body and mind - and the view that the body as out of control acts as an obstacle to achieving the autonomous, self-managing subject position of neoliberalism and postfeminism.

The next section will explore how the seemingly natural, private decision to breastfeed as constructed in neoliberal discourses, was not experienced in this way by participants, as well as drawing on broader themes of the self and control as discussed thus far.

Breastfeeding

Due to women's association with the body and the private (Grosz, 1994) breastfeeding is constructed as a biological, natural practice that can be achieved by working on the body (Phipps, 2014). Discourses around breastfeeding also resonate with notions of individual responsibility as the expectation is that women can and should breastfeed, and are held responsible for the prevention of health risks through breastfeeding (Lupton, 2012; Phipps, 2014). The reinforcement of normative gender roles is evident due to the biological association of women with reproduction which implies they are essentially better suited to caring and nurturing, and that this care will be best delivered through breastfeeding (Phipps, 2014). The classed dynamic of breastfeeding is also important to consider as it is suggested that activism around breastfeeding is "underpinned by western middle-class healthism" (Phipps, 2014: 119). With a focus on educating and managing the body appropriately, some women may have greater resources to draw upon when attempting to breastfeed - an expectation which has not happened alongside

necessary structural supports - resulting in those with less resources being positioned as irresponsible and making the 'wrong' choice (Phipps, 2014).

Karen, who had three children and also worked as a midwife discussed breastfeeding in relation to both of these roles during the interview. Here, she reflects on her experience of breastfeeding her first child:

I always said I was going to breastfeed and...I don't know where that came from? I wasn't brought up in an environment where... we were brought up in a housing scheme, single parent family and d'you know, I often say to my mum we were dragged up not brought up, right? I'd never seen anybody breastfeed or...So, I had my first baby and she was just...stuck to me like a limpet constantly! She just fed and fed and fed. But I was so, so determined that I was going to breastfeed this baby. I was so determined. And I can remember - must have been after three weeks - being rolled up in an actual ball on the bed, absolutely breaking my heart like (*pretends to sob*) floods of tears. I just found it so so hard because she was just constantly feeding and it was so demanding. But I was like, I am doing this. I.am.doing.this. I'll just take it day by day.

(Karen, 36)

Though mentioning her background and the role of specific others, Karen does not perceive this as influencing her decision to breastfeed. However, this could demonstrate an awareness from working with women perhaps of a similar class background in her role as a midwife as, and as will be discussed later in this section, working-class women are often less likely to breastfeed (Phipps, 2014). Karen's experience reflects ideas of self-managing the body so as to achieve the goal of breastfeeding as an individual project, but also demonstrates emotional reflexivity and that breastfeeding is an embodied practice. Dominant conceptions of breastfeeding are often tied to 'feeling rules' of positivity and self-fulfilment (Phipps, 2014), that are not necessarily engaged with by Karen as she reflects on the emotions she actually experienced (Holmes, 2010), which are bound up with societal expectations, the baby feeding, and the active body.

The need to work on the body so as to ‘achieve’ breastfeeding was also discussed by other participants. Julie described breastfeeding as a “struggle” and that, “it was really hard and I was in quite a lot of pain but I thought- I’m gonna do it, because I knew it was the best thing for my daughter”. Isabel also mentioned that breastfeeding required being, “really dedicated” and that, “it’s the best nutrition there is”. Both Julie and Isabel reproduce dominant discourses of being responsible for the health and development of their children through breastfeeding, and that this must be achieved through undertaking corporeal and emotional labour to individually manage the body no matter how difficult or painful this is. In terms of emotions, participants referred only to their own emotional experiences and did not, as with an Indian participant in Dykes’ (2005) research, refer to an intimate or emotional connection established through breastfeeding. This is said by Dykes to demonstrate the Western conceptualisation of breast milk as a product necessary for shifting the responsibility for children’s health and development from the state entirely to women, therefore minimizing the possibility of establishing an emotional connection through breastfeeding, and aligning it more with the postfeminist notion of ‘having it all’.

The role of emotions was further discussed by Julie who intended to breastfeed for six months, but was still breastfeeding her daughter who was almost two years old. As discussed by participants in Dykes’ (2005) research, though initially concerned with the dominant idea that breastfeeding should be worked at to provide the best nutrition possible even if struggling to do so, Julie expressed conflicting feelings when this led to the disruption of bodily boundaries and the self: “I just want to...you know, get back to being...Julie? And not just a mum who is feeding their child all the time!” As shown in chapter five, Julie also expressed frustration at her sense of self being disrupted by her role as a mother, which may stem from the construction of the postfeminist subject as individualized and able to freely create the self. Here however, the importance of the body to the self is clear, and though engaging with the socially expected and valued role of motherhood, this is felt by Julie to be in tension with her body and sense of self as breastfeeding disrupts understandings and experiences of embodied selves. Further, there is a lack of discussion here -and in other participants’ accounts - around the role of the baby as

also playing a part in the breastfeeding relationship. Breastfeeding is therefore presented as an individualized, private choice that women are in control of and they are expected to manage this practice, therefore obscuring breastfeeding as embodied and relational.

Julie also expressed feelings of failure and anxiety over not appearing sexually attractive to her husband as a result of pregnancy and breastfeeding:

I really hate my husband touching me or looking at me. The good thing is, now we have an ensuite so I just get changed in there because I'm like, I don't want you to see this...Stretch marks on my breasts...and I look at them when I'm feeding her and I'm like, ugh! But I just feel sorry for him because it's not fair when he was used to a confident wife and a good sex life, and now has someone who has no confidence and doesn't want to have sex anymore.

(Julie)

In spite of her determination, Julie now views breastfeeding as a bodily disruption which prevents her from having what society constructs as a sexually attractive body. Ideas around what and who women's bodies are 'for' is also relevant here, as the hypersexualization of bodies and breasts contributes to the dissonance Julie feels and the experience of her body in dys-appearance (Leder, 1990). In a similar way to participants' discussions of contraception, Julie's changing body is not only about her but is considered a factor in the changing relationship with her partner - which along with feeding their child, she also feels responsible for managing - demonstrating how the 'have/do it all' discourse, and the gendered division of labour are bound up with bodies and relationships.

Though the desire to possess a sexually attractive body was clearly important to Julie, her account of breastfeeding in a public place in the East-End of Glasgow highlights the role of class in relation to the body:

I said to the consultant, you really need to get something here in the East-End and she said, mothers just don't breastfeed here so there's no need to have any groups. She said she'd heard comments from mothers

saying, these are for my man not for my baby. And I don't really understand that mind-set? I had to breastfeed in Tollcross once and sat away up the far corner of the café so no-one could see. And you really shouldn't have to do that, but it's that idea that breasts are really sexual which isn't what they're actually for- feeding children!

In 2016, the Scottish Index of Multiple Deprivation found Tollcross to be among the most deprived areas of Scotland (Scottish Government, 2016). Phipps (2014) argues that the lowest breastfeeding rates have been found in some of the most deprived areas of the UK, as women from disadvantaged social groups may contend with multiple and intersecting issues that are not compatible with breastfeeding. In the above account, Julie's discussion with the breastfeeding consultant presents an individualized view of breastfeeding that does not take account of the structural factors that may impact women's decision such as poverty, access to pre and post natal care, childcare, and a belief that working-class women are not interested in breastfeeding and therefore it is not necessary for support to be made available in these areas. It is also important to consider the stigma attached to breastfeeding in public - in spite of being constructed as a natural, appropriate practice by certain medicalized discourses and some women's groups as highlighted by Phipps (2014)- as the 'leaky' breastfeeding body is considered inappropriate in public sphere and may be viewed as shameful. As was shown in chapter two when discussing the work of Smyth (2008), spaces are actively produced through embodied social relations such as class, therefore breastfeeding may be managed in accordance with ideas of how space should be used, by who, and where caring takes place. Despite the clear connections to the social, there is no social space for bodies and breasts to be simultaneously sexual and 'productive' feeding bodies, as it appears women will face stigma whatever the 'choice'.

Julie's view also reinforces notions of neoliberal responsibility by suggesting that women in this area of Glasgow are making flawed choices, whilst pathologizing working-class women's sexuality by implying that a sexually attractive body is only available to certain women (Skeggs, 2001). Julie's class position may be seen as distinguishing her from the women she refers to, therefore permitting her access to a sexualized body whilst working class women's sexuality is stigmatized. Julie also

presents breastfeeding as an individual practice, which was also evident when Isabel admitted, “I’m all for choice but I am a bit judgemental towards people that just put babies on to formula. I think everyone should try”. As mentioned by participants in the previous chapter, Isabel also described feeling “lucky that I was able to breastfeed”, which is again indicative of how the notion of choice, self-management, and the separation of mind and body, position breastfeeding as an individual project that women can and should work on.

The perception of breastfeeding as an individual choice and normative expectation was also mentioned by Kirsten, as prior to attempting to breastfeed, she viewed this as, “normal- something people either chose to do or not to do”. When experiencing difficulties breastfeeding, Kirsten felt she was being ‘judged’ by midwives and health visitors, and as if they thought she “couldn’t be bothered”, reiterating the expectation that the body should be continually worked on until achieving the goal of breastfeeding. Though feeling judged by midwives, Kirsten could be viewed as carving out a space for resistance when deciding to bottle-feed:

My husband was like, well if you’re not breastfeeding I can do some of this for you, ma mum and dad can do it, but if you’re the only one doing the feeding then you can’t have anyone else to help you.

(Kirsten)

Following the feelings of judgement experienced when attempting to breastfeed, Kirsten seems to derive a sense of support from her husband’s offer to help with feeding their daughter, which could also be understood as presenting a challenge to the way in which breastfeeding perpetuates essentialist gender roles of women as inherently nurturing, and men as taking a minimal role in caring responsibilities (Phipps, 2014). However, it was clear from Kirsten’s accounts in the previous chapter that her husband was only granted three weeks parental leave after the birth of their first daughter and that he regularly worked long hours, meaning she was responsible for the majority of care work and ‘doing it all’. Kirsten’s husband’s offer therefore appears to be more of a symbolic gesture as opposed to offering the emotional support she requires, and since breastfeeding is an embodied experience, her husband will not know what this feels like.

Women's accounts present breastfeeding as bound to their feelings about their bodies and their selves; it is a relational, emotional, and social practice but was often framed as a private choice that women are expected to manage. The links between control and the self were also evident along with the pressures and stigma around breastfeeding, as when bodies are viewed as not conforming to social norms such as possessing a sexualized or feeding body, they are experienced as in 'dys-function' causing disruption to the body and self. Using the notion of embodiment as an analytical tool therefore allows for a fuller understanding of breastfeeding that demonstrates it is not a private choice, but is inseparable from norms, structures, and intimate relationships with partners and babies that are feeding. Viewing breastfeeding in such a way makes clear the complexities around this decision and the intertwining factors that may impact women's decisions making.

The next section will demonstrate how service providers continue to exert control and authority over women's bodies, whilst also at times reinforcing dominant ideas around individual responsibility and self-management by expecting women to be knowledgeable experts on the body.

The view from the other side: the body and service providers

Embodied knowledge vs medical knowledge

The historical pathologization of women's bodies and subordination of their embodied knowledge has resulted in challenges to the authority of medical knowledge (Westfall, 2006; Phipps, 2014). In a neoliberal context however, choice is co-opted and constructs women as experts who must self-manage their bodies. In spite of participants at times attempting to gain control over their bodies and embodied decisions - which, as will be shown below, is also expected by healthcare providers - medical knowledge tends to dominate and exert control over women's reproductive lives as opposed to the knowledge that comes from the experiencing body, which contributes to women's unequal social position.

Margaret from FCS echoed the perspectives of some women who chose not to use hormonal contraception, and spoke of women "knowing their bodies" as "empowering". However, it was also acknowledged that possession of this knowledge was often dismissed by healthcare professionals: "Sometimes the doctor

doesn't like it like, well, how do you know? And who are you to tell me?" A contradiction appears as the expectation that women will become experts who are responsible for their own health is somewhat in tension with the positioning of medical knowledge as superior to the knowledge of patients. It is often the case however that healthcare professionals will continue to subordinate embodied knowledge whilst simultaneously expecting women to be experts of their own health and bodies. This can be seen in the following account from Dr McDaid who worked at the Sandyford sexual health clinic in Glasgow:

You get some women who expect to be highly fertile in their forties, and it's a bit of a shock to them when they discover that they're not! I think it's possibly that...women have...a lot of control over their lives nowadays, women having control over their finances, their education, and they think they've got control over their fertility...and they don't. One thing that is quite good is that I notice some women are quite...some are very proactive you know, they research, they get their husband along...and other women are...much more...passive?

(Dr McDaid, Sandyford)

The construction of women as having greater choice and control over their lives is not extended to fertility and to an extent, Dr McDaid also appears to assert her position as having greater knowledge and control over women's bodies than they do. This links back to Bacchi and Beasley's (2002) argument that in spite of women being considered in control of/controlled by the body, it is medical knowledge that is privileged due to the associations of the mind, science, and rationality. A contradiction is also evident as Dr McDaid appears to praise those women who take the time to research and gain knowledge about their fertility, as opposed to those who are apparently passive. As discussed earlier in this chapter, when women reject or attempt to challenge medical control, it is often the case that healthcare professionals maintain a role in shaping women's experiences of reproduction, their bodies, and autonomy.

Reflecting on her own experiences of pregnancy, Karen who had had two home water-births, discussed challenging doctors who questioned her decision by using her knowledge and experience as a midwife to, “fire facts back at them about the benefits of home birth and the risks of hospital births”. Karen was also able to use her social capital to hire a friend as an independent midwife free of charge, whilst also using her knowledge of the NHS to, “dip in and out for my ante-natal and post-natal care” which she admitted, “most women don’t have a clue about”. Karen’s social and cultural capital provided her with greater control in comparison to other participants such as Julie who, “didn’t really want to give birth in hospital”, but felt, “I had to do everything I was told”. Participants’ experiences may therefore call in to question the aims of Scottish services to provide accessibility of choice and the co-designing of maternity care with women (Scottish Government, 2017). This is also evident from Karen’s reflection on her experiences as a midwife:

I think we are not, no, I *know*, we are not told *a fraction* of the facts in order to be able to make the right choices. I think there’s a kind of...kinda like...a doctors attitude is it’s them and us. It’s us and them, kinda thing? It’s like, we know this and you don’t know this, so we’ll just kinda give you the bare minimal facts, and we’ll kinda put what we think on to you and give you limited choice. An example is... when the baby’s delivered right, we use an injection into the leg that contracts your uterus and helps expel the placenta quicker. I mean, there are good midwives who’ll explain it, but most of the time they say, are you happy to have the wee jag in your leg to help the placenta out? And women will say, yeah. And that’s it. Now actually, if they were to say they didn’t want the jag, the doctor would probably come in and put them under pressure. Where’s the choice in that? But the quicker you get the placenta out, the quicker you can get them upstairs to the ward and the next patient can come through.

(Karen, midwife)

Karen acknowledges that women are not provided with enough information or encouraged to make decisions about reproduction by healthcare professionals, and

when they do attempt to take control, this may be subordinated by medical authority. This too was discussed by Alex (28), who in her work as an endometriosis support worker was aware of, “a lack of consultation between women and doctors - treatments are often suggested without much information or discussion”. In spite of recognizing women’s lack of choice, Karen then contradicts her position by asserting that women are responsible for taking “ownership” of their pregnancy, and that she feels frustrated when, “women come in and they’ve not got a clue it’s like...why are you not even trying to help yourself?!” This contradiction and appeal to responsibility and self-management is possibly linked to how the constraints on the health service are experienced and negotiated by frontline workers, which will be discussed in the final section of this chapter.

A slightly different approach to issues of control and embodied decisions/knowledge was found when speaking with Sam who worked as a doula. Below, she discussed breastfeeding as an embodied practice:

I think we approach breastfeeding in a very technical way, when actually breastfeeding is about so many other things. Have you got someone helping you with the other children? Have you got somebody feeding you? Are you able to rest? Are you able to get clean- if that’s important to you? Who’s doing the shopping, How’s your partner feeling? How do you feel about your breasts? How does your partner feel about your breasts and breastfeeding? Somebody even said that to me the other day: he’s jealous- you were this glamorous chick a minute ago and now you’re a *mummy*? And you’re putting those in his mouth? It’s about so much. You’re looking at everything. I go for a few hours and actually I have really good success rates for sorting out breastfeeding problems, because your breastfeeding councillor isn’t making you anything to eat, or changing your bed, or playing with your kids or whatever. Your midwife- she’s probably got fifteen minutes if you’re lucky, and she’s probably got to do some other observations.

(Sam, doula)

Here, emphasis is placed on breastfeeding as an embodied practice and not purely individual. Though not mentioning structural issues that may impact women's decision, the role of others, sexualization, emotions, and everyday activities such as rest, eating, and the perceptions of others are taken in to consideration. This aids in shifting the focus away from breastfeeding as 'natural' and from women as individually responsible for the health of children, to instead recognize women's selfhood and emotions as embodied which will therefore shape their breastfeeding decisions and experiences. Further, as opposed to the individual, 'production line' metaphor used by Karen, the approach taken by Sam resembles Dykes (2005: 2291) assertion that, "an increased emphasis upon notions of relationality and breastfeeding" is required when supporting women.

It must be noted however, that doulas have been viewed as representative of middle class healthism, as their care is often only consumed by those who have the economic and cultural capital to do so and therefore are not available to all (Phipps, 2014). Sam felt her approach should be available to everyone but expressed anxieties around the provision of doulas on the NHS due to "politics, money, and staffing coming into clinical decision making". Though requiring women to pay for her services, Sam mentioned she would ask women to pay whatever they could afford and that she works with "a real variety. I don't sound...posh or whatever, so that helps me access you know, everybody. I think this should be for everybody". While this may aid in removing barriers to the care provided by doulas, there may still be difficulty accessing this support for women who possess fewer resources, and as discussed previously, this means their embodied knowledge may remain subordinated.

The way in which women's embodied knowledge can be subordinated by healthcare professionals was also raised by Sam:

I think part of our role is to make people go: is that ok for me - whatever that is - and you know what, sometimes it is ok for them. But a lot of the time, once you give women the freedom, they go you know what? That isn't ok for me, I don't want that. But what's going on is, women end up going, ok - even though normally you wouldn't let anybody do some of

the things that happen in hospitals. But from doctors it's totally fine because they've got the authority and so on. I'm not anti-medical care and staff *at all*. I just think it has to be delivered in a certain way.

(Sam, doula)

Though not rejecting the work and knowledge of healthcare professionals, Sam suggests this is difficult to challenge, resulting in the continued regulation of women's bodies due to associations of being out of control, which allows for measures to be taken deemed inappropriate for those with higher social status. Though the authority assigned to healthcare professionals results in an unequal power relationship with women, Sam also highlighted the contradictory expectations placed on women to become experts:

S- Even when I went to see my first midwife, she spoke to me all in code that I would never have understood if I didn't know all abbreviations and so on. And what really frustrates me, is a big part of being a midwife is really helping women understand the process...

K- Instead of...

S- Oh silly cow, I don't have time for this. And expecting them to know everything about pregnancy and childbirth because she does. That's the thing isn't it? I know all of that and therefore she's ignorant because she doesn't. But it's actually a brilliant opportunity to you know, go through the process understanding it all, working together.

Sam argues that a relational approach to ante-natal care should be encouraged, as opposed to the contradictions that arise from the expectation that women will become knowledgeable experts, alongside the expectation that they will not challenge medical authority. The difficulties women may have interacting with healthcare professionals if they are spoken to in an inaccessible manner is also highlighted, which Lupton (2012) argues is a means of maintaining control over women's bodies - particularly the bodies of poor and working-class women.

The next section will consider how structural issues may impact the delivery of healthcare, which shapes the views of service providers and interacts with women's decision making.

Structured bodies

As alluded to in the previous section, Karen drew upon structural issues within the health service which can be seen as impacting how care is delivered, and on women's embodied decisions:

The constraints of the service are so so difficult and regularly I leave work and I could cry because I think, I didn't give that woman the care I wanted to give her.

(Karen, midwife)

Karen's account demonstrates how choice, and the regulation of women's bodies is linked to the structural constraints on maternity services and a focus on efficiency and productivity. Karen went on to highlight the difficulties of supporting women to breastfeed in hospital as a result of structural issues:

I'll be honest with you, I work on the post-natal ward right, and I can honestly say, there must be about...twenty-five midwives on that ward? And there's maybe three of us who are passionate about breastfeeding and would be happy to help. Sadly, because the workload is so so hard, I'll tell you what happens. The midwife comes up from labour ward, hands over the patient, this is Mrs X, and she's bottle feeding. And the midwife goes, Yes! Because it's a lot less hassle for the midwife. If you have to help a woman to breastfeed you could be there for forty-five minutes.

(Karen, midwife)

The structural issues within the NHS can lead to care and support being compromised. This was also evident where Karen previously described hospitals as a "production line", which draws attention to how women's bodies and embodied choices are directly linked to neoliberal structures and social policy, and therefore are not free, private choices. This reflects the discussion of Scheper-Hughes' work

in chapter three regarding how decisions to breastfeed and the emotions surrounding this are produced by and reproduce the capitalist system. The pressure under which midwives work as a result of a constrained health service has implications for their ability to support women which can factor into women's decisions about breastfeeding and how they perceive their bodies, demonstrating that bodies are "subject to regulation, discipline and control by larger political and economic processes" (Scheper-Hughes, 1993: 135). Structures and policy therefore impact the experiences and emotions of both women and midwives who are made to feel they are individually failing and not demonstrating correct levels of productivity associated with being a 'good' worker or 'good' mother.

Sam also discussed the role of structural issues within the NHS as impacting how care is delivered, and women's embodied decisions and knowledge:

Midwives will sometimes say, oh you're not really having your baby right now, fobbing women off...awful. Common story because you know what, it's a lot to do with over-stretched maternity services and not being taught to listen to the woman anymore and only looking for the clinical signs. Like, who knows better than the woman with the baby coming out of her pelvis? Like, you can't feel that feeling. And if you're worried about being so bed blocked...that really shouldn't be coming into any clinical decision making at all.

(Sam, doula)

Structural issues within the health service are highlighted as subordinating women's embodied knowledge. As with contraception and breastfeeding, and as shown in the previous chapter, the public and private are intertwined as economic considerations and policy are bound up with and disrupt women's decisions about their bodies, meaning women's knowledge can be dismissed in favour of knowledge associated with the mind, science, and rationality (Bacchi and Beasley, 2002).

This section has discussed the way in which women's decisions and knowledge about their bodies may continue to be subordinated by medical power. The contradictory expectations placed on women were also highlighted, as the need to

become individually responsible and knowledgeable about their bodies is in tension with the restrictions that may be placed on women's knowledge of their own bodies by medical authority. The expectation that women will become experts and the subordination of their knowledge was also shown as related to structural issues within the health-service, therefore highlighting the way in which policy and structures are bound up with and shape women's seemingly private, intimate decisions.

Conclusion

This chapter has shown that decisions about reproduction are not rational, private decisions but are embodied, yet were at times presented by women and service providers as individual choices, therefore further responsabilizing women. The contradictions of control were evident in participants' accounts as they reflected on the complexities of freedom and constraint in relation to their embodied decisions and experiences. The need to control the body was discussed in accordance with norms of femininity associated with motherhood, breastfeeding, and appearing sexually attractive, and also with participating in the public sphere. A sense of control therefore allowed women to engage with dominant expectations placed on their bodies that can facilitate them in 'having/doing it all' which affords status. Whilst having control over the body is thought to be preferable due to associations with autonomy and status, the control women can exert over their bodies is further contradicted when considering how pregnant, breastfeeding, 'leaky' bodies remain considered outwith the public sphere, and therefore in need of regulation.

The gendered division of labour was also shown as embodied, as women were further responsabilized through the body not only for feeding children or avoiding pregnancy, but for managing intimate relationships with male partners and undertaking the emotional responsibility that is a part of these relationships. In this way, emotions, others, social norms, and the 'have/do it all discourse' were shown to be bound up with women's bodies and their embodied decisions. The body was also discussed as something to be controlled as part of one's self, and as something which controls and disrupts the self, as changes to the body were felt as changes to

the self. This demonstrates the interconnection between the body and the self as relational, social and emotional, and the body as an active and feeling agent.

This chapter also offered ‘a view from the other side’ by including the perspectives of service providers, who impacted upon how embodied decisions and knowledge were felt and experienced. This was evident where healthcare professionals expected women to take individual responsibility for their bodies and reproductive decisions, yet medical knowledge was still considered more ‘valid’ than women’s embodied knowledge. In spite of the individualized view of the body as a project amenable to choice and neoliberal ideals of self-management, the relationship between women’s intimate knowledge and experiences of their own bodies was shown to be subordinated by medicalized objective accounts, where women’s bodies were seen as somehow existing outside of their experiences. Some women showed resistance to medicalization and asserted embodied knowledge which resulted in feelings of empowerment through choice. However, this was largely confined to middle-class participants who were at times able to use cultural and economic capital to challenge and resist medicalization, whereas working-class women described feelings of powerlessness and were subject to greater regulation.

Service providers’ accounts also demonstrated how women’s embodied decisions are intimately connected to structure and policy. Smyth (2008) argues there is a need for policies that enable women and men to make decisions about caring for children, which develops rather than curtails their sense of citizenship; as has been shown, the current neoliberal system appears intent on the latter so as to produce individualized, rational, disembodied citizens in order to sustain itself. Social policies and institutions are directly linked to bodies making the body fundamental to women’s position as equal citizens and not in opposition to this.

The explicit focus on bodies in this chapter has uncovered the complexities surrounding choice and control in women’s lives, and how women’s experiences, understandings, and feelings about their bodies (in relation to bodily practices of female reproduction and sex) are bound to policy, structures, health discourses, and other bodies. Further, by focusing on the body I have highlighted the prevalence of individualized discourses that shape women’s and service provider’s

understandings, but exist alongside the embodied and relational reality of these decisions. This demonstrates the strength of taking a relational and embodied approach when analysing women's relation to contemporary society and how they perceive and experience their bodies, providing a deeper understanding than what is found in individualization theory, neoliberal ideology, and the postfeminist sensibility. An embodied approach can be used alongside a relational approach to problematize the 'flattened out' view of choice and the self that is produced by these social processes.

The next chapter builds on the theme of women's relationships with male partners in their reproductive decisions. This chapter will show that in spite of participants often assigning a central role to men in the process of decision making, from the perspectives of women, men were also positioned - and positioned themselves - as outwith reproduction by services, and also by women. This chapter ends with a focus on abortion which deepens understandings of the significant role of men and others to women's decisions to have an abortion, a decision that has been framed as a private, or even 'selfish' choice.

