EDUCATION INSTITUTION:

DUBLIN BUSINESS SCHOOL

NAME:

SHIRLEY SULLIVAN
1121867

TITLE:

I'M NOT FAT, I'M PREGNANT: AN EXAMINATION OF THE PREVALENCE AND CAUSATION OF PREGOREXIA IN IRELAND

THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS OF THE B.A. (HONS) COUNSELLING AND PSYCHOTHERAPY.

SUPERVISOR:

SIOBÁIN O'DONNELL

DATE:

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Abstract

The pregorexia trend of this decade appears to be driven by images of thin pregnant celebrities. This exploratory study seeks to discover how prevalent this trend is in Ireland and why. It also seeks to understand what is most regularly effective in making Irish women who suffer from pregorexia feel better about themselves. A questionnaire was devised in order to measure behaviours, body image and pressures, pre, during and post pregnancy to establish if variables remained consistent over time. Pregnant women and new mothers who attend mother and toddler and ante natal groups across the country, along with mothers who do not attend such groups were targeted. The data that derived from 57 respondents who took part in the study suggests that although Irish women feel pressure to lose or maintain weight, pre, during and particularly after pregnancy, most do not engage in extreme negative behaviours to do so. This study also suggests that most of this pressure comes from the media and other women.

1. INTRODUCTION

1.1 What is Pregorexia

In November 2009, Heidi Klum, supermodel and superslim, walked down the runway to a screaming crowd at a Victoria's Secret fashion show, just five weeks after giving birth. Closer to home, in May 2009, Irish footballer Robbie Keane and his wife Claudine appeared on the popular Irish chat show, The Late Late Show, eleven days after Claudine had given birth to their son. Pat Kenny, host of the show, asked Claudine to stand up to model her post pregnancy size eight figure. The audience cheered.

"Last year, various radio and TV shows such as "Fox News" and the "Early Show" reported on a new condition, "pregorexia," a term used to describe women who cut calories and exercise excessively to avoid gaining weight during pregnancy" ("How Real is 'Pregorexia'", 2009:12). O'Neill-White (2009) believes that the pregorexia trend is driven by images of thin pregnant celebrities who are already under pressure to stay thin. Being in the spotlight creates fierce pressure to remain slim while pregnant. It is the latest competition in town, according to Hegarty (2008) inspired by the celebrity yummy mummy phenomenon and is being battled out in the pages of our glossy magazines.

Fox News and other media sources say it is a new condition but pregorexia, according to Bodywhys, The Eating Disorder Association of Ireland, is not a medical condition but a term used primarily in the media to describe two situations. In the first instance, it refers to a pregnant woman who has or develops an eating disorder - the medical condition in this case is the eating disorder itself, for example anorexia or bulimia. In the second instance it refers to a pregnant woman or woman who has recently given birth, who feels immense pressure to lose the weight she has put on during pregnancy (or in the case of a pregnant woman, feels pressure not to put on weight in the first place) and who engages in behaviours, like diet restriction, that are particularly unhealthy because of the pregnancy (Ní Eidhin, 2009).

Two situations are outlined above - eating disorders and disordered eating during pregnancy and postpartum. According to Mysko and Amadeï (2009) in addition to the vast number of women who meet the diagnostic criteria for eating disorders like anorexia and bulimia, two thirds of us have some issues in the food and weight department. The results of a 2008 University of North Carolina/*Self* magazine study revealed that 65% of all American women are disordered eaters.

> It is often hard to recognize when your behaviour is disordered because these damaging attitudes about food and weight have become so "normal" in our day-to-day lives. We see them all around us – in our families, in our offices, among our friends (Mysko & Amadeï, 2009:127).

Dr. John Griffiths, St. Patrick's Hospital, believes it is concerning when women diet to look like Hollywood stars, but to diet during pregnancy, can have serious health implications for both mother and baby (O'Neill-White, 2009). The American Dietetic Association (ADA) say that very few cases of pregorexia are actually seen. In fact, it is more common that weight and pregnancy problems occur in the opposite direction, namely, as uncontrolled excess weight gain during pregnancy ("How Real is 'Pregorexia?'", 2009). Dr. Griffiths however, plans to discuss the pregorexia trend with his team so they can watch out for it. He is shocked that it even exists (O'Neill-White, 2009).

2. LITERATURE REVIEW

2.1 Culture and Body Image

"Western society promotes slenderness for men and women. Women are expected to be slim and shapely; men to be slender and muscular" (Grogan, 1999:24). Psychologists working within a biological framework focus on the healthiness of the slender ideal. Social psychologists on the other hand, stress the importance of cultural factors in deciding what is attractive. There is general agreement between the theorists however, that social pressure in western societies to conform to the slender ideal is greater on women than on men (Grogan, 1999).

Plumpness in women, up to recently, was considered fashionable and erotic and the roundness of the stomach was emphasised as a symbol of fertility. The 'reproductive figure' in fact, was idealised by artists of the Middle Age. This idealisation of the thin ideal was born in the 1920s and was the result of successful marketing by the fashion industry which has become the standard of cultural beauty in the industrialised prosperous societies of the twentieth century (Gordon, 1990). Prior to 1920, clothes fashions were represented by hand-drawn illustrations. Post 1920, clothes were photographed and distributed to mass market fashion magazines who presented a fantasy image of how women should look. The 'Flapper' fashion of post World War I demanded a pre-adolescent, boy-like figure to show off the straight low-waisted dresses to their advantage. Middle and upper class women bound their breasts to flatten their silhouettes, used starvation diets and vigorously exercised to attain this thin, breastless, hipless ideal (Grogan, 1999).

Ideals moved towards a more-shapely figure from the 1930s to the 1950s, epitomised by Mae West, Jane Russell and Marilyn Monroe. This trend moved significantly towards slimness in the 1950s where Grace Kelly and Audrey Hepburn were portrayed to cinema-goers as symbols of sophistication thus becoming role models for upper class women. The movement towards slimness became particularly acute in the 1960s when a generation of young woman aspired to look like fashion model Twiggy. Slimness came to represent unconventionality, freedom and youthfulness in 1960s Britain and was embraced as the ideal by women of all social classes (Orbach, 1993). From the 1960s to the 1980s models became thinner and thinner resulting in the emaciated 'heroin chic' of today (Grogan, 1999).

2.2 Media and Body Image

It was mentioned earlier that there is general agreement between theorists that social pressure in western societies to conform to the slender ideal is greater on women than on men (Grogan, 1999). Where does this social pressure come from and why is it greater on women? Many have looked to the media for answers. Most social commentators are in agreement that the media reflects current social norms but some take it one step further and suggest that "media portrayal of slender body shapes can actually affect the ways that women and men feel about their body shape and size" (Grogan, 1999:94). The virtual explosion on studies on media exposure and body satisfactions proves that mass media is a "particularly potent and pervasive source of influence" (Dittmarr, 2009:2).

According to Grogan (1999) content analysis has revealed that men and women are portrayed in markedly different ways in the media, in relation to body weight. Women are portrayed as abnormally slim, men as standard weight. Silverstein, Peterson and Purdeu (1986) discovered that out of 33 television shows, 5% of female characters were coded as 'heavy' compared to 26% of male characters and 69% of female characters were coded as 'thin' compared to 18% of male characters. A more recent study by Barriga, Shapiro and Jhaveri, (2009) also found that women with larger body types are underrepresented and presented negatively on television.

Women's magazines, read by a large proportion of women, also tend to present slim images of attractiveness. Some authors suggest that these images "foster and maintain a 'cult of femininity'" (Grogan, 1999:95) and supply definitions of what it means to be a woman. According to Ferguson (1985) women's magazines do more than simply reflecting current values, they can actually change a woman's view of herself and society's view of her.

"The most influential psychological theories of media effects are adaptations of Festinger's (1954) Social Comparison Theory and Markus's (1977) Self Schema Theory" (Grogan, 1999:100). According to Festinger's Social Comparison Theory, people desire objective and accurate evaluations of their abilities and attitudes. However, if they are not in a position to evaluate themselves, they seek evaluation through comparisons with other people. If people evaluate themselves through comparisons of images projected by the media of slim models, it will inevitably lead to unfavourable evaluation if they consider models to be similar to themselves on relevant dimensions and their body image is self relevant (Grogan, 1999).

According to Self Schema Theory "people develop their sense of self through reflecting on their own behaviours, from observing reactions of others to the self, and through processing social information about which aspects of the self are most valued" (Grogan, 1999:101). Body image is one aspect of the 'self'. It is a cognitive construction and not an objective evaluation. It is also open to social cues. Myers and Biocca (1992) believe that a young woman's mental construction of her body image is made up of the following; the 'socially represented ideal body' (ideals represented in the media), the 'objective body' and the 'internalised ideal body' (a compromise between the socially represented ideal body and the objective body shape). Self criticism and low self esteem will result if the gap between the 'objective body' and the 'internalised ideal body' is too great. Also mass media makes the 'socially represented ideal body' so slim, that the 'internalised ideal body' becomes unrealistically thin.

"Strang and Sullivan (1985) have argued that changes that occur due to pregnancy reflect the greatest deviation from the ideal body that most women will experience" (Jordan, Capdevila & Johnson, 2005:20).

