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The Experience of Pregnancy

Subjectivity and social relations

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Resumo

Neste trabalho, analiso de um ponto de vista comparativo como a experiência da gravidez é afetada pela rede de relações da gestante, em um contexto urbano. Em particular, analiso o papel desempenhado por maridos ou companheiros, família, amigos e médicos durante a gestação e como estas relações interferem na subjetividade das mulheres. Esta análise contrasta os estudos de Maria Isabel Almeida e de Tânia Salem, realizados na década de oitenta, com os dados de minha pesquisa de campo feita em 2008, todos com mulheres das camadas médias do Rio de Janeiro em sua primeira gestação. Com esta comparação, busco discutir como formas distintas de pensar e vivenciar estas relações, bem como as transformações corridas nos papéis de gênero na família nas últimas décadas afetam a subjetividade das mulheres estudadas, especialmente o valor dado à expressão da individualidade – suas motivações, desejos e emoções.

Palavras-chave: gravidez; subjetividade; família; camadas médias

Abstract

In this article, I examine from a comparative perspective how the experience of pregnancy is affected by pregnant women's social network, in an urban context. In particular, I analyse the role played by husbands or male partners, family, friends and medical specialists during gestation and how these relationships impinge on women's subjectivity. I contrast the earlier studies of Maria Isabel Almeida and Tania Salem, carried out in the 1980s, with my own research material, gathered in 2008, all of which dealt with middle class women living in Rio de Janeiro, Brazil, who were going through their first gestation. I argue, with this comparison, that different ways of thinking and living these relationships as well as the changes undergone in gender roles in the family affects women's subjectivity, in particular the value given to the

expression of individuality – its motivations, desires and emotions.

Keywords: pregnancy; subjectivity; family; middle classes

The Experience of Pregnancy

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Pregnancy starts off the transformation of a specific kinship network, shedding light on to how bonds are created and sustained and how experiences and values are transmitted. In modern Western societies, as Duarte and Gomes stress, this network is based on the perception of common descent, which in turn implies some sort of “sharing of life experiences and socio-historic circumstances that may be remembered, relived, celebrated or passed on to its descendants” (2008: 161). In this sense, pregnancy may be seen as a liminal stage in which kinship relations become reconfigured, invoking the participation of various members through actions, knowledge and emotions.

However, this process has been riveted by an ever growing medicalization of pregnancy. In contrast to other societies and times, gestation is no longer approached as a rather common bodily process, but as one that needs medical attention and intervention through constant appointments and exams to monitor the fetus’ and the pregnant woman’s health. This medicalization of pregnancy thus becomes a particular form of power over these bodies, as Foucault (1977) has argued. This process also turns obstetricians into significant actors during pregnancy, displacing the earlier importance of family participation, which is assigned a new role.

There are certainly distinct ways of dealing with the growing medical treatment of pregnancy, showing that not only women but also their partners and families relate in different ways with this form of bodily intervention. Thirty years ago, Almeida (1987) and Salem (2007) studied middle class pregnant women and couples in Rio de Janeiro, Brazil, who sought alternative forms of medicine, based on the value given to “natural” forms of care. They took birth preparation courses in order to have painless labor. Despite this critical stance towards mainstream Western medicine, specialists such

as obstetricians and psychologists were important figures in these people's lives, since they were responsible for organizing and ministering these classes and for placing the couples' families in a secondary role.

In this article, I examine from a comparative perspective how the experience of pregnancy is affected by pregnant women's social networks, in an urban context. In particular, I analyze the role played by husbands or male partners, family, friends and medical specialists during gestation and how these relationships contribute to a reconfiguration of women's subjectivity. I contrast the earlier studies of Almeida and Salem, carried out in the 1980s, with my own research material, based on participant observation with a pregnancy support group and on interviews conducted in 2008.¹ All of the studies dealt with middle class women living in Rio de Janeiro, Brazil, who were undergoing their first gestation. In all of the studies, women were married or in a marital relationship, had university degrees and worked outside the home. In my own research, they were older –around 30-33– than those investigated by Salem and Almeida, who were in their twenties. Through this comparison, I show the continuities and changes between two generations of women. In particular, I argue that different ways of thinking and living these relationships as well as the changes undergone in gender roles in the family affect women's subjectivity, in particular the value given to the expression of individuality – its motivations, desires and emotions.