Chapter 7: Accounting for men in reproductive decisions

As has been shown in chapters five and six, the emphasis on the apparent individualization of women's lives runs the risk of presenting reproductive decisions as made in isolation and entirely by women (Dudgeon and Inhorn, 2004), and as the result of women's greater control over their reproductive lives (Jamieson et al, 2008) - even when women also note the role of others. It has been argued thus far that accounting for decisions in this way evidences the depoliticizing effects of choice and the difficulty of articulating the role of structures and other people in decision making. With regards to intimate, heterosexual relationships, there is the possibility that this may result in a failure to fully consider men's relevance to reproductive decisions (Simpson, 2009); this may position men as lacking concern, knowledge, and responsibility in terms of reproduction (Dudgeon and Inhorn, 2004), therefore further responsabilizing women and reinforcing the gendered distinction between public and private. The role of men has been discussed in the previous data chapters from the perspectives of the women interviewed, as the complexity and multifacetedness of participants' accounts means it is difficult to place the various aspects of women's lives under strict headings. This chapter will therefore provide a more focused discussion on the way in which the postfeminist discourse was found to operate in women's accounts when discussing their intimate relationships with men, and the role of men in their reproductive decisions and processes. Particular attention will be paid to the intersubjective relationships between men and women and the relevance of men to reproductive decisions as found in women's narratives, whilst also exploring in greater depth how the postfeminist subjectivity can be engaged with by men, resulting in their distancing from private and intimate life.

The first section of this chapter outlines the way in which men are often seen as outwith the sphere of reproduction by services. Resonating with the discussions in chapter five, this positioning of men by services reinforces a traditional conception of men as associated with the public sphere and 'productivity' which assigns them status, and therefore has the potential to reproduce the gendered division of labour. How this comes to impact women's understanding of men's role and

involvement in reproduction will be discussed in the next section, as participants often positioned themselves as individually responsible for decisions that were made. From the accounts of participants, the notion of free individual choice appears unconvincing and contradictory; however, participants at times demonstrated engagement with the requirement to be individually responsible for apparently ‘free’ choices, despite also discussing the central role men played in their reproductive decisions.

The final section of the chapter focuses on abortion, highlighting the significance of men to this decision from participants’ perspectives, and deepening understandings of the themes of relational decision making and the intertwining of public and private demonstrated throughout the thesis thus far. As with the construction of women who do not have children as apparently highly individualized (Simpson, 2009), abortion - and its feminist framing as an individual choice - has the potential to be understood as a demonstration of women’s reproductive control and entrepreneurial capacity, or as a responsible decision that can facilitate women’s role as economic actors (Glesson, 2014). Though resonating with the tenets of neoliberalism in this way, abortion remains socially stigmatised and in tension with the medical and political authority that has sought to maintain control over women’s reproductive decisions (Gleeson, 2014), further demonstrating the contradictions of choice and control as discussed in chapter six. The focus on abortion reflects these points in the accounts of participants, but also makes a wider point about the over-emphasis of individual choice and control with regards to abortion, as participants described and understood the decision to have an abortion as highly relational by emphasizing the importance of others - particularly men - and the context of their relationships. An emphasis placed on women’s increased ability to control their fertility and as making individual choices out of self-interest therefore risks ignoring the way in which decisions about having children involve discussions with, and consideration of partners (Simpson, 2009) and others, and are therefore intersubjective.

“Really, it is kinda left up to her!” The distancing of men from reproduction

The perception that men are less relevant in relation to reproduction or are “unconcerned and unknowledgeable” (Dudgeon and Inhorn, 2004: 1382) was found during interviews with women and services. In chapters five and six, participants’ accounts illustrated how policies and services can reinforce the gendered division of labour. These discussions are also relevant to this chapter as it will be shown that intimate life and relationships may be constrained and shaped by services, and then come to be reproduced in heterosexual relationships.

The way in which men may be constructed as outwith the sphere of reproduction was discussed by Sam, the doula, who viewed this as often taking place in hospital maternity services as “staff members do such a bad job at involving dads and don’t talk to them”. This was also raised by Holly when she reflected on her partner being asked to leave the maternity ward soon after she had given birth:

It was just after the baby was born he had to go, and that was horrible. I just couldn’t believe that’s how they do things, it’s crazy. I couldn’t tell you a time, but it wasn’t long after the baby was born. And it’s like, no! We’ve just had a baby, can we have some time! (*laughs*). I get they’ll have a lot of issues with having extra bodies, and you are on a ward so maybe they have to consider other people’s feelings and stuff. But I just found it gut wrenching! But, that’s just the way it is in the hospitals and there’s not really a lot you can do about it.

(*Holly*)

Though present during the birth of their son, the requirement to leave the hospital room soon after can be seen as distancing men from an intimate role as carers and reinforces that this is women’s responsibility. Holly’s account also demonstrates the emotional impact this may have on women who are then expected to undertake even more emotional labour when caring for a new-born child, which is also framed here as an unquestionable practice due to medical authority. Kirsten presented a similar issue when describing her experience in hospital with her first and second pregnancy. With regards to her first pregnancy, Kirsten said she was, “upset that

my husband didn't get to come in the room after I had the baby - I was left with this child I had no idea what to do with!", which reinforces an expectation that caring is women's responsibility and that they will instinctively know how to care for a baby. Kirsten also discussed feeling unhappy that her husband was not allowed to be present in the hospital room when she in labour with their youngest daughter:

Ki- I thought I was going to have the baby in the car, so we just ran upstairs and left my bag in the car. So he said, right, I'll go down and bring it up to you. And I wasn't expectin'...I hadn't even said cheerio to him...then the next thing I know the nurse was handin' me the bag and I was like, what? They wouldn't even let him in the room with me!

K- Oh no! And what did your husband say?

Ki- I got a text about a nazi nurse or something (*laughs*). He took it really personally; his opinion was we're both parents so we should both be in that room.

(*Kirsten*)

Adding to the discussions in chapter five, Kirsten's experiences in hospital further demonstrates the way in which men can be distanced from reproduction and women are responsabilized for care from an early stage, again highlighting the emotional difficulty this may cause and how 'have/do it all' discourses are reproduced through institutions. Though Kirsten attributes the anger felt by her husband to a desire for shared responsibility as parents, this could also be seen as resulting from a feeling that masculine power and authority are under threat from medical authority (Miller, 2014). This was also discussed by Sam:

In hospitals a lot of men get angry because we've got this cultural thing of you don't speak back to doctors and nurses. They come out of the process feeling impotent, it's really damaging for some men.

(*Sam, doula*)

The often expected process by which women's knowledge is disregarded in a medical setting may be felt by men as challenging the power and authority

contained within patriarchy and dominant conceptions of masculinity, (see Miller, 2014). Sam also seems to be suggesting here that men are objects to be worried about who are ‘damaged’ by medical authority, but for women the undermining of their embodied knowledge is normal. However, the previous chapter has also shown that Sam does not agree with the way in which women’s bodies are medicalized, and that she takes seriously women’s embodied knowledge. Kirsten’s husbands’ view that they are both parents and should therefore both be present during the birth of their daughter appears to suggest equality with regards to reproduction and intimate matters; however, Kirsten outlined in chapter five that she is responsible for the majority of childcare and unpaid work. This reflects Jamieson’s (2011) argument that one practice of intimacy may stand in for another in heterosexual relationships, even where couples express a greater desire for equality. Attention was also drawn in chapter five to the way in which inequalities in unpaid work are more likely to be accepted when men make occasional contributions (Jamieson, 2011); therefore, being present during childbirth can be seen to have more of a symbolic value as women remain expected to undertake the majority of care work and emotional labour.

Some service providers discussed how they attempted to include men in service delivery, but with minimal success. This was found during an interview with Margaret from FCS, as it was claimed that the method of natural family planning promoted by the service was “the only couple method out there”, suggesting a more equal approach to how decisions are made, but this was then contradicted:

It’s not all left to her, and it’s not all left to him. One of the other things about the method is you’ve got to communicate; you *have* to communicate. Well, I’m sayin’ you have to, some men...like my husband end up sayin’, you know...as long as you’re happy I’m ok (*laughs*) and that’s the same with other methods as well - if you sort it then that’s fine. And in actual fact, it does tend to be the woman we work with more, so really it is kinda left up to her! (*laughs*)

(Margaret, FCS)

Though initially presenting their approach to family planning as requiring communication and shared responsibility - reflecting the principles of Giddens' (1992) pure relationship- as was also shown in chapter six, women are constituted as ultimately responsible for managing contraception and intimate relationships whilst men are constructed as passive and disconnected from this sphere. Such ideas were also reflected in women's discussions of the possibility of a male contraceptive pill, as touched upon in the previous chapter. Though women were somewhat supportive of the male pill so as to alleviate the burden of responsibility, men were deemed irresponsible and untrustworthy with regards to contraception:

Maybe men should be taking something or doing something- but you probably wouldn't trust them! I'd probably be saying to my husband every morning- have you taken your pill? And I'd be the one worrying about it because at the end of the day it's still me who gets pregnant!

(Julie)

They need to get a move on with this male contraception....but they'd probably be useless! *(laughs)*. "Oh yeah I did take it, sure" *(laughs)*.

(Holly)

In spite of the burdens experienced when undertaking contraceptive responsibility as outlined in chapter six, women can be seen as further responsabilizing themselves for managing contraception in line with neoliberal and postfeminist discourses, therefore shifting the focus from men as connected to, and responsible for reproductive decisions. In the above accounts, men are presented by Julie and Holly as irresponsible and are distanced from the sphere of reproduction. The notion of male irresponsibility is also evident in the account below, where Holly discusses having her partner present at the birth of her son:

I was really worried about my mum not being there because she lives in Dundee, and it was hard to plan so I didn't really want to rely on her being there for support. But in the end my partner was really great, he was really supportive and actually surprised me. I think my mum had said, oh don't rely on him *(laughs)*.

(Holly)

In a previous account from Holly, she highlighted the distancing of men from the sphere of reproduction at the institutional level which can impact relations between men and women, and men's role as intimate citizens. Here however, Holly draws on everyday interactions to demonstrate the way in which women are understood as better placed to care and take responsibility for reproduction, bodies, and intimate life, whereas men are constructed as irresponsible and outside of the realm of reproduction.

Helen who worked for Paisley Threads (PT) also discussed how in spite of offering post-natal groups for young parents from deprived areas, there was a lack of uptake from young men:

Groups are not as successful with young men. You'll maybe get a group of five and end up with a group of two because they drop out, and that's just the way it goes. Well, it's not always the case. I'm thinkin' of one boy, and we've really seen a difference in how he responds to the baby. He was very much of the she's just a baby, there's no' much to do with her, I'll play with her when she's older. But his partner, she was tellin' us that she over hears him singin' - he won't do it in front of the rest of us because he's self-conscious, very very self-conscious - but she'll hear him making up wee songs and things like that. And we've had a couple of young men like that, where they've been so brutally self-conscious about that interaction with their baby- it'd just be too much of a riddy to sing to your baby.

(Helen, PT)

The previous section showed how masculinity may be threatened in medical settings; here, the ability of men to engage with intimate and private life is shown to be problematic due to dominant constructions of masculinity as underpinned by productivity, rationality, and not expressing emotion. This too was mentioned by Anne from Glasgow Pregnancy Choices (GPC), a service offering support mainly to women who have experienced abortion, who reflected on how men using the

service found it, “hard to talk about their feelings; they’re supposed to be all macho aren’t they?”²³ Men’s self-consciousness when undertaking domestic and emotional labour may be exacerbated by the feeling of masculinity being under threat due to increased labour market precarity, as masculinity is traditionally reaffirmed through the public role of provider or breadwinner (McDowell, 2003) which affords status. As argued by Jamieson et al (2008:4.3), though the identity of “an emotionally engaged hands-on father is widespread”, this is in tension with a masculinity that is associated with the role of provider - a role which may be more difficult to undertake as a result of labour market restructuring²⁴, and the discourses of choice and ‘having/doing it all’ that are directed towards women. Dominant constructions of masculinity may therefore continue to cause difficulties for some men when attempting to negotiate emotionally supportive relationships (Jamieson et al, 2008) and share care work, which has been shown in this section as at times reinforced by services, women, and men themselves.

Including men

Though describing her work as “woman-focused”, Sam attempted to take a relational approach in her work as a doula. This involved communicating with a number of others including women’s male partners who she found to remain “sceptical”, but “normally respond well”:

I want to know the dad, I wanna have some chat with him. I’ll ask him how he’s feeling and try to talk to him in a language he understands, just really involve him in the process because if he understands all of these things, he will support her much better rather than me just isolating him. You should be trying to help him - it’s unlikely that he’s had experience in women’s healthcare so it’s about trying to encourage him. But I do, I wanna meet the mum... because I’m trying to build a picture. A health picture. I’d like to meet the friends, the sister...so over the course of the pregnancy if someone says to me, my mum’s coming next month, I’m like, I’d love to meet her, can I come round?! (*Laughs*). I wanna see the

²³ The role of men in decisions about abortion will be explored in the final section of this chapter.

²⁴ The role of class may also be significant here, see McDowell (2003).

dynamic, because it helps me to understand the relationship and what else it says. It means a lot, the subtext and the underlying...so I like to meet them all... I like to meet the kids. I just like to see the whole thing as much as I can.

(Sam, doula)

For Sam, the role of others and the context of relationships is of central importance, therefore reproduction is framed as relational in her work as opposed to individual. There is recognition that men are often positioned as passive or unknowledgeable with regards to reproduction, and so Sam perceives there to be a need to communicate with men in her work so as to enable them to offer greater support to their partners. Other people and the dynamics of relationships are also considered a key part of women's reproductive lives and therefore are significant to reproductive healthcare:

Other parts of women's lives are relevant to their health as well- I'm arguing with my husband all the time while I'm pregnant, or I was raped when I was sixteen so I don't want vaginal exams.

(Sam, doula)

The points raised by Sam resonate with the embodied approach underpinning this thesis. A social, relational, and emotional approach to healthcare is outlined that does not view women's bodies or reproduction as purely biological or in isolation, but instead focuses on the role of others and social context, therefore making connections between public and private. From this, and as has been shown in the previous chapter, Sam could be considered as offering a form of resistance to neoliberal and postfeminist conditions, where a focus on the individual is at the expense of women's history, relationships, and emotions. At the same time, the very fact that Sam charges women a fee demonstrates how the care she provides comes to fit a model under neoliberal capitalism where certain women can 'buy-in' to conceptions of motherhood that reflect middle-class parenthood (see Phipps, 2014).

As argued by Dudgeon and Inhorn (2004), attempting to include and inform men about reproduction may not be effective in all contexts. This was highlighted by Helen at Paisley Threads, as although attempting to run post-natal groups for young men to attend with their new-borns, this was not something they encouraged in terms of antenatal support:

K- And do they usually come by themselves, or do family or partners come?

H-They all come on their own. It's really just to balance out the playin' field because a lot of people don't have support. They might not have a partner or family member that can come along so we don't want to make anyone feel ostracised by lettin' people come in for one person and someone else doesn't have that. We try to encourage that they get support through each other because a lot of the time they're socially isolated. They also lose touch with their friends from school or college or wherever they've been, just because they've not been able to go out as much at the weekend or their priorities completely change, so this is tryin' to link them in with people of a similar circumstance, of a similar age.

(Helen, PT)

For the young women attending this ante-natal service, it may be more beneficial to attend without partners or family members due to varying levels of social capital resulting from high levels of disadvantage, the breakdown of relationships, and exclusion from existing peer groups. However, the service attempts to promote a relational approach which encourages young women in similar situations to engage with one another in a supportive context; this can be seen as an alternative to the wider social context where young women may experience stigmatisation or exclusion due to the devaluing of teenage or younger pregnancy/motherhood, which will be explored in greater depth in the next chapter.

Services can at times reproduce the dominant perception that reproductive issues are women's concern and responsibility, therefore positioning men as less interested and irresponsible with regards to reproduction. A more relational

approach was presented by Sam in her work as a doula, as men and others were viewed as highly relevant to women's reproductive lives, meaning reproduction was not viewed in isolation or as the responsibility and concern of the individual woman. This approach was not always shown to be beneficial however, as Paisley Threads highlighted the way in which including men and others in antenatal care may serve to reinforce feelings of exclusion for some service users. The societal expectation that men should engage with a form of masculinity underpinned by productivity in paid work which affords them status can also act as a barrier to men's role in intimate life and reproductive decisions. This may be further reinforced by discourses of postfeminism which construct a subject who is required to be responsible and 'have/do it all' which is also reproduced by services. As shown in chapters five and six, a further consequence of the postfeminist discourse and the depoliticizing and desocializing effects of choice that may distance men from reproductive decisions, is that women come to understand themselves as individually responsible for decision making - even when presenting accounts that can be seen as relational.

“If I take responsibility then it's not their issue”: The difficulty of accounting for men's role in reproductive decisions

As well as reinforcing women's responsibility for care work, emotional labour, and reproductive issues, the perception that men are irrelevant to private and intimate life at times caused women to responsibilize themselves for decisions that they also appeared to present as relational.

The difficulty of accounting for men in reproductive decision making was evident where women spoke of unprotected sex, and viewing themselves as individually responsible for managing contraception and check-ups for sexually transmitted infections (STIs). Pam discussed having a number of STI checks as a result of being, “stupid because I keep not using condoms!”, and was afraid to stop using the contraceptive pill due to the fear of “getting pissed, having sex with somebody and getting pregnant”. Here, men do not feature in contraceptive responsibility or negotiations as Pam constructs this as her responsibility, which links back to the discussions on contraception in chapter six, and the idea that women are defined by

the body whereas men can transcend this. Sara also discussed attending regular STI check-ups and described how she attempted to negotiate contraceptive use and sexual health with a previous partner:

So we had the conversation and I did say...you know, maybe we should use condoms and he said, oh I'm happy to if you want to and I was like oh... well maybe, maybe that's alright? Because you're saying...you're definitely all clear, and he was like, yep. So we kind of just went straight into having unprotected sex and umm...that was quite dumb of me. Then I remember having a conversation with him, kind of the first month into the relationship and he said, you know I did actually have Chlamydia, but it was a few years back and I have taken antibiotics and everything. And I was like, woah...ok... And I've always been ok, always been checked, and everything's always been clear. You'd think when you were young you'd be more careless!

(Sara, 41)

Though initially appearing to resemble the ideas of honesty and mutual self-disclosure contained within Giddens' pure relationship, Sara's ex-partner can be seen as positioning himself as outside of these concerns. The attempt at mutual disclosure is undermined by Sara's partner's omissions regarding his sexual health, and he can also be seen as taking a more passive, irresponsible role with regards to contraception, thereby positioning Sara as responsible for this decision. Though Sara clearly draws upon the role of her partner in this account she also responsabilizes herself, highlighting the internalization of the expectation - by both women and men - that women ought to manage contraception and reproductive issues whereas men are distanced from such responsibilities. Sara also associates her feelings of responsibility with youth, in spite of participants- including Sara - outlining the reproductive responsibility they undertook from a young age to attempt to avoid pregnancy at the 'wrong' time. This can also be seen where Nikki discussed her views on contraception:

From a young age I wasn't relying on anyone else to have condoms...if I take responsibility then it's not their issue and I can't blame anyone else

if it wasn't available. I didn't want to rely on anyone else to make sure I didn't get pregnant so I just did it.

(Nikki)

Nikki positions herself as individually responsible for condom use - the only form of contraception available to men - and avoiding pregnancy. The expectation of responsibility and internalization of blame from a young age is also evident, whilst it is implied that men are irrelevant and irresponsible with regards to contraceptive use and reproduction more generally. A further similarity with Sara's experience was also evident in Nikki's account, as she responsabilized herself when a previous partner persuaded her to have unprotected sex:

There was this one guy who, even though I told him I wasn't using anything at this point, persuaded me we didn't need to and I just took his word for it because I was stupid. That was the first time I had unprotected sex. But now if someone was to say that to me I'd be like, on yer bike, either we wear it or we don't have sex. But at the time I was like...ok - because I'm an idiot obviously! So in that instance there was pressure not to use contraception but every other time I've always used some form of contraception. So yeah...I trusted him and I shouldn't have and I wouldn't repeat that again if I was in that situation.

(Nikki)

Though a discussion took place around contraception, this was not necessarily a more equal or democratic negotiation. East et al (2010) found that women experienced difficulties when attempting to discuss contraception with men and even when discussions took place, protected sex was often not practised. From this however, the researchers concluded that there is a need to, "empower women to practise safer sex" (2010: 83), thereby further responsabilizing women as opposed to focusing on the role of men and encouraging their responsibility. Nikki also responsabilizes herself for not using contraception and though reflecting on the untrustworthiness of her previous partner, does not appear particularly critical of him. This again highlights the way in which male irresponsibility is reproduced and

that it is women who are socially viewed, and view themselves, as responsible for mitigating risk, which may be compounded by neoliberal and postfeminist notions of choice that make it more difficult to account for the role of others.

The discussions participants had with partners regarding contraception did not necessarily result in a more democratic outcome that reflects Giddens' (1992) 'pure relationship'. Though women can be seen as taking on a more active role in terms of responsibility and men appear passive, participants' accounts also demonstrate an active, masculine sexuality that depends on a more passive feminine sexuality (Dudgeon and Inhorn, 2004; East et al, 2010). In spite of the view that women possess greater reproductive control and relationships are thought to be more democratic in the context of individualization, gendered norms of sexuality whereby men possess greater power continue to structure relationships. As shown in previous chapters, the depoliticizing effects of choice can again be seen, as despite men playing a significant part in women's reproductive experiences, women may take on increased responsibility as a result of the expectation that they will 'do it all'. This section has highlighted the difficulty in accounting for men in reproductive decisions; the next section however, will outline the way in which participants also presented accounts that shed light on the importance of men to reproductive decisions.

"Were it not for the decisiveness of my partner...": Recognizing the role of men

So far, this chapter has shown that approaches taken by services often distance men from reproduction. This has the effect of responsabilizing women for reproduction and reinforces the gendered division of labour, which is also reproduced by men and women in their understandings of reproductive decisions. Due to the emphasis placed on women's ability to control fertility, the role of men in decisions about whether to have children or not is often underestimated (Jamieson et al, 2008). However, participants did also acknowledge that men played a central role in their decisions about reproduction.

In the below account, Julie at first appears to present herself as individualized in her assertion that she did not wish to have children, but goes on to describe how her husband, and the expectation of motherhood caused her to reconsider:

J- I was convinced I didn't want them, but my husband really did. I think he thought, she'll change her mind. And he was absolutely fine with it, but as time went on he would say, are you sure you still don't want them?

K- And how was that conversation, do you remember?

J- It was a pretty laid back conversation that we had; he said if you don't want kids it's fine, but I'd like them. But I said to him look, I don't want children, I have no interest in children - never had any interest in them! But it was still quite relaxed. He wasn't forcing his opinion on me and I- well, I was forcing my opinion on him because I didn't want them! So I think it was my husband, and the fear of somewhere down the line maybe realising I wanted kids but had never tried that made me reconsider.

(Julie)

Though Julie could initially be described as appearing highly individualized, her decision to have children was shaped by her partner's attitudes and by the normative expectation of motherhood, highlighting the importance of men and prevailing social norms to decision making. Julie also frames her decision not to have children as forceful and almost unfair to her husband, as though having 'choice' or asserting this 'choice' is something to apologise for, whereas she does not consider her husband as imposing the decision to have children on her. Similar accounts were also discussed by Isabel, who felt she may not have had children, "were it not for the decisiveness of my partner", and Karen, who upon realising she was pregnant for a third time considered abortion but then, "sort came round to the idea of being pregnant again because my husband was so happy, he was like, what's the big deal?" Karen's account demonstrates the way in which her husband played a key part in the decision to have another child, yet at the same time highlights the distance men have from reproduction as there is a lack of consideration given to the impact having another child may have on women's lives.

As shown from participants' accounts, the perception that women control reproduction underestimates the important role men play in reproductive decision making - particularly in the decision to have children or not, which is often presented as a highly individualized decision made by women. This was most evident in participants' discussions of abortion; a decision that is framed by discourses of individual choice, but was shown by women to instead be a highly relational decision.

A relational account of abortion

In the context of individualization and neoliberalism, Gleeson (2014) writes that abortion may be thought of as more accepted in light of the tenets of free choice, responsibility, and the potential abortion has in allowing women to undertake an economically active role until the 'right' time to have children. However, when exerting reproductive "entrepreneurial capacity, women have been described as selfish rather than pro-creationally responsible" (Gleeson, 2014:78) - a perception often held about women who do not have children (see Kelly, 2009; Budds et al, 2016). This contradicts the notion of autonomy and discourses of choice surrounding abortion, and the role of the valued, self-interested subject position of neoliberalism in women's lives. Further, though abortion could be viewed as a highly individualized decision as suggested by Boltanski's account discussed in chapter three, the central role of other people in participants' accounts - particularly men - presents a relational and intersubjective view of abortion. In what follows, a fuller account of abortion is offered than its framing as a private or rational choice, therefore demonstrating the empirical value of the relational and embodied perspective taken in this thesis, which help to deepen understandings of abortion, and various reproductive decisions, as told from women's lived experiences.

The individualizing of abortion by services

Interviews with services revealed the way in which abortion is at times constituted as an individual decision that is somehow distinct from social contexts and relationships with others. This was evident in the below account from Anne who

worked at Glasgow Pregnancy Choices, when outlining their approach to working with women:

We try and find out what their core is really saying to them about the situation rather than the circumstances. Because often in a crisis you make a decision but it's not a good time to make a decision, and they often make a decision based on the circumstances that they're in and how they feel at the time.

(Anne, GPC)

Though recognizing that women will consider the context they are in, GPC speak of abortion in an individual, disembodied way as they suggest this decision can be separated from the body, emotions, others, and social contexts therefore reifying abortion as a private and rational decision. The way in which abortion is individualized was also discussed by Carol from the British Pregnancy Advisory Service (BPAS), a service that obtains funding from Scottish health boards to support women's travel for second and third trimester abortions. In spite of the legal time limit for abortion being twenty-four weeks, abortion provision in Scotland is usually not provided in the second trimester after eighteen weeks, resulting in many women travelling to England - usually London - for the procedure²⁵ (Purcell et al, 2014). The reasons for this are said by Purcell et al (2014) to be unclear as all maternity units have the expertise to carry out abortion in the second trimester, therefore it is suggested that healthcare professionals and health service management in Scotland do not support the procedure (see Cochrane and Cameron, 2013). Though Carol described BPAS as attempting to take a relational approach to abortion in their work, this was often challenged by health boards:

C- People will come in en masse with all their supporters and you think, ok, this is not just affecting the woman - this is could involve... her friends, family, partner - it's not as if they come in isolation!

²⁵ Except in instances of later miscarriage or fetal anomaly (Purcell et al: 2014).