2.3 Pregnancy and Body Image

Dittmar (2009) believes body satisfaction and the experience of negative thoughts about one's body is linked to a range of physical and mental health problems including disordered eating, body dysmorphic disorder, depression and low self esteem. It is also implicated in the use of unhealthy body shaping behaviours like

cosmetic surgery and unbalanced diet regimes. "It can be argued" he says that "body image is the core aspect of physical and mental well being" (Dittmar, 2009:2).

"The affected population is also changing" (Graydon, 2008:19). She believes that many women in midlife who had no previous history of disordered eating now appear to be developing problems but "when did we become so obsessive about weight that even the pregnant are no longer immune?" (Hughes, 2009).

> Pregnancy is a time of many transitions. The body undergoes dramatic physical and hormonal changes to permit development of the fetus. The woman's sexual identity is both publicly manifested in her pregnant state and challenged by a body that clashes with the normal standards of thinness, beauty, and sexual attractiveness (Chang, Chao & Kenney 2006:151).

Goldman (2006) believes that pregnancy can bring up a wide array of body-image-related responses, from self loving to self loathing. For women with body-image issues, she says, pregnancy can be a state laden with concern. "For women who are struggling to find a comfortable relationship with their bodies, pregnancy can be a time of continuing shifts of how they relate to themselves" (Orbach, 2006:253). Some women enter pregnancy Orbach (2006) says, with twinges about how their new state will impact on their eating and body image, others have to cope with feelings of complete loss of control over their bodies.

Chang et al. (2006) says that the period of pregnancy may be one of the adult woman's only amnesties from the thinness rule in most technologically advanced societies. Goldman (2006) believes that for just as many women that are concerned with body image during pregnancy, for others, pregnancy can be a respite from and sometimes the closest thing to cure body-image concerns. According to Chang et al. (2006) women who have a normal weight before pregnancy report a more negative

body image during pregnancy, but women who are overweight before pregnancy are more likely to experience a positive change in body image while pregnant.

Orbach (2006) says for many women pregnancy brought unexpected side benefits. Some reported on how being pregnant forced them to focus on their bodies in new ways. The daily changes and new physical and emotional states alongside the desire to provide the healthiest possible environment for the baby growing inside them produced heightened awareness of what they were eating. They were the recipients of much positive attention from others for being in the pregnant state and "having a tummy was for the first time legitimate and praised" (Orbach, 2006:254). Words associated with fatness were not used to describe body changes thus suspending the fact that only slimness can be beautiful. For some, their enchantment with the baby and the importance of responding appropriately to the new infant's food requirements allowed women to enjoy the postpartum changes in their bodies and settle at a size they felt comfortable and right. For others the loss of the foetus inside them, with all the attention now focused on the new arrival, brought up feelings of loss of identity and a focus on when they would get their bodies back (Orbach, 2006).

However, Chang et al. (2006) says there is no evidence that the slim-body ideal is abandoned during pregnancy. A sample of research participants was chosen from pregnant women receiving prenatal examinations at a medical centre in Taiwan, between August 2003 and July 2004, and again, in December 2004. Participants completed a demographic questionnaire followed by an interview. Questions included "Tell me about your pregnancy experience" and "How do your feel about your current appearance and body shape?" Many participants reported that their

pregnant bodies interfered with their attainment of pre-pregnant standards of beauty and gracefulness. Many expressed a conflict between concerns about their own body measuring up to the thin ideal that is socially prescribed for women, and concerns for their baby's body, reflecting their desire to put their child's welfare before their own. They concluded that for women worldwide, pregnancy provides a temporary hiatus from the inflexible association of thinness and femininity that women learn over a lifetime of direct socialization and of subtle shaping by media models and social attitudes (Chang et al., 2006).

A survey of 1,300 mothers, undertaken by the website Mumsnet.com, found that less than a quarter of the women surveyed were happy with their appearance, with a half of these polled declaring themselves actively 'unhappy' (Hegarty, 2008). Hisner (1986) cited in Jordan et al. (2005) discovered that 75% of women are concerned with their weight and 70% concerned with their ability to return to a 'normal' or pre-pregnant figure in the first few weeks postpartum.

Not all studies however, support the claims that body image is an important issue to new mothers, Strang and Sullivan (1985) cited in Jordan et al. (2005) claimed that over 70% of women in their study reported a positive body image at two and six weeks postpartum, with another quarter of the participants reporting a neutral attitude. Lips (1985) cited in Jordan et al. (2005) found that physical stress might be of greater concern postpartum than body image.

2.4 The Media and other Social Pressures in Pregnancy

Jordan et al. (2005) says that the opinion that women, particularly new mothers, are overly alarmed with weight and body shape has much currency in our culture. "Statements such as 'I'm not fat, I'm pregnant' are concurrently perceived as accurate and as cliché" (Jordan et al., 2005:19). Hughes (2009) says if women do not drop their baby weight instantly then they are slobby failures but if they drop it too fast they are selfish witches who put themselves before their offspring. Mysko and Amadeï (2009) believe that s*elfish* is a world that gets thrown around when women discuss motherhood. It is a dreaded slur among mothers and mothers-to-be if they admit to how concerned they really are about pregnancy weight and their fears are not unfounded.

> Vicki Iovine, author of the bestselling *The Girlfriend's Guide to Pregnancy*, takes a major detour from her otherwise empathetic advice to hurl some choice words at anyone who dares to let her food and weight issues affect her pregnancy. "It should be understood that the baby's health is more important than any other consideration, and that any women who starves herself or eats only trash food should permanently be ostracized from the community of Girlfriends, if not from the universe (Mysko & Amadeï, 2009:134).

Under the threat of such harsh judgement, it's not surprising that women guard the seriousness of their food and weight concerns (Mysko & Amadeï, 2009). In a study by Huon, Morris and Brown (1990) 40 men and 40 women were asked to select a photograph showing their ideal female figure, their actual size (for men the size of their best female friend), the size that they thought most men would prefer and the size they thought most women would prefer. The choice was from 12 projected photographs of two female models, adjusted to different sizes. Men were accurate in predicting women's preferred size, women's preferred size was thinnest, followed by what they believed to be men's preferred size, followed by their own ideal, followed

by their actual size. The authors concluded that data suggests that women's body image is affected by not only social pressure but also pressure from other women to conform to a thin ideal (Grogan, 1999).

Some researchers have focused on the social pressures experienced by women to conform to a particular body shape in order to be attractive to men. Charles and Kerr (1986) in their interviews with 200 British women, found that body image is closely linked with sexual attractiveness and that "particularly after childbirth, women feel pressure from their sexual partners to regain their figures and to be slender, in order to maintain their sexual relationship" (Grogan, 1999:143). In a study conducted by Lamb, Jackson, Cassiday, and Priest (1993) results found that women tended to believe that men preferred much thinner body shapes than the men themselves actually chose. According to evolutionary theorists, women's physical attractiveness which includes normal weight and fat layers around the hips are important because if gives male sexual partners cues to their health and potential reproductive success (Grogan, 1999).

> When we asked dads and dads-to-be to tell us if they had concerns about their partners' bodies', their big concerns were not weight gain or stretch marks (which were at the top of almost every woman's list). Instead, most guys told us they just wanted their partners to feel good about their bodies (Mysko & Amadeï, 2009:63).

It used to be that we accepted change, according to Hughes (2009). The years passed, we had children, we aged and our bodies reflected that process. Nowadays women are caught in a culture of self-loathing and are encouraged to worship at the altar of youth and perfection and motherhood is just another arena to compete. We are bombarded with stories about how the latest diet or exercise craze led this star or that to shed her baby weight within two months.

> The number of *People* magazine covers about pregnancy, baby and postbaby body mentions more than doubled between 2003 and 2005 and has been holding steady ever since. Celebrity magazines are now so desperate to include baby weight stories, that they've actually run out of original headlines (Mysko & Amadeï, 2009:39).

"Media images are never a sufficient condition, of course; many other factors contribute. But it's impossible to deny their reach" (Graydon, 2008:19). Meredith Nash, an Australian researcher is currently exploring how our growing fascination with celebrity pregnancy is affecting non-famous pregnant women. She calls her research the Baby Bump Project and has found that "subjects who regularly read tabloids are more likely to describe themselves as "fat" than those who do not follow celebrity culture, and feel heightened pressure to lose their baby weight quickly after delivery" (Mysko & Amadeï, 2009:37).

Goldman (2006) refers to a New York magazine cover story "The Perfect Pregnancy" which focused on women who spoke of wishing for morning sickness and of women who "wore their low maternal weight gain like a Girl Scout badge" (Goldman, 2006:130) but in a society where magazine ads scream "motherhood, its hot!" she says, and where actresses pose for Playboy magazine while their newborns snooze off camera, can we blame them?

Most of the time, it doesn't matter that most of us realise that such images are harmful and unobtainable and that the reality is that in many cases these celebrities have either starved themselves thin or resorted to surgery (Hughes, 2009). "Being able to squeeze myself into tiny clothes," Elizabeth Hurley declared last year, "is how I earn my living." For Hollywood's new moms, snapping back into red-carpet shape is a business imperative - one that doesn't come cheap" (Espinoza et al., 2003). But so

pervasive are the images that even those women who fail to worry about their bodies, and enjoy the early days of motherhood, can find themselves doubting their choice, sensible though it is (Hughes, 2009).