This article is structured in three sections. In the first, I discuss the tension between individualization and belonging in studies about kinship and family in Brazil, with special attention to the works of Almeida and Salem. I then present my ethnographic data and, lastly, I compare and contrast these studies to show the changes in the experience of pregnancy and the social network surrounding it.

Family and the individual in Brazilian anthropology

The tensions between affirming one's singularity and being encompassed by a wider social unit has been a key issue in Brazilian anthropological studies

¹ This data comes from the research Project "The experience of pregnancy: body, subjectivity and kinship", supported by the ProCiência Program at Universidade do Estado do Rio de Janeiro (UERJ), and by the CNPq. A first version of this article was presented at the 27th Brazilian Meeting of Anthropology, in Belém, in 2010 (Rezende 2010).

about the family. The conflicting coexistence of these values has also been associated with the presence of “traditional” and “modern” world views, respectively based on the centrality of the group versus the individual. Against this background, this literature has extensively discussed new family configurations, resulting from the change in values, roles and identities, particularly in large urban settings. There is a first, important, body of work produced in the 1980s, which focused on middle class urban families (Velho 1986, Salem 1985, Dauster 1986, Figueira 1986, Barros 1987) at a time when divorce and women’s labor outside the home were becoming widespread practices. At the turn of the twenty-first century, we find a new group of studies (Alves 2005, Dias 2005, Peixoto et al 2000, Heilborn 1999, Stengel 2004, Carvalho 2005) devoted to the analysis of family relations, mostly among the middle classes, a generation after such social transformations began.

In this literature, the relations between the individual and the social group acquire specificities according to social segments in Brazilian society. People in the middle classes place a strong emphasis on an egalitarian ideology (Velho 1981 and 1986), together with the value given to individual autonomy and the legitimate quest for a singular identity. In the working classes, in turn, a hierarchical and holistic ideology would be more predominant (Duarte 1986), although recent works have shown new combinations of holistic and egalitarian values (Dias 2005, Duarte and Gomes 2008).

This tension also varies with different stages in the domestic cycle. In adolescence, for instance, attention is directed to the construction of a singular identity, a process that actively involves peer groups and often implies some contrast to family values and practices (Rezende 1990, Fiúza 1990, Stengel 2005, Blanc 2009). Later, marriage constitutes the creation of a new domestic unit, which frequently means that the adult couple becomes more distant from their parents (Velho 1986, Salem 2007). When they have children, in turn, parents may be more present, giving support and establishing a relationship with their grandchildren. But this presence can also mean interference in child rearing and thus can lead to new forms of conflicts.

With respect to gender relations in the domestic sphere, these studies point to the coexistence of egalitarian values for men and women with traditional social roles that emphasize the difference between them. The fact that Brazilian women have been working outside the home for some decades now has changed family relations, in terms of the distribution of wage earning,

domestic chores and child care, all of which have ceased to be restricted to one of the spouses. With these changes, work has become an important source of identity for women (Araújo and Scalón 2005) and motherhood is no longer taken for granted, either in terms of the desire for children, or in the perception of a “natural” female capacity to be a mother.

In the 1980s, LoBianco had already argued that, among women of the middle classes, the decision to have a career gave a new meaning to maternity, even though it had been the main focus of their socialization, the “most exclusive content of feminine reality” (1985: 98). Thus becoming a mother was still central in their lives, although they attempted to recreate this role by breaking away from the values and practices of the previous generations. Even recently, many authors (Strathern 1995, Fonseca 2004, Ragoné 1997, Luna 2007) have shown that the resource to new reproductive technologies is often motivated by gender roles and femininities anchored in traditional values. In these situations, we find many sources of tension and conflicts between the redefinition of gender roles and the importance attributed to motherhood (LoBianco 1985), between the wish to be a mother and the separation of the various elements – social and biological, now divided in terms of conception and gestation – which constituted maternity for a long time.