K- And when the women have to travel down south, do they have to travel by themselves or do you get enough to cover...

C- To get an escort. I always say that we must have an escort. And you get some boards saying, no we're not giving you that and I'll say well, what if they collapse - I just talk nonsense to them - and you get the money that way. It's not right though that you're still jumping through hoops and fighting that corner, but for some people sometimes it involves so many others.

(Carol, BPAS)

Carol acknowledges abortion as a relational practice with regards to the support that women may need during this process from intimate others, yet also points to the wider individualizing of abortion from health boards that are reluctant to provide funding for someone to travel with women. Further, the very fact that health boards can shape women's experience shows the power and control of policies and institutions in women's reproductive lives. This adds to the discussion throughout this thesis of the intertwining of structures and institutions with women's reproductive decisions, yet the enforced separation of public and private is also evident through the individualizing of abortion from health boards. In spite of the individualizing of women's abortion decision, participants' accounts presented this as a relational decision in which men played a central role.

The role of men

Participants' accounts often presented a relational picture of abortion as the importance of other people, relationships, and emotions were evident in their decision making. This was discussed by Sara, who had an abortion at the age of thirty (the age she considered the 'right' time to have children) after having sex with a previous partner:

Nearly twelve years ago I umm...got pregnant. I was in quite an emotionally abusive relationship...and we'd broken up. So it wasn't ideal in terms of timing and it was like, definitely this is the wrong person he's not stable, we'd broken up, it was just all the worst kind of circumstances. There'd be no mat leave because I had contract work, no

kind of stable home, family - he'd already been divorced once with two little girls - umm...it just...no...no.

(Sara)

Relating to the discussion in chapter five, Sara's account touches on the way in which considerations about having children are made at the structural level in terms of her role in paid work and how the labour market is organized. Sara's decision to have an abortion is also shown to be impacted by the role of her partner and the emotional distress and the negative context of their relationship, which interacted with dominant perceptions of the 'right' time to have children. As demonstrated in the methodology chapter, during interviews women were able to take greater ownership over the complex emotions experienced when discussing abortion, that may not fit with societal expectations of how they 'should' feel. This is evident in the below quote from Sara, who then went on to describe her decision in a more individualized way, yet the relational and emotional aspects are still evident:

I was a bit sad and I felt...umm (*long pause*). I didn't feel stressed out or anxious, I just felt...umm...that what I'd done was ok, and everything was as it should be. And there was some sadness, and there was some grief, but there was also the knowing that I had made absolutely the right choice. I'd always thought thirty or early thirties would be a good time, but I knew that I had made absolutely the right choice...for me, for my life and... and for my emotional health, because I also think being attached to him for the rest of my life would have made me *completely* mental.

(Sara)

Though Sara appears to emphasise that the decision was her 'own' and was made with consideration of her life, these considerations can be seen as connected to her previous partner and their relationship, and the possible future impact of continuing with the pregnancy. Sara's account draws attention to the embodied emotions of abortion that is an intersubjective decision experienced in relation to

others and social norms. This not only challenges the view of a rational, autonomous decision maker and the irrelevance of men to reproductive decisions, but also, as discussed in the methodology chapter, that abortion is only associated with feelings of distress and regret (Rocca et al, 2015). In spite of outlining a relational account of her decision to have an abortion, Sara also appeared to take individual responsibility for this decision:

I think it comes back to that day that I made that choice about the abortion. You make choices, and I made the choice *not* to have that baby, and I made the decision not to allow it to happen. And I think you have to take responsibility. Sometimes I see women who are like, mad at the world and mad at the reasons why they couldn't have a baby in their forties. But we as women, we need to make that conscious choice, recognise that we've made it and be responsible for it.

(Sara)

Despite previously outlining abortion as relational, Sara then takes individual responsibility for this decision. Though perhaps of diminished importance when making the decision to have an abortion, on reflection, feelings of a 'failed' femininity and not 'having it all' appear to enter into and shape Sara's understanding of this decision. This results in the internalization of blame and the distancing of her ex-partner from the decision to have an abortion in spite of his relevance. What is key is the way in which Sara's account makes clear the complex interaction between how women attempt to understand the actual context of decision making as relational, against a back-drop of individual choice, responsibility, and control over reproduction in which men are distanced. A similar account was presented by Diana, whose decision to have an abortion was influenced by an emotionally distressing relationship, yet she also viewed the decision as her responsibility: "I mean, I felt responsible, even though it's a shared responsibility I guess, well, it's maybe more mine..."; highlighting again the difficulty of presenting decisions as relational in the context of individualization, neoliberalism, and postfeminism.

Holly, who had a second trimester abortion at the age of sixteen, also drew upon a negative relationship as central in her decision making:

I was with a really crappy boyfriend who was quite violent. At the time I think I wanted to have the baby - probably a lot of input from him - and at that point I was living with him because my mum had chucked me out, so obviously that made me quite dependent on him. And my parents obviously saw that it wasn't going to be the right decision for me, and looking back it was the best thing for me. it wasn't a good relationship, it wouldn't have been a good relationship to bring a child in to, I would still be connected to that guy in some way, all this sort of thing really. But I knew it was really the right decision for me. And it really opened my eyes to what I was putting up with in the relationship which was...pretty awful...not what a child should be brought into. So I'm glad that I did what I had to do and got out of the relationship, and almost kind of glad my dad pressured me, well, I don't want to say pressured me because it wasn't a deciding factor, but I think he could really see what a shit this guy was and didn't want me to have a tie to him for the rest of my life.

(Holly)

Holly's account demonstrates the complex way that relationships can impact the decision to have an abortion and may involve a number of others. Holly attributes her feeling that she may have wanted to continue with the pregnancy to her dependency on her partner, which resulted from a breakdown in relationships with her family. Holly's partner could therefore be seen as playing a role in the decision to have children and then the decision to have an abortion, but this can be obscured by the late modern focus on choice and the individual. The realisation that she was pregnant also allowed Holly to consider how her negative relationship could potentially impact on a child, highlighting that this decision was not only made out of consideration for her life, therefore providing a deeper understanding of abortion than Boltanski's individualized discussion in chapter three. Similar ideas were expressed by Pam who worried she was pregnant when in a negative

relationship and feared, “being tied to this guy. I was thinking: do I want to raise a child who’s going to learn...not necessarily values but behaviours from him”.

Hannah also presented a relational account of her decision to have an abortion as she considered the role of her partner, but in a different way to other participants:

I got pregnant when I was nineteen and...and I had an abortion because, well, I was nineteen (*laughs*) essentially. I’d been with my boyfriend for six months and we were going really well, but I didn’t want that pressure on us. And even now, as strong as I think we are, I don’t think we would have made it through that.

(Hannah)

Hannah differs from Holly and Diana as she describes feeling happy with her partner, and to not continue with the pregnancy was seen as a way of maintaining her relationship. Also evident in Hannah’s account is the influence of normative ideas about the ‘right’ time to have children, and the stigma attached to teenage motherhood, which will be discussed in the next chapter as a decision that is devalued and considered evidence of a ‘flawed’ trajectory. Hannah went on to discuss the role of her partner in the decision making process:

He is the most laidback person I’ve ever met in my life, he’s really supportive. With the abortion, basically, we had discussed it and I wanted to have him involved in the sort of decision process. And he basically said he would support me through whatever, he said I’ll support whatever you want to do so...he was pretty nice. He’s just a pretty decent guy.

(Hannah)

Though offering to support whatever decision she made, this ultimately places greater responsibility on Hannah for making the decision to have an abortion or not. In spite of their relationship being an important consideration for Hannah and wishing to involve her partner in this decision, her partner to an extent removes himself from the decision making process and distances himself from reproduction.

This was also reflected on by Anne from Glasgow Pregnancy Choices (GPC), who sometimes had couples attending their service:

The men sometimes say things like, I'll back any decision you want to make and they think that's being supportive. But in actual fact the woman wants to hear, I'll be there for you, I'm with you on this.

(Anne, GPC)

Such a response responsabilizes women for decision making and obscures the way in which abortion is a relational decision not made in isolation. This may also lead to increased emotional labour on the part of women, as Tabberer et al (2000) found that this approach from men complicated the decision making process leaving women to work out the 'right' decision on their own without the necessary support from partners. As outlined earlier in this chapter, the reinforcement of women's individual choice by men may be exacerbated by postfeminist discourses which responsabilize women and shift responsibility away from men. The way in which Hannah's partner could be seen to distance himself from the role of an emotional or intimate actor was also evident where she described his approach as, "logical" following the abortion, therefore aligned with a traditionally masculine, public subject. A similar issue was discussed by Sara when reflecting on how her partner offered to pay for her abortion:

He actually did offer, strangely, to pay. It was 200 Australian dollars at the time, if I remember correctly. And I said, you're kidding me? You've stressed me out no end, you have done all kinds of emotional blackmail and... horrible things to me. Now you wanna say that you'll give me some money towards it?! I said, go away I will pay for it myself!

(Sara)

A distinction between economic, public citizens and those who are intimate and private is presented here, as though offering financial support, Sara describes her previous partner as emotionally unavailable and unsupportive. Presenting himself as financially available could be seen as reflecting the gendered division of labour

whereby women are dependent financially on men, but are responsible for emotional and intimate aspects of a relationship.

This section has drawn attention to the importance of women's intimate relationships with men to decisions about abortion. Participants presented relational accounts that took into consideration the role of men, emotions, and the context of relationships, therefore providing a fuller account than the view that abortion is a private or "rational action" as discussed in relation to Boltanski's (2013:225) work in chapter three. Women highlighted the relevance of men to their abortion decisions, whether that be their direct involvement or as entering into women's internal deliberations, therefore countering the view that men are outwith the reproductive sphere. However, participants' accounts also demonstrated the responsabilization of women for abortion, and how this may be reinforced by male partners.

Others

Relationships with men were not the only relationships women considered when making the decision to have an abortion. Hannah reflected on how her mum's experience of teenage motherhood impacted her decision to have an abortion:

My mum had me at seventeen and...she's never said she regrets it and I don't think she does, but I do know it was a major strain on her and I just didn't want to repeat that pattern. She missed out on so much because she's always been a mum, and I know she doesn't resent us, but I'd feel like I'd been held back.

(Hannah)

Evident in Hannah's account is a normative assumption about the 'right' time to have children and the stigma attached to teenage motherhood. Research has found that often teenagers and young women may continue with pregnancies when having lived experience of being raised by a teenage parent (Lee et al, 2004; Brown, 2016); however, Hannah reflects upon her mother's experience and the stigma of teenage motherhood to understand this as negative, and to be avoided due to the

perceived limitations this placed on her mother's life. The interaction between dominant ideas regarding the 'right' time to have children, and the perception that having children is limiting and restricts women's status can therefore be seen as entering into the decision to have an abortion. Hannah also drew upon generalized others when discussing her abortion, and how the stigmatisation of abortion affected her experience:

I had a bit of a breakdown beforehand because there was anti-abortion protestors outside and I did not need that...I just didn't need that...I just completely broke down. I think a whole world of anxiety hit me and I realised I was about to go into surgery, I was about to have an abortion, and I realised there's all these people who thought I was the devil and I just couldn't... and like...my mum didn't know, my mum still doesn't know. I've always been quite close to my mum and so I had that on me, in fact, nobody knew except me, my partner and my friend so I felt quite isolated.

(Hannah)

The highly visible stigmatisation of abortion impacted Hannah emotionally due to the perceptions of wider society entering into how she viewed her decision. The continued stigma around abortion can also lead to feelings of isolation as women may feel that they are unable to discuss this decision with intimate others due to fears about being judged (Lee et al, 2004). Hannah's account can be linked to Plummer's (2003) assertion that a lack of space for intimate stories to be told can act as a barrier to living a full intimate life, which is exacerbated by the prevalence of anti-abortion protestors outside of hospitals. In spite of the intersubjectivity of abortion experiences, societal views and perceptions of stigma can cause women to feel this is a more isolated experience, and may affect relationships due to a feeling that abortion should not be discussed with people women are close to.

Faye discussed the way in which her daughter impacted her decision to have two abortions, as well as the fear of raising children as a single mother:

F- My daughter was at that time eleven and I knew that bringing a baby into her world would shatter it, it didn't seem fair to her...

K- And with the next pregnancy...

F- That was I think four years later. I was umm...thirty-four then and, well, it was an intentional decision to get rid of it you know, because once again I didn't want to be a single parent, and at this point my daughter is fourteen- she's a teenager. It wouldn't have been fair

(Faye)

As discussed in chapter five, Faye now feels guilty about dedicating more time to paid work than caring for her daughter, and here mentions that attempting to care for another child as a lone parent would have been unfair to her daughter. Though engaging with the subject position of homo economicus in chapter five, here Faye also offers a relational account in opposition to this individualized, entrepreneurial subjectivity. Statistics have also shown that the number of women having abortions who already have children has been rising in England and Wales (DoH, 2017). Whilst these statistics are not available in the Scottish context, Carol who worked for BPAS confirmed this was also significant amongst the women she worked with:

K-And the recent stats for England and Wales - I don't think there's any for Scotland yet - those stats showed over half of the women having abortions already had children, is that something you've found?

C-Nod, nod, nod. Yes! Women who already have a family. And does that impact their decision? I think it *hugely* impacts their decision. They'll take into account how, if they were to continue with the pregnancy, it might heavily impact on their family environment. So in common parlance they say: my kids are in school, they're able to look after themselves, I've started a job and there's a wee bit more money coming in. If I go ahead with this pregnancy I'm back to struggling again and I cannot do that to the kids that I *have*. It's not about making sure your kids have the best of everything, it's about making sure there's food on the table. So that comes into it. And this period of austerity we've been

in, how has that affected...you know...that's a big question. We're in rented accommodation, we don't have - and they feel bad about saying it, Kristina. They feel embarrassed to actually say this is featuring in my decision making. But this is the real world we're living in. Never mind fluffy concepts about what defines motherhood, we're talking about the real world.

(Carol, BPAS)

Whilst Faye's decision was not directly impacted by economic concerns, Carol highlights the role of existing children, class, and the political project of austerity as featuring in women's decision to have more children. This challenges the idea of a freely choosing self-interested subject, and also demonstrates how issues of class and poverty can interact with traditional ideas of femininity as linked to maternity. A similar point is made by Angela Davis (1982:355) who argues that the abortion experiences of black, immigrant, and poor women, "are not so much about the desire to be free of their pregnancy, but rather about the social conditions which dissuade them from bringing new lives into the world". Relationships with existing children, and the social and political context women are living in may then shape seemingly private decisions about whether or not to have children and are therefore relational.

Although abortion could potentially be viewed as an individualized decision indicative of women's apparent increased control over their reproductive lives, the experiences of participants in this research provide a deeper understanding of abortion as a highly relational decision. Interviews with services revealed the way in which abortion may be at times positioned as an individual decision, which was also reflected where women responsabilized themselves by presenting the decision as their own. The continued stigma and discourses of 'selfishness' can construct abortion as a private, isolated decision, and further demonstrates the contradictory notion of control in women's reproductive lives as discussed in chapter six. The limits of presenting abortion as an entirely individual choice have also been shown, as participants' accounts presented intimate others, the context of relationships, and men in particular as inseparable from their decisions. However, the role of men

is perhaps given less consideration due to individualized, neoliberal, and postfeminist ideas of women's responsibility and choice, which can obscure men's role from view and may be more difficult for women to account for. Ideas of normative motherhood that occurs at the 'right' time were also evident in participant's accounts, and impacted how women experienced and understood the decision to have an abortion. Abortion therefore occupies a contradictory place in women's lives; though theoretically aligned with the neoliberal emphasis on individual choice and discourses of a woman's right to choose, along with being considered as "the paradigm of feminine power" (Boltanski, 2013:17), the stigma surrounding abortion and the central role of male partners highlights that this is not case. To view abortion as a private decision fails to acknowledge that this is inseparable from relationships with others, and the social and political world.

Conclusion

Whilst the previous chapters have considered women's relationships with men, this chapter has provided a deeper understanding by focusing on the central role of men in reproductive decision making, highlighting how they are often distanced and distance themselves from private and intimate life. This chapter has aided in countering the view that women individually control reproductive decisions which are somehow distinct from the contexts in which they live and disembedded from relationships, to shed light on the relevance of men to reproduction as told from women's perspectives.

Service providers were shown to reinforce the perception that reproductive decisions and experiences are women's alone when they distanced or sometimes excluded men from this intimate sphere. Failure to fully consider the importance of others, in this instance men, risks isolating reproduction as solely women's responsibility and can lead to a lack of responsibility from men whilst further enforcing the expectation that women should 'have/do it all'. Women's accounts showed that men were central to their reproductive lives, but at times women - and men themselves - could be seen as distancing men from reproductive decisions and constructing them as irresponsible and lacking relevance. This resulted in the increased responsabilization of women as they accounted for their decisions in an

individual way, highlighting how the depoliticizing nature of choice makes it difficult to account for men's relevance. This was also shown to be exacerbated where women's accounts pointed to how the postfeminist sensibility may impact men's lives and their position in reproductive decisions, evident when men were said to emphasize women's choice, or that they would support whatever choice they made.

The focus on participants' experiences of abortion was used to demonstrate that not only is the notion of free choice overemphasized and contradictory in this aspect of women's reproductive lives - as well as many other experiences - but that abortion is not an entirely individual decision. Though at times demonstrating engagement with the responsabilized reproductive entrepreneur when presenting this decision in an individual way, participants' accounts were imbued with relationality and inseparable from intimate relationships with men, others, and norms of femininity. This section provided an alternative discussion to the discourse predominately surrounding abortion as a free individual choice, and how this can be analysed from a sociological standpoint.

In particular, this chapter has further demonstrated the empirical value of the relational framework used throughout this thesis, which helps to make clear the central role of men and others to women's reproductive decision making and deepens understandings. This approach has also allowed me to problematize the separation of the seemingly masculine public sphere and feminine private sphere to show their connection, therefore emphasizing men's relevance to reproduction. As shown from participants' accounts, a relational approach makes visible the significance of others and acknowledges that reproduction is not an isolated realm distinct from men or the social and political world, highlighting that responsibility for reproductive decisions and experiences is not women's alone.

The next chapter will consider the ways in which participants engaged in forms of classification that placed value on some women's decisions to reproduce and raise children, whilst devaluing the trajectories and decisions of others.

Chapter 8. Classifying reproduction

This chapter will outline the ways in which participants placed value on some reproductive decisions over others: a process which aids in sustaining and reproducing class inequality in apparently individualized times. As with the previous chapters, the theme of class is woven throughout this thesis which evidences women's accounts as multifaceted and nuanced. This chapter adds to these discussions of class by focusing on the processes of classification different women engaged in, and how they assigned value to certain reproductive decisions which reproduces class relations. Central to this chapter is Imogen Tyler's (2015: 507) theorizing of classification, in which class is viewed as a "description of a given place in a social hierarchy and as a name for political struggles against the effects of classification". This view allows for an analysis of class to be undertaken which considers how inequalities in social relations are sustained, but also draws attention to the way in which value is assigned to certain women and their decisions, and how women can be regulated or restricted by classification:

The most effective forms of class analysis are concerned not with undertaking classification per se, but rather with exposing and critiquing the consequences of classificatory systems and the forms of value, judgements and norms they establish in human societies

(Tyler, 2015: 507).

Such a conceptualization allows for an examination of how classifications occur, who is classifying, and how classifications establish norms and valued ways of being. Classifications are therefore not only descriptive, but are "implicated in the perpetuation of class power and privilege" (Tyler, 2015: 502-503). Classification also allows us to see practices that differ from the middle-class norm, resulting in struggles over the meaning of value and worth (Tyler, 2015). These are important considerations in light of the apparent demise of class, as some women's practices and decisions are assigned value over those of others who are constructed as choosing 'incorrectly'. This valuation creates a hierarchy of reproductive decisions and reproduces class power and privilege. As stated in chapters four and five, I determined women's class position on the basis of their access to capitals: social,

economic and cultural. Though potentially obscuring the complexity of class, Gillies (2006: 286) argues that this approach allows for an analysis “of the real effects of class as a set of systemized social relationships with powerful material consequences”.

In the first section, middle-class participants will be shown as often reflecting the need to engage with the postfeminist subject who is required to self-regulate, and delay and plan for motherhood (McRobbie, 2007, 2013; Allen and Osgood, 2009). Those who did not follow this trajectory and had children in their teens or early twenties and did not extend their time in education were classified as making flawed decisions, which middle-class participants defined themselves against. Participants from working-class backgrounds did not necessarily engage with these ideas in the same way, but instead viewed having children as a teenager or in their early twenties as a valuable and legitimate decision.

The second section demonstrates that in spite of the expectation to reproduce being directed towards all women, for some, motherhood was presented as imperative whilst for others, having children was thought inappropriate and in need of regulation (Beynon-Jones, 2013). The way in which this was experienced by some participants with regards to second trimester abortion and sterilization is discussed; this highlights the way in which healthcare professionals engaged in processes of classification to assign value to motherhood for some women but not others, therefore acting as a barrier to living full intimate lives.

The way in which participants discussed different valued practices of raising children is presented in the third section. Participants from middle-class backgrounds often discussed the need to be involved in their children’s education from an early stage and placed importance on accruing value through social networks. Middle-class participants also attempted to use resources to distinguish their children from others, and positioned themselves as subjects of value by making investments for the future which serves to sustain and reproduce their class position. Working-class mothers, however, emphasized providing emotional support to their children and demonstrated alternative values not focused on self-investment. A greater focus on the present will be shown from working-class

women's accounts of raising their children, alongside their resistance to forms of classification that positioned them as 'bad' mothers.

This chapter demonstrates that despite the expectation that all women will reproduce in line with traditional conceptions of femininity and the postfeminist requirement to 'have it all', women's decisions about having and raising children are assigned value, and are regulated and restricted based on classifying judgements. This occurs against a backdrop of apparent free choice and increased individualization, which can create a need for middle-class women to distinguish themselves from working-class women, subsequently devaluing their trajectories and practices and reproducing class power (Tyler, 2015). Though class is said to be displaced and inequalities are individualized in accordance with the notion of meritocracy, class differences remain with middle-class women undertaking:

a key role in the reproduction of class society not just through their exemplary role as wives and mothers but also as standard bearers for middle-class family values...and also for safeguarding the valuable cultural capital accruing to them and their families through access to education, refinement and other privileges

(McRobbie, 2004: 101)

Engagement with the postfeminist subjectivity can therefore reproduce class society. The displacement of traditional class identities results in divisions between women being reproduced through middle-class women's use of resources to distinguish themselves, and through the devaluing of working-class women's decisions: "the projection of negative value onto others is established as a central way in which class and gender divisions are drawn" (Skeggs, 2005: 976). However, the decisions and values of working-class women demonstrate how different material conditions produce alternative - not inferior - valued practices from the neoliberal, middle-class norm.

Reproductive trajectories: Classifying lone and teenage motherhood

Middle-class women's views on lone motherhood

Participants discussed the importance of having children at the 'right' time and under certain circumstances, often classifying lone motherhood as a flawed decision. There is a long history of the vilification of lone mothers due to moral concerns regarding the transgression of traditional family life (Brown, 2016); this was reignited in the UK following the English riots in 2011, as lone mothers were blamed for not raising their children 'correctly' and were constructed as irresponsible due to their 'failure' to invest appropriately in their children's futures (Allen and Taylor, 2012). Further, lone mothers are associated with dependency and therefore come to be viewed as the antithesis of "neoliberal femininity, determined by economic productivity and labour market flexibility" (Allen and Taylor, 2012: 10). Faye described the experience of raising her daughter as a lone mother in America during the seventies and how this was viewed by others:

F- Back in the seventies there weren't many single mothers and we lived in a very conservative lower middle-class area, and she was the only kid from a broken home. There was a lot of stigma.

K- And did that affect you?

F- No. It is what it is you know, and umm...I just got on with it. Interestingly, the first college I went to I was nominated for some...award or scholarship or something. Ultimately, I got it, and one of the guys on the committee, word got back to me that he said, I'm going to vote against her because she's a single mother and nothing's going to come of her anyway. Then this college gave me the award for alumni of the year and so I had to go back and give a speech, and he came up to me and said, I always believed in you (*laughs*).

(Faye)

When reflecting on her experience, Faye uses language that mirrors the perception of lone mothers as responsible for the breakdown of family life, demonstrating how the stigma attached to the classification of lone mothers is "operationalized in

everyday life as forms of ‘class talk’” (Tyler, 2015: 505). Faye also reflects on her experience at college where others constructed her as lacking due to being a lone mother - despite of her educational achievements which are afforded social value. However, Faye does not feel that her experience of stigma negatively affected her. This could result from her later career success and economic capital as discussed in chapter five, which possibly helped to distance her from negative depictions of the welfare-dependent, unproductive lone mother (Tyler, 2008). Other middle-class participants - particularly those who did not have children - often classified lone motherhood as a flawed decision to be avoided:

L- I mean, it's fine if...there a lot of people that don't mind just being single mothers but...I think it's worse generally because of money and responsibility and things like that.

K- In what way do you think it's worse?

L- I think, like if you're constantly brining in money regularly from two people then that's ok, so then you won't have to rely on other people

(Lauren)

Lauren suggests lone motherhood is acceptable, but worse than having a child when in a relationship. Lone motherhood is associated with irresponsibility, lacking financial resources, and dependency due to not being in a relationship where a dual-earner/worker model is conformed to, which is presented here as alleviating the need to rely on other people. This takes precedence in Lauren's account along with moralising discourses of family breakdown.

Diana also felt it was important to avoid lone motherhood, and this influenced her decision to have an abortion:

D- I wanted to split up with that guy so...so I thought, if I keep the baby I would be a single mum because I knew that we would break up. And I wanted to try some different jobs and...I was not ready and didn't have enough money to raise a child, and I definitely didn't want to be single mum.

K- Was there anything in particular that made you think you didn't want to be a single mum?

D- Yeah....emm...it limits you so much because...I feel a bit too selfish, I need time for myself. And I think it's just...better if two parents are there to raise a child.

(Diana)

In a similar way to Lauren, Diana views being in a relationship as preferable to raising a child alone which was an important factor influencing her decision to have an abortion. Diana can also be seen as drawing on elements of the neoliberal, postfeminist subject who takes responsibility for financial and career security before having children - with the figure of the lone mother seen in opposition to this valued trajectory. This may also be viewed as an attempt to negotiate the stigma associated with abortion which is thought to transgress femininity, yet may be considered *less* of a transgression than the potential of lone motherhood. This may also be the case where Diana describes herself as too selfish to have children and therefore as not demonstrating typical maternal characteristics, which she uses to justify her abortion decision. Diana's account demonstrates a process of subversion through which she attempts to assign value to her decision of avoiding lone motherhood by appealing to an individualized logic of self-interest with regards to her abortion decision; however, it is often the case that women who do not have children or have an abortion are judged harshly for being 'selfish' (Gleeson, 2014; Budds et al, 2016).