2.5 Behaviours Associated with and Consequences of Pregorexia

"How many women are encouraged to feel proud that they don't show until the sixth month of pregnancy?" (Orbach, 2009:104). There is extremely disturbing evidence that the goal of so many women today, low maternal weight, is one contributor to actual obesity in adults in later life. At the end of the Second World War, according to Orbach (2009) the Dutch suffered an extraordinary famine. Women exposed to the famine in the first six months of their pregnancies gave birth to underweight babies who became obese as adults. Those who experienced starvation for the first time in the last trimester, did not. Low maternal weight in the first six months of pregnancy primes the baby to act as a famine victim and these low weight babies are more likely to suffer from diabetes. If this information is combined with the recent trend for celebrity mothers to have caesareans before term because of the perceived advantage in providing a rapid recovery to a trim post pregnancy baby "we see how an emphasis on thinness – 'pregnorexia' – can be a risk to both mothers and babies" (Orbach, 2009:104).

Bee and Boyd (2004) say both the general adequacy and presence of certain key nutrients are critical to prenatal development. For women with a healthy pre-pregnancy weight, an average weight gain of 12 kg, according to Williamson (2006) is the gain to be associated with the lowest risk of complications during pregnancy

and labour and with a reduced risk of having a low birth-weight infant. When a pregnant woman experiences severe malnutrition especially during the final three months according to Bee and Boyd (2004) she faces an increased risk of stillbirth, low birth weight, or infant death during the first year of life.

Berg, Park, Yuchiao, and Rigotti (2008) discovered through a telephone study where the population included pregnant women who were 18 years or older who smoked $\geq$ 1 cigarette in the past seven days, that concern about post-cessation weight gain may be a factor that interferes with smokers' efforts to quit during pregnancy. "Smoking cessation during pregnancy is a public health priority because smoking is the leading modifiable cause of low birth weight and increases the risk of other adverse pregnancy outcomes" (Berg et al., 2008:1159). Infants of smoking mothers are on average about half a pound lighter at birth than infants of non-smokers. The more the mother smokes the greater the impact on the birth weight. The primary problem-causing agent in cigarettes is nicotine, which constricts the blood vessels resulting in a reduction in the blood flow and nutrition to the placenta (Bee & Boyd, 2004). Also, of particular danger for the fetus is the abuse of diet pills, caffeine, diuretics and laxatives, especially Corrector (Powers, 1997 cited in Herrin, 2003).

Women who exercise regularly will eventually have to make an important decision, whether or not to continue their program during pregnancy. While there is no concrete evidence, according to Luxbacher (1995) that regular exercise improves the outcome of pregnancy, staying active during pregnancy does promote good posture, alleviates lower back pain and fatigue and improves mood state and body image. However, hypothetical concerns associated with exercise during pregnancy are

reduced blood flow to the uterus leading to insufficient oxygen to the fetus, elevated fetal temperature in response to prolonged aerobic type exercise, low birth weight, the possibility of miscarriage or premature labor. "If you're itching to get back to intense workouts before you've even had a chance to get a handle on being a new mom, ask yourself where that pressure is coming from" (Mysko & Amadeï, 2009:48).

2.6 Counselling and Support for Pregorexia

"One positive result of the media hype about "pregorexia" is, that it may provide an opportunity for health and nutrition professionals to have candid discussions with women about meals and nutrition during pregnancy" ("How Real is 'Pregorexia?'", 2009:7).

According to Mysko and Amadeï (2009) the pressure to lose the weight is a cover-up for much deeper issues. If women can talk to a friend, pastor, rabbi or counsellor, or get into some kind of support group, they can really start to look at what's going on underneath. Those who do however, find the courage to broach the subject with their doctors are often met with judgemental and dismissive attitudes that prevent others from speaking up. "Of those we surveyed, 73 percent of pregnant women with body-image issues and histories of eating disorders and disordered eating said they have not discussed this history with their obstetrician or midwife" (Mysko & Amadeï, 2009:139).

Freedman (1990) suggests that cognitive-behavioural interventions could be used on an individual level to train people how to resist media pressure, through challenging

faulty cognitions about the body, irrational thoughts and unrealistic and faulty explanations. Others believe that women as a group should reject traditional media conceptions of body image, however, one of the difficulties of this approach is that it would involve separation from mainstream culture (Grogan, 1999).

Childbearing is a life experience that evokes multiple worries for women and one of these worries is how pregnancy affects one's body image. Although this and other worries have been expressed by women "there is little information contributing to the understanding of both the content and process of worry as it pertains to women's adaptation during pregnancy and postpartum or how this knowledge can be used in shaping nursing care" (Affonso, Liu-Chiang & Mayberry, 1999:227). Worry is inseparably linked to affective responses of anxiety and depression and was found to be one of the eight most frequent and intense symptoms of depression in American childbearing women. Much of the content for nursing care in postpartum focuses on "common" concerns such as perceptions about the infant, knowledge and the use of health resources (Donaldson, 1991 cited in Affonso et al., 1999). When new mothers are asked, "What are your concerns?" the responses more likely will be related to learning needs. Very different responses may be elicited to questions such as "What are you worried about?" than typical informational requests about newborn care" (Affonso et al., 1999). Understanding a broader context of women's worries will facilitate developing guidelines for incorporating "worry status" into health assessments during pregnancy and postpartum. Appropriate interventions for education and counselling could then be introduced as standards of clinical practice (Affonso et al., 1999).

The results of the Chang et al. (2006) study suggests that any sign of support and acceptance is comforting whether it be explicit praise from a partner or from a woman's comparison of her experiences with those of other pregnant women. Health professionals, they conclude, need to be aware of the diverse and conflicting reaction that pregnant women have to their bodies. They can then provide the social and psychological support required at this critical time.

> I've-been-there-too smiles from other women in the locker room can go a long way towards easing weight-gain worries. And that sense of camaraderie sometimes sends a woman with baby on board off to the showers, flashing some extra tummy along with her pride (Goldman, 2006:130).

3. METHODOLOGY

3.1 Procedure

Having given initial consideration to the possibility of using a qualitative research method such as an interview, it was decided that due to the sensitivity of the subject, the appropriate method would be one that could guarantee anonymity. In this instance, it was believed that interviewer effects could influence the way in which participants would respond.

When research questions focus on sensitive topics participants' self-reports may be distorted by a social desirability bias (Passer & Smith, 2004). Beckett and Clegg (2007) state that when an interviewer is present, there can be three stories of an interview, "the interviewer's story, the interviewed story, and the story of the interview itself" (Beckett & Clegg, 2007:316) and usually it is only the interviewer's story that is heard in public. Writing, they believe can liberate a space for a different story, a story different from the one constructed through both the person interviewed and the interviewer.

A questionnaire or survey was decided upon and although it was realised that this quantitative method is not totally exempt from social desirability bias, its anonymity reduces its probability. The disadvantages of questionnaires were also taken into account; the inability to motivate people to respond, the risk that incomplete responses due to lack of supervision may be submitted and the fact that questionnaires do not allow elaboration of responses or the opportunity to collect other data - it was

still considered the most appropriate methodology. "Personal Anonymity may be central to gaining reliable information" (Fox, Murray & Warm, 2003:177).

On reviewing an article by Hegarty (2008) referred to in the literature review, a survey completed by an English based organisation Mumsnet, who provides advice and support to pregnant women and new mothers, came to my attention. The survey of 1,300 mothers found that less than a quarter of the women who responded were happy with their appearance. Because questionnaires tend to measure abstract concepts, there is a need to ensure that they produce results that are both reliable and valid. It was decided that this published questionnaire could fulfil this criteria. The organisation Mumsnet was contacted and permission obtained to use the content of the questionnaire. On further inspection of the survey it was decided that some of the questions did not apply to an Irish population and some were in fact, quite detailed. According to Dillman (1978) three things must be done if response rate to surveys is to be maximised. Minimise the cost of responding, maximise the rewards for responding and establish trust that these rewards will be delivered. Some of the factors in minimising costs to the respondent include; reducing physical and mental effort required, making the task appear as brief as possible, making the questionnaire clear and concise and reducing overall size. The Mumsnet questionnaire was refined and a 17-item questionnaire emerged. Closed responses were chosen, providing independent alternative options, which included all possible alternatives for each question in order to elicit reliable and accurate responses. Careful consideration was taken to make options mutually exclusive.

3.2 Participants

The next stage of the process was identifying and obtaining participants. "When a representative sample is surveyed we can be confident (though never completely certain) that the findings closely portray the population as a whole. This is the strongest advantage of survey research" (Passer & Smith, 2004:40).

The population in this case was easily identified, pregnant Irish women and Irish women who had recently given birth. It was or course, an impossible task to reach the entire population in Ireland. According to the Central Statistics Office Vital Statistics Fourth-Quarter and Yearly Summary Report 2008, there were 75,065 births registered in the Republic of Ireland in 2009 (Healy, 2009). The website www.rollercoaster.ie, an Irish website that provides advice and support to pregnant women and new mothers in the form of discussion groups, classified advertisements and service directories, not unlike the website www.Mumsnet.com was chosen to obtain participants.