These tensions are present in the works of Almeida (1987) and Salem (2007). Both studied middle class pregnant women in Rio de Janeiro in the 1980s, who attended birth preparation classes or pregnancy support groups.² They also sought to understand individualistic notions and values that influenced these women and led them to move away from traditional concepts of motherhood, conjugality and family. In specific terms, Almeida took a comparative perspective on maternity, by studying two generations of women – those who were pregnant and their mothers. Salem in turn gave greater emphasis to the model of conjugality implied in the idea of the “pregnant couple” present in some birth preparation courses. With these issues in mind, I

2 Birth preparation courses tend to have a limited number of classes, and are objectively focused on preparing for birth and learning basic forms of caring for the newborn baby. It is common today for maternity hospitals to offer them regularly. Pregnancy support groups have similar purposes but have an ongoing character, through weekly meetings, and tend to stimulate the participants’ expression of feelings and doubts about pregnancy and birth. They are also run by therapists of various sorts – psychologists or yoga practitioners for example.

single out the specific points in both studies that are relevant to the comparison with my own research material.

Almeida compared the experiences of women who were pregnant at the time of her study, to those of women who had given birth in the 1950s. She was concerned with the changes in family organization, both in terms of its social structure and from the subjective perception of its members. The women researched followed “alternative” therapies as part of their pre-natal care that sought to move away from “traditional” Western forms of medical attendance. They resorted, for instance, to specialists that cared for pregnancy by combining physical and psychological concerns, revealing a holistic view of the individual that should be treated as an integrated totality. There was a strong emphasis on the idea of “naturalism,” both in terms of a criticism of “technology and artificiality” in medicine and of a value placed on “informality and relaxedness” in the specialist-patient relationship (Almeida, 1987: 29). They also attended birth preparation courses that passed on information and suggestions about the various stages of gestation and labor, and discussed psychological and emotional issues that arose in this phase. In these courses, both organizers and participants questioned “traditional” medical practices, which were seen as “cold” and “authoritarian” towards the patient. They also valued the baby as a being that should be “respected,” a notion that guided the choice of pediatrician.

Friends had an important role in recommending these specialists and were, therefore, significant sources for support and understanding during pregnancy. With them, particularly with those who also attended pregnancy courses, gestation became a collective experience, a form of sharing feelings of anxiety and fear that appeared at the time. The idea that pregnancy should be experienced together with peer groups was also part of this “alternative” view of gestation.

Husbands and male partners became co-participants in pregnancy, taking part in stages in the process and being present during labor and birth. This meant going to medical appointments and exams, birth preparation courses and shopping for baby supplies. Almeida discusses how this behavior could be seen as an element in the construction of a new model of fatherhood, part of the process of redefining as well the meanings of motherhood. These new role models had faint distinctive lines because they implied that men and women would not follow socially defined scripts but would act according to idiosyncratic criteria.

The family, in turn, played a much more restricted part in the process. They helped financially, by buying baby clothes and supplies, and were expected to care for the baby in the parents' absence. However, the experience and opinions expressed by the family women – mother, grandmothers, and aunts – were criticized in favor of information and support given by medical specialists and peers. The way in which they fulfilled their roles as mothers, sharply separated from fathers, was particularly questioned, so that their knowledge and emotional support were refused.

The stress given to individual choice was thus a key theme for the pregnant women Almeida studied. Pregnancy had already resulted from a decision women made, stemming from an individual desire to be a mother and not from a social role women were expected to fulfill, as their mothers did in the 1950s. The value placed on spontaneity as an expression of individual will underlined the manner with which they lived their gestation and the relationships involved in it – between doctor-patient, with peers of the pregnancy support group, between conjugal partners and with themselves. This created an emphasis on experiencing all the sensations coming from the bodily transformations during pregnancy.