Lone motherhood was classified by participants as important to avoid, primarily due to associations with dependency and irresponsibility which are antithetical to neoliberal femininity. Perhaps more so than lone motherhood, teenage or younger motherhood was considered by participants as necessary to avoid.

Teenage or 'younger' motherhood

The valued feminine trajectory of delaying motherhood so as to be economically active is classed (McRobbie, 2007; Ringrose, 2007) and assigned value; those who do not follow this trajectory are defined against it and judged as making the 'wrong'

choices due to failing to appropriately plan for the future (Francombe-Webb and Silk, 2016). In this view, teenage or young motherhood:

across the boundaries of class and ethnicity now carries a whole range of vilified meanings associated with failed femininity...Middle-class respectable status requires the refusal of early motherhood and much effort is invested in ensuring that this norm is adhered to. If the young woman is now envisaged as an assemblage of productivity, then she is also now more harshly judged for inappropriate reproductive activity.

(McRobbie, 2007: 732)

Similar ideas were expressed by middle-class participants who did not have children, including Sara:

S- In my twenties I was just so engrossed with uni and I had to get first class, I had to be the best, I had to be the best at *everything* I was doing...So my level of commitment was like, up at 5:30 in the morning, run- and of course I was also running half marathons - and then I was performing and it was just like...very, very full on and very unhealthy. Perfectionism like crazy.

K- And is that how it felt?

S- Yeah. And everyone would say, “You’re superwoman!” And I would be like, I know! But it was just insane and completely unhealthy. You’re not just getting the degree, it’s being like...the top! I was just so competitive! And so I felt I had to be very, very careful to avoid this (points to motherhood card).

(Sara)

Sara’s account highlights her engagement with the neoliberal, postfeminist subject who is competitive and invests in education whilst avoiding motherhood at a young age, which is equated with appropriate life planning. As well as formal education, Sara reflects on the need to compete in extra-curricular activities such as sports and performing arts, allowing her to accrue value through demonstrating

productivity and achieving in a number of areas. Though feeling that competitiveness and engagement with the successful feminine subject was necessary when she was younger, Sara reflects on the immense pressure and emotional labour associated with embodying responsibility to achieve and maintain the ‘top girl’ status who ‘has’ or ‘does it all’ whilst self-regulating to avoid young motherhood (McRobbie, 2007). Chiara also emphasised the importance of completing education before having children:

If it were to happen now it would probably be ok, but if it were to happen a few years ago I would have probably considered abortion because I wanted to continue my studies. It wouldn’t be fair for the child either because having children too young is...you’re still a child, you’re still learning. I’m happy it didn’t happen while I was at uni because I wouldn’t have had the right resources.

K- And so was education something you’ve always been quite focused on?

C - Yes, it’s always been very important. And I think education is important emm...when a woman is quite young ...yeah...definitely.

(Chiara)

In a similar way to Diana’s positioning of abortion as more appropriate than lone motherhood, Chiara considers abortion to be more appropriate than having a child in her early twenties and before completing her time in education. Chiara views education as part of an appropriate trajectory, placing value on extending time in education and delaying motherhood. The notion of ‘children having children’ connotes irresponsibility and the need to avoid pregnancy until the ‘right’ time, when individually obtaining the right resources through education and work so as to invest in the self and the family. However, existing research has shown that understandings of responsibility can present a struggle over meaning, as young working-class women have been found to view abortion as irresponsible and an ‘easy’ option, whereas continuing with a pregnancy is evidence of maturity and becoming responsible (Walkerdine et al, 2001; Brown, 2016).

Lauren, a middle-class participant, also discussed her views on what constitutes an appropriate life trajectory, which involved being economically active and having different life experiences before having children:

I want to like, go travelling and...have like you know, different jobs, different experiences. And I think that's a very important thing to do because...because you don't want to be like one of those people, had your kid too young. I wanna go about and just live life, and live for myself rather than...*just* have a family, but I'm quite worried about if I...maybe if I'm enjoying travelling and you know, just like...having fun in life, and then I kinda lose sight of settling down and having kids and then I never settle down.

(Lauren)

For Lauren, to 'just' have a family is not enough, with life experiences and paid work presented as essential benchmarks to achieve before having children, and that to undertake motherhood at a younger age is to 'lose out' (see Allen and Osgood, 2009). In a similar way to the previous accounts of middle-class participants, Diana and Chiara, Lauren also exemplifies an individualized logic in her desire to live a life of her own; yet, her account also highlights that this is temporary and the expectation to have children remains central to a successful feminine trajectory, and women's status which rests on 'having it all'. Lauren is concerned that she may not fulfil this expectation, perhaps internalizing wider social anxieties around middle-class women leaving it 'too late' to have children, which is in contrast to working-class women who are classified as excessively fertile and demonized (Tyler, 2008).

For Julie, who had her daughter at the age of thirty-five, value was placed on education and establishing a career before having children:

K- Were you quite focused on education and having a career?

J- I was yeah, I wanted to do well. I had friends from all backgrounds and some people's parents were working like three or four jobs doing cleaning, working in the school canteen, waitressing, and I just thought, I

don't want to do that. Even though I didn't know what I wanted to do, I wanted to have a career and I thought I'd love to be a business woman, and have a nice car and a nice house, and I knew I had to work in order to get all of that. And there's some people I went to school with who I'm not friendly with now, probably because they had children quite early like teenager's and early twenties - whereas my friends were more in their thirties. So I'm friendly with the ones that waited, because the ones that had them earlier never went to uni and just became mums and we all moved away from that. It seems that people who wanted a good career waited, because they wanted to get established and do well.

(Julie)

Julie engages with the neoliberal, postfeminist subject and devaluing of those who do not follow this trajectory reflects a historical construction of femininity as aligned with middle-class women, which enabled them to judge and classify working-class women who are defined against femininity, thereby legitimating middle-class power (Skeggs, 1997, 2011). This is evident where Julie suggests younger mothers who did not extend their time in education or undertake careers have made flawed decisions and are lacking. Julie appears to follow a neoliberal feminine trajectory characterised by productivity, educational attainment, and participation in consumer culture as a result of establishing a career. This is then distinguished from the trajectories of those who had children younger and from work Julie considers to be of lesser value, which are low paid, low skilled jobs that she implies are not evidence of 'doing well'.

This section has shown a hierarchy of reproductive decisions as constructed by middle-class women. Whilst the lone mother and teenage mother have historically been constructed as abject, this is exacerbated by the postfeminist and neoliberal discourses of self-reliance and investment. This was evident in middle-class women's accounts who devalued and felt it necessary to avoid these decisions as they attempted to engage with the postfeminist subject, and emphasized temporary engagement with the self-interested subject of neoliberalism before fulfilling the requirement of having children.

“For me being a parent was everything”: Working-class women’s views on teenage and younger motherhood

Not all participants viewed teenage or younger motherhood as necessary to avoid. This was evident in the accounts of two working-class participants, Holly and Stephanie, who left school at 16 without qualifications and had children in their teens and early twenties. Whilst the accounts below were also discussed in chapter five to demonstrate the classed differences in how paid and unpaid work interact with women’s self construction, here the focus is on alternative valued reproductive trajectories:

I think with everything that happened in that relationship... creating my own family and having a place full of love became really important to me. I’ve never had something that I thought, I want to do that. Even when I was younger...it was actually all about having a family. Not in the sense of, oh I want to get married and have kids and be a house wife, just...just wanting that for myself really. More than academic stuff...

(Holly)

It was never an option for me to wait. I don’t think I would have been able to be an older parent. I was never invested in education, ma mum never sent me to school a lot, it was never a big thing for them so that wasn’t what I knew. For me, being a parent was everythin’. And to be everything ma parents weren’t, ye’ know what I mean? So I had that over...kinda...overbearing urge to be a mum and do everythin’ differently.

(Stephanie)

Gillies (2008) and Skeggs (2011) argue the value placed on trajectories and life decisions are differentiated by class. Therefore, for working-class families, education is not rejected but intense investment and extended engagement in education may not be viewed as a valued decision. This is evident in Holly’s and Stephanie’s accounts as they demonstrate the value attached to motherhood from an early age, which is devalued in constructions of the neoliberal and postfeminist subject. The value placed on being able to care for a family from a young age was also reflected on by Skeggs (2011: 504) as representing working-class women’s

“best chance of value as moral and affective not financial”. Whilst women such as Holly and Stephanie are socially deemed as failing to plan their lives appropriately and making the ‘wrong’ choices, their trajectories can instead be viewed as a demonstration of alternative values and aspirations that are shaped by different material conditions, therefore presenting a negotiation of the postfeminist subject. This includes differing attitudes towards families and relationships and to education and work which are also shaped by structural inequalities, as there may be few benefits and little opportunities associated with remaining in educational environments that are often hostile and unfamiliar, along with a lack of well-paid meaningful work. Younger motherhood may therefore be defined against the neoliberal norm, but is viewed as a more secure and valuable option for some women (Allen and Osgood, 2009; Skeggs, 2011; Brown, 2016).

The relational and emotional aspects that play a part in how certain trajectories are valued is also significant here as both Holly and Stephanie experienced difficult intimate relationships growing up, perhaps resulting in importance being placed on creating positive and loving relationships that differed from their experiences. In spite of this, Holly demonstrates awareness that the trajectory her life has taken is not considered aligned with the dominant expectations placed on women by postfeminist and neoliberal conditions, and felt she may be judged by other women:

I’ve never been one to really plan things, but I suppose the ideal situation would be to do what you want to do before having a child... I think people might have thought, oh you’ve not got a career and you’re away to have a baby. Do you know what I mean? I think a lot of the mums round here...they’ve had their careers and they’re like lawyers or doctors or whatever, then they’ve had their kids, so I do think I stick out a bit round here. And I wasn’t sure at first about going to these mum and baby classes, because they’re all a bit older than me. They’re all very similar.

(Holly)

Holly draws on specific and generalized others to demonstrate awareness that she is “positioned as matter out of place” (Douglas, 1996; Skeggs, 2011), and defined

against women living in a nearby affluent area of Glasgow who engage with the requirements of the postfeminist subject. As a result, Holly appears to anticipate being judged, and also as having her ability to attend community groups restricted as a result of classificatory practices.

Helen, who worked for Paisley Threads, also highlighted the way in which the stigma associated with teenage/younger pregnancy and motherhood has been experienced by young women using their service:

H- Young people attend here for supports for various things and what they were tellin' us was that pre-natal supports in hospital were all geared towards older parents, and they felt stigmatised by midwives.

K- Is that something young women say they have experienced a lot of?

H- I think, particularly ones that've come from school have found a lot of stigma in school and within their own age groups. A lot of them talk about if they see older mums out and about, giving them wee glances, or if they're walkin' about rubbing their bumps and people are a bit like...Oh, what's going on there.

(Helen, PT)

The postfeminist subject who is associated with delaying motherhood is reproduced through mainstream maternity services, causing young women to feel they cannot engage with these services due to their pregnancy being classified as 'inappropriate'. This, along with Holly's previous discussion of being a younger mother, highlights how the self and decisions are understood in relation to other people and wider social attitudes which can place restrictions on action (see Scott, 2004). The above discussion of stigma highlights the classification of young working-class women's bodies as out of control and promiscuous (Skeggs, 1997). As discussed in chapter six, bodies are interconnected to structures, policies, and institutions, with some deemed in need of greater control than others - in this instance due to class and age, as young working-class women are positioned as embodying irresponsibility and failure, which middle-class women who have delayed motherhood can define themselves against.

Some participants emphasized the need to avoid teenage/younger motherhood and placed value on following what is considered to be a 'successful' feminine trajectory, whilst judging and devaluing those who did not follow this path. Working-class participants who had children at a younger age and left school without qualifications were aware that they may be subject to judgement by those who delay motherhood and have a career; however, they valued having children at a younger age. The classificatory practices undertaken by middle-class participants demonstrates the devaluing of working-class women's decisions which divide women and reproduce privilege, whilst also demonstrating how engaging with the postfeminist subjectivity can be negotiated, as value was defined in an alternative way by working-class participants.

As will also be discussed in the final section of this chapter, the differences in orientation to reproductive decisions can be linked to women's differing relations to the postfeminist and neoliberal subject of value who is individualistic and focused on self-accumulation (Skeggs, 2011). The material conditions of women's lives and the experiences of different working conditions, precarity, and exploitation, can produce different values and views on life trajectories and relationships (Skeggs, 2011). This can explain the differences in value placed upon family sociality from a younger age for working-class women, and value placed on self-investment and accruing value from education and paid work for middle-class participants.

The next section will discuss the ways in which classificatory practices can be seen to regulate and restrict women's reproductive decisions.

Restricting reproduction

Whilst motherhood is central to femininity and the postfeminist subject who 'has it all', having children is subject to processes of classification. Such processes position motherhood as less appropriate and in need of regulation for some women, evident in participants' views on and experiences of abortion and sterilization. Lauren did not agree with abortion, but felt at times it was more acceptable for particular women:

L- I think abortion, it's not a good thing because...it's just like you think...that you're kind of...killing...something.

K- And is there ever a situation where you might think abortion is a good thing?

L- Well...I did know this woman back home, she was just not fit to be a mother. And...she was like, drinking quite a lot and smoking while pregnant and you think, like, so many people can't have children and she's mistreating this child that's not even born. I think there's some people that have children and you know what kind of person they're like, and you know the child's going to have a bad life and get into crime and things like that. And you know what their kid's life is going to turn out like.

K- So...do you think abortion in these kind of circumstances is ok?

M- Yeah...yeah...I do think so.

(Lauren)

Though initially considering abortion to be morally wrong, Lauren alludes to the presence of a hierarchy within the neoliberal moral economy. Lauren describes circumstances under which abortion is felt to be more appropriate, viewing women who smoke and drink alcohol during pregnancy as 'bad' mothers due to embodying irresponsibility and deviance as a result of their failure to plan appropriately for pregnancy, and to self-regulate (Ettore, 2007). Lauren's account also reflects elements of the underclass thesis (Murray, 1990), whereby deprivation is thought to be transmitted from one generation to the next through passing on pathological values and attitudes²⁶, and therefore abortion is considered appropriate here in order to avoid this.

The ways in which service providers make classifications about the value of some women's pregnancies was also evident. As discussed throughout this thesis, women

²⁶ This resonates with ideas of early intervention outlined in chapter 2, which will be discussed later in this chapter.

in Scotland often face barriers to accessing abortion in the second trimester. Though finding it difficult to refer women seeking abortion in the second trimester, Dr McDaid who worked at the Sandyford sexual health clinic in Glasgow felt that second trimester abortions were more appropriate for some women:

I...emm...I do find it difficult to be honest, I don't like scanning with the later pregnancies and then referring on. But often it's a bit easier when they have such...emm...they have quite...sort of...deprived social circumstances that you can see how it may actually be better that...emm...you worry that if the child was to be born, you worry about what kind of environment it would be brought up in...so I think it's a bit easier to justify.

(Dr McDaid, Sandyford)

Though expressing discomfort at referring women for abortion in the second trimester, Dr McDaid is able to legitimize this decision when made by women living in deprivation. Similar findings were highlighted in existing research with Scottish healthcare professionals, as GPs did not problematize the abortion requests of women from deprived areas (Beynon-Jones, 2013). Healthcare professionals' classification of abortion as more appropriate for working-class women again reinforces the interconnection of public and private, and the value placed on middle-class motherhood. Regardless of the view that abortion transgresses femininity, it may be felt more appropriate for those whose decision to have children is devalued against the neoliberal and postfeminist subject.

The role of class in women's decisions about abortion was also discussed by Carol who worked at BPAS:

It's not about making sure your kids have the best of everythin', it's about making sure there's food on the table. So that comes into it. And this period of austerity we've been in, how has that affected...you know... We're in rented accommodation, we don't have...and they feel bad about sayin' it Kristina, I think women do. They feel embarrassed to actually say, this is featurin' in my decision making. But it's the real

world isn't it, never mind fluffy concepts about what defines motherhood, we're talkin' about the real world.

(Carol, BPAS)

As discussed in chapter seven, when this quote was used to demonstrate the role of others in women's abortion decisions, Carol highlights the way in which existing children and austerity have a direct influence on who has children. What we can learn from this quote when considering processes of classification is how class is felt, as Carol draws on the difficulty and embarrassment some women may feel due to being unable to provide for their children's basic needs. This highlights the difference between women from more middle-class backgrounds such as Julie and Isabel who discussed the need to buy a larger house, additional cars, or pay for private childcare when considering the possibility of having another child.

With regards to participants' lived experiences of abortion, Holly discussed accessing a second trimester abortion in Scotland:

I had to get two doctors that would agree that it was not good for me....emm...to have it. I'd hidden it because I was *really*- because I'd been taking a lot of drugs at the time- *really, really* skinny. But I think I was just ...20 weeks? And there wasn't really...there wasn't really any question...because of the drugs and because of my age I think it was quite easy for the doctors to agree that this shouldn't go forward.

(Holly)

In spite of limited provision after eighteen weeks in Scotland, Holly did not experience any major difficulties when accessing abortion at twenty weeks' gestation, which she attributes to her age and substance use at the time. Reflecting the above comments from Lauren and Dr McDaid, in spite of the stigma attached to abortion, where women's bodies are thought to deviate from the 'healthy', regulated body, pregnancy and motherhood are considered inappropriate and abortion is legitimated. As discussed in chapter six, all women are deemed to be controlled by their bodies and in need of regulation (Bacchi and Beasley, 2002); this may be more so for working-class women - and those who use substances - who

along with black and ethnic minority women have been historically judged as transgressing dominant notions of femininity, leading to increased restrictions placed on their decisions²⁷ (Davis, 1982).

Abortion in the second trimester is also offered when there has been a diagnosis for fetal anomaly, which was reflected on by Isabel who received a pre-natal diagnosis for down's syndrome when pregnant with her daughter:

The shocking thing is, they offer late abortions for genetic abnormalities which...in some cases maybe...it might be the right thing to do but...I look at my daughter and it's just down's, you know?

(Isabel)

The fact that second trimester abortions are largely difficult to access but are offered to women for fetal anomaly implies a devaluing of the lives of disabled people (Shakespeare, 1998). Following on from the previous discussion of abortion in the second trimester, this reflects the notion that status and inclusion are afforded to those who are "able bodied" and "clean" (Hughes, 2007), resulting in a view that abortion for fetal anomaly is appropriate²⁸. Similar views were presented by Pam in relation to sterilization when discussing *who* she felt should have children:

P- I have a theory...I think it would be a great idea if *everyone* was sterilised at birth?

K- Right...

P - So they grow up, get married and then they *physically* want children emm...and they say, well here's my plan: how I can afford to pay for it, here's how I'm going to look after it, it's not going to be a product of a one night stand... So you're not going to have emm...children born out of

²⁷ Barriers to accessing abortion, which are bound up with the postfeminist constructions of the 'right' time to have children and associated with class and age, will be discussed later in this chapter.

²⁸ Although the number of terminations performed under Ground E of the Abortion Act ("there is substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped") accounts for less than 2% of all terminations performed in Scotland, this has steadily increased from 136 in 2011 to a high of 214 in 2016 (ISD, 2017).

rape, there's not going to be unwanted pregnancies, and there's going to be less of a drain on the state because we're not supporting somebody with 13 children - unless they can afford to support themselves and that's fine. And like...pregnancies where...like with emm down's syndrome ...disabilities... with the greatest will in the world, they're not going to be financially contributing to society and paying taxes and all these things.

(Pam)

Pam's account relies heavily on ideas of individual responsibility and draws attention to how value and worth are assigned to certain bodies. Conditions are outlined that Pam feels should be fulfilled before having children, including that pregnancies should take place within relationships and should be planned, reflecting the postfeminist norm that it is necessary to have a well-planned life, with irresponsibility and dependency assigned to those considered as failing to plan (McRobbie, 2007; Allen and Osgood, 2009). The classed element of life planning was also discussed by Isabel when she reflected on her third pregnancy which was unplanned, describing this as "a teenager mistake - this is what happens to other people - I shouldn't be in this situation!" Though unplanned pregnancy is also associated here with younger women, it has been shown in this chapter and chapter six that many middle-class participants outlined the responsibility they undertook to avoid teenage pregnancy; unplanned pregnancy therefore appears as something that does not happen to middle-class women, but to those classified as irresponsible. Pam's emphasis on the need to plan pregnancy and her perception that disabled children should not be born is linked directly to ideas of dependency, whilst also depicting disabled people as not economically active in paid work and therefore as less valuable. Pam's account also demonstrates the change in how welfare is framed as what is 'fair' for the taxpayer (Watts et al, 2014), whilst also highlighting the valued parent as middle-class, financially secure, able bodied, and - as shown in chapter five - whose main contribution to society is through participation in paid work.

Due to experiencing severe health problems when pregnant with her third child and finding it difficult to cope with raising two autistic children, Stephanie decided during her third pregnancy to be sterilized after giving birth even though she would have “loved more children”. However, Stephanie felt there was inadequate support provided from healthcare professionals with regards to the decision making process:

I kinda feel...a little let down by the doctors because they didn't try an' talk to me more about it - bearin' in mind I was only twenty-three or twenty-two...no, twenty-three. I had made this decision based on the pregnancy I was having and...they kinda just went ahead and done it. They never really suggested like...do you want to maybe think about it or anythin' like that. So I don't feel there was enough support there. I don't know, maybe if I had more time...more information? Or perhaps saying, ok you can get sterilized but it's not ideal to do straight after you give birth. So I kinda feel like... I had quite a lot of years I could have been ...even if I'd left it a while. I feel like I would have had more to give to more kids.

(Stephanie)

Though believing sterilization to be the right decision during her pregnancy, Stephanie appears to regret this decision and feels greater support and information should have been provided from healthcare professionals. The lack of information could be related to, as mentioned in chapter six, a perception that working-class women are disinterested when it comes to knowledge about their bodies and reproduction. A link could also be made to the perception, as expressed in the previous account from Pam, that working-class women's fertility should be regulated and restricted. Reflecting an individualized view that emphasises choice, Campbell (1999) argues that opting for sterilization is an individual choice that allows commitment to a childfree life. However, Angela Davis has highlighted the class-bias and racism historically involved in the birth control movement and compulsory sterilization of women in the US who were deemed “'unfit' sectors of the population” (1982: 361). For a young, working-class mother of three children who was not in paid employment, sterilization may have been viewed as

appropriate by healthcare professionals, whereas middle-class women have been reported as having their requests for sterilization rejected (Nelson, 2003).

Rather than being an individual choice, more factors are at play in Stephanie's decision to be sterilized, again making clear the classification processes of healthcare professionals who are involved in assigning value to women's reproductive decisions, and as enabling or restricting the possibility of living a full intimate life. For some women, it is clear that there is less value attached to the expectation to reproduce which is shaped by processes of classification. This is evident when considering the limited provision of second trimester abortion in Scotland but, as shown from participants' accounts, is also framed as more appropriate for women for whom motherhood is thought to be a decision that should be regulated. This was also found in the above discussion of sterilization, which again enforced the perception of appropriate reproduction and the valued citizen as middle-class, able-bodied, and economically active.

A similar process of classification was evident when participants discussed who they thought *should* have children:

I do worry that the...somewhat more...educated and...more...middle-class women- for want of a better expression- aren't having kids. Whereas the girls who haven't had the benefits of an education or a better upbringing- they're chucking out kids left, right and centre. And I worry that the balance will...not be in favour of...an educated human kind. And I don't mean that to be disrespectful to people who are struggling with poverty, I just think...there's a lot of people out there who are reliant on others, and the people on whom they're relying there's fewer of them.

(Pam)

Pam's account resonates with social anxieties about the fertility of educated middle-class women, who are viewed as valued reproductive citizens but have left it 'too late' to have children due to focusing on education and careers, while the devalued working-class mother is depicted as 'too' fertile, dependent, and in need of regulation (Tyler, 2008). Faye expressed similar concerns that highly educated

women were not having children as a result of focusing on careers, and referred specifically to her previous colleagues:

It's a shame really. I say to these women, it's a shame your genes aren't in the pool because these are really smart, educated women!

(Faye)

The concerns raised by Pam and Faye link to ideas about motherhood, class, and worth and reflect the responsibility instilled in educated middle-class women to transfer middle-class values to their children so as to “bring forth neoliberal citizens” (Allen and Taylor, 2012: 1). The classification of middle-class women as appropriate and valued reproductive citizens was also expressed by Dr McDaid:

I find it surprising, sometimes we get students who are in their thirties and almost forty and they're still making that decision and I have to say, you're kinda thinking...hmm...are you running the risk of leaving your family too late? And I think it's a shame, they can do both with childcare support; they should be able to do both.

(Dr McDaid)

In comparison to those women living in deprivation whose abortion requests were legitimated, for women of a particular age who are in education the decision to have an abortion is difficult to understand, and constructed as somewhat irrational. This was also found by Beynon-Jones (2013: 516-517), as healthcare professionals viewed women seeking abortion in their thirties as ignorant about their fertility, with a GP admitting to finding it, “challenging when a middle-class couple with resources and money” requested an abortion. Further, the requirements of the postfeminist subject position that rest on ‘having it all’ are also evident as it is suggested middle-class women of a certain age *should* be able to ‘do it all’ and have children, whilst continuing in education and taking responsibility to find private solutions to childcare. The idea that middle-class women should have children once they reach a certain age could also be linked to the notion of being economically active ‘enough’ that they can invest in themselves and therefore a family, whereas working-class women are considered problematic for reproducing

at a younger age due to lack of investment and perceptions of dependency. Whilst it has been shown that differences exist between women's reproductive decisions and associated value, a failure to grant middle-class women's requests for abortion again highlights how women are viewed as controlled by their bodies and in need of regulation. The view that abortion or motherhood is more appropriate for some but not others further demonstrates the power of healthcare professionals who engage in classificatory processes which reinforce dominant ideas of appropriate trajectories, and notions of who is considered a valued reproductive citizen.

Alternative healthcare perspectives

Previous accounts from participants demonstrated that working-class women and women who engaged in certain practices such as substance use were considered as in need of motherhood being regulated; however, Sam presented a different view of working with women who used substances in her role as a doula:

K- Have you ever worked with women who have smoke, or drank throughout a pregnancy?

N- You know, I have. I have. Drugs, drink, fags, all sorts of things. 'Cause that's what women come with, right? And I just...I think we are way too disparaging and undermining of those things...Depending on their situations, the ritualistic relaxation that comes with that guilty fag is maybe better for them than not having the guilty fag and being stressed out of their nut. I'm not going to judge you and be like, here's what's happening to your lungs - guilt trip, guilt trip. That's not going to help. So you know, there's no difference between the woman that's smoking crack and pregnant, and the really stressed out executive middle-class woman as far as I'm concerned. And I'm not afraid to say, you're still smoking crack I'm sure we could get you some help for that! But equally, I will say to the business woman that's working all the hours up til the end of her pregnancy- you're still working those hours and you're telling me your back hurts and you've got some bleeding, and you're stressed or whatever- what can we do to stop that?