The style of sampling decided upon was Probability Sampling. In Probability Sampling, the population is clearly defined, all members of the population are listed and using a random process, individuals are selected from the list. Cluster Sampling, a type of Probability Sampling deemed most appropriate in this instance as Cluster Sampling proves most effective when large populations are spread out across a wide geographic area. In Cluster Sampling, the entire population is divided into clusters. For this study, pregnant Irish women and Irish women who had recently given birth were divided into different ante-natal groups and mother/toddler groups advertised on

www.rollercoaster.ie. The entire directory of contact names and addresses of ante-natal groups and mother/toddler groups advertised on www.rollercoaster.ie were then printed.

The next consideration was sample size. Using a manual selection process - names pulled out of a hat, a mixture of 30 ante-natal and mother toddler groups were randomly chosen. 10 questionnaires, along with a brief introductory note to each participant were posted to the contact name in each organisation. A separate cover letter was enclosed specifically for the contact name, explaining the purpose of the study and requesting that they distribute the questionnaires to their group. They were also asked to return the completed questionnaires in the self stamped addressed envelope provided as soon as possible.

The next issue of concern was sampling bias. What about those pregnant women and new mothers who are not attending ante natal classes or mother/toddler groups? What about those pregnant women and new mothers who are still in employment? Was the sample representative of the population? How was it possible to obtain a sample from this group? Through the survey software and questionnaire tool www.surveymonkey.com the questionnaire was put online. According to Fox et al. (2003) some of the advantages of web-based questionnaires are, reduced cost, ease and speed of administration, the ability to provide anonymity which increases self esteem and reducing social anxiety and desirability. Anonymity was a key factor in this research.

Non Probability Sampling or more specifically a mixture of Convenience/Snowball type sampling was considered the most effective method of gaining access to this group. Friends and family were emailed the on line questionnaire which included a similar cover note sent with the posted questionnaires, guaranteeing anonymity and including the details of Bodywhys. Friends and family were requested to forward the email to co-workers and friends and on completion of the questionnaire, for them to forward to their family and friends creating a snowball effect. It was believed that the risk normally associated with Convenience Sampling was minimal.

3.3 Measures

3.3.1 Behaviours

To distinguish between women who had an eating disorder or disordered eating pre pregnancy and those who developed an eating disorder or disordered eating during and after pregnancy, participants were asked a series of questions concerning their behaviours before being pregnant, while pregnant and within twelve months after giving birth.

Participants were asked to answer yes or no to whether they were often on a diet, before, during and after pregnancy. Participants were then asked what particular behaviour if any were they engaged in order to lose or maintain weight before, during and after pregnancy. Smoking, slimming pills, laxatives, self induced vomiting, starving, slimming clubs were presented as options. The option, none of the

behaviours listed was also presented as was an option to specify another behaviour if necessary.

In an effort to establish if participants either remained engaged or began engaging in high impact exercises during and after pregnancy, they were asked how many times per week they exercised before, during and after pregnancy. 1 – 2 times/week, 3 – 4 times/week and 5 – 7 times/week were listed as options to choose from. Respondents were also queried on the type of exercise, if any, they engaged in. A list of high to low impact exercises were presented including spinning, running, aerobics, yoga, walking, swimming and, pilates. If the exercise they engaged in was not listed they were asked to specify.

Respondents were also asked had they had ever considered cosmetic surgery before, during and after pregnancy to determine if their considerations were consistent. If they had, they were asked what type of surgery they had considered. Botox, boob job, tummy tuck, vaginoplasty, face lift, breast lift where presented as options. If they had considered a different type, they were asked to specify.

To establish if participants engaged in breastfeeding in order to lose weight, respondents were queried on whether they breastfed, and if so for what reason. Three options were listed to choose from. For nutrition, immunity and bonding; For nutrition, immunity, bonding and to help shed baby weight or To help shed baby weight.

Finally in this category, participants were asked which behaviour was most regularly effective in making them feel better before, during and after pregnancy, again to determine if behaviours were consistent. The list included both positive and negative behaviours ranging from regular exercise, healthy eating and sleep/relaxation to botox, weight loss and comfort food.

3.3.2 Body Image

In order to assess body image before, during and after pregnancy to assess if body image changed during pregnancy and postpartum, participants were asked to choose from a list of adjectives which they felt best described the way that both their partner and then themselves, thought about their body. Fat, slim, sexy, voluptuous, undesirable, unattractive and don't know, were the options presented.

3.3.3 Pressure

To assess from what source, pregnant and new mothers felt pressure if any to stay slim, participants were asked simply did they feel pressure to stay slim and from whom they believed the pressure was coming from. Media, pregnant peers, non pregnant peers, partner, friends, sisters or mother were offered as choices.

In an effort to ascertain what influence if any, the media has on body image during and after pregnancy, respondents were asked to choose which statement closely captured how they felt when they saw a flat-tummied celebrity mum in a bikini a few weeks after giving birth. I look as good as they do; I could look as good as that if I

had their cash/personal trainer/hairdresser/chef; I wish I looked like that; I'm glad I don't have to try that hard or I don't give a monkey's what celebrity mums look like, were listed as options.

Finally in this category, in an attempt to establish if pressure came from other women, respondents were asked when they dropped their children to playschool or crèche how they felt about their appearance: I dress up and put on make up because the other mums do; I'm too busy and too tired to care about how I look; I just dress normally were presented as options.

3.4 Limitations

Due to the cost factor involved in posting questionnaires to the various groups and covering the cost of the group returning the questionnaires, only 30 questionnaires could be posted. This limited access to the target population. Some of these groups did in fact have a contact name and email address but it was decided against emailing them the online survey. It would have been unreasonable to expect the contact to email the survey to her classes. Mentioned earlier, if the response rate to surveys is to be maximised, the cost of responding must be minimised and this includes reducing physical and mental effort (Dillman, 1978).

3.5 Ethical Considerations

According to the American Psychological Association (APA) guideline of informed consent, people "should be given a full description of the procedures to be followed, informed about any risks that might be involved and told that they are free to withdraw from a study at any time without penalty" (Passer & Smith, 2004:55) when they agreed to participate in research. Each questionnaire was accompanied with brief introductory note to each participant, informing them that participation was completely voluntary and anonymous and that the completed questionnaires would be transferred from the paper record to electronic formation and stored on a password protected computer. The contact details of Bodywhys were also included in the questionnaire. A similar introductory note, more email appropriate, was included in the email that went to family and friends along with the link to the online survey.

4. RESULTS

4.1 Behaviours

Participants were asked to answer yes or no to whether they were often on a diet, before, during and after pregnancy. Of the 35 respondents that answered yes, 23 (65.7%) of these indicated they were often on a diet before being pregnant, 2 (5.7%) were often a diet while pregnant and 31 (88.6%) signalled that they often dieted within 12 months of giving birth. Of the 45 respondents who answered no to that question, 32 (71.1%) indicated that they did not often diet before being pregnant, 44 (97.8%) indicated not often dieting while being pregnant and 22 (48.9%) said they often dieted within 12 months of giving birth.

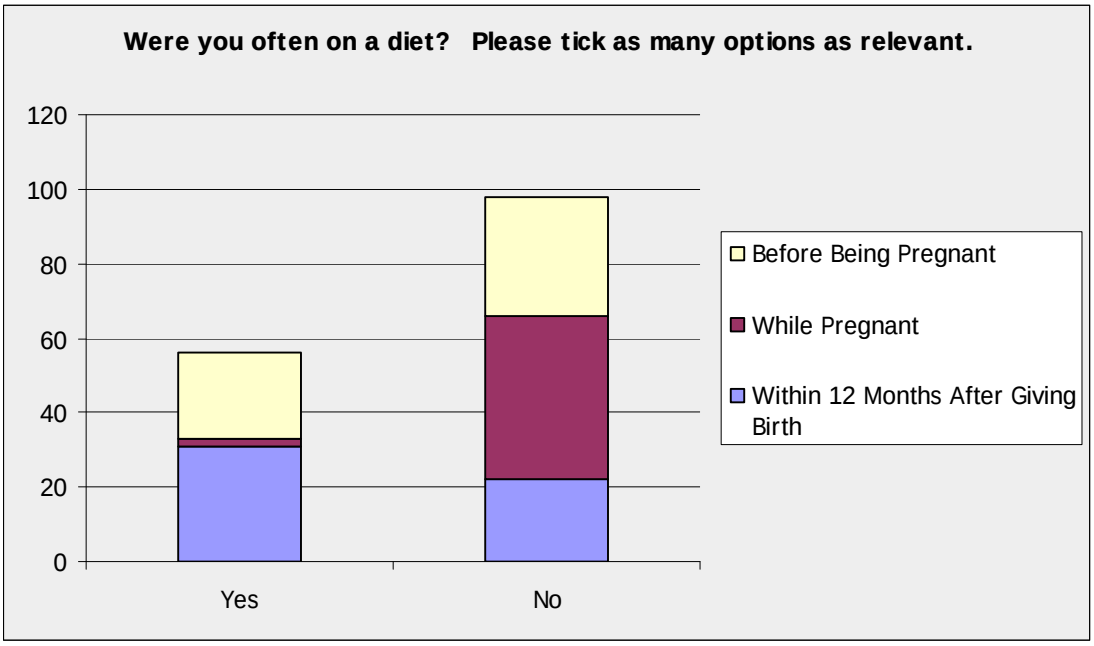

Figure 1: Results from the question in the survey, "Were you often on a diet?"