In contrast, the older generation studied by Almeida had lived motherhood unquestioningly, as part of getting married and constituting a family. These women had few memories of their pregnancies in the 1950s, whereas they described giving birth with great detail in terms of the suffering, pain and time spent in labor. Delivery had been experienced under the authority of the obstetrician and without the husband's companionship. At the same time, this was the inaugural moment in which motherhood began. In order to fulfill this role, mothers' and grandmothers' counseling and experiences had had great influence. As Almeida summarizes, this model of maternity was clearly distinguished from that of paternity and was structured by the wider social group – particularly the family and medical specialists. Individual choices had little interference.

The contrast between “traditional” forms of conjugality, motherhood and family and those seen as “alternative,” more individualistic and egalitarian, is also analyzed by Salem (2007). She focused on the figure of the “pregnant couple,” which was a central aspect of a movement for natural child birth very strong in Rio de Janeiro in the 1980s, which required both partners to attend all birth preparation classes. The model of pregnancy was based on three

principles: a psychological view of the individual, egalitarianism and the value placed on change (2007: 13). This movement thus revealed a particular concept of individualism that had implications for conjugal and family relations as well as those between doctors and patients.

The “pregnant couple” proposal differed from “traditional” forms of parenthood, pregnancy and labor with regards to two main perspectives. Firstly, it strongly suggested masculine involvement in an area until then reserved to women. The male partner was expected to participate in the choice of medical specialists, to attend appointments and exams, birth preparation courses and, most importantly, labor and delivery. Men should actively take part in gestation, hence the expression “pregnant couple.” Secondly, there was the desire and intention to give birth in the most “natural” way possible, with minimal use of medical technology. As in Almeida’s study, conventional Western medical practices were criticized and couples sought specialists who prepared them both in physical and psychological terms. In both views, the “pregnant couple” figure was closely articulated to an egalitarian ideal, between men and women in their conjugal roles as well as in the relationship with specialists.

In order to put these ideas into practice, it was crucial that couples jointly attend birth preparation courses. In tune with earlier approaches to a painless birth, the central idea in these classes was that women could deliver without pain or recourse to medication. Pain was not considered a necessary sensation during labor, but it expressed socio-cultural “distortions such as women’s passivity which resulted from ignorance of their own physiology” (Salem, 2007: 54). These courses then proposed to reeducate women physically and psychologically. Paradoxically, although this movement advocated against the medicalization of pregnancy and the authoritarian presence of obstetricians, it maintained the centrality of specialists – albeit “alternative” – and expected couples to acquire greater knowledge and involvement with medical information and parameters in general.

Couples were the center of attention in this proposal, particularly against the previous significance of families during pregnancy. References to pregnant women’s mothers were generally negative and their participation should be minimized accordingly. In this sense, the groups formed through these courses became important social circles, which counteracted the greater distance established with family and childless friends. Relations between

couples and specialists became especially significant, not only because of their expertise but also because of their emotional support, and they were understood to comprise a “community of equals” (Salem 2007: 93).

The couple’s joint participation in these courses also revealed new forms of thinking and living conjugality at the time. Since pregnancy could create disjunctions in the relationship between partners, men were expected to actively participate in classes. Through conversation and dramatization techniques, men were exhorted to express their feelings so as to be symbolically integrated into pregnancy. The idea that the male partner also faces identity issues and dilemmas in this phase also contributed to the dilution of gender differences, reinforcing the egalitarian ideal present in the “pregnant couple.”

Underlying all these aspects was a view of the individual as a psychological subject. Birth preparation courses greatly stressed the emotional preparation for gestation and labor. Since the techniques used focused on self presentation, these courses became an important “space for the collective expurgation of negative emotions, so that cathartic talk implied, consequently, their expiation” (Salem 2007: 114). With this liberating expression of emotions, individuals could reveal their inner and true selves.

In both Almeida’s and Salem’s studies, therefore, we find that pregnancy was experienced as a moment in which previous gender roles were questioned and the values placed on equality and individualism were affirmed. Equality was expressed in the greater attention given to friends and peer groups, rather than to the family and its hierarchical relations, in more egalitarian gender roles in the conjugal relation, and in the attempt to have more symmetrical relations with medical specialists. Individualism was manifested in the conscious decision to become a mother, in the idea that the conjugal relationship should be lived according to individual motivations and sentiments, and not according to pre-defined social scripts, and in resorting to pre-natal therapies that enabled the expression of feelings and of the inner self.