(Sam, doula)

As opposed to judging women or suggesting their decision to have children should be regulated, Sam suggests attempting to find ways to help women with the issues they experience which are a realistic part of everyday life for some. Sam simultaneously presents the differences and similarities between the effects of working long hours in a high-pressure job as also impacting maternal health, highlighting the way in which the 'controlled by' reproductive bodies of women can be differentiated by class as these practices are normalized. Attention can also be drawn here to the way in which stress is constructed as a middle-class problem linked to productivity and assumed worth, whereas the stress of those in poverty is taken less seriously.

Karen also reflected on the way in which her role as a midwife changed her way of thinking about women who may typically be classified as lacking value and in need of regulation:

You see women of all backgrounds, you see what could be...a very dysfunctional family, or a family that are...that lead a very chaotic lifestyle. If somebody says to you, they're an ex-drug user...they're into...prostitution and you see that on a bit of paper...or it could say that there's been social work involvement...you kinda have...you build up an image. But some of these mothers are some of the most loving, the most caring - more so than your...38 year old woman who's quite well off and having a baby for the first time, like, they're more nurturing it's...yeah...totally different. The way I perceive families now is totally different.

(Karen, midwife)

Karen's work as a midwife led her to question the confines of normative femininity that is classified by the structures of the medical and social system where middle-class, un-nurturing, delayed motherhood is favoured, to instead value those mothers who are predominantly devalued and thought in need of regulation.

This section has outlined the perspectives of participants who engaged in processes of classification to attach value to having children for some participants, whilst

devaluing motherhood for others. These were often classed-based views, with concerns raised about middle-class women not having children, and the need to regulate motherhood for working-class women, which when influencing the practices of healthcare professionals can act as a barrier to living a full intimate life. However, alternative perspectives from healthcare professionals were also provided, presenting a negotiation of dominant notions of valued maternity. Participants also reflected on their own experiences of having motherhood restricted in the instances of sterilization and abortion in the second trimester due to not engaging with the notion of successful femininity, or where future children were not considered socially valued. This demonstrates a hierarchy of reproductive decisions and again highlights how intimate decisions are bound up with structures and institutions.

The next section shall consider the practice of raising children, whereby value is assigned to future oriented investments made by middle-class parents which sustains power and privilege. Though working-class women at times recognized the judgment directed towards them as mothers they presented alternative valued practices of raising children, highlighting a struggle over the meaning of value and worth, and a negotiation of the postfeminist subjectivity.

Raising children

The way in which orientations to raising children were differentiated between women was also evident in participant's accounts. Gillies (2013) argues that from the New Labour government onwards parenting was constructed as a job and an educational project, with increased expectations placed on women to invest in children as early as possible, and raise children in accordance with middle-class values in the context of decreasing state support. As discussed in chapter two, the focus on early intervention is evident in the Scottish Government's Early Years Framework (2009), which establishes the time before children are born, pregnancy, and home learning after children are born as crucial to improving outcomes and leading to "positive economic returns" (p.8). The policy focus on early intervention and parental responsibility is largely directed at mothers who are responsiblized for ensuring positive outcomes for children, which obscures structural inequalities and

shifts the focus from putting forward policy strategies for redistribution (Gillies et al, 2016). In more recent years, Gillies et al (2016) argue that the influence of brain science over UK government policy has become even more pervasive, with mothers held responsible for determining babies' brain development during pregnancy which is said to determine social and economic inequalities.

Whilst middle-class mothers are more able to use resources and legitimated cultural knowledge to facilitate their role as responsible parents, working-class women are less able to do so due to limited resources and a lack of state support, resulting in their classification as irresponsible and failing to raise middle-class children (Gillies 2006, 2013). This is where the reproduction of class power and privilege can be seen most clearly.

Middle-class women's perspectives on raising children

Participants who had and did not have children discussed what they considered to be appropriate or inappropriate ways of raising children. As well as outlining the importance of educational attainment in their own lives, middle-class participants also felt it was important for parents to invest in their children's education. This was discussed by Diana and Chiara who did not have children:

K- You mentioned before that financial stability was important if you had children, is there anything else?

D- Education is very important. It's not enough for children to just know skills for a particular job, they need to know literature and history and emm...about the world.

K- So making sure children have a good education?

D- But education is not just at school it's also... from the information you consume, and the people you talk to, and places you go to- travel. It's not just formal education, it's more than that.

(Diana)

I want to have children in a couple of years hopefully and making sure they have a good education is important to me. I would like to include

them in my travelling and if I get the chance to explore the world I would want them to experience it too; It's so important to me. It would also be quite nice to have an *au pair* in the house because it would be good for the children to learn about different cultures and learn a different language; it would be a great opportunity.

(Chiara)

Diana and Chiara place value on education, but emphasise the importance of accessing knowledge and experiences that go beyond what is considered practical skills or formal education, which for Chiara includes paying a woman from another country to carry out care work in order to invest in children culturally. Such views reflect the way in which middle-class parents often seek to accrue value from using cultural and social capital (Bourdieu, 1990) to invest in their children and transfer and maintain privilege, whilst differentiating their children from working-class children (Gillies, 2005). Diana also outlined additional aspects of parenting she felt to be important:

You want to be able to give your child a nice start in life and you don't want your child to live in like...a deprived or a rough environment. I mean, obviously like...all of their basic needs would be satisfied, good quality food rather than from Iceland.

(Diana)

Diana considers where children are raised to be an important part of parenting, and this means taking responsibility to avoid raising children in areas of deprivation. Being able to provide for a child in terms of basic needs such as food is described as important - but basics must be good quality and are distinguished from food available at cheaper supermarkets. Though not mentioning class, it is signified by devaluing the consumption practices of those who purchase certain foods from cheaper supermarkets; this operates as a mark of distinction by "increasing positions of otherness" (Wills et al, 2011: 73), as middle-class parents utilise cultural capital to shape children's tastes for their future benefit, and maintain a position of privilege through cultural distinction.

Participants who had children also placed value on investing in education. For Julie and Isabel, this began at the early stages of their children's lives with regards to attending private nursery:

She learns a lot at nursery - a lot that I could never teach her here. Even just like, eating with a fork and a spoon which I wouldn't have done here because it's too messy! So they do the hard work! And all the creative things - that all happens at nursery!

(Julie)

I-It's a very good nursery; they do what they can do to prepare them for school.

K- And did you always want to send your children to private nursery?

I- Emm...that was always the outset. We went to visit the council nursery and it was like, oh wow! There's like...50 children in here! (*laughs*). No doubt they get good care but...what also played a role was, when the first child went to the nursery there were lots of other families who had their first child there and we sort of made friends with those families. And our children made friends and it was like...oh, your child is friends with mine, could we maybe nurture that friendship?

(Isabel)

Julie and Isabel emphasise the need to invest in their children's education from a young age through paying for marketized care, which for Isabel was planned before her children were born. Julie highlights the creative aspects of the education her daughter receives at nursery as well as the more practical or 'messy' elements of learning, for which she can rely on the labour of other women. A distinction is made by Isabel between the care delivered at a private nursery and a council run nursery, suggesting council nurseries are less desirable, distinguishing between those who have the ability to pay for this and those who do not. Isabel also assigns value to accruing social capital through establishing networks with families whose children attend private nursery; this can also be viewed as a form of investment which is thought to benefit Isabel and her children through the fostering of

friendships with other middle-class families (Gillies, 2008). For both women, using their financial resources to pay for childcare and return to paid work enables them to appear as 'having it all' by demonstrating economic activity and non-reliance on the state (McRobbie, 2013), whilst sustaining class relations by using the time and labour of other women which allows them to engage with the postfeminist subject of value. Though Julie valued the labour of those who worked at the nursery for their involvement in the early stages of her daughter's learning, she also emphasised the importance of her own involvement in her daughter's future education:

J- Education and work. What drew me to this was my daughter's education, I'm quite focused on that, and for her to have a good education and do well in life, and get a good career. I'm not forcing her, but I want her to do a degree with an outcome like a doctor, solicitor, engineer. I know a lot of people that went to uni and are now working in Tesco and you think, it hasn't got you anything!

K- So do you see yourself as being quite involved when it comes to her education in the future then?

J- Yeah, yeah I do. I hope to help her and guide her in the right direction...I do hope to be involved.

(Julie)

In the same way that she prioritised her own education and career, Julie positions herself as focused on her daughter's education and is already thinking about the involvement she will have with guiding her daughter's decisions - with university attendance not presented as an option. Julie's orientation towards the future reflects the middle-class, "individualized subject of value, who is always accruing through exchange and investment in order to enhance futures" (Skeggs, 2011: 502), with the hope that taking the responsibility to invest in, and transfer potential to her daughter, will ensure she has a 'productive' and valued future (Allen and Taylor, 2012; Gillies, 2013). This is distinguished from futures which involve undertaking low paid low skilled work which Julie implies are evidence of making

the wrong choices in education, obscuring the role of class in shaping degree options and outcomes (Reay et al, 2001).

As outlined in chapter five, Faye described feeling that she neglected caring for her daughter due to pursuing educational and career goals, yet she also placed a high value on her daughter's education when she was growing up:

F- I paid for everything, her tuition, living expenses: everything. And then she went on to get an MBA and she funded the first year herself, then I said I'll cover the second year - I agreed to do that before I saw how much it was! But I'm not sorry that I did it.

K- And were you always quite...keen for her to have an education?

F- Oh yeah, of course. It was expected.

(Faye)

In a similar way to Julie, Faye expected her daughter to attend university and though unable to dedicate time and attention to her daughter, Faye was able to make use of considerable resources to invest in her daughter's education.

Participants' emphasis on the importance of education reflects the notion that parenting is an "an educational project" (Gillies, 2013: 104) that allows middle-class parents to transfer privilege to their children, and distinguish themselves from those who have limited resources, who come to be viewed as 'bad' mothers against a backdrop of individualized choice. Along with the importance placed on taking responsibility to invest in children's education, Julie described other aspects of parental responsibility she felt to be important:

J- I want her to have the best and that's why we moved, so we could get her to a better school than she would have went to. I want her to grow up into a well-adjusted adult that's going out to work and has a good job, and I think it's a huge responsibility on parents to do that from the start. I mean, where I lived was lovely, but you just went out on the main street and there was a chemist there and they were all waiting on their methadone, and people with amputated legs through drugs. And you just think (*gasps*). And it's not normal for them to be going to school with

people whose parents are addicts; I didn't want her to see that. So, I think it's a huge responsibility for parents to try and protect children from all that.

K- And before she was born, were you thinking about these things? About schools and her growing up and things like that?

J- I thought about it all beforehand...just hoping that she would grow up into a decent person. And so that's why I was quite keen to get her away from that area because nearby it was more of a deprived area, and I don't want her to see that. So I had to get her away from that area.

(Julie)

Research has found that working-class parents hope their children will 'do well' or 'get by' in the future, or will have better experiences growing up than they did (Gillies, 2006; Brown, 2016). For Julie, however, she considers it her personal responsibility to ensure her daughter has the 'best', which involves using resources to move from her home which was located close to a deprived area. Julie's account reflects the idea that parenting is a job defined by taking responsibility from an early age or from before birth, to ensure children will grow up to be 'well-adjusted adults', resonating with Gillies' (2013: 95) assertion that the New Labour government established the family as the site where "competent personhood is cultivated". The responsibility assigned to parents to protect their children from social inequalities is also evident in Julie's account, as poverty and substance use are presented as the result of poor choices and bad parenting. Julie can adhere to neoliberal and postfeminist norms by using resources to physically move away and protect from perceived risks, whilst distinguishing her family from those who she seems to suggest are 'failing'. This positions Julie as a responsible mother who is individually securing a better life for her daughter for which she had planned during her pregnancy, highlighting how individualized trajectories are developed and experienced.

With regards to parental responsibility, Pam felt some parents were not responsible enough for raising their children:

I was watching tv this morning and they were talking about - and it's horrendous that we have to do this - but you send in your mobile phone and that goes towards buying food for breakfast clubs - the parenting responsibilities are going over to the school! The school is now responsible for feeding them, the school is now responsible for - I saw, recently that teachers are now responsible for teaching them how to brush their teeth! There has to be something that puts the onus back on the parents to parent their children, because the nanny State is churning out parents who don't know what they're doing, or are on drugs, or are too young or...

(Pam)

The way in which poverty can impact parenting is framed by Pam as an individual failing of irresponsible families whose actions are attributed to an overprotective state. To an extent, this reflects Gillies' (2013) discussion of the views of the UK coalition government, who felt that extreme cuts to welfare and state spending were necessary due to the previous 'overprotective' New Labour government causing a decline in personal responsibility and fostering dependency. Those with resources can therefore be classified as taking responsibility to invest in their families, whilst those without are responsibilized as welfare is rolled back (Gillies, 2013). With regards to breakfast clubs, Holloway and Wilson (2016: 384) found this service was used in more affluent areas as a means of providing childcare to enable parents to undertake paid work, with parents paying around £5 each morning, whereas in lower-income areas, breakfast clubs were subsidised by the school to ensure children had eaten before classes and to improve school attendance. This demonstrates the classed use of this service and the process of classification engaged with by Pam, as for middle-class parents, the use of breakfast clubs may be viewed as evidence of taking responsibility to use resources for childcare which enables them to demonstrate economic activity; for working-class parents, however, their use of breakfast clubs may be viewed as a failure to feed their children and as relying on hand-outs from the school. This again highlights how individualized trajectories are developed and experienced, and how class is reproduced through the hierarchy of worth assigned to decisions.

For some participants, the importance placed on education in their own lives was something they valued for their children, and hoped to use their resources to individually invest in their children from an early age. This included not only formal education as an emphasis was also placed on accruing social and cultural capital, and classed distinctions were also drawn between families who may be less able to invest in their children in a way that reflects middle-class values. Participants' accounts also reflected neoliberal values of individual responsibility, as middle-class parents can use their resources to demonstrate responsibility and are held up as examples of good parenting; however, those with limited resources are demonized for their irresponsibility and dependency, highlighting how class is reproduced and individualized trajectories are developed and experienced.

The next section will focus on the parenting experiences of working-class women.

Working-class women's perspectives on raising children

Whilst some participants placed value on educational and career success, others did not discuss this in the same way. Karen's views on her children's education were impacted by her own experiences:

I think sometimes too much focus can be put on education, especially with young people. Emm... I think that, you know, education is not for everybody, but there's so much pressure on young kids, so much pressure to know at sixteen/seventeen. I left school at sixteen, and I was like, going to work in a hotel over the summer with my friend. I worked since I was like, thirteen in wee shops and all that. I wouldn't ever push any of my kids to you know, go to uni, I think that's great if that's what you want to do, but I think emm...there's other things like trades.

(Karen)

In comparison to Julie and Faye, Karen does not place as high a value on her children attending university and relates this to her experience of leaving high school to undertake paid work when she was sixteen. Reflecting Sara's experience of 'having/doing it all' outlined at the beginning of this chapter, Karen feels there

is too much pressure on young people to attend university, and presents other options that she considers valuable. Much like those participants discussed earlier in this chapter who placed value on trajectories that did not emphasise educational success, this reflects alternative values where other, non-academic possibilities are emphasized. Though hoping for children to do well, education is often shaped by disappointment and uncertainty for working-class families who have fewer resources and experience to draw upon to invest in their children's education (Reay, 1998 ; Gillies, 2006), and the normalized trajectory involves entering the labour market straight from school - which is dominantly constructed as lacking value (Roberts and Evans, 2013).

Stephanie, who previously described how education was not highly valued when she was growing up, expressed shame and disappointment that her children were unlikely to attend university:

I kinda feel...like I've lost out a wee bit- it's a bad thing to say - but I kinda get envious of people whose kids are goin' to university. I want them to do well, but I've got to be realistic and be like, right well, they're never gonnae go to university because that's not within their capabilities so why push them? (*sighs*). I mean, ma kids aren't workshy. My youngest is *really* tryin' to get a job- deliverin' leaflets, anythin' he can do. He'd went and got two jobs but as soon as they knew he was 13 he didnae get them. But they're no' workshy. It's hard not to be envious of people who've got kids that are gonnae be like really successful and everythin', but at the same time, I am confident that they will be successful in what they do as long as they're happy doin' it. But you know, a lot of people are kinda judgemental - are people gonnae think kinda bad upon me and upon ma kids? So it's kinda difficult in that respect.

(Stephanie)

Stephanie's account contrasts with those participants who viewed university as an expectation for their children from an early stage. Stephanie recognizes the dominant view of educational attainment as evidence of success and parenting as

an educational project, therefore to not achieve highly in education is equated with bad parenting and a devalued trajectory (Gillies, 2008). Stephanie also emphasizes that she wants her children to do well but that this will not be in the realm of education, which for many working-class parents is “contained by resignation and realism” (Gillies, 2006: 287). However, Stephanie’s feeling that she has missed out as a result of her children not attending university implies a sense of failure and shame, and that she will be viewed as a bad parent. Stephanie’s account resonates with Lawler’s (1999: 13) argument that the pathologizing of working-class life can lead to feelings of ‘failure’, which are expressed through notions of ‘lack’ due to the perceived or actual judgements from valued middle-class others. This demonstrates the intertwining of embodied emotion and structure, as class relations are not purely economic relations but are also relations of value/lack and judgement/shame: “the apparently personal, private pain which these relations engender is a manifestation of *political* inequalities” (Lawler, 1999: 5).

The fact that Stephanie has three autistic children, who are more likely to experience educational inequalities than other children, may also enter into her considerations about their education. While more middle-class families may have the resources to access support and engage with professionals and institutions about their children’s education, Stephanie felt that:

These people are pedigrees and I’m like a mongrel, I’m just like...this...wee mum who hasn’t got a great intelligence so I just feel kinda inferior to them.

Stephanie’s account reflects the painful way in which class is embodied and felt emotionally and psychically due to processes of classification that assign feelings of shame, which contributes to the making of class relations (Lawler, 1999).

Stephanie’s restricted resources and limited personal experience in education result in feelings of inferiority, whereas research has found that middle-class parents are more able to negotiate with, and command respect from, professionals in relation to their children’s education (Gillies, 2008). The way in which worth and value are linked to the body can be seen through the use of the word ‘mongrel’, which is associated with notions of dirt and impurity that working-class women are thought

to embody (Skeggs, 2005), classifying them as “repulsive Others when viewed from a middle-class perspective” (Lawler, 1999: 11). The shame Stephanie expresses here may also reflect perceived feelings of ‘lack’ and inferiority that are generated in relation to class and others, as opposed to shame resulting from particular actions (see Lawler, 1999), demonstrating the pervasiveness of classificatory processes. Stephanie also emphasises that though her children won’t attend university, they are not afraid of hard work - including her youngest son who is thirteen - again demonstrating the way in which working-class parents emphasize non-academic qualities, but perhaps also highlighting engagement with discourses that emphasise productivity in paid work. Stephanie can therefore be seen as attempting to negotiate the neoliberal terrain to classify she and her children as valuable and respectable through their productivity (Skeggs, 1997), and to distinguish them from those within her class who are considered ‘unproductive’.

Gillies (2006: 288) found that in comparison to middle-class parents using financial resources to invest in tutors, private education, or moving to affluent areas to be in school catchment areas, working-class parents viewed the money spent on holidays as an important part of parenting. Stephanie described a similar situation:

I don’t have a lot of money, I kinda...spend it on holidays. But I don’t go out, I don’t smoke, I drink in the house like a bottle of wine- £4 a bottle. Any disposable income goes on holidays. And I like that because I want to make the nicest, most perfect memories because our life is really hard, a lot of- you have to collect the kids from school because they’re not behaving. It’s just really, *really* hard going day to day life, so just having that break to look forward to. And we don’t have money at all - any we do have goes on holidays - but ma kids have so many memories. I like to give them quality time, and the most time I can give them is when we’re away from everythin’ and you cannae put a price on that...But I think a lot of people will judge me and think, oh she’s goin’ on all these holidays how can she afford that? But they obviously don’t know I don’t live a lavish life. I don’t smoke or spend loads of money on stuff like that.

(Stephanie)

Stephanie places importance on being able to provide a holiday for her children to escape the everyday difficulties of their lives, which is emotionally significant as this is felt by Stephanie to be the best form of care she can provide for her children. Money is not viewed as a means of investing in children in a process of self-accumulation for the future, but as an emotional investment in the present and a form of escapism to show her children how much they are valued - as they may often feel devalued in everyday life. In comparison to her feelings of 'failure' with regards to her children's educational attainment, being able to provide this for her family seems to give Stephanie a sense of achievement. In a similar way to her previous account of marking herself and her children as respectable, Stephanie feels she may be judged for going on holiday when she does not undertake paid work. Stephanie again attempts to resist classification by differentiating herself from those of a similar class background who may be viewed as engaging in the 'wrong' consumption practices such as smoking or drinking alcohol, which when undertaken by working-class women who are thought to embody excess and irresponsibility, are pathologized (Skeggs, 2005).

Holly also presented a different approach to her son's education than the more middle-class views found in other participants' accounts:

I don't like planning and stuff, but the mums round here at the playgroup are like, oh is he going to go to the nursery, and is he going to go to the primary school and stuff like that. And I'm like...I don't know! I guess I feel a bit of pressure to decide, but I worry about him growing up around a lot of privileged kids, maybe kids whose families have more money and if that would make him feel any kind of way. And I really hadn't thought about it before but the other mums are always talking about it - it's all they bloody talk about!

(Holly)

Whilst Julie and Isabel discussed planning where their children would attend nursery, school, and the areas they would live, Holly is less concerned with the need to plan for the future in this way. Holly also appears to feel frustrated by the mothers she interacts with due to frequent conversations regarding their children's

education, and is instead concerned about raising her son close to a middle-class area which she views as having potentially negative effects due to her different class position. Holly also felt that private nurseries were “not very good...it is a money making business”, and would therefore be sending her son to a council run nursery. Both Julie and Isabel emphasised the benefits to their children from using marketized care which was considered to be a better option than using council services, and also enabled both women to ‘have/do it all’ and return to paid work soon after having children. Holly discusses valued practices which differ from the norm as she is sceptical about private nurseries due to the pursuit of profit over care. This resonates with her previous comment in chapter five that there is too great a focus on childcare being transferred to someone else, which is presented as a moral concern about paid and unpaid work.

It was also shown in chapter five that Kirsten was critical of women returning to paid work. This is discussed further below with more evident links to class:

Ki- I have this Whatsapp group with the mums on it from school, and most of them are alright but there’s a couple who are like, I’m super mum kinda thing.

K- Why is that?

Ki- Aw it’s just like, gymnastics at 9 o’clock on a Saturday, swimming at 10 o’clock, emm church every Sunday. It’s not showin’ off but it’s just a bit like, oh this is what we’re doing. And they’re never at the school because they’re workin’, so they’re not there first thing, and not there last thing at night. And I’ll go on and say, or quite a few of us have said the kids are strugglin’ with the reading homework or whatever. So other people are being honest and will tell you how it really is, then others won’t come out and tell you these things because they see that as a failure. But it’s like, everybody is just tryin’ to support everybody, but some people will never tell you because they want you to think their kids are the best at everythin’.

(Kirsten)

As with Holly's account in which she appeared critical of women returning to paid work, Kirsten is critical of other women due to their engagement with full-time work which is seen to compromise their childcare responsibilities. Though these families are said to engage in a number of extra-curricular activities, Kirsten views this as secondary to being there for their children. Criticism is also directed towards how these women talk about their children, in particular their academic performance and not admitting when children experience difficulties with school work, whereas Kirsten derives a sense of support from those who do talk about this which is presented as normal. This reflects findings from Gillies' research (2005) where it was found that middle-class parents demonstrated pride when talking about their children's academic performance, emphasising their 'brightness' and expressing a great deal of anxiety around academic issues. Though individualization is said to displace class, "the material effects are simultaneously institutionalized and reproduced" (Gillies, 2005: 850). One way in which this happens is through the emphasis on exceptionality by middle-class parents at the expense of other children who are classified as 'ordinary' or 'failing', resulting from a sense of individualization which causes "an increased threat of downward mobility, inciting an anxious but ruthless determination to ensure this is averted" (Gillies, 2005: 850).

Kirsten's feeling of a sense of support from the sharing of children's struggles at school is felt to be compromised by the more individualistic and competitive approach taken by the mothers who refuse to share, and instead are considered to differentiate their children and present them as exceptional in comparison to others. This too was discussed by Skeggs (2011) who found working-class mothers to be critical of how middle-class mothers valued competition and entitlement as displayed on the website Mumsnet, which they viewed as self-centred and pretentious. The connections between mothers that Kirsten outlines also differs from middle-class participants' accounts of individually accruing social capital as a process of investment for future success and maintaining privilege, but instead suggests more of a supportive network.

As discussed in chapter five, Holly's and Kirsten's accounts also resonate with existing research that highlights how working-class women often frame their childcare responsibilities as a moral commitment, viewing the outsourcing of care

as selfish or as a demonstration of ‘bad’ parenting (Skeggs, 1997; Duncan et al, 2003; Holloway and Wilson, 2016). Skeggs (2011: 503) refers to this as a “moral value reversal” whereby the socially valued decisions of middle-class women to return to paid work and find individual solutions for childcare are viewed negatively by working-class women, who defended their role as mothers by assigning value to the attention and time spent with their children. These classed approaches to caring for children can also be linked to structural inequalities associated with the labour market, as there may be less viable options for paid employment for those with few qualifications (Holloway and Wilson, 2016), as reflected on by Holly as she felt there was “nothing there for me” in terms of paid work. The prioritization of caring for, and emotionally investing in children over educational investments or accruing value from social and cultural capital was discussed further by Kirsten and Holly:

In terms of her education I don’t worry too much - I don’t think I have the time to worry about it - I spend that much time runnin’ about. But you look at her and think: she’s happy, she’s getting’ on alright. I mean, I worry about both of them...but I think it’s more about being available and being there. As long as you can give them what they need in terms of emotional stability and not worry about things outwith your control.

(Kirsten)

It’s important for him to have a home that’s stable and filled with love, socializing and seeing people that are important in my life like my best friends, I want them to be important in my son’s life too. Family- obviously a lot of my family are in Dundee - but making sure those connections have the chance to grow stronger.