In relation to the question what particular behaviour if any, participants engaged in, in order to lose or maintain weight before, during and after pregnancy, out of the 9 who chose smoking as a behaviour, 8 (88.9%) indicated they smoked before pregnancy, 3 (33.3%) during and 5 (55.6%) after pregnancy. Out of the 2 participants who chose slimming pills, 2 (100%) took them to lose or maintain weight pre pregnancy while only 1 (50%) participant within 12 months after giving birth. No participant indicated taking slimming pills during pregnancy. There was no indication that any of the respondents took laxatives before, during or after pregnancy. 2 participants engaged in self induced vomiting, but no participant indicated engaging in this behaviour during or after pregnancy. Similarly 2 respondents indicated starving as a measure to lose or maintain weight pre pregnancy while there was no indication that any participant starved as a measure to lose weight during or after pregnancy. Out of the 18 responses to attending slimming clubs in order to lose or maintain weight 7 (38.9%) did so before pregnancy, 1 (5.6%) after pregnancy and 15 (83.3%) within 12 months of giving birth. Finally in this category, out of the 25 who answered none of the above, 23 (92%) specified before pregnancy, 21 (84%) during and 19 (76%) postpartum. In the other please specify option, 4 participants said they exercised and 3 indicated they ate healthily although none of these participants indicated at what point, pre, during or after pregnancy they engaged in these behaviours.

In an effort to establish if participants either remained engaged or began engaging in high impact exercises during and after pregnancy, they were asked how many times per week they exercised and what type of exercise they engaged in during this period. Out of the 20 that answered no exercise, 11 (55%) indicated they did not exercise before pregnancy, 13 (65%) indicated not exercising during pregnancy and 7 (35%)

signalled not exercising within the 12 months postpartum. 18 (64.3%) out of the 28 that chose the option exercising 1 to 2 times per week, said that they exercised pre pregnancy, 14 (50%) during pregnancy and 22 (78.6%) after pregnancy. Of the 22 that disclosed exercising 3 to 4 times per week, 12 (54.5%) spent this time exercising pre pregnancy, 8 (36.4%) during pregnancy and 12 (54.5%) post pregnancy. Finally out of the 12 that chose the option of exercising 5 to 7 times per week, 6 (50%) said they spent this time exercising pre pregnancy, 5 (41.7%) during and 11 (97.7%) post pregnancy.

In relation to the type or exercise participants engaged in, out of the 6 that answered spinning, 4 (66.7%) engaged in this type of exercise pre pregnancy, 1 (16.7%) during pregnancy and 3 (50%) post pregnancy. Out of the 12 that chose running, 4 (33.3%) ran before being pregnant, 1 (8.3%) during and 11 (91.7%) post pregnancy. 9 (60%) out of the 15 that chose aerobics, engaged in aerobic exercise pre pregnancy, 1 (6.7%) during and 12 (80%) after pregnancy. Out of the 9 participants that chose yoga, 6 (66.7%) engaged in yoga pre pregnancy, 5 (55.6%) during and 4 (44.4%) after pregnancy. 45 participants chose walking and out of this 33 (73.3%) walked pre pregnancy, 30 (66.7%) during and 36 (80%) post pregnancy. 11 (55%) out of the 20 participants that chose swimming, swam pre pregnancy, 12 (60%) during and 11 (55%) post pregnancy. Finally, out of the 4 that chose pilates as their preferred activity, 3 (75%) engaged in this type of exercise before pregnancy, 1 (25%) during and 4 (100%) after pregnancy. For the other please, specify option, 4 participants indicated the gym as their preferred exercise but did not indicate whether they attended the gym pre, during or after pregnancy. 1 participant said ballet, another

indoor soccer and another weights, but none of these indicated at what stage they exercised. 1 participant in this option said they cycled pre and during pregnancy.

In answer to the question regarding cosmetic surgery before, during and after pregnancy, to determine if their considerations were consistent, out of the 5 that chose botox, 1 (20%) considered this option before pregnancy, none during pregnancy and 5 (100%) after pregnancy. Out of the 9 that chose boob job, 2 (22.2%) considered this before pregnancy, 1 (11.1%) during and 8 (88.9%) after pregnancy. Out of those who chose tummy tuck, 1 (9.1%) considered this before pregnancy, none during and 11 (100%) after pregnancy. In relation to liposuction, out of the 5 who chose this option, 2 (33.3%) considered it before pregnancy, none during and 5 (83.3%) after. Regarding a vaginoplasty only one considered this option after pregnancy, none before or during. A facelift returned the same results. Finally in relation to a breast lift, out of the 5 that chose this option, 1 (20%) chose before, none during and 5 (100%) chose after pregnancy. In the other please specify option, one participant mentioned teeth but did not mention at what point they considered having the procedure done.

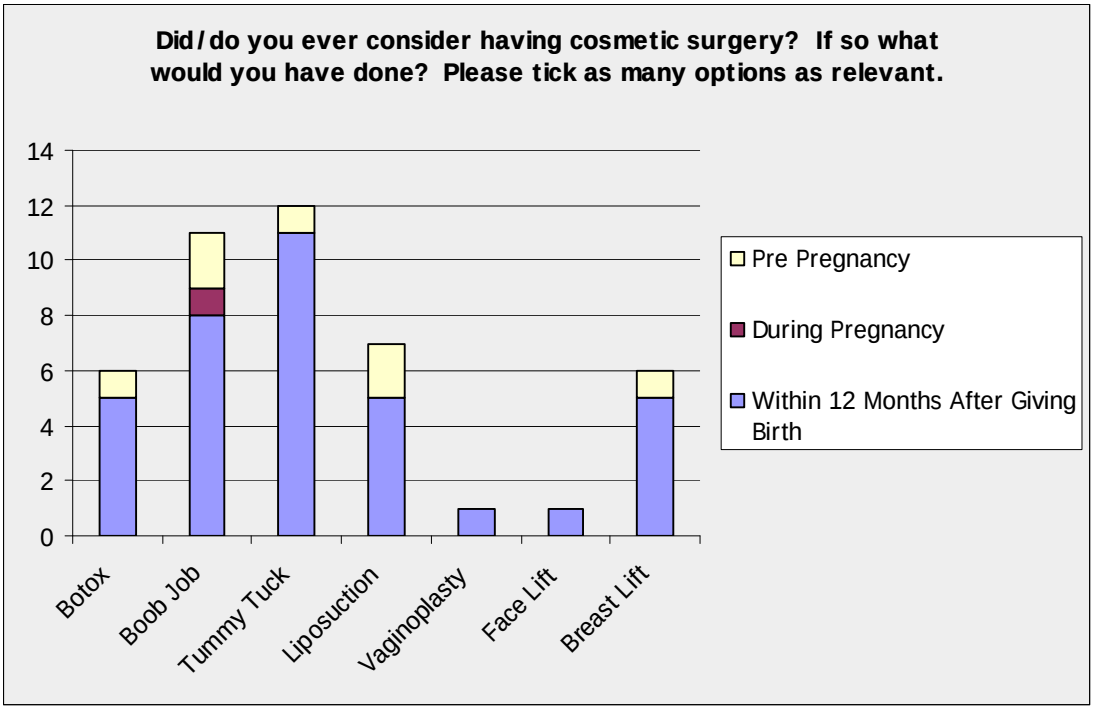

Figure 2: Results from the question in the survey regarding cosmetic surgery

To establish if participants engaged in breastfeeding in order to lose weight, respondents were queried on whether they breastfed, and if so for what reason. Out of the 38 participants that answered this question, 55.3% said for nutrition, immunity and bonding, 47.4% said for nutrition, immunity, bonding and to help shed baby weight and 2.6% said to help shed baby weight.