Pregnant women and their relations in the 21st century

As did Almeida and Salem, I also studied a pregnancy support group attended by women in their first gestation. My concerns with the bodily, subjective and social aspects of this experience were wider than Almeida’s focus

on perceptions of motherhood and Salem's stress on conjugality. Despite these differences, it is possible to compare these studies and discuss the changes that occurred in the relations surrounding pregnant women, which also show a particular elaboration of feminine subjectivity, as I will present in the final section.

As in the previous studies, the support group I accompanied offered pregnant women care in a holistic approach, by dealing with both physical and emotional dimensions. It was coordinated by a psychologist who was also a yoga therapist. Thus, women had twice a week yoga classes, which focused on relaxing and minimizing discomforts as well as on preparing for child birth, intended to be normal.³ Once a week, there was a session in which they discussed information and doubts and talked about their experiences. Husbands or partners were expected to participate in these sessions, but did so irregularly.

During my fieldwork, there were ten women who took part in the group. They attended meetings rather irregularly, often due to problems at work or ill disposition because of pregnancy.⁴ These women had middle class occupations such as designer, architect, teacher, and businesswoman. Only one male partner went to three sessions. The others I met only once and their absence was always explained because of work commitments.

The decision to attend a pregnancy support group had been made by the women on their own. They chose that particular group because it had been suggested by friends or family or was selected through the internet for practical reasons (location and schedule). The main reason to go to the meetings had been a desire to discuss experiences and feelings – particularly anxiety and fear – with other pregnant women as well as the view that yoga would help alleviate gestational discomforts and prepare for birth. There was, therefore, a concern with attaining and maintaining a general well being, understood both in terms of the body's health and conditioning and of an emotional equilibrium.

The discussion sessions had mostly a technical character, since the participants had many doubts about labor, birth and the new born baby, which were in turn explained by the coordinator. But it was expected that

3 In recent decades in Brazil, there has been a strong prevalence of cesarian births in private hospitals, so if a middle class woman wants to have a normal birth she must usually express this.

4 I interviewed the women who attended the meetings more regularly, as well as a group of pregnant women who did not go to such groups.

by gaining information and exchanging feelings, the anxiety and fear about these future stages of gestation would subside. In contrast with the courses studied by Almeida and Salem, emotions were rarely the main theme of these sessions, but were always present in women's comments about the various aspects of pregnancy under discussion.

In these sessions, women's ideas and feelings were the focus of attention and were dealt with in a rather isolated way. That is, relationships – to husbands, family or even the baby – were rarely discussed, with the exception of their relations to their obstetricians. Sexuality during pregnancy, for instance, was a theme referred to by the coordinator but that was not debated while I did my fieldwork. Only once did a brief discussion begin about the possible changes in husbands' sexual interest in women after childbirth. Nevertheless, despite the relative lack of elaboration, partners and families figured frequently, in rapid comments throughout the meetings. When mentioned, the baby usually appeared as a being who already had a gender and a name and which manifested desires or dissatisfaction, with which women were concerned.

However, in the interviews I did with women at home, they spoke much more about these relationships. Even then, the content of women's talk was not different from what appeared in the group meetings. Although there was greater individual variation – some talked more about their family relations, others about their husbands – the doctor-patient relationship was discussed much in the same way throughout the interviews.

As mentioned above, partners attended the group meeting very rarely – only once or twice. Despite the coordinator's repeated emphasis on their participation, women justified their partners' absences based on work commitments. When partners did go, they talked very little and expressed some uneasiness about being in a group of women focused on issues of the feminine body. They did not dwell on their feelings or doubts about the pregnancy and, when asked, said succinctly that "everything is fine."