(Holly)

Kirsten’s account suggests that educational attainment is not viewed as crucially as it was for middle-class participants, which is linked to a feeling that she does not have control over this - as middle-class parents do. Kirsten also outlines the importance of caring for children through the time and attention dedicated to them, which takes precedence over educational investments. Holly presents a

similar account focusing on fostering relationships and love as affective as opposed to financial or accumulative (Skeggs, 2011). Relationships with others are prioritised but were not presented as an investment made through building a privileged social network, but instead, Holly and Kirsten focus on the importance of bonds with intimate others such as friends and family.

This section has highlighted the classed differences in orientations to parenting. As with their own lives discussed in the first half of this chapter, middle-class women placed a high value on using resources to invest in children's education from a young age. Participants' adopted a future-oriented position when thinking about planning and investing in their children, which operates to sustain and reproduce their class position. Working-class women did not have the same resources and knowledge to invest, and were more likely to hope their children 'did well' in education, whilst emphasizing non-academic qualities. Working-class women's accounts often highlighted an awareness of neoliberal and postfeminist norms, but also demonstrated how they negotiated these norms through valuing alternative practices such as prioritising attention, time, and emotional support for children in the present, and attempted to resist processes of classification often used against them in a struggle over the meaning of value and worth. (Skeggs, 2011).

Conclusion

In this chapter I have explored the ways in which value is placed on some reproductive decisions, trajectories, and ways of raising children over others which plays a role in the reproduction of class relations in individualized times. The first section outlined the perspectives of middle-class participants who emphasized the need to avoid lone or teenage motherhood, which were classified as irresponsible and associated with dependency and therefore devalued. For working-class participants who had children in their teens and early twenties, different possibilities for value were presented as early motherhood was seen to be a legitimate and appropriate option as opposed to intensely investing in education and career, yet working-class participants also demonstrated awareness of the value attached to postfeminist trajectories.

The next section demonstrated that in spite of the expectation to reproduce being directed towards all women, for some, motherhood is considered less appropriate, devalued, and in need of regulation. This was demonstrated in the views of participants who engaged in processes of classification that relied on ideas about class, productivity, and deprivation to argue that some women should not have children. The ways in which policy and the decisions of healthcare professionals were influenced by the notion of a valued middle-class, economically active and able-bodied citizen were also discussed, which can act as a barrier to living a full intimate life and demonstrates the relationship between public and seemingly private life. Alternative perspectives from service providers were also presented, who valued and supported those women whose pregnancies and motherhood were devalued and considered inappropriate.

The third section explored what participants considered to be appropriate ways to raise children, arguing that this is how class power and privilege are maintained. Middle-class participants stressed the importance of individually investing in their children's education and accruing value in this way, and via social and cultural capital from an early stage. This operates as a means of transferring privilege and maintaining class position in the context of increased individualization and choice, whilst those with fewer resources are considered irresponsible and 'bad' parents. The postfeminist subjectivity was shown not to be universal in the accounts of working-class participants, who negotiated this subjectivity by presenting alternatives to the neoliberal norm of the need to invest in children, emphasizing instead the importance of time and attention given to children in the present. At times, working-class women resisted being classified as 'bad' mothers as a result of their alternative valued practices, but they also recognized the dominant, valued ways of raising children. This caused some participants to disassociate from their class position and brought to light how class is embodied and *felt*, due to processes of classification that assign feelings of shame and contribute to the making of class relations.

This chapter has drawn attention to the persistence of class that is said to be displaced in individualized and neoliberal times, which was shown to be reproduced through the hierarchy of worth assigned to women's reproductive decisions, and by

women's ability to use resources to invest in their children. The classification of reproduction and the restrictions and regulations that may be subsequently placed on women's lives, again makes clear the interconnection between the private sphere and policy, structures, others, and public life. Neoliberal and postfeminist norms intersect with middle-class values to construct what is considered a successful feminine subject and a valued reproductive citizen who is self-investing and future oriented; it is against this construction which working-class women are often othered and devalued, and in some instances have their decisions restricted and regulated. However, different material conditions produce different orientations to having and raising children which are not lacking in value, but are alternatives to the neoliberal, postfeminist, and middle-class norm.

Chapter 9. Conclusion

In this thesis I have explored women's reproductive decision making in the context of individualization, neoliberalism, and postfeminism and how women engage with the contradictory and discursive elements of these concepts. In the introduction to this thesis I drew attention to the centrality of choice in academic and popular debates, with specific reference to how choice has featured in women's lives in relation to reproduction. Chapter two brought together three distinct but related perspectives which overemphasize the notion of individual choice in social, political, and gendered contexts and showed how subjectivity and femininity are moulded around the autonomous, freely choosing, entrepreneurial self. In spite of the criticisms, I argued that there is value in using these perspectives as conceptual tools through which to view women's relationship to society and self construction. These concepts allow us to see the valued femininity available to women and the implications and enactments of this femininity, whilst also allowing for an understanding of how women account for and justify their reproductive decisions in an individualized way - even if it is clear that decisions are not made in isolation or separate from social constraints.

Whilst the concepts outlined in chapter two provide an important framework for understanding the enactment of choice and subjectivity, they do not tell the whole story, due to obscuring the role of structure and the various and intersecting constraints and enablement's on choice. To gain a deeper understanding of choice and subjectivity, theories of relationality and embodiment were used. These theories provided a lens through which to view women's reproductive lives as always connected to and interacting with the social, structures, policy, and others whilst still allowing for the body and self to be viewed as active, and as responding in various ways. Therefore, I also aimed to investigate the role of services, others, and the social in women's reproductive decision making to provide a fuller understanding than the 'flattened out' view produced by the social processes of individualization, neoliberalism, and postfeminism.

My academic and personal position as a feminist, and an interest in the overemphasis on choice in contemporary society drove the research. I considered

there to be a theoretical and empirical gap to fill by exploring individualization, neoliberalism, and postfeminism together “on the ground’ and ‘in action’” (Gill and Scharff, 2011: 11) in relation to women’s reproductive decision making in Scotland. This thesis therefore adds to work that questions the extent of the changes set out in individualization theory, and that critiques the neoliberal ideology and postfeminist sensibility by not only considering how these perspectives operate theoretically and at the level of discourse, but also by exploring the practice and experience of reproductive decisions from the subjective and affective perspectives of women and service providers.

The accounts from participants demonstrate the contradictory terrain women navigate when making decisions about reproduction. My feminist methodological approach and the use of concept cards was ethically attentive and enabled participants to take ownership over discussions of their reproductive lives, whilst providing space for women to discuss their embodied knowledge which, as shown throughout this thesis, is often delegitimized. Though organized into separate data chapters, my research evidences the complexity, nuance, and multifacetedness of women's experiences as I drew attention to the way in which others, class, the body, and ‘having/doing it all’ cannot be easily separated and bound under distinct headings due to their interaction - demonstrating the strength of the relational approach adopted.

I will now outline the key research findings, and wider contributions my work makes to the fields of the sociology of gender and the sociology of reproduction.

Women’s status in contemporary society

The findings of this research make a wider point about the status of women living in the context of individualization, neoliberalism, and postfeminism. The emphasis on choice, self-creation, and moving from ascribed to acquired roles (Beck and Beck-Gernsheim, 2002: 55) suggests that traditional barriers to choice, and expected roles such as motherhood may be of less significance. This research has shown however that women’s agency over decisions about paid and unpaid work, the body, relationships, and how they raise children is overstated. Further, the status that comes from ‘having it all’ means (delayed) motherhood is a key aspect of the

postfeminist trajectory, alongside the expectation that women will be economically active and appropriately invest in themselves and their future families.

The value attached to the postfeminist expectation of ‘having it all’ was evident in participants’ accounts when they discussed ideal reproductive trajectories, yet the status associated with this appeared contradictory. The first of these contradictions is the ‘choice’ of motherhood, as even when participants expressed they did not want children or discussed having not wanted children in the past, the traditional expectation of motherhood influenced their decisions as they feared not fulfilling this requirement. A further contradiction was found as despite the expectation of motherhood being tied to women’s status and a necessary part of ‘having it all’, motherhood, unpaid work, and women’s reproductive bodies were afforded less value than paid work and productivity in the public sphere. This was shown where participants discussed ‘doing it all’ by undertaking responsibility for paid and unpaid work which often negatively impacted them financially, or when the reproductive body was seen as outwith the public sphere and had to be controlled in order for women to be available for paid work and sex.

Women’s accounts also demonstrated that the status derived from following the postfeminist trajectory is classed, meaning the decisions made and paths taken by working-class women were often devalued and assigned less status by middle-class participants and service providers. Nevertheless, at times working-class participants could also be seen to subvert the demands of the postfeminist subjectivity, and the middle-class norms of the appropriate reproductive trajectory and how to raise children. This was most clearly seen in chapter eight, where working-class women presented alternative valued practices of having and raising children than what is expected of the postfeminist, neoliberal subject who delays motherhood to invest in the self and the future, which sustains class relations. These differences highlighted the existence of present oriented values associated with affect, demonstrating how material conditions and resources can lead to the negotiation of the dominant feminine subjectivity and the status derived from this.

Participants also discussed the guilt they felt if not participating or participating less in paid work; this caused participants to worry that they no longer appeared

competent and so attempted to dedicate themselves to their jobs, or stressed their productivity when possible. In spite of discourses of choice and ‘‘having it all’’, status was still afforded to those who can dedicate themselves to ‘productive’ paid work, highlighting how public life remains hostile towards reproduction but can be obscured by choice. The case study in chapter five provided a more in-depth insight into discussions around women’s status. It was shown that in spite of being a lone mother - an identity which is often devalued and considered of lower status - Faye’s decision to dedicate herself to education and paid work at the expense of childcare, and her control over the body using HRT made her appear to ‘have it all’ without ‘doing it all’, and as keeping private life and the reproductive body ‘outside’ the public sphere. The example of Faye, and the guilt women experienced when not dedicating themselves to paid employment, may point to a contradiction between the postfeminist subject and the neoliberal subject which are often equated in the literature. Though status is said to come from ‘having it all’, the data shows that this is classed, and that greater value is placed on the middle-class, entrepreneurial, disembodied actor who can dedicate themselves fully to economic activity, therefore aligning themselves more closely with the ‘productive’ masculine subject of homo economicus.

This research therefore found the notion of free choice and the status that comes from motherhood, and neoliberal and postfeminist notions of control, responsibility, and ‘having it all’ to be in contradiction as reproduction and domestic activities are expected but devalued - particularly those of working-class women. Participants’ accounts also point to a tension between the often equated neoliberal and postfeminist subject who should delay but not forgo motherhood, as ultimately status is associated with activities in the public sphere carried out by those “without encumbrances or needs” (Gill, 2014: 516).

The Intertwining of public and private

Throughout this thesis, the data pointed to a connection between the seemingly distinct spheres of public and private. I used the concepts of relationality and embodiment as analytical tools for understanding how the public and private were brought together in participants’ accounts, presenting a more complex picture of

decision making and questioning the separation of these spheres. It was shown in chapters one and two that personal choice is regularly mobilized in academic and popular discourses surrounding women's lives and reproduction, yet the data demonstrates how women's seemingly private choices are intertwined with others, policy, structures, and the public. However, women continue to face inequalities due to their association with private life which is seen as separate from and deemed of lesser value than the public sphere, resulting in women's unequal status.

Gendered norms, relationships with men in particular, policies related to the family, and the role of medical authority are all implicated in how women live their intimate lives and make decisions about paid and unpaid work, the body, and having/raising children - therefore challenging the view of the autonomous subject and emphasis on individual choice. As shown in chapter six, women often desired to control their bodies, at times framing their decisions about fertility, contraceptive use, and breastfeeding in a disembodied way. Yet it was clear that their decisions were bound up with, and enabled or constrained by, social norms, structures, policies and others. For example, the continued power of medicine over women's reproductive decisions and experiences was shown where participants felt they were not listened to and were unable to make the decisions they wished about their bodies, which also drew attention to the perceived social need for women's bodies to be controlled by contraception to make them available for sex and economic activity. Theories of relationality and embodiment, and the approach to women's reproductive health and decisions taken by the Doula (Sam), permitted a deeper analysis of the reality of these decisions as always connected to the social, as opposed to the view of the autonomous subject who individually controls the body.

Despite their interconnection, in chapter five it was shown that parental leave policies can enforce the separation of spheres and reproduce gendered distinctions of men as associated with the public and women with the domestic. This led participants to experience the public and private as separate spheres and resulted in value being assigned to the productive, public sphere over the intimate and private. This discussion also linked to women's intimate relationships with men, as despite playing a significant role in women's reproductive experiences - as was the

focus of chapter seven - men were often viewed as not relevant to reproduction and irresponsible. This resulted in men being distanced from these decisions by women and service providers, whilst also distancing themselves, therefore reifying the association of men with the public sphere and women with the private. This separation reinforces the perception that women are responsible for all things reproductive and intimate, resulting in a lack of structural change to better support women, or adequate shared responsibility taken by male partners.

Continuing to view the public and private as distinct negatively impacts women's status and inclusion, as women's bodies and work carried out in the private sphere will continue to be devalued and constructed as their responsibility. The research findings have shown that the public sphere, policy, and the role of others - particularly men - are intertwined with women's reproductive decision making, therefore presenting a relational alternative that exists alongside the neoliberal consensus of an intense focus on the individual. Theories on embodiment and relationality are empirically valuable as they make visible the connections of private and intimate life to other bodies, the social, and the political which impact and enter into reproductive decisions. These theories also demonstrate that in order to challenge the inequalities women experience in their everyday lives, the focus must be directed towards unequal structures and institutions, but also towards relationships.

The desocializing and depoliticizing effects of choice

What can be considered as the key empirical finding from this research is that despite the clear intertwining of public and private and the relational accounts provided by participants, reproductive decisions were often presented in a disembodied way aligned with individualized notions of private choice. Resonating with the theoretical arguments presented in chapter two (Bauman, 2001; Brown, 2006; McRobbie, 2008, 2013), the emphasis on choice and expectation that women will withhold critique, were empirically shown as causing relational decisions to be understood by participants as individual problems. This was evidenced where women discussed gendered inequalities in responsibility for childcare, paid work, contraceptive use, and the prevalence and reproduction of class power and

privilege. These constraints and enablement's on choice and the decisions made as a result of women's unequal status, were less likely to be framed as such by participants, demonstrating the difficulty of accounting for the relational reality of decisions under the current social conditions women live in.

Participants embodied depoliticization and desocialization as they described feeling 'lucky' and that they 'should not complain' about the burden of 'doing it all', and felt it was their private responsibility for contraceptive use, fertility issues, or raising children. This sheds light on participants' engagement with self-management and self-regulation as opposed to drawing on the social and relational aspects of decision making, and also points to the embodied emotions that result from the expectation to 'do it all'. The emphasis on choice and 'having/doing it all' was shown to impact how decisions were 'negotiated' between participants and their male partners, as men responsibilized women for reproductive decisions but framed this in the language of individual choice such as "I'll support whatever you want to do". This provides an insight into how the postfeminist sensibility may operate in men's lives (from the perspectives of women), which moves men further from the reproductive realm and makes the social and relational aspects of decision making more difficult to articulate, meaning women are further responsibilized. Another way in which this manifested was where some participants discussed decisions as a negotiation between partners in a similar way to Giddens' (1992) theorizing on the 'pure relationship', but which were clearly influenced by social norms, structures, and the postfeminist sensibility.

The desocializing effect of choice was also evident in women's and service provider's accounts of abortion, where it was shown that the construction of abortion as a selfish, individual choice that women are responsible for fails to give adequate attention to the reality of abortion as relational and social. The emphasis women and service providers placed on controlling the body and an understanding of embodied decisions as associated with choice and self-management, had the effect of presenting disembodied accounts and downplaying the way in which bodies are connected to policy, the social, and other bodies. Further, the role of choice can obscure the classificatory processes engaged in by healthcare professionals, the state, and other women who were shown in this research to make

class-based judgments regarding whose reproductive decisions are valued. These are important considerations given the birth control movement which encompasses abortion and sterilization has been historically underpinned by the notion of individual choice, therefore obscuring from view the power certain social actors have to reinforce dominant ideas of appropriate trajectories, and to restrict and regulate reproductive decisions. Choice, and the requirements of the postfeminist subjectivity as depoliticizing and desocializing was further evidenced where working-class women were shown to embody the structural and relational effects of class. The psychic and embodied experience of class was evident when working-class participants viewed themselves as individually failing to live up to middle-class standards, or as 'lacking' due to not 'having it all' and were also positioned in this way by middle-class women and service providers. Yet their accounts of having and raising children, the body, and paid and unpaid work were imbued with class, others, and policy, demonstrating how classifications and political ideology can be written into women's reproductive lives to assign value to some women's decisions over others.

The finding of choice as depoliticizing and desocializing demonstrates the effects of living an individualized trajectory for women in this research, and how the self is shaped in contexts which overemphasize free choice at the expense of structures, others, and the social. However, the strength of the theoretical approach I have used is that it complicates and can help to challenge conceptions of an individualized, freely choosing, responsabilized feminine subject. Empirically, the concepts of relationality and embodiment helped make visible the role of generalized and specific others to reproductive decisions and the intertwining of public and private, even if not always easily or explicitly articulated by participants, therefore helping to speak what has become unspeakable under contemporary conditions. In doing so, the reality of decisions as relational and embodied can be presented as opposed to purely individualized accounts, reinstating the political, social, and the collective in understandings of women's reproductive decisions and experiences.

Participants' accounts have shown that the processes of individualization, neoliberalism, and postfeminism are not deterministic but do play some role in how

decisions are understood and the self is shaped, as these processes are involved in ongoing interactions and negotiations in everyday lives and decision making. Clearly individual choice has been assigned an important place in academic, political, and activist accounts of reproduction. However, an understanding of decisions and the self as emerging in a relational process - that is inseparable from the social and political world - helps to move away from individualized framings, and the undermining of collectivity that neoliberalism enforces.

Contributions and future directions

This research provides an insight into how individualized trajectories, and the neoliberal, postfeminist subjectivity are empirically lived and experienced in relation to women's reproductive lives. New understandings have been provided of women's relationship to contemporary society and how they are positioned by their classed, 'leaky', birthing, breastfeeding reproductive bodies, as well as drawing attention to the importance of others - particularly men - to reproductive decisions. The depoliticizing and desocializing effects of choice were shown, as in spite of reproductive decisions being presented by participants as relational and embodied, these were at times understood as a matter of individual choice; this demonstrates the interaction between the relational reality of decision making and the requirement to be choosing, self-managing subjects who withhold critique. The possibility of negotiating and subverting the valued femininity available to women was also shown through consideration of the intersections of gender, reproduction, and class.

I have also demonstrated how women's seemingly private reproductive decisions are inseparable from public and political life, structures, and other people. This gives a deeper understanding of choice than what is contained within individualization theory, neoliberal ideology, and the postfeminist sensibility and contributes to feminist theorizing on agency and autonomy as mentioned in chapter three (see McNay, 1999; MacKenzie and Stoljar, 2000; Clegg, 2006,). It was also shown however, that there are many ways in which women's reproductive decisions are subject to control and restriction that undermines their agency and embodied knowledge. The data illustrates that individualized, neoliberal, and postfeminist

conceptualizations of choice in women's reproductive lives do not determine decisions but do play a role in making inequalities surrounding reproduction, women's responsabilization, and the significance of others - particularly men - somewhat unspeakable.

This study is limited by its small, self-selective sample from one national context. Further research may wish to extend the focus to different national contexts, and to different groups of women - particularly those whose reproductive decisions are othered in ways than what was shown at the intersection of gender and class in this study, whilst also exploring how these women may negotiate or subvert the postfeminist sensibility and attach value to their decisions. This research has provided important insights into how the postfeminist sensibility operates in relation to gender and class, but cannot speak beyond this to other intersections of identity - in spite of taking an inclusive view of the category 'woman' during recruitment. Future research may therefore adapt this study's theoretical and methodological approach and apply it to the stories of a more diverse group of participants. For example, exploring how the expectation to 'have it all' is understood and practiced by lesbian couples, since for heterosexual couples in this research women were responsabilized and the gendered division of labour was reproduced and deepened. Further research should also consider how issues of choice and control are experienced in relation to the reproductive decisions of those whose bodies are perceived as offending "patriarchal assumptions of childbirth and parenting" (Weerawardhana, 2016) such as trans, non-binary, or gender queer people, whilst also considering the role of service providers in this context.

This research presented the perspectives of women on their intimate relationships with men, providing an insight into how the postfeminist sensibility and 'have/do it all' discourses are played out in men's lives from the voices of women. However, this research does not include the views of men and their perceptions of choice and responsibility as related to reproduction. The central role afforded to men in women's accounts therefore warrants research that specifically explores how the postfeminist sensibility operates in men's lives from their perspectives, which would continue to challenge the division and gendering of public and private.

As argued by Crouch (2011) and Gill (2017: 608) neoliberalism and postfeminism have experienced a strange non-death, but have developed in different stages and taken different forms as outlined in chapter two. As the project of neoliberal austerity continues and develops there is a need for research to chart the continuities and differences in neoliberal ideology and how this shapes policy, the self, and deepens inequalities. Research should also continue to pay empirical attention to the postfeminist expectation that women will turn ever more inwards to work on the self in the face of uncertainty (Lewis et al, 2017), and as recent media reports suggest, that they should invest and plan more intensely for pregnancy and raising children (Donnelly, 2018).

The theoretical strength of this research was the application of work on relationality and embodiment to an understanding of choice. This has allowed for a view of decision making that challenges the individualized discourses produced by neoliberalism and the postfeminist sensibility, therefore highlighting how we can 'reimagine' reproductive choice and subjectivity at a time when our connection to others and the social is thought to be loosened. Methodologically, the use of concept cards as an interview technique facilitated women's increased participation in the research, providing them with greater ownership over intimate discussions about their lives and experiences. Crucially, the concept cards proved to be a means by which women could discuss their reproductive decisions from their own perspectives, and have agency over topics that are socially stigmatized or silenced such as abortion, endometriosis, miscarriage, and infertility, and their feelings and experiences of intimate relationships. Given the successful use of concept cards in providing a space for women to feel comfortable and have agency over discussing decisions that are socially silenced, future research should utilize this method for exploring aspects of women's reproductive lives that are considered non-normative which may aid in removing stigma. This may offer valuable perspectives on socially silenced aspects of reproduction, as well as providing more realistic accounts that are social and intersubjective as opposed to individualized and the sole responsibility of women.

Overall, this research has provided a valuable insight into women's reproductive decision making in a social, political, and gendered context that emphasises individual choice, whilst drawing attention to the valued femininity available to women and how it may be negotiated or subverted. The data shows how the processes of individualization, neoliberalism, and postfeminism were empirically experienced by participants, and illustrates the ways in which women internalise wider discursive norms based on middle-class assumptions about choice, agency and life trajectories. At times, participants viewed themselves as not conforming to these norms which was internalised as an individual 'failing'. Some participants also considered themselves fortunate or 'lucky' in ways that exacerbated their sense of guilt and personal responsibility, highlighting how inequalities such as those associated with gender and class can be masked in depoliticized and desocialized contexts. Yet, participants' experiences can also be seen to challenge the middle-class, individualized subject of value. This was shown where working-class participants drew upon gaps between their own decisions and behaviours, and those relating to middle-class norms e.g. of when to have children and how to raise them, but did not view themselves as failing to live up to this middle-class ideal. Rather, they presented different classed values and normative experiences. This finding supports wider work that demonstrates the middle-class nature of individualization theory and sees reflexivity as a product of modernity that is profoundly classed (Skeggs, 2004), whilst also highlighting alternative classed values, trajectories, and subjectivities (Skeggs, 2011).

The theoretical and methodological approaches complemented one another by helping to empirically unearth the complexity and multifacetedness of women's reproductive lives and experiences, and made visible the interaction between relational decision making and the expectation to engage with an individualized, neoliberal, postfeminist subject. The key strengths of the theoretical and methodological approaches are evidenced in the generation and analysis of rich, nuanced accounts from participants that provide an insight into how choice is enacted in contemporary society. This nuanced view of choice also importantly challenges binary assumptions regarding women's position as agents or victims. The research findings highlight how women navigate complex social contexts that are

characterised by structural constraints and internalised judgements, but in which they can also exercise agency and at times disrupt valued choices and expected trajectories (which may happen either consciously or unconsciously). The complex accounts of agency and choice that underpin participants' reproductive experiences demonstrates the empirical value of Mead's work on the relational self, which helps to engage with key feminist and sociological debates on structure and agency, and to move beyond binary assumption of women as agents or victims.

The approaches taken further demonstrate the importance of ensuring that women's embodied knowledge is taken seriously, and that they are granted agency over their reproductive decisions which are grounded in the social and inseparable from others.

Appendix A: Photos of concept cards



Appendix B: Extended table of participants

Name	Age	Location	Nationality	Education	Paid work	Relationship	Children	Abortion	Contraception
Nikki	22	Glasgow	Scottish	High school/college	P/T fundraiser	Single	No, doesn't want children	No	Condoms - Previously pill
Hannah	25	Glasgow	English	High school/college	P/T media	In a relationship	No, would like children	Yes	Coil- Previously pill, implant, injection
Pam	41	Glasgow	Scottish	University	F/T social worker	Single	No	No-considered	Pill
Lauren	21	Glasgow	Scottish	University	Student	In a relationship	No, would like children	No	Pill. Stopped, now using again
Sara	41	Glasgow	Australian	University (Two Masters')	Playwright.	Single	No	Yes	Pill - Previously condoms,
Isabel	46	Glasgow	German	University	P/T Travel and planning officer	Married	3. 1 miscarriage	No	No contraception
Karen	36	Glasgow	Scottish	College/University	F/T midwife	Married	4	No-considered	No contraception
Chiara	26	Glasgow	Italian	University	Student	In a relationship	No, would like children	No	Condoms - previously pill
Julie	37	Glasgow	Northern Irish	University	P/T welfare reform Glasgow City Council	Married	1 -IVF	No-considered	No contraception
Faye	60	Glasgow	American	University (Masters and professional quals)	Retired legal executive	Single	1	Yes, two	No contraception
Alex	28	Glasgow	Scottish	University (Masters)	NHS, and Endometriosis support worker	In a relationship	No, not sure if would like children	No	Pill
Holly	27	Glasgow	Scottish	High school (left at 16)	Not in paid work	In a relationship	1	Yes	Implant
Veronica	25	Edinburgh	Chinese	University (Masters)	F/T Marketing graduate programme	In a relationship	No, doesn't want children	No- but would consider	Condoms - Previously contraceptive patch
Diana	33	Edinburgh	Lithuanian	University (Masters)	F/T Council business assistant	Single	No, not sure if would like children	Yes	Condoms
Stephanie	36	Glasgow	Scottish	High school (left at 16)	Not in paid work	Married	3- would have liked more but sterilised	No	No contraception

Appendix C: Recruitment poster

Research Participants Needed

Are you a woman aged 18-60?

Would you like to share your experiences of and views on having children, contraception, abortion?