Finally in this category, participants were asked which behaviour was most regularly effective in making them feel about their body better before, during and after pregnancy, again to determine if behaviours were consistent. Out of the 39 that answered regular exercise, 29 (74.4%) said this option was most regularly effective in making them feel before pregnancy, 16 (41%) during and 35 (89.7%) after. Out of the 40 that chose compliments from partner and friends, 29 (72.5%) said it made them feel better before pregnancy, 30 (75%) during and 36 (90%) after pregnancy. Out of

the 40 that chose healthy eating, 27 (67.5%) indicated before pregnancy, 28 (70%) during and 32 (80%) after. 11 (64.7%) out of the 15 that chose a few glasses of wine as their method of feeling good pre pregnancy, 1 (6.7%) during and 12 (80%) after pregnancy. Out of the 17 that chose shopping, 11 (64.7%) said this activity was good for them pre pregnancy, 7 (41.2%) during and 13 (73.5%) after. 14 chose the option control pants/bra as a method to help them feel good about their body 3 (21.4%) said this worked for them pre pregnancy, 1 (7.1%) during and 14 (100%) afterwards. Out of the 17 that chose visit to the beautician 11 (64.7%) indicated this activity before pregnancy, 10 (58.8%) during and 17 (100%) after. Out of the 5 that chose comfort food, 3 (60%) indicated comfort food helped them feel better before pregnancy, 4 (80%) during and 3 (60%) after pregnancy. Out of the 13 that chose sex 10 (76.9%) indicated this as a positive activity pre pregnancy, 7 (53.8%) during and 12 (92.3%) after pregnancy. 31 participants chose sleep/relaxation as a method of helping them feel better about their body, 22 (71%) pre, 22 (71%) during and 29 (93.5%) after pregnancy. No participant chose botox. Out of the 32 that chose weight loss, 17 (53.1%) signalled it made them feel better pre, 2 (6.3%) during and 29 (90.6%) after pregnancy. Out of the 38 participants that chose being happy with my life, 24 (63.2%) said before pregnancy, 23 (60.5%) during and 35 (92.1%) post pregnancy. Out of the 4 that chose talking to a professional about how they felt, 1 (25%) indicated this helped pre pregnancy, 1 (25%) during and 4 (100%) post pregnancy. 1 participant indicated, nothing would help, pre (100%) 1 (100%) during and 1 (100%) post pregnancy. 1 participant also indicated talking to a support group about how they felt, would have helped pre (100%) 1 during (100%) and 1 (100%) post pregnancy. Finally in this category, out of the 6 participants that chose reading women's magazines as their preference for enabling them to feel better, 4 (66.7%)

indicated this activity helped them feel better before pregnancy, 4 (66.7%) during and 6 (100%) after pregnancy. In the other please specify option, one participant indicated pointed out that the reason she dieted during pregnancy was due to gestational diabetes, not to lose weight. Another participant said that not dieting or putting unrealistic goals in place for herself and relaxing about baby weight worked for her.

4.2 Body Image

In order to assess body image before, during and after pregnancy to assess if body image changed during pregnancy and postpartum, participants were asked to choose from a list of adjectives which they felt best described the way that both their partner and then themselves, thought about their body. Out of the 9 participants who believed their partner thought them as fat, 2 (22.2%) of these believed their partner thought them fat before they were pregnant, 4 (44.4%) during pregnancy and 4 (44.4%) after pregnancy. Out of the 35 participants that chose fat as an option when describing themselves, 12 (34.3%) thought themselves fat before pregnancy, 22 (62.9%) during and 18 (51.4%) after pregnancy. 19 (82.6%) of 23 respondents believed their partner thought them as slim before being pregnant, 3 (13%) during pregnancy and 17 (73.9%) after pregnancy. Of the 27 participants who chose slim as the word best to describe themselves, 22 (81.5%) thought themselves slim pre pregnancy, 1 (3.7%) during and 15 (55.6%) after pregnancy. 28 (82.4%) of the 34 participants that chose sexy as the word they believed their partner best described their body, believed their partner saw them as sexy pre pregnancy, 20 (58.8%) during and 20 (58.8%) after pregnancy. Of the 18 who chose sexy to describe themselves, 12 (66.7%) thought

they were sexy before pregnancy, 6 (33.3%) during and 7 (38.96%) after. 18 participants chose the word voluptuous as the one that would best describe they way their partner thought about their body, 5 (27.8%) pre pregnancy, 10 (5.6%) during and 11 (61.1%) after. Of the 14 who chose voluptuous to describe themselves, 6 (42.9%) felt voluptuous pre pregnancy, 7 (50%) during and 5 (35.7%) afterwards. No participant chose undesirable as they word their partner would pick to describe them. Fourteen participants however, chose this word to describe themselves, 2 (18.2%) pre pregnancy, 7 (41.2%) during and 4 (36.4%) postpartum. Two participants chose unattractive as the word their partner would choose to describe them, 1 (50%) pre, 2 (100%) during and none postpartum. Out of the 17 participants who chose unattractive when describing themselves, 2 (11.8%) chose this option pre pregnancy, 7 (41.2%) during and 8 (47.1%) after pregnancy. 23 participants indicated they did not know how their partner would describe them and 10 indicated not knowing how they would describe themselves.

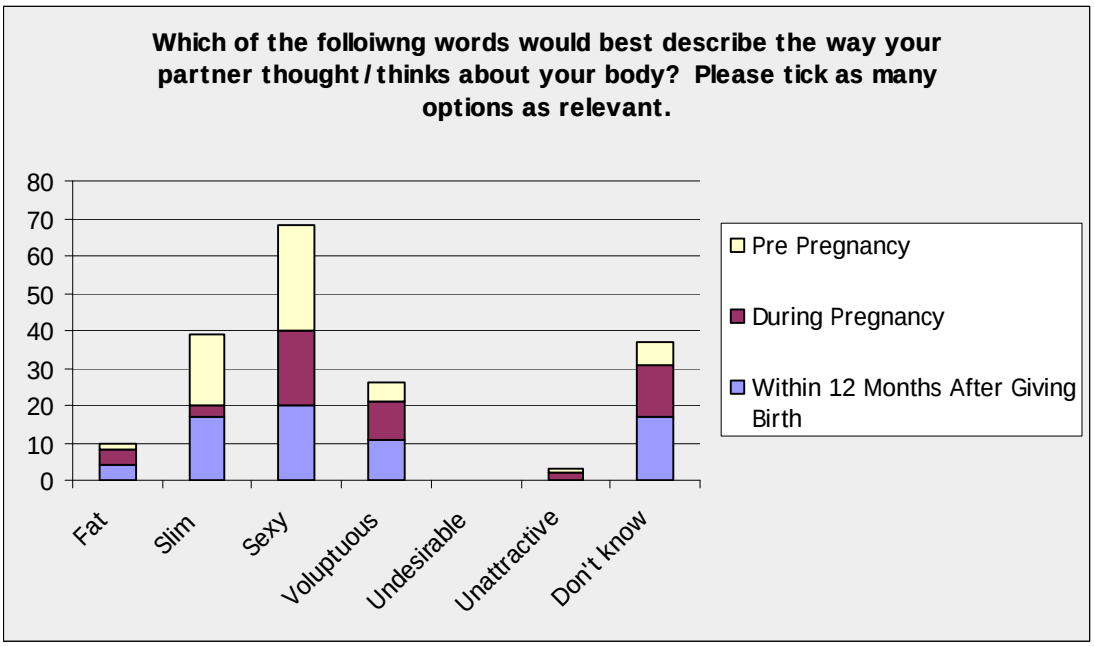

Figure 3: Results from the question in the survey regarding words which participants felt best described the way that their partner thought/thinks about their body

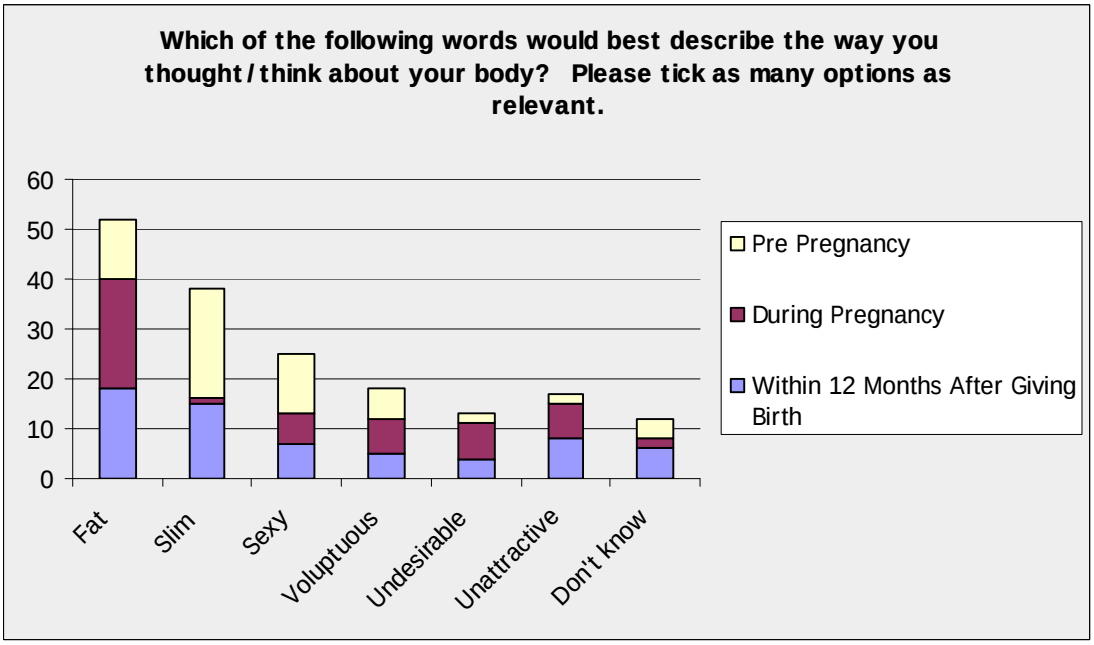

Figure 4: Results from the question in the survey regarding words which participants felt best described the way they thought/think about their body