Although their attendance was rare, in many moments, however, a partners' presence seemed to be taken for granted. Particularly in the interviews, pregnancy appeared as a joint project, about which women spoke in the first person plural. From the initial planning to the process of making arrangements in the house and thinking about the baby's future care and education, women referred to the couple as a single actor, as a unit. For instance, Tatiana, an architect, had gone through miscarriage threats in the first

months of pregnancy. When she spoke of this difficult period, all the anguish and suffering then was described in the plural, as something which made “them” – she and her husband – feel very bad.

During pregnancy, some partners accompanied women to medical appointments more than others, who had rigid work hours. But ultrasound exams were scheduled so that partners could be present, which they normally were. Partners were described as being very excited with these exams, particularly when the baby’s sex was presented. Most women said their husbands and partners were very happy with the baby’s sex, although they themselves did not have preferences. It thus seems that ultrasound exams were particularly valued by husbands and partners, which Chazan (2007) attributes to their visual character, which helps make the baby’s existence concrete for men and thus contributes to the development of bonds between them. For women, these ties appeared as already established (LoBianco 1985).

Partners were especially significant as co-participants during birth. At the time of the research, Tatiana’s husband worked outside of Rio de Janeiro and she wanted to have a cesarean so that it could be scheduled for a weekend, when he could be present. In general, when talking about pregnancy’s final stages and child birth, husbands and partners were more present, expressing their own opinions and feelings which women took into account. For instance, one woman liked the idea of having her baby at home, but her husband was strongly against it and this alternative was, thus not pursued. The decisions pertaining to childbirth – which hospital, what type of birth, how to care for the baby in the first days – seemed to be taken jointly. Men who attended group meetings were taught how to massage their partners during labor, although women thought that men would become very nervous at that moment.

A concern with possible tensions and fractures in the conjugal relationship appeared only once, in a discussion about changes after childbirth. Some were worried that their partners would feel jealous of the attention given to the baby, others feared that their bodies, being “out of shape,” would become sexually “unattractive.” This concern with bodily appearance and appeal – whether temporarily or permanently changed – was voiced with greater emphasis in the interviews. Carolina, who had a beauty clinic, became very depressed at the beginning of her pregnancy because she could not dye her hair as usual. Her mood improved after she was able to go back to coloring it. She also wanted to have makeup on and look good during birth. It

is interesting to note that, in the interviews, these concerns about their body and appearance were not directly pointed at what their partners would think. Rather, they referred mostly to the idea that it was important to feel good about themselves.

In this sense, it is significant to stress the contrast between the expression of the taken-for-granted presence of partners during pregnancy and the subdued manner in which the women expressed fear that their partners would not find them attractive after child birth. I suggest that there is an emotional grammar at work here, in the sense given by Mauss (1980) that emotions can be seen as language with rules for their expression. It is socially expected in this social segment and generation of men and women that couples share experiences and feelings during the gestation of their first child. The inverse possibility – that pregnancy may rather produce estrangement between partners – was not grammatical, hence the timid manner in which such concerns were voiced.

Families were also very present during pregnancy. Some women had divorced parents, who had remarried and had children from these other unions, but both parents, more than siblings or other relatives, frequently figured in conversations in the group and in the interviews. They provided fundamental material and practical support, helping to buy nursery furniture and baby's supplies and driving daughters to medical appointments and exams. They were expected to aid with the new born baby's care, particularly because most of these women did not wish to hire maids or nannies to help them, which is common in middle class families in Rio de Janeiro. Parents were also counted on to be in the hospital at the time of labor. Even if at times their concerns were deemed excessive or unnecessary, their participation was on the whole valued and considered positive.

Mothers, in particular, became important sources of information and models of birth experiences. Their support throughout pregnancy and after child birth was seen as necessary. Mothers expressed opinions on various aspects – if their daughter was eating too much or not adequately, how she should relate to her obstetrician, and that she should attend a pregnancy support group such as the one studied. These views were recounted both in group meetings and interviews and were normally considered without criticism, at least at first. The type of birth their mothers had undergone, directly influenced the daughters' expectations and fears about their own upcoming

births. If their mothers had had a difficult normal delivery, they preferred to have a cesarean so as not to have a similar experience.