My name is Kristina and I am PhD researcher at the University of Glasgow. If you would like to share your experiences of and views on reproduction as part of a social research project, then I would love to speak with you!

If you would like to know more, or are interested in taking part, please get in touch:

Email: k.saunders.1@research.gla.ac.uk

Text/Call: 07990653076



Appendix D: Participant Information Sheet



College of Social
Sciences

Participant Information Sheet

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this

Study Title: A Qualitative Exploration of Women's Reproductive Decision Making in Scotland.

Researcher: Kristina Saunders

Email Address: k.saunders.1@research.gla.ac.uk

What is the purpose of the research?

This study is being carried out for my PhD research in the department of sociology at the University of Glasgow. The aim of this study is to explore the ways in which women make and experience their reproductive decisions. This includes decisions related to whether/when to have children, contraceptive use, and abortion.

Why have I been chosen?

You have been chosen to take part in this study as the aim is to explore the views of women between the ages of 18 and 60. I have chosen to recruit at least 30 participants.

Do I have to take part?

It is your choice whether or not to take part. If you do decide to participate, you will be given this information sheet to keep and be asked to sign a consent form, and also asked for verbal consent. If you decide to take part, you can withdraw at any time and you do not need to give a reason.

What will happen to me if I take part?

If you decide to take part, you will be asked to participate in an interview lasting between 60 and 90 minutes, which shall be audio recorded with your permission. At the beginning of the interview you will be presented with cards. Some cards will have words related to the research (e.g. choice, contraception, relationships, abortion, children etc.) and others will be blank, and you will be asked to choose what you would like to discuss.

If you do not wish to make use of the cards, you will be asked at the beginning of the interview, “can you tell me about your experiences of making reproductive decisions?” You will then be asked to elaborate on how and why you made these decisions.

Will my taking part in this study be kept confidential?

If you choose to take part, you will not be referred to by name or in any way that will identify you, and instead shall be given a pseudonym and your age will be changed to within a +/-2 year gap. Any information about you will have your name removed so that you cannot be recognised from it. Interview data such as transcripts and audio recordings will also be securely stored, either electronically on a password protected computer or within a locked filing cabinet at the University of Glasgow.

All information you provide will be treated confidentially, except in exceptional cases where you reveal details of harm towards yourself or others. In this case, I have an ethical obligation to pass this information to relevant bodies so that appropriate support can be provided. Additionally, it is important that you know that any information that you give me is not ‘legally privileged’ – this means that the police/courts may be able to request the research data if such a situation (however unlikely) arises.

What will happen to the results of the research study?

The interview transcripts from this research will be available for you to check if you wish, and the results will be used in my PhD thesis. It is possible that the results from this research may also be used in conference papers, journal articles, or potentially a book. A summary of the results from the research will be available at your request upon completion of the project.

Who is organising and funding the research?

The research has been organized by the sociology department at the University of Glasgow, and is funded by the Economic and Social Research Council. The College of Social Sciences Research Ethics Committee has reviewed this project.

Contact for Further Information

If you would like more information about the research, please get in touch using the contact details for myself, or the supervisor of this project provided below. If you have any concerns regarding the conduct of this research project, you can contact the

College of Social Sciences Ethics Officer Dr Muir Houston, email:
Muir.Houston@glasgow.ac.uk

Principal Supervisor: Dr Matt Dawson

Email: Matt.Dawson@glasgow.ac.uk

Telephone Number: 0141 330 5169

Appendix E: Consent Form



University
of Glasgow

College of Social
Sciences

Consent Form

Title of Project:

A Qualitative exploration of women's reproductive decision making in Scotland

Name of Researcher: Kristina Saunders

1. I confirm that I have read and understand the Plain Language Statement for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
3. I consent to the audio recording of this interview and understand that I will be referred to by pseudonym in all information provided and in the completed project.
4. I am aware that copies of interview transcripts will be made available for me to check at my request.
5. I agree / do not agree (delete as applicable) to take part in the above study.

Name of Participant

Date

Signature

Researcher

Date

Signature

Bibliography

- Aapola, S, Gonick, M, and Harris, A (2005) *Young Femininity: Girlhood, Power and Social Change*. Basingstoke: Palgrave Macmillan.
- Acker, J, Barry, K, and Esseveld, J (1983) Objectivity and Truth: Problems in Doing Feminist Research. *Women's Studies International Forum*. Vol.6 (4) 423-435.
- Acker, J (1990) Hierarchies, Jobs, Bodies: A Theory of Gendered Organizations. *Gender and Society*. Vol.4 (2) 139-158.
- Adkins, L (1999) Community and Economy: A Retraditionalization of Gender? *Theory, Culture and Society*. Vol.16 (1) 119-139.
- Ajzen, I, and Klobas, J. (2013) Fertility intentions: An approach based on the theory of planned behaviour. *Demographic Research*. Vol. 29. Article 8. 203-232.
- Albuquerque, GA, De Lima Garcia, C, Da Silva Quirino, G, Alves, MJ, Jameson, MB, Figueiredo, FW, Da Silva Paiva, L, Nascimento, VB, Érika da Silva Maciel, Valenti, VE, De Abreu, LC and Adami, F (2016) Access to Health Services by Lesbian, Gay, Bisexual, and Transgender Persons: Systematic Literature Review. *BMC International Health and Human Rights*. Vol.16 (2) 1-10.
- Allen, K, and Osgood, J (2009) Young Women Negotiating Maternal Subjectivities: The Significance of Social Class. *Studies in the Maternal*. Vol.1 (2) 1-17.
- Allen, K and Taylor, Y (2012) Placed Parenting, Locating Unrest: Failed Femininities, Troubled Mothers and Rioting Subjects. *Studies in the Maternal*. Vol.4 (2) 1-25.
- Anderson, P, and Kitchen, R (2000) Disability, Space and Sexuality: Access to Family Planning Services. *Social Science and Medicine*. Vol.51. 1163-1173.
- Archer, M. (2000) *Being Human: The Problem of Agency*. Cambridge: Cambridge University Press.
- Archer, M. (2003) *Structure, Agency and the Internal Conversation*. Cambridge: Cambridge University Press.

Archer, M (2012) *The Reflexive Imperative in Late Modernity*. Cambridge: Cambridge University Press.

Arrowsmith, M.E., Majeed, A., Lee, J.T, Saxena, S. (2014) Impact of Pay for Performance on Prescribing of Long-Acting Reversible Contraception in Primary Care: An Interrupted Time Series Study. *PloS One*. Vol.9 (4).

Atkinson, W (2007) Beck, Individualization and the death of Class: a Critique. *The British Journal of Sociology*. Vol.58 (3) 349-366.

Atkinson, W (2010^a) Class, Individualization and Late Modernity: In Search of the Reflexive Worker. Basingstoke: Palgrave Macmillan.

Atkinson, W (2010^b) Class, Individualization and Perceived (dis)advantages: Not either/or but both/and? *Sociological Research Online*. Vol.15 (4).

Bacchi, C and Beasley (2000) Citizen Bodies: Embodying Citizens - A Feminist Analysis. *International Feminist Journal of Politics*. Vol.2-3. 337-358.

Bacchi, C, and Beasley, C (2002) Citizen Bodies: Is Embodied Citizenship a Contradiction in Terms? *Critical Social Policy*. Vol.22 (2) 324-352.

Baker, J (2008) The Ideology of Choice: Overstating Progress and Hiding Injustice in the Lives of Young Women: Findings from a Study in North Queensland, Australia. *Women's Studies International Forum*. Vol.31 (1) 53-64.

Baker, J (2010) Claiming Volition and Evading Victimhood: Post-Feminist Obligations for Young Womanhood. *Feminism and Psychology*. Vol.20 (2) 186-204.

Baker, J (2012) Young Women and Housework: Awkward Relics of Modernity and Post-feminist Empowerment. *Australian Feminist Studies*. Vol.27 (74) 339-354.

Baldwin, K (2018) Conceptualising Women's Motivations for Social Egg Freezing and Experience of Reproductive Delay. *Sociology of Health and Illness*. Vol.40 (5) 859-873.

Banks, M and Milestone, K (2010) Individualization, Gender and Cultural Work. *Gender, Work and Organization*. Vol.18, (1) 73-89.

- Barron, RD, and Norris, GM (1976) Sexual Divisions and the Dual Labour Market. In Leonard, D and Allen, S (eds) (1991) *Sexual Divisions Revisited*. Basingstoke: Palgrave Macmillan
- Barry, A, Osborne, T, and Rose, N (1996) *Foucault and Political Reason: Liberalism, Neoliberalism, and Rationalities of Government*. Chicago: University of Chicago Press
- Bauman, Z (2000) *Liquid Modernity*. Cambridge: Polity
- Bauman, Z (2001) *The Individualized Society*. Cambridge: Polity
- Bauman, Z (2003) *Liquid Love: On the Frailty of Human Bonds*. Cambridge: Polity
- Bauman, Z (2005) *Liquid Life*. Cambridge: Polity
- Bauman, Z (2007) *Consuming Life*. Cambridge: Polity
- Beck, U (1992) *Risk Society: Towards a New Modernity*. London: Sage
- Beck, U and Beck-Gernsheim, E (2002) *Individualization: Institutionalized Individualism and its Social and Political Consequences*. London: Sage
- Becker, H.S. (1963) Outsiders: Studies in the Sociology of Deviance. In Scott, S (2004) *The Shell, the Stranger and the Competent Other: Towards a Sociology of Shyness*. *Sociology* Vol.38 (1) 121-137.
- Beechey, V (1978) Women and Production. In Kuhn, A, and Wolpe, AM (eds) *Feminism and Materialism*. London: Routledge
- Bell, AV (2009) "It's way out of my league": Low-Income Women's Experiences of Medicalized Infertility. *Gender & Society*. Vol.23 (5) 688-709.
- Beneria, L (1999) 'Globalization, Gender and the Davos Man'. *Feminist Economics*, Vol.5 (3) 61-83.
- Beynon-Jones, S (2013) Expecting Motherhood? Stratifying Reproduction in 21st Century Scottish Abortion Practice. *Sociology*. Vol.47 (3) 509-525.
- Bingham, J (2014) *Lifestyle' abortions warning as serial termination numbers surge*. Available from:

<https://www.telegraph.co.uk/news/health/news/10895765/Lifestyle-abortion-warning-as-serial-termination-numbers-surge.html> Last Accessed 02/07/2018

Bishop, K (2018) *The New 'Male Pill' Is A Reminder That Medicine Is Still A Feminist Issue*. Available from https://www.huffingtonpost.co.uk/entry/why-the-new-male-pill-is-a-reminder-that-medicine_uk_5ae7653fe4b0ee6c483a0e36?guccounter=1
Last Accessed: 02/07/2018

Bittman, M and Pixley, J (1997) *The Double Life of the Family*. Sydney: Allen & Unwin

Bloomer, F and O'Dowd, K (2014) Restricted Access to Abortion in the Republic of Ireland and Northern Ireland: Exploring Abortion Tourism and Barriers to Legal Reform. *Culture, Health, and Sexuality* Vol.16 (4) 363-380.

Boltanski, L (2013) *The Foetal Condition: A Sociology of Engendering and Abortion*. Cambridge: Polity.

Bourdieu, P (1990) *The Logic of Practice*. California: Stanford University Press

Boyer, K (2012) Affect, Corporeality and the Limits of Belonging: Breastfeeding in Public in the Contemporary UK. *Health and Place*. Vol.18 (3) 552-560.

Brady, M (2007) Institutionalized Individualism and the Care of the Self: Single Mothers and the State. In Howard, C (eds) *Contested Individualization: Debates about Contemporary Personhood*. New York: Palgrave Macmillan.

Branaman, A. (2007) Gender and Sexualities in Liquid Modernity. In Elliott, A (2007) *The Contemporary Bauman*. Oxon: Routledge.

Brannen, J, and Nilsen, A (2005) Individualization, Choice and Structure: A Discussion of Current Trends in Sociological Analysis. *The Sociological Review*. Vol.53 (3) 412-428.

Braun, V and Clarke, V (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*. Vol.3 (2) 77-101.

Brockwell, H (2015) *Why Can't I get Sterilized in my 20s?* Available from: <https://www.theguardian.com/commentisfree/2015/jan/28/why-wont-nhs-let-me-be-sterilised> Last Accessed 02/07/2018

Brooks, L (2018) *Scottish women retain right to take abortion pills at home.* Available from: <https://www.theguardian.com/world/2018/aug/15/scottish-women-retain-right-to-take-abortion-pills-at-home> Last accessed: 15/08/18

Brown, W (2003) Neoliberalism and the End of Liberal Democracy. *Theory & Event*. Vol 7 (1).

Brown, W (2006) American Nightmare: Neoliberalism, Neoconservatism, and De-Democratization. *Political Theory*. Vol.34 (6) 690-714

Brown, S (2016) *Teenage Pregnancy, Parenting and Intergenerational Relations.* Basingstoke: Palgrave Macmillan

Bryman, A. (2008) *Social Research Methods.* Oxford: Oxford University Press.

Budds, K, Locke, A, and Burr, V (2016) "For Some People it isn't a Choice, it's Just How it Happens": Accounts of 'Delayed' Motherhood Among Middle-class Women in the UK. *Feminism and Psychology*. Vol.26 (2). 170-187

Budgeon, S (2003) Identity as an Embodied Event. *Body and Society* Vol.9 (1). 35-55

Budgeon, S (2011) The Contradiction of Successful Femininity. In Gill, R, and Scharff, C (eds) *New Femininities: Postfeminism, Neoliberalism and Subjectivity.* Basingstoke: Palgrave Macmillan

Budgeon, S (2015) Individualized Femininity and Feminist Politics of Choice. *European Journal of Women's Studies* Vol.22 (3) 303-318.

Butler, J (2013) For White Girls Only? Postfeminism and the Politics of Inclusion. *Feminist Formations*. Vol.25 (1) 35-58.

Campbell, A (1999) *Childfree and Sterilized: Women's Decisions and Medical Responses.* London: Cassell

Carroll, K (2012) Infertile? The Emotional Labour of Sensitive and Feminist Research Methodologies. *Qualitative Research*. Vol.13 (5) 546-561.

- Clegg, S (2006) The Problem of Agency in Feminism: A Critical Realist Approach. *Gender and Education*. Vol.18 (3) 309-324.
- Cochrane, RA, and Cameron, ST (2013) Attitudes of Scottish Abortion Care Providers Towards Provision of Abortion after 16 Weeks' Gestation within Scotland. *The European Journal of Contraceptive and Reproductive Healthcare*. Vol.18 (3) 215-220.
- Code, L (1993) Taking Subjectivity into Account. In Alcoff, L, and Potter, E (eds) *Feminist Epistemologies*. New York: Routledge.
- Collins, PH (1990) *Black Feminist Thought: Knowledge, Consciousness and the Politics of Empowerment*. London: Routledge
- Collins, PH (1997) Comment on Hekman's 'Truth and Method: Feminist Standpoint Theory Revisited': Where's the Power? *Signs Journal of Women in Culture and Society*. Vol.22 (21) 375-381.
- Collins, PH (1998) *Fighting Words: Black Women and the Search for Justice*. Minneapolis: University of Minnesota Press.
- Crenshaw, K (1991) Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review* Vol.43 (6) 1241-1299.
- Crossley, N. (1995^a). Merleau-Ponty, the Elusive Body and Carnal Sociology. *Body and Society*. Vol.1 (1) 43-63.
- Crossley, N. (1995^b). Body Techniques, Agency and Intercorporeality: on Goffman's Relations in Public. *Sociology*. Vol.29 (2) 133-149.
- Crossley, N (2006) The Networked Body and the Question of Reflexivity. In, Waskul, DD and Vannini, P (eds) *Body/Embodiment: Symbolic Interaction and the Sociology of the Body*. Surrey: Ashgate
- Crouch, C (2011) *The Strange Non Death of Neoliberalism*. Cambridge: Polity
- Csordas, TJ (1994) Introduction: the body as representation and being-in-the-world. In, Csordas, TJ (eds) *Embodiment and Experience: The Existential Ground of Culture and Self*. Cambridge: Cambridge University Press

- Da Silva, FC (2007) *G.H Mead: A Critical Introduction*. Cambridge: Polity
- Davidson, N (2016) Crisis Neoliberalism and Regimes of Permanent Exception. *Critical Sociology* Vol.43 (4-5) 615-634.
- Davies, W (2016) The New Neoliberalism. *New Left Review*. 101 September to October 2016
- Davies, W (2017) *Populism and the Limits of Neoliberalism*. Available from: <http://blogs.lse.ac.uk/euoppblog/2017/04/30/essay-populism-and-the-limits-of-neoliberalism-by-william-davies/> Last Accessed: 02/07/2011
- Davis, A (1982) *Women, Race and Class*. New York: Vintage Books
- Davis, K (2007). Reclaiming women's bodies: Colonialist Trope or Critical Epistemology? *The Sociological Review*. Vol.55 (1) Supplement. 50-64
- Denzin, NK, and Lincoln, YS (1994) *Handbook of Qualitative Research*. California: Sage.
- Department of Health (2017) *Abortion Statistics for England and Wales*. Available from: <https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2017> Last Accessed: 31/08/18
- Dietz, M. (1985). 'Citizenship with a Feminist Face: The Problem with Maternal Thinking', *Political Theory*. Vol.13 (1): 19-37.
- Dobson, AS, McDonald, K, Kirkman, M, Souter, K, and Fisher, J (2017) Invisible Labour? Tensions and Ambiguities of Modifying the 'Private' Body: The Case of Female Genital Cosmetic Surgery. In Elias, AS, Gill, R, and Scharff, C (eds) *Aesthetic Labour: Rethinking Beauty Politics in Neoliberalism*. Basingstoke: Palgrave Macmillan.
- Donnelly, L (2018) *Women who want to conceive should adopt a healthy diet years earlier*. Available from: <https://www.telegraph.co.uk/science/2018/04/16/women-want-conceive-should-adopt-healthy-diet-years-earlier/> Last Accessed: 31/08/2018

- Dosekun, S (2015) For Western Girls Only? Post-feminism as Transnational Culture. *Feminist Media Studies*. Vol.15 (6) 960-975.
- Douglas, M (1996) *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*. London: Routledge
- Dudgeon, MR, and Inhorn, MC (2004) Men's Influences on Women's Reproductive Health: Medical Anthropological Perspectives. *Social Science and Medicine*. Vol.59 (7) 1379-1395.
- Duits, L, and Van Zoonen, L (2006) 'Headscarves and Porno Chic: Disciplining Girls Bodies in the European Multicultural Society' *European Journal of Women's Studies*. Vol.13 (2) 103-117
- Duncan, S and Edwards, R (1997) *Single Mothers in an International Context: Mothers or Workers?* London: UCL Press
- Duncan, S, Edwards, R, Reynolds, T, and Alldred, P (2003) Motherhood, Paid Work and Partnering: Values and Theories. *Work, Employment and Society*. Vol.17 (2) 309-330.
- Duncombe, J, and Marsden, D (1995) 'Workaholics' and 'Whingeing Women': Theorising Intimacy and Emotion Work – The Last Frontier of Gender Inequality? *The Sociological Review*. Vol.43 (1) 150-169.
- Dwyer, P and Wright, S (2014) Universal Credit, Ubiquitous Conditionality and its Implications for Social Citizenship. *Journal of Poverty and Social Justice*. Vol.22 (1) 27-35.
- Dykes, F (2005) 'Supply' and 'Demand': Breastfeeding as Labour. *Social Science and Medicine*. Vol.60 (10) 2283-2293.
- East, L, Jackson, D, O'Brien, L, and Peters, K (2010) Condom Negotiation: Experiences of Sexually Active Young Women. *Journal of Advanced Nursing*. Vol.67 (1) 77-85.
- Ehrenreich, B and Hochschild, AR (2003) *Global Woman: Nannies, Maids and Sex Workers in the New Economy*. London: Granta Books

- Elias, N (2000) *The Civilizing Process: Sociogenetic and Psychogenetic Investigations*. New Jersey: Wiley
- Elliott, A (2002) Beck's Sociology of Risk: A Critical Assessment. *Sociology*. Vol.36 (2) 293-315.
- Elliott, A (2007) The Theory of Liquid Modernity: A Critique of Bauman's Recent Sociology. In Elliott, A (eds) *The Contemporary Bauman*. Oxon: Routledge
- Engender (2017) *Engender Submission of Evidence on the Two-Child Limit for Tax Credits & Universal Credit to the Scottish Parliament Social Security Committee*. Available from: <https://www.engender.org.uk/content/publications/Engender-submission-of-evidence-on-the-two-child-limit-on-Tax-Credits-and-Universal-Credit-to-the-Scottish-Parliament-Social-Security-Committee.pdf> Last Accessed: 31/08/2018
- Ettore, E (2007) *Revisioning Women and Drug Use Gender, Power and the Body*. Basingstoke: Palgrave Macmillan
- Evans, M (2016) Women and the Politics of Austerity: New Forms of Respectability. *British Politics*. Vol.11 (4) 438-451.
- Faircloth, C (2013) *Militant Lactivism? Attachment Parenting and Intensive Motherhood in the UK*. New York: Berghahn Books
- Francombe-Webb, J and Silk, M (2016) Young Girls' Embodied Experiences of Femininity and Social Class. *Sociology*. Vol.50 (4) 652-672.
- Fraser, N (1985) What's Critical about Critical Theory? The Case of Habermas and Gender. *New German Critique*. No.35 97-31.
- Fraser, N (1994) After the Family Wage: Gender Equity and the Welfare State. *Political Theory*. Vol.22 (4) 591-618.
- Fraser, N (2009) Feminism, Capitalism and the Cunning of History. In Fraser, N *Fortunes of Feminism: From State Managed Capitalism to Neoliberal Crisis*. London: Verso.

- Fraser, N (2016) Contradictions of Capitalism and Care. *New Left Review*. No.100. 99-117.
- Giddens, A (1991) *Modernity and Self-Identity: Self and Society in a Late Modern Age*. Cambridge: Polity
- Giddens, A (1992) *The Transformation of Intimacy: Sexuality, Love and Eroticism in Modern Societies*. Cambridge: Polity.
- Gill, R (2007^a) 'Critical Respect: The Difficulties and Dilemmas of Agency and 'Choice' for Feminism' *European Journal of Women's Studies*. Vol.14 (1) 69-80.
- Gill, R (2007^b) Postfeminist Media Culture: Elements of a Sensibility. *European Journal of Cultural Studies*. Vol.10 (2) 147-166
- Gill, R, and Scharff, C (2011) *New Femininities: Postfeminism, Neoliberalism and Subjectivity*. Basingstoke: Palgrave Macmillan.
- Gill, R (2014) Unspeakable Inequalities: Post Feminism, Entrepreneurial Subjectivity, and the Repudiation of Sexism among Cultural Workers. *Social Politics: International Studies in Gender, State & Society*. Vol.21 (4) 509-528.
- Gill, R and Orgad, S (2015) The Confidence Cult(ure). *Australian Feminist Studies*. Vol.30 (86) 324-344.
- Gill, R (2016) Post-postfeminism?: New Feminist Visibilities in Postfeminist Times. *Feminist Media Studies*. Vol.16 (4) 610-630.
- Gill, R (2017) The Affective, Cultural and Psychic Life of Postfeminism: A Postfeminist Sensibility 10 years on. *European Journal of Cultural Studies*. Vol. 20 (6) 606-626.
- Gill, R, Kelan, EK, and Scharff, C (2017) A Postfeminist Sensibility at Work. *Gender, Work and Organisation*. Vol.24 (3) 226-244.
- Gillies, V (2005) Raising the 'Meritocracy': Parenting and the Individualization of Social Class. *Sociology* Vol.39 (5) 835-853.
- Gillies, V (2006) Working Class Mothers and School Life: Exploring the Role of Emotional Capital. *Gender and Education*. Vol.18 (3) 281-293.

- Gillies, V (2008) Childrearing, Class and the New Politics of Parenting. *Sociology Compass*. Vol.2 (3) 1079-1095.
- Gillies, V (2013) Personalizing Poverty: Parental Determinism and the Big Society Agenda: In Atkinson, W, Roberts, S, and Savage, M (2013) (eds) *Class Inequality in Austerity Britain: Power, Difference and Suffering*. London: Palgrave Macmillan.
- Gillies, V, Edwards, R, and Horsley, N (2016) Brave New Brains: Sociology, Family and the Politics of Knowledge. *The Sociological Review*. Vol.64 (2) 219-237.
- Gleeson, K (2014) The Limits of "Choice": Abortion and Entrepreneurialism. In Nash, M (2014) *Reframing Reproduction: Conceiving Gendered Experiences*. Basingstoke: Palgrave Macmillan
- Greil, AL, and Johnson, KM (2014) Gender Attitudes: Infertility. In Cockerham, WC *The Blackwell Encyclopaedia of Health and Society*. Malden: Blackwell
- Gronow, A (2008) The Over- or the Undersocialized Conception of Man? Practice Theory and the Problem of Intersubjectivity. *Sociology* Vol.42 (2) 243-259.
- Grossman, D (2017) Sexual and Reproductive Health Under the Trump Presidency: Policy Change Threatens Women in the USA and Worldwide. *Journal of Family Planning and Reproductive Health Care*. 43. 89-91.
- Grosz, E (1994) *Volatile Bodies: Towards a Corporeal Feminism*. Indianapolis: Indiana University Press.
- Guillemin, M and Gillam, L (2004) Ethics, Reflexivity, and "Ethically Important Moments" in Research. *Qualitative Inquiry*. Vol.10 (2) 261-280.
- Hakim, C (2000) *Work-lifestyle Choices in the 21st Century: Preference Theory*. Oxford: Oxford University Press.
- Hakim, C (2003) A New Approach to Explaining Women's Fertility Patterns: Preference Theory. *Population and Development Review*. Vol.29 (3). 349-374.
- Hall, S (2011) The Neoliberal Revolution. *Cultural Studies*. Vol 25 (6). 705-728.

Hanappi-Egger, E (2014) Homo Economicus and his Impact on Gendered Societies. In Evans, M, Hemmings, C, Henry, M, Johnstone, H, Madhok, S, Plomien, A, and Wearing, S (eds) *The SAGE Handbook of Feminist Theory*. London: Sage

Harding, S (1997) Comment on Heckman's 'Truth and Method: Feminist Standpoint Theory Revisited': Whose Standpoint Needs the Regimes of Truth and Reality? *Signs Journal of Women in Culture and Society*. Vol.22 (21) 382-391.

Harris, A. (2004) *Future Girl: Young Women in the Twenty-First Century*. New York: Routledge.

Hartstock, NCM (1997) Comment on Hekman's 'Truth and Method: Feminist Standpoint Theory Revisited': Truth or Justice? *Signs Journal of Women in Culture and Society*. Vol.22 (21) 367-374.