4.3 Pressure

To assess from what source, pregnant and new mothers felt pressure if any to stay slim, participants were asked simply did they feel pressure to stay slim and from whom they believed the pressure was coming from. Of the 26 who answered the media, 18 (69.2%) felt its pressure pre pregnancy, 10 (38.5%) during and 25 (96.2%) postpartum. Of the 10 respondents who felt pressure from pregnant peers, 7 (70%) felt it during pregnancy and 8 (80%) felt it afterwards. 14 participants felt pressure from non pregnant peers to stay slim, 6 (42.9%) indicated feeling this pressure before pregnancy, 3 (21.4%) during and 13 (92.9%) afterwards. Of the 8 that answered feeling pressure from their partner, 3 (37.5%) felt it before pregnancy, none during and 8 (100%) after pregnancy. Of the 11 that answered friends, 8 (72.7%) felt it pre pregnancy, 4 (36.4%) during and 11 (100%) afterwards. Out of the 6 participants that answered feeling pressure from sisters 2 (33.3%) felt this pressure pre pregnancy, 3 (50%) during and 6 (100%) afterwards. Finally, of those who chose their mother as a source of pressure, 3 (42.9%) indicated feeling her pressure before being pregnant, 3 (42.9%) during and 7 (100%) postpartum.

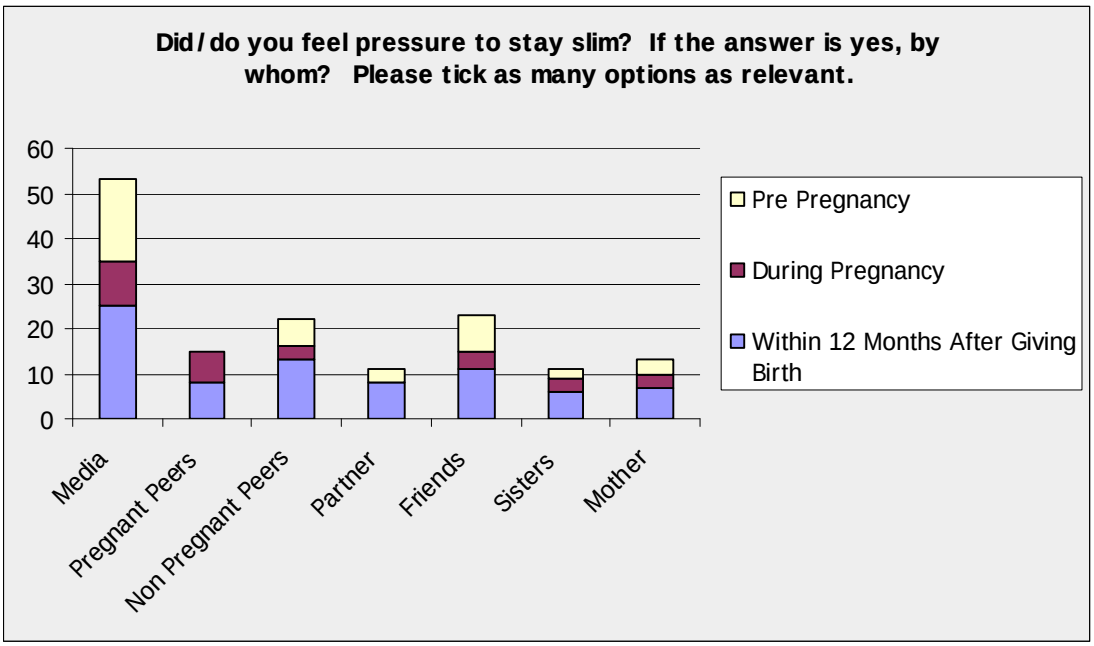

Figure 5: Results from the question in the survey regarding feeling pressure and from what source

In an effort to ascertain what influence if any, the media has on body image during and after pregnancy, respondents were asked to choose which statement closely captured how they felt when they saw a flat-tummied celebrity mum in a bikini a few weeks after giving birth. Of the 56 that answered this question, 2 (3.6%) chose the option, I look as good as they do, 34 (60.7%) chose the option I could look as good as they do; I could look as good as that if I had their cash/personal/trainer/hairdresser or chef, 15 (26.8%) chose, I wish I looked like that, 4 (7.1%) chose, I'm glad I don't have to try that hard and 11 (19.6%) chose the option, I don't give a monkey's what celebrity mums look like.

Finally, in this category, in an attempt to establish if pressure came from other women, respondents were asked when they dropped their children to playschool or crèche how they felt about their appearance. Out of the 57 who responded, 9 (15.8%) chose the option I dress up and put on make up because the other mums do, 6 (10.5%) chose, I'm too busy and too tired to care about how I look and 45 (78.9%) chose the option, I just dress normally.

5. DISCUSSION AND CONCLUSION

5.1 Discussion

According to Bodywhys, The Eating Disorder Association of Ireland, pregorexia is not a medical condition but a media term used to describe two situations surrounding pregnancy - eating disorders and disordered eating. In the first situation, it refers to a pregnant woman who has already or develops an eating disorder during pregnancy (Ní Eidhin, 2009). One of the disadvantages of this study is that it did not include an explicit question around eating disorders. There was a question in the survey around engaging in negative behaviours pre, during and after pregnancy such as self induced vomiting and starving which suggest eating disorders like bulimia and anorexia but there are more clinical features associated with both disorders therefore vomiting and starving cannot in themselves warrant an eating disorder.

In the second instance, pregorexia refers to a pregnant woman or woman who has recently given birth, who feels immense pressure to lose the weight she has put on during pregnancy (or in the case of a pregnant woman, feels pressure not to put on weight in the first place) and who engages in behaviours, like diet restriction, that are particularly unhealthy because of the pregnancy (Ní Eidhin, 2009). This study suggests that participants did feel immense pressure to lose the weight they had put on during pregnancy, or in the case of a pregnant woman, felt pressure not to put on weight in the first place. Out of the 38 participants who responded to the question relating to feeling pressure to stay slim and from whom, there were 30 responses to feeling pressure during pregnancy and an incredible 78 responses to pressure felt

postpartum. The media option was the option with the highest response rate, making the media more influential than pregnant and non pregnant peers, partners, friends and family. This result ties in with current research. According to Dittmarr (2002) the virtual explosion on media exposure and body satisfactions proves that mass media is a forceful and pervasive source of influence. It also ties in with a study of 3,000 women completed by Toby Carvery in support of its Healthy Mums program where more than 50% of British women admitted feeling pressure to shed their baby weight quickly and 90 % said that celebrity mothers who shed pregnancy pounds soon after increased the pressure (Mysko & Amadeï, 2009).

Although the media evoked the highest response rate in relation to pressure from external sources to stay slim pre, during and postpartum, the second highest response rate came from non pregnant peers, followed by friends, pregnant peers, partners, mothers and sisters. It appears that postpartum is the stage where the most pressure is felt to stay slim by these sources. This result relates to research carried out by Huon et al. (1990) where the authors concluded that data suggests that women's body image is affected by not only social pressure but also pressure from other women to conform to a thin ideal. However, in this study, when participants were asked how they dressed when dropping their children to playschool or crèche, 78.9% of those who responded indicated they just dressed normally whereas only 15.8% indicated they made an effort because the other mums do.

There was a striking contrast between how participants thought their partners viewed them to how they viewed themselves. When participants were asked what word would best describe the way their partner thought about their body, the word sexy had

the highest response rate in all categories, pre, during and post pregnancy. Where women chose options to describe themselves, fat was the word that attained the highest response rate and those who chose fat as an option felt fattest during pregnancy. This result concurs with the findings of a study completed by Lamb et al. (1993) where women tended to believe that men preferred much thinner body shapes than the men themselves actually chose. Also in relation to whom participants felt pressure from to lose weight, partner came after media, non pregnant peers, friends and pregnant peers. Not one participant chose their partner as a source of pressure to stay slim while pregnant.

Did participants in this survey engage in behaviours, like diet restriction, that are particularly unhealthy because of the pregnancy? When participants were asked were they often on a diet, out of the 56 respondents who answered this question 3.5% said they dieted during pregnancy and 55.3% said they dieted within 12 months of giving birth. In general however, it appears from the findings that although exercise and dieting increased postpartum, no extreme negative behaviours like vomiting or starving were engaged in during or post pregnancy. High impact exercises like spinning, running and aerobics were curbed during pregnancy but intensified postpartum. Healthy low impact exercises like walking and swimming were consistent pre, during and post pregnancy. In relation to breastfeeding, the highest response rate indicated nutrition, immunity and bonding as the reason, while the lowest by far indicated it was for weight loss only.