In-laws were also participants with material and emotional support during pregnancy, and were expected to help with baby care afterwards. Joana's mother-in-law lived out of Rio de Janeiro and was coming to stay with her during the baby's first month. They got along very well and she welcomed this support, since her husband worked fulltime and she did not want to have a maid or nanny to help with housework or the baby. Ana, who worked as a designer, also relied more on her in-laws than on her mother, who was very busy with work, but felt jealous of her daughter's close relationship to them. Her in-laws were older and retired and had more time to assist her in preparing for their granddaughter's arrival. Both Ana and Joana said they appreciated their in-laws presence because they described themselves as being "family" people.

There were, no doubt, variations in these family relations. Mariana, a lawyer, was the youngest among her siblings and the only woman. She had a very close relationship with her mother, who had played a fundamental role in minimizing her fears and helping her in the initial months of morning sickness. In contrast, she was constantly irritated by her mother-in-law, who made unwelcome comments and requested her only son's presence more often than Mariana had liked. Tatiana, in turn, affirmed that her parents and in-laws were present during pregnancy, attending some ultrasound exams, but gave more importance to her friends, who were constantly mentioned as sources of information and as those with whom she shared feelings.

In general, however, family participation during pregnancy seemed taken for granted, just as with partners. Occasional disagreements – mostly due to the impression that parents and in-laws worried too much – did not seem to bother the pregnant women studied, nor were considered a form of interference in their individuality.

In contrast to the relations discussed above, the relationship with their obstetricians was very much discussed, both in the group meetings and in the interviews. Most of them had recently begun consulting with new specialists because their previous ones were not part of their health insurance plans. For many of them, this change implied a loss of trust and intimacy shared with the gynecologists who treated them before. The recently established relationships were in turn described hesitantly and with reservation. Appointments were considered too quick and rather impersonal and doctors

seemed to forget information women thought was important. Furthermore, obstetricians' opinion about the best type of birth, in a context in which most favor cesareans, produced doubts and concerns among those who wanted to go into labor and have a normal birth. Despite all these observations, women quickly sought to counteract them by attesting to the solid references they had or to the careful attention when required.

In this sense, for those women who attended the pregnancy support group, meetings created an informal environment that enabled them to acquire information and answer their doubts, thus complementing this new relationship with the obstetrician. They would bring to the group what had happened in consultations and discussed what could be negotiated with doctors, particularly with respect to labor and child birth. Although the coordinator questioned some labor procedures usually carried out in hospitals, she and the participants did not have a critical stance towards traditional medicine. In other words, they could criticize a specific doctor, but medical knowledge itself was rather widely accepted.

Likewise, the coordinator's ideas and suggestions about pregnancy seemed well taken. More than that, she was seen as someone who cared for and was concerned about participants, thus offering important emotional support. Many women said that going to group meetings had made them feel better, less anxious and more relaxed, because they could exchange experiences with others in a similar situation. Even if they interacted only during meetings, that is, the group did not become a source of sociability, it seemed to play an important part in women's social network – a time and venue in which they could devote themselves to their pregnancies.

Similarities and contrasts

The tension between individual and society is a constant theme in the studies about Western modern societies and is equally strong in analyses of Brazilian society. It is duplicated in the conflicts between individualism and belonging, change and permanence. All these aspects permeate the discussions on family relations in Brazilian middle classes, as I have shown in the first section of this article.

The ambivalences about individualism as a value and an ideology are present in this comparison of Almeida's, Salem's and my studies, which

reveal some meaningful continuities as well as stark contrasts in two generations of women. The women studied by Almeida and Salem belong roughly to the same generation as the mothers of the women I researched. In this sense, we find values in the younger generation that were present in the older, although they conciliated family life – conjugality and parenthood – and professional career in distinct ways.