Harvey, D (2005) *A Brief History of Neoliberalism*. Oxford: Oxford University Press

Heaphy, B and Yip, A (2003) Uneven Possibilities: Understanding Non-Heterosexual Ageing and the Implications of Social Change. *Sociological Research Online*. Vol.8 (4).

Henley, J (2018) *Irish Abortion Referendum: Yes Wins with 66.4% - as it happened*. Available from: <https://www.theguardian.com/world/live/2018/may/26/irish-abortion-referendum-result-count-begins-live> Last accessed: 15/08/2018

Hesse-Biber, SJN, and Leavy, P (2011) *The Practice of Qualitative Research*. London: Sage.

Higgins, J (2014) Celebration Meets Caution: Long Acting Reversible Contraception (LARC)'s Booms, Potential Busts, and the Benefits of a Reproductive Justice Approach. *Contraception*. Vol. 89 (4) 237-241

Hoggart, L, and Newton, VL (2013). The Experience of Side Effects from Contraceptive Implants: A Challenge to Bodily Control Among Young Women. *Reproductive Health Matters* Vol.21 (41) 1-9

Holdsworth, C. and Morgan, D. (2007) Revisiting the Generalized Other: An Exploration. *Sociology*. Vol.41 (3) 401-417.

Holloway, W, and Jefferson, T (2000) *Doing Qualitative Research Differently: Free Association, Narrative and the Interview Method*. London: Sage

Holloway, S, and Wilson, HP (2016) New Economy, Neoliberal State and Professionalised Parenting: Mothers' Labour Market Engagement and State Support for Social Reproduction in Class-Differentiated Britain. *Transactions*. Vol.41 (4) 376-388.

Holmes, M (2010) The Emotionalization of Reflexivity. *Sociology*. Vol.44 (1) 139-154.

Hughes, C (2002) *Key Concepts in Feminist Theory and Research*. London: Sage

Hughes, B (2007) Being Disabled: Towards a Critical Social Ontology for Disability Studies. *Disability and Society*. Vol.22 (7) 673-684

Information Services Division Scotland (2017) *Long Acting Reversible Methods of Contraception (LARC) in Scotland* Available from:

<http://www.isdscotland.org/Health-Topics/Sexual-Health/Publications/> Last

Accessed 02/07/2018

Information Service Division Scotland (2017) *Termination of Pregnancy Statistics*.

Available from: <http://www.isdscotland.org/Health-Topics/Sexual-Health/Publications/2017-05-30/2017-05-30-Terminations-2016-Report.pdf> Last

Accessed 31/08/2018

Innes, E (2014) *Rise of the 'Career Girl' Abortion: Number of Women aged 25 to 29 having Abortions Increases by 20% in a Decade*. Available from:

<http://www.dailymail.co.uk/health/article-2656207/Rise-career-girl-abortion-Women-aged-25-29-terminations-year-overall-number-hit-16-year-low.html>

Last Accessed 02/07/2018

Irwin, S (2005) *Reshaping Social Life*. London: Routledge

Jackson, S (2010) Self, Time and Narrative: Re-thinking the Contribution of GH Mead. *Life Writing*. Vol.7 (2) 123-136.

Jackson, S and Scott, S (2010) *Theorizing Sexuality*. Maidenhead: Open University Press.

Jamieson, L (1999) Intimacy Transformed? A Critical Look at the 'Pure Relationship'. *Sociology*. Vol.33 (3) 477-494.

Jamieson, L, Simpson, R, and Wasoff, F (2008) Solo-Living, Demographic and Family Change: The Need to Know More about Men. *Sociological Research Online*. Vol.14 (2) 1-16.

Jamieson, L (2011) Intimacy as a Concept: Explaining Social Change in the Context of Globalisation or Another Form of Ethnocentrism? *Sociological Research Online*. Vol.16 (4) 1-13.

Kelly, M (2009) Women's Voluntary Childlessness: A Radical Rejection of Motherhood? *Women's Studies Quarterly*. Vol.37 (3/4) 157-172.

Kohmami, N (2017) *Boots Criticised Over Failure to Cut Price of Morning-After Pill*. Available from: <https://www.theguardian.com/business/2017/dec/27/boots-criticised-failure-cut-price-morning-after-pill>. Last accessed: 15/08/18

Lawler, S (1999) 'Getting Out and Getting Away': Women's Narratives of Class Mobility. *Feminist Review*. Vol.63 (1) 3-24.

Le Feuvre, N and Roseneil, S (2014) Entanglements of Economic and Intimate Citizenship: Individualization and Gender (In)Equality in a Changing Europe. *Social Politics*. 1-33.

Leder, D (1990) *The Absent Body*. Chicago: University of Chicago Press.

Lee, E, Clements, S, Ingham, R and Stone, N (2004) *Influences on Young Women's Decisions about Abortion or Motherhood*. Available from: <https://www.jrf.org.uk/report/influences-young-womens-decisions-about-abortion-or-motherhood> Last Accessed: 31/08/18

Lee, E (2011) Feeding Babies and the Problems of Policy. *Centre for Parenting Culture Studies*. Available from: <https://blogs.kent.ac.uk/parentingculturestudies/files/2011/02/CPCS-Briefing-on-feeding-babies-FINAL-revised1.pdf> Last Accessed 31/08/18

Lehmann, W (2009) Becoming Middle Class: How Working-class University Students Draw and Transgress Moral Class Boundaries. *Sociology*. Vol.43 (4) 631-647.

Letherby, G. (2003) *Feminist Research in Theory and Practice*. Buckingham: Open University Press

Letherby, G and Byswater, P (2007) Extending Social Research: Meanings and Understandings. In Letherby, G and Byswater, P (eds) *Extending Social Research: Application, Implementation and Publication*. Berkshire: Open University Press.

Leve, M. and Ruby, L. (2011) 'Cosmetic Surgery and Neoliberalisms: Managing Risk and Responsibility', *Feminism and Psychology* 22(1): 122-141.

Levitas, R (2012) The Just's Umbrella: Austerity and the Big Society in Coalition Policy and Beyond. *Critical Social Policy*. Vol. 32 (3) 320-342.

Lewis, P (2014) Postfeminism, Femininities and Organization Studies: Exploring a New Agenda. *Organization Studies*. Vol.35 (12) 1845-1866.

Lister, R (1997) *Citizenship: Feminist Perspectives*. New York: New York University Press.

Lowe, P (2005) Contraception and Heterosex: An Intimate Relationship. *Sexualities*. Vol.8 (1) 75-92.

Lugina, HI, Nyström, L, Christensson, K, and Lindmark, G (2004), Assessing Mothers' Concerns in the Postpartum Period: Methodological Issues. *Journal of Advanced Nursing*, Vol.48 (3) 279-290.

Lupton, D (1996) Constructing the Menopausal Body: The Discourses on Hormone Replacement Therapy. *Body and Society*. Vol.2 (1) 91-97.

Lupton, D (1998) 'Going with the Flow: Some Central Discourses in Conceptualizing and Articulating the Embodiment of Emotional States' In Nettleton, S & Watson, J (eds) *The Body in Everyday Life*. Routledge: London.

Lupton, D (2012) *Medicine as culture: Illness, Disease and the Body*. London: Sage

Lupton, D and Schmeid, V (2013) Splitting Bodies/Selves: Women's Concepts of Embodiment at the Moment of Birth. *Sociology of Health and Illness*. Vol.35 (6) 828-841.

Lupton, R, Burchardt, T, Hills, J, Stewart, K, Vizard, P (2016) (eds) *Social Policy in a Cold Climate: Policies and Their Consequences Since the Crisis*. Bristol: Policy Press.

Lyon, ML and Barbalet, JM (1994) Society's Body: Emotion and the "Somatization" of Social Theory. In Csordas, TJ (1994). *Embodiment and Experience: The Existential Ground of Culture and Self*. Cambridge: Cambridge University Press.

McCormick, L (2008) "The Scarlet Woman in Person": The Establishment of a Family Planning Service in Northern Ireland, 1950-1974'. *Social History of Medicine*. Vol. 21 (2) 345-360.

McDonald, P (2013) Societal Foundations for Explaining Low Fertility: Gender Equity. *Demographic Research*. Vol.28. Article 34. 981-994.

McDowell, L (2003) *Redundant Masculinities? Employment Change and White Working Class Youth*. Oxford: Blackwell Publishing

McKendrick, JH (2016) Poverty in Scotland: The Evidence. In McKendrick, JH, Mooney, G, Scott, G, Dickie, J, and McHardy, F (eds) *Poverty in Scotland 2016: Tools for Transformation*. London: Child Poverty Action Group

McNay, L (1999) Gender, habitus and the field: Pierre Bourdieu and the limits of reflexivity. *Theory, Culture and Society*. Vol.16 (1) 95-117.

McRobbie, A (2004) Notes on 'What Not to Wear' and Post-Feminist Symbolic Violence. *The Sociological Review*. Vo.52 (2) 99-109.

McRobbie, A. (2007) 'Top Girls?' *Cultural Studies*. Vol.21 (4) 718-737.

McRobbie, A (2008) *The Aftermath of Feminism: Gender, Culture, and Social Change*. London: Sage.

McRobbie, A (2013) Feminism, The Family and the New 'Mediated' Maternalism. *New Formations*. Vol 80-81. 119-137.

McRobbie, A (2015) Notes on the Perfect: Competitive Femininity in Neoliberal Times. *Australian Feminist Studies*. Vol.30 (83) 3-20.

Mackenzie, C. and Stoljar, N (2000) Autonomy Refigured: In MacKenzie, C. and Stoljar, N (eds) *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self*. New York: Oxford University Press.

Marsh, S (2018) *Abortion clinic buffer zones being considered by more councils*. Available from: <https://www.theguardian.com/world/2018/apr/23/abortion-clinic-buffer-zones-being-considered-by-more-councils-lambert-protests> Last Accessed: 31/08/2018

Martin, E (1991) The Egg and the Sperm: How Science Has Constructed a Romance Based on Stereotypical Male-Female Roles. *Signs*. Vol.16 (3) 485-501.

Mauss, M (1979) 'Body Techniques' in Sociology and Psychology. In Crossley, N (1995^b). *Body Techniques, Agency and Intercorporeality: on Goffman's Relations in Public*. Sociology. Vol.29 (2) 133-149.

Mauthner, NS, and Doucet, A (1998) 'Reflections on a Voice-centred Relational Method: Analysing Maternal and Domestic Voices', in J, Ribbens and R, Edwards (eds) *Feminist Dilemmas in Qualitative Research: Public Knowledge and Private Lives*. London: Sage

Mead, G.H (1934) *Mind, Self and Society: from the Standpoint of a Social Behaviorist*. Chicago: University of Chicago Press.

Mengesha, ZB, Perz, J, Dune, T, Ussher, J (2017) Refugee and Migrant Women's Engagement with Sexual and Reproductive Health Care in Australia: A Socio-ecological Analysis of Health Care Professional Perspectives. *PLoS One*. Vol.12 (7) 1-22.

Merleau-Ponty, M (1962) *The Phenomenology of Perception*. London: RKP

Millar, J and Bennett, F (2017) Universal Credit: Assumptions, Contradictions and Virtual Reality. *Social Policy and Society*. Vol.16 (2) 169-182.

- Miller, T (2014) *Anticipating and Experiencing Birth: Men, Essentialisms, and Reproductive Realms*. In Nash, M (2014) *Reframing Reproduction: Conceiving Gendered Experiences*. Basingstoke: Palgrave Macmillan
- Mooney, G (2016) Poverty in Scotland 2016: Beyond 'Austerity'? In McKendrick, JH, Mooney, G, Scott, G, Dickie, J, and McHardy, F (eds) *Poverty in Scotland 2016: Tools for Transformation*. London: Child Poverty Action Group
- Mooney, G and Scott, G (2016) Welfare, Equality and Social Justice: Scottish Independence and the Dominant Imaginings of the 'New' Scotland. *Ethics and Social Welfare*. Vol.10 (3) 239-251.
- Moore, S (2017) *It's not a perk when big employers offer egg-freezing - it's a bogus bribe*. Available from:
<https://www.theguardian.com/society/commentisfree/2017/apr/26/its-not-a-perk-when-big-employers-offer-egg-freezing-its-a-bogus-bribe> Last Accessed 02/07/2018 Last Accessed: 31/08/18
- Murray, CA (1990) *The Emerging British Underclass*. London: Institute of Economic Affairs.
- Nairn, K, Munro, J, and Smith, AB (2005) A Counter Narrative of a 'Failed' Interview. *Qualitative Inquiry*. Vol.5 (2) 221-244.
- Nash, M (2014) *Reframing Reproduction: Conceiving Gendered Experiences*. Basingstoke: Palgrave Macmillan
- National Institute for Health and Clinical Excellence (2005) *Long-acting Reversible Contraception. NICE Guideline (CG30)*. Available from:
<https://www.nice.org.uk/guidance/cg30> Last Accessed 02/07/2018
- Nelson, J (2003) *Women of Colour and the Reproductive Rights Movement*. New York: New York University Press.
- Nettleton, S and Watson, J (1998) *The Body in Everyday Life*. London: Routledge.

Neufeld, A, Harrison, MJ, Rempel, GR, Larocque, S, Dublin, S, Stewart, NJ, and Hughes, K (2004) Practical Issues in Using a Card Sort in a Study of Non-Support and Family Caregiving. *Qualitative Health Research*. Vol.14 (10) 1414-1428.

Nollman, G and Strasser, H (2007) Individualization as an Interpretive Scheme of Inequality: Why Class and Inequality Persist. In Howard, C (2007) *Contested Individualization: Debates about Contemporary Personhood*. New York: Palgrave Macmillan.

O’Riordan, K, and Haran, J (2009) From Reproduction to Research: Sourcing Eggs, IVF and Cloning in the UK. *Feminist Theory*. Vol.10 (2) 191-210.

Orgad, S and De Benedictis, S (2015) The 'Stay-at-Home' Mother, Postfeminism and Neoliberalism: Content Analysis of UK News Coverage. *European Journal of Communication*. Vol.30 (4) 418-436.

Oakley, A. (1981) Interviewing Women: A Contradiction in Terms. In Roberts, H. (eds) *Doing Feminist Research*. London: Routledge

Phipps, A (2014) *The Politics of the Body: Gender in a Neoliberal and Neoconservative Age*. London: Polity

Plummer, K (2003) *Intimate Citizenship: Public Decisions and Private Dialogues*. Washington: University of Washington Press.

Price, J and Shildrick, M (1999). *Feminist Theory and the Body: A Reader*. Edinburgh: Edinburgh University Press.

Public Health England (2018) *What do women say? Reproductive health is a public health issue*. Available from:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731891/What_do_women_say_reproductive_health_is_a_public_health_issue.pdf Last Accessed: 31/08/2018

Purcell, C, Cameron, S, Caird, L, Flett, G, Laird, G, Melville, C and McDaid, LM (2014) Access to and experience of later abortion: accounts from women in Scotland. *Perspectives on Sexual and Reproductive Health*. Vol.46 (2) 101-108.

- Purcell, C (2015) The Sociology of Women's Abortion Experiences: Recent Research and Future Directions. *Sociology Compass*. Vol.9 (7) 585-596.
- Ramazanoglu, C and Holland, J (2002) *Feminist Methodology: Challenges and Choices*. London: Sage
- Read, J (2009) A Genealogy of Homo-Economicus: Neoliberalism and the Production of Subjectivity. *Foucault Studies*. No.6 25-36.
- Reay, D (1998) Rethinking Social Class: Qualitative Perspectives on Class and Gender. *Sociology*. Vol.32 (2) 259-275.
- Reay, D, Davies, J, David, M, and Ball, SJ (2001) Choices of Degree or Degrees of Choice? Class, 'Race' and the Higher Education Choice Process. *Sociology* Vol.35 (4) 855-874.
- Reddy, A, Watson, M, Hannaford, P, Lefevre, K and Ayansina, D (2014) Provision of Hormonal and Long-acting Reversible Contraceptive Services by General Practitioners' in Scotland, UK (2004-2009) *Journal of Family Planning and Reproductive Health Care*. Vol.40 (1) 23-29.
- Reinharz, S (1992) *Feminist Methods in Social Research*. New York: Oxford University Press.
- Reinharz, S and Chase, S (2003) Interviewing women. In Holstein, JA and Gubrium, JF (eds) *Inside Interviewing*. California: Sage
- Rich, A (1976) *Of Woman Born: Motherhood as Experience and Institution*. London: Virago
- Ringrose, J (2007) Successful Girls? Complicating Neoliberal Discourses of Educational Achievement and Gender Equality. *Gender and Education*. Vol.19 (4) 471-489.
- Ringrose, J, and Walkerdine, V (2008) Regulating the Abject: The TV Make-over as Site of Neo-liberal Reinvention Toward Bourgeois Femininity. *Feminist Media Studies*. Vol.8 (3) 227-246.
- Roberts, H (1981) *Doing Feminist Research*. London: Routledge

Roberts, S and Evans, S (2013) Aspirations' and Imagined Futures: The Im/possibilities for Britain's Young Working Class. In: Atkinson W., Roberts S., Savage M. (eds) *Class Inequality in Austerity Britain*. London: Palgrave Macmillan.

Rocca, CH, Kimport, K, Roberts, SCM, Gould, H, Neuhaus, J, and Foster DG (2015) Decision Rightness and Emotional Responses to Abortion in the United States: A Longitudinal Study. *PLoS ONE* Vol.10 (7) 1-16.

Roseneil, R and Ketokivi, K (2015) Relational Persons and Relational Processes: Developing the Notion of Relationality for the Sociology of Personal Life. *Sociology*. Vol.50 (1) 143-159.

Rottenberg, C (2013) The Rise of Neoliberal Feminism. *Cultural Studies*. Vol.28 (3) 418-437.

Ryan-Flood, R (2011) Negotiating Sexual Citizenship: Lesbians and reproductive health care. In: Gill, R and Scharff, C (eds) *New Femininities: Postfeminism, Neoliberalism and Subjectivity*. Basingstoke: Palgrave Macmillan

Salmon, A (2011) Aboriginal Mothering, FASD Prevention and the Contestations of Neoliberal Citizenship. *Critical Public Health*. Vol.21 (11) 165-178.

Sanders, CR (2006) Viewing the body: An overview, exploration and extension. In, Waskul, DD and Vannini, P (eds). *Body/Embodiment: Symbolic Interaction and the Sociology of the Body*. Surrey: Ashgate

Scharff, C (2010) Silencing Differences: The Unspoken Dimensions of 'Speaking for Others' in Gill, R and Ryan-Flood, R (eds) *Secrecy and Silence in the Research Process*. London: Routledge.

Scharff, C (2012) *Repudiating Feminism: Young Women in a Neoliberal World*. Farnham: Ashgate.

Scharff, C (2016) The Psychic Life of Neoliberalism: Mapping the Contours of Entrepreneurial Subjectivity. *Theory, Culture and Society*. Vol.33 (6). 107-122.

Scheper-Hughes, N. (1993) *Death Without Weeping: The Violence of Everyday Life in Brazil*. California: University of California Press.

Scott, S (2004) The Shell, the Stranger and the Competent Other: Towards a Sociology of Shyness. *Sociology* Vol.38 (1) 121-137.

Scottish Government (2009) *The Early Years Framework*. Available from: <https://www.gov.scot/Resource/Doc/257007/0076309.pdf> Last Accessed: 31/08/2018

Scottish Government (2016) *Pregnancy and Parenthood in Young People Strategy* Available from: <http://www.gov.scot/Publications/2016/03/5858/0> Last Accessed 02/07/2018

Scottish Government (2016) *Scottish Index of Multiple Deprivation Interactive Mapping*. Available from: <http://simd.scot/2016/#/simd2016/BTTTTFTT/9/-4.0000/55.9000/> Last accessed 21/07/2018

Scottish Government (2017) *The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland*. Available from: <https://www.gov.scot/Publications/2017/01/7728> Last Accessed 31/08/18

Shakespeare, T (1998) Choices and Rights: Eugenics, genetics and disability equality. *Disability and Society*. Vol.13 (5) 665-681.

Shilling, C (2012). *The Body and Social Theory*. London: Sage

Simpson, R. (2003) 'Contemporary Spinsters in the New Millennium: Changing Notions of Family and Kinship'. *Gender Institute New Working Paper Series* (10). Available from: <http://www.lse.ac.uk/collections/genderInstitute/workingPapers.htm> Last Accessed 02/07/2018

Simpson, R (2009) Delayed Childbearing and Childlessness. In: Kneale D, Coast E and Stillwell J (eds) *Fertility, Living Arrangements, Care and Mobility. Understanding Population Trends and Processes*. Dordrecht: Springer

Skeggs, B (1994) Situating the Production of Feminist Ethnography. In Maynard, M and Purvis, J (eds) *Researching Women's Lives from a Feminist Perspective*. Basingstoke: Taylor & Francis

Skeggs, B (1997) *Formations of Class and Gender: Becoming Respectable*. London: Sage

Skeggs, B (2001) The Toilet Paper: Femininity, Class and Mis-recognition. *Women's Studies International Forum*. Vol.24 (3-4) 295-307.

Skeggs, B (2004) *Class, Self, Culture*. London: Routledge

Skeggs, B (2005) The Making of Class and Gender through Visualizing Moral Subject Formation. *Sociology*. Vol.39 (5) 965-982.

Skeggs, B (2009) The Moral Economy of Person Production: The Class Relations of Self-performance on 'Reality' Television. *The Sociological Review*. Vol. 57 (4) 626-644.

Skeggs, B (2011) Imagining Personhood Differently: Person Value and Autonomist Working-class Value Practices. *The Sociological Review*. Vol.59 (3) 496-513.

Skelton, C. (2005) The 'Individualized' (woman) in the Academy: Ulrich Beck, Gender and Power. *Gender and Education*. Vol.17, (3) 37-41.

Smart, C (2007) *Personal Life: New Directions in Sociological Thinking*. Cambridge: Polity

Smith, DE (1990) *The Conceptual Practices of Power: A Feminist Theory of Knowledge*. Toronto: University of Toronto Press

Smith, DE (1997) Comment on Hekman's 'Truth and Method: Feminist Standpoint Theory Revisited'. *Signs Journal of Women in Culture and Society*. Vol.22 (21) 392-398.

Smith, DE (2005) *Institutional Ethnography: A Sociology for People*. Lanham: AltaMira Press

Smyth, L (2008) Gendered Spaces and Intimate Citizenship: The Case of Breastfeeding. *European Journal of Women's Studies*. Vol.15 (2) 83-99.

Snape, D and Spencer, L (2003) The Foundations of Qualitative Research. In Ritchie, J and Lewis, J (eds) *Qualitative Research Practice*. London: Sage

Standing, G (2007) Social Protection. *Development in Practice*. Vol.17 (4/5) 511-522.

Standing, G (2011) *The Precariat: The Dangerous New Class*. London: Bloomsbury

Stanley, L and Wise, S (1993) *Breaking Out Again: Feminist Ontology and Epistemology*. New York: Routledge.

Strauss, A, and Corbin, JM (1990) *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. California: Sage

Sullivan, C (2014) "Bad Mum Guilt": The Representation of 'Work-Life Balance' in UK Women's Magazines. *Community, Work and Family*. Vol.18 (3) 284-298.

Sutton, B. (2011) Playful Cards, Serious Talk: A Qualitative Research Technique to Elicit Women's Embodied Experiences. *Qualitative Research*. Vol.11 (2) 177-196.

Tabberer, S, Hall, C, Prendergast, S and Webster, A (2000) *Teenage Pregnancy and Choice, Abortion or Motherhood: Influences on the Decision*. York: Joseph Rowntree Foundation.

Tavares, L.P (2016) Who Delays Childbearing? The Associations Between Time to First Birth, Personality Traits and Education. *European Journal of Population*. Vol. 32 (4) 575-597.

Thwaites, R (2017) (Re)Examining the Feminist Interview: Rapport, Gender "Matching," and Emotional Labour. *Frontiers in Sociology*. Vol.2 Article 18 1-9.

Tone, A (2012) Medicalizing Reproduction: The Pill and Home Pregnancy Tests. *The Journal of Sex Research*. Vol.49 (4) 319-327.

Tyler, I (2011) Pregnant Beauty: Maternal Femininities Under Neoliberalism. In Gill, R, and Scharff, C (eds) *New Femininities: Postfeminism, Neoliberalism and Subjectivity*. Basingstoke: Palgrave Macmillan

Tyler, I (2008) (2008) Chav Mum Chav Scum: Class Disgust in Contemporary Britain. *Feminist Media Studies*. Vol.8 (1) 17-34.

Tyler, I (2015) Classificatory Struggles: Class, Culture and Inequality in Neoliberal Times. *The Sociological Review*. Vol.63 (2) 492-511.

- Waiton, S (2016) Third Way Parenting and the Creation of the “Named Person” in Scotland: The End of Family Privacy and Autonomy? *Sage Open*. Vol.6 (1) 1-13.
- Walkerdine, V, Lucey, H and Melody, J (2001) *Growing Up Girl. Psychosocial Explorations of Gender and Class*. Basingstoke: Palgrave Macmillan
- Waskul, DD, and Vannini, P (2006) Introduction in Waskul, DD, and Vannini, P (eds). *Body/Embodiment: Symbolic Interaction and the Sociology of the Body*. Surrey: Ashgate
- Watts, B, Fitzpatrick, S, Bramley, G, and Watkins, D (2014) *Welfare Sanctions and Conditionality in the UK*. York: Joseph Rowntree Foundation.
- Weerawardhana, C (2016). *Reproductive rights and trans rights: Deeply interconnected and yet too often misunderstood?* Available from: <https://medium.com/@fremancourt/reproductive-rights-and-trans-rights-deeplyinterconnected-yet-too-often-misunderstood-8b3261b1b0de> Last Accessed: 31/08.18
- Westfall, R (2006). The Pregnant/Birthing Body: Negotiations of Personal Autonomy. In Waskul, DD, and Vannini, P (eds) *Body/Embodiment: Symbolic Interaction and the Sociology of the Body*. Surrey: Ashgate
- Wigginton, B, Moran, C, Harris, ML, Loxton, D, Lucke, J (2016) Young Australian Women Explain their Contraceptive Choices, *Culture, Health & Sexuality*. Vol.18 (7) 727-741.
- Williams, SJ and Bendelow, G (1998) *The Lived Body: Sociological Themes, Embodied Issues*. London: Routledge.
- Wills, W, Backett-Milburn, K, and Roberts, Mi-Li (2011) The Framing of Social Class Distinctions through Family Food and Eating Practices. *The Sociological Review*. Vol.59 (4) 725-740.
- Wrong, D (1961) The Oversocialized Conception of Man in Modern Sociology. *American Sociological Review*, Vol. 26 (2) 183-193.