Out of the 56 participants who responded to the question, what was most regularly effective in making them feel better about their body, compliments from partners and

friends and healthy eating had the highest response, followed by, regular exercise and being happy with my life. Although this concurs with the results of a study done by Chang et al. (2006) where participants made it clear that any sign of support is comforting, whether it be explicit praise from a partner or the comparison of experiences with those of other women, in this study, talking to a professional or support group were among the options with the lowest response rate. This perhaps needs further exploration. It is unclear from this survey if participants had access to professionals or support groups. Of the 4 participants who responded to this question, 1 (25%) indicated talking to a professional pre pregnancy would help, 1 (25%) indicated during pregnancy, but all 4 (100%) indicated talking to a professional postpartum would be effective in making them feel better about their body. If there is a need for counselling in this area, postpartum appears to be the stage it is most required.

5.2 Conclusion

The results of this study suggests that although Irish women feel pressure to lose or maintain weight, pre, during and particularly after pregnancy, they do not engage in extreme negative behaviours to do so. The study also suggests that most of this pressure comes from the media and other women. It is concluded that further research is needed in this area, research that explores not only disordered eating and behaviours associated with pregorexia but also eating disorders which develop pre, during or post pregnancy.

Meredith Nash, Melbourne University Gender Studies PhD student, is currently conducting research in Australia which she calls the Baby Bump Project, on body image, public pregnancy and motherhood. Through focus groups with pregnant women and those who have just given birth and a longitudinal study consisting of semi structured interviews with pregnant women, which continue until they give birth she is assessing how women respond to internal and external changes in their bodies during and after pregnancy (Nash, 2007). This project is one to watch. If methodology is successful in retrieving the experiences of real Australian women, perhaps it can be applied to Irish society in the future.

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APPENDICES

APPENDIX 1

Cover Letter to Mother/toddler and Antenatal Group Organisers

Dear

My name is Shirley Sullivan and I am a fourth year Counselling and Psychotherapy student in Dublin Business School, Aungier Street, Dublin 2. As part of fourth year, students on this course are required to complete a thesis in an area that interests them.

"Pregorexia" has been inspired by images of celebrities who remain thin during their pregnancies and return to their pre pregnancy figure within a couple of weeks. Heidi Klum, model and presenter, recently walked down the runway at a Victoria's Secret fashion show, just five weeks after giving birth. Closer to home, in May 2009, Irish footballer Robbie Keane and his wife Claudine appeared on the Late Late Show, eleven days after Claudine had given birth to their son. Pat Kenny, host of the show, asked Claudine to stand up to model her post pregnancy size 8 figure. The audience cheered.

I am concerned with the following: What influences a woman's body image during and after pregnancy? Are these influences external? Do pregnant and post pregnant women feel pressure and from whom to remain thin during and after pregnancy? Does the celebrity yummy mummy image have any impact on their body image? If they cannot achieve or sustain an "acceptable" image, how are they affected? What can be put in place to support these women?

I have enclosed 10 questionnaires, which I am hoping you will distribute to women in your group. I have also enclosed a stamped self-addressed envelope so you can return the surveys to me when they are completed.

I am most grateful to you for taking the time out to read this request. I am contactable on 086 403 6835 or shirleysul@hotmail.com should you need any clarification.

Thank you once again.

Yours sincerely

_____

Shirley Sullivan

APPENDIX 2

Cover Letter and Questionnaire to Participants

Hello

My name is Shirley Sullivan and I am conducting research in the Department of Counselling and Psychotherapy that explores Body Image during Pregnancy and Postpartum. This research is being conducted as part of my studies and will be submitted for examination.

You are invited to take part in this study and participation involves completing and returning the attached anonymous survey. Participation is completely voluntary and so you are not obliged to take part. Participation is anonymous and participants can withdraw at any time, however it is important that you understand that by completing and submitting the questionnaire that you are consenting to participate in the study.

The questionnaires will be securely stored and data from the questionnaires will be transferred from the paper record to electronic format and stored on a password protected computer.

Should you require any further information about the research, please contact Shirley Sullivan, shirleysul@hotmail.com or 086 403 6835. My supervisor can be contacted at Siobain.ODonnell@Dbs.ie

Thank you for taking the time to complete this survey.

Please circle the answer that relates to you:

1.	How many children do you have?	1 2 3 4 5 More than 5
2.	How old are your children?	O – 6 months 7 - 12 months 1 year 2 years 3 years 4 years 5 years 6 years 7 years 8 years 9 years 10 years or over
3.	How old are you?	Under 18 18 – 25 26 – 30 31 – 35 36 – 40 41 – 45 Over 5
4.	Where in Ireland do you live?	Ulster Munster Leinster Connacht
5.	What is your demographic location?	City Town Countryside

6. Were you often on a diet before being pregnant? Yes / No

Were/are you often on a diet while pregnant? Yes / No

Were/are you often on a diet during the 12 months after giving birth? Yes / No

Please tick the answer that relates to you:

7. Did/do you engage in any of the following in order to lose or maintain weight?

	Pre Pregnancy	*During Pregnancy*	*Within 12 Months After Giving Birth*
Smoking	___	___	___
Slimming Pills	___	___	___
Laxatives	___	___	___
Self Induced Vomiting	___	___	___
Starving	___	___	___
Slimming Clubs	___	___	___
None of above	___	___	___
Other, please specify _____	___	___	___

8. Did/do you exercise and how many times a week did/do you exercise?

	Pre Pregnancy	*During Pregnancy*	*Within 12 Months After Giving Birth*
No exercise	___	___	___
1 – 2 times/week	___	___	___
3 – 4 times/week	___	___	___
5 – 7 times/week	___	___	___

9. If you did/do exercise what type of exercise did/do you do?

	Pre Pregnancy	*During Pregnancy*	*Within 12 Months After Giving Birth*
Spinning	___	___	___
Running	___	___	___
Aerobics	___	___	___
Yoga	___	___	___
Walking	___	___	___
Swimming	___	___	___
Pilates	___	___	___
Other, please specify			
_____	___	___	___

10. Did/do you ever consider having cosmetic surgery? If so what would you have done?

	Pre Pregnancy	*During Pregnancy*	*Within 12 Months After Giving Birth*
Botox	___	___	___
Boob Job	___	___	___
Tummy Tuck	___	___	___
Liposuction	___	___	___
Vaginoplasty	___	___	___
Face Lift	___	___	___
Breast Lift	___	___	___
Other, please specify			
_____	___	___	___

11. If you breastfed, which of the following closely captures your reason for doing so.

For nutrition, immunity and bonding	___
For nutrition, immunity, bonding and to help shed baby weight	___
To help shed baby weight	___

12. Which of the following words would best describe the way your partner thought/thinks about your body?

	Pre Pregnancy	*During Pregnancy*	*Within 12 Months After Giving Birth*
Fat	___	___	___
Slim	___	___	___
Sexy	___	___	___
Voluptuous	___	___	___
Undesirable	___	___	___
Unattractive	___	___	___
Don't know	___	___	___

13. Which of the following words would best describe the way you thought/think about your body?

	Pre Pregnancy	*During Pregnancy*	*Within 12 Months After Giving Birth*
Fat	___	___	___
Slim	___	___	___
Sexy	___	___	___
Voluptuous	___	___	___
Undesirable	___	___	___
Unattractive	___	___	___
Don't know	___	___	___

14. Did/do you feel pressure to stay slim? If the answer is yes, by whom?

	Pre Pregnancy	*During Pregnancy*	*Within 12 Months After Giving Birth*
Media	___	___	___
Pregnant Peers	___	___	___
Non pregnant Peers	___	___	___
Partner	___	___	___
Friends	___	___	___
Sisters	___	___	___
Mother	___	___	___

15. When you catch sight of pictures of a celebrity mum, flat tummied and sporting nothing more than a g-string bikini a mere few weeks after giving birth, which of the following most closely captures how you feel?

I look as good as they do ___

I could look as good as that if I had their cash/ personal trainer/hairdresser/chef ___

I wish I looked like that ___
I'm glad I don't have to try that hard ___
I don't give a monkey's what celebrity mums look like ___

16. When attending mother/toddler groups or dropping your children to crèche or playschool, which of the following most closely captures how you feel about your appearance?

I dress up and put on make up because the other mums do ___
I'm too busy and tired to care how I look ___
I just dress normally ___

17. Which of the following is/was most regularly effective in making you feel better about your body?

	Pre Pregnancy	*During Pregnancy*	*Within 12 Months After Giving Birth*
Regular Exercise	___	___	___
Compliments from Partner/Friends	___	___	___
Healthy Eating	___	___	___
A few glasses of wine	___	___	___
Shopping	___	___	___
Control Pants/Bra	___	___	___
Visit to beautician	___	___	___
Comfort food	___	___	___

Sex	___	___	___
Sleep/Relaxation	___	___	___
Botox	___	___	___
Weight Loss	___	___	___
Being happy with my life (children, partner)	___	___	___
Talking to a professional about how I feel	___	___	___
Nothing, I don't feel good about myself	___	___	___
Talking to a support group about how I feel	___	___	___
Reading women's magazine	___	___	___
Other, please specify			
_____	___	___	___

If any of the questions have raised difficult feelings for you, please contact:
Bodywhys - The Eating Disorders Association Of Ireland.
PO Box 105,
Blackrock,
Co Dublin.
Ireland.

Helpline: 1890 200 444

E info@bodywhys.ie E-Mail Support alex@bodywhys.ie

Please note some questions were taken from http://www.mumsnet.com/surveys/index