The major similarity is the perception that maternity, both for women in the 1980s and in the early 21st century, is a role they choose because they desire it and see it as part of the couple's project to become a family. That is, parenthood is no longer a role that men and women perform because they are expected to do so after marriage. Pregnancy is already perceived as a stage of motherhood that needs to be cared for in both physical and psychological dimensions. The unborn baby is seen as an individual subject with his or her own will. This perception is strongly reinforced by the baby's naming in the first months of gestation. Given the significance of pregnancy for the constitution of parenthood, birth preparation courses and support groups play a significant part in the process.

However, if in the 1980s these courses and groups had a critical role in redefining pregnant women's relations, they now take on more of a supporting position in their social network. If earlier, they questioned traditional medical views and practices as well as family's participation, today they have become far less critical. Both family and doctors are considered important not only because of who they are as individuals, but also because of the experience and knowledge they transmit. Partners' involvement in group meetings and classes, which was so highly emphasized before, have become secondary, although their presence is taken-for-granted during pregnancy as a whole. If previously this participation was part of the process of redefining a father's role, this new model of paternity now seems to be already established and this perhaps exempted men from attending meetings as frequently as women did. As much as seeking preparation for birth, women expressed the need to share with others their anxieties about their future – the redefinition of their relations and priorities after the baby was born.

All three studies point to the great value placed on individuality, but in distinct ways. As Barros (2009) discusses in her comparative study of three generations of women, the individualist principles of those who had children in the 1980s strongly contributed to revising and changing traditional gender

roles and family relations, which were based on hierarchical and differentiated social positions. In this context, pregnancy experienced through the model of “the pregnant couple” became an important moment to affirm the couple’s individuality and autonomy, in the sense that it reflected a choice for parenthood to be lived according to their own opinions and preferences, rather than a taken-for-granted performance of socially expected scripts. Furthermore, gestation became also a subjective experience that required the constant scrutinizing and manifestation of thoughts and feelings. In this sense, it was a phase to be lived and shared with the partner, friends and therapeutic specialist who understood pregnancy in this holistic manner.

The current generation seems to have already been socialized with these individualist values. With their careers well established, all the women studied chose to become pregnant and valued the pregnancy support group particularly because its meetings became occasions for the expression of feelings and doubts. In this sense, the family was no longer a threat to the affirmation of singular identities, but a supportive group in which individuality could be developed. Parents and in-laws were in general close to the pregnant woman, as important sources of knowledge, emotional and material support as well as sociability.

As before, pregnancy was also experienced as part of the couple’s project to become a family. But, in contrast to the previous generation, these women constantly expressed much anxiety and fear about pregnancy’s and motherhood’s impact on their social network and relationships.⁵ The choice of obstetrician, restricted by their health insurance plans, made them anxious about the experience, competence, trustworthiness and care of the doctors available. The concern with a couple’s future relations, after the baby is born, was also present, even if voiced timidly. Most of the women studied had divorced parents, so marriage seemed to be inherently fragile, susceptible to wither because of “out of shape bodies.”

In this sense, the repeated references to feelings of anxiety and fear, more than to other emotions, highlighted the ambivalence regarding maternity for the women studied. If labor pains were part of the rite of passage of motherhood, and as such were desired in contrast to cesareans, they were also much feared, as something they had never gone through, as an unknown bodily

5 I explore the meaning of these emotions in greater detail in other works (2009 and 2011).

experience. Likewise, as much as they desired to be mothers, the fact that most of their relations would change in a way they could not predict created much angst. These emotions expressed, therefore, how the unpredictability of pregnancy became a difficult experience, revealing a construction of subjectivity based on an idea of self control. Given the value placed on self control, which, for Elias (2011) epitomized the civilizing process in Western modern societies, pregnancy was seen as a problematic experience that affected women's control of their bodies, emotions and relationships.

For this generation, thus, freedom of choice was no longer a value to fight for as it had been for the women studied in the 1980s. Rather, as discussed by many authors such as Bauman and Giddens, it gave a taste of insecurity. Being encompassed by family relations was no longer a problem, given that among the middle classes today the individuality of family members is a notion relatively well respected. The issue lay in the attempt to maintain control of oneself and one's relationships in an unknown and uncontrollable situation, part of the liminal character of pregnancy.

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