

LAHP Collaborative Doctoral Award Scheme

Project description example

HEI	Queen Mary University of London
Collaborative Partner	London LGBTQ+ Community Centre
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Title: 'Mother' or 'Other': Exploring the Narratives of Queer Pregnancy

Motivation: Healthcare institutions' and mainstream media's discourse is currently reckoning with non-heteronormative pregnancies. One result of this has been proposed changes in how pregnancy is discussed, coupled with an attempt to introduce more inclusive, and less gendered, terms. For instance, the adoption of 'gestational parent' as an alternative to 'birth mother', or 'chest feeding' instead of 'breast feeding' has the underlying aim of making maternity care linguistically accessible for trans parents. These attempts are sometimes met with vitriol, mocked or misinterpreted across the media and in public debates. The mainstream discourse is indicative of an underlying ideology which assumes the domain of pregnancy is restricted to cis-women only.

The linguistically encoded ideologies dominate the narratives surrounding pregnancy and parenthood. In doing so, they send a clear message about who is suitable for pregnancy and parenthood. The dominant perception of pregnancy, one that informs institutions, has real consequences for those do not conform to this view. For example, the UK government review of women's health stated that the current barriers to fertility treatment for same-sex couples was tied "into belief that not being able to conceive naturally is a lifestyle choice" (Department for Health and Social Care 2022:29).

To date there is still a lack of in-depth linguistic research about the language preferences of pregnant trans people or those in same-sex relationships (Fixmer-Oraiz & Yam 2021:6). Reviews of language policies surrounding pregnancy need to be informed by those affected by it, especially as they have historically been excluded from starting families (Fixmer-Oraiz & Yam 2021, Golombok 2015).

Evidently, the gendered discourse of pregnancy urgently need to be examined and the inclusion of counter-narratives must be a priority. This starts with examining the language of those who have been faced barriers to starting a family: from the terms and labels that they prefer, and often created (Holland 2019); to the complex linguistic work that frames pregnancy.

Research Objectives: The thesis has three main objectives.

1. *Examine the different narratives of pregnancy and gender across queer and public discourse.*

Narratives are indicators of how we make sense of the world (Irvine & Gal 2000, Valentine 2016). As suggested by Freed (1999) there are various narratives that relate pregnancy to broader ideas about gender, sexuality and beyond. Therefore, how participants relate their

gender to their experience of pregnancy can illuminate the varying ideologies of gender and pregnancy. Understanding these stories can bring out whether participants tend to accept or challenge dominant narratives of pregnancy; what impact such discussions have on the well-being of pregnant people; how it affects access to healthcare and wider social acceptance.

2. Investigate the effect of these discourses on the linguistic practices of trans and gender non-conforming parents and parents-to-be

Capturing emerging terms and then exploring their usage can illustrate how the body and gender relate in image of the self. This will give insight to innovative linguistic trends and can be applied to best practices in healthcare settings. Utilising what Zimman (2020:15) terms a “translinguistic framework”, centring queer and trans voices can reveal the social nuances of language about pregnancy that a cis-centric focus might curtail. As public debate grapples with a de-essentialising of womanhood and pregnancy; this research’s findings can shed light on queer people’s alternative narratives of a highly gendered and transformative life-stage.

3. Based on these findings, create a series of public and organisation facing resources to support trans parents.

Effective linguistic policies about diversity and inclusion must be based in real understanding. Providing a comprehensive overview of the counter narratives and referential language could improve healthcare outcomes and doctor/patient communication. This application is twofold. It can be adapted into pamphlets that help queer and trans people navigate through linguistic barriers in maternity care, and an alternative version aimed at practitioners would explain terminology, highlight the linguistic barriers and offer practical solutions.

Methodology: Working with the London LGBTQ+ Centre is essential for the framework of the research. As has been highlighted numerous times, institutionalised trans/homophobia has led to distrust of academia with the queer community (Holland 2018, 2019; Zimman 2020). Working alongside a specialist organisation will ensure the research authentically integrates the needs of the studied community and is guided by them (Valentine 2016). Partnering with the centre can also assist with recruitment a marginalised minority of pregnant people due to their expertise, existing network and reputation for community advocacy about queer families and fertility.

Data collection will fall into two main parts: a survey on language use and in-depth sociolinguistic interviews. The survey will be quantitative and qualitative; it will gather data on the preferred linguistic terms and what language they use with friends, family and healthcare providers. It will also ask about participants’ beliefs and social views on pregnancy. This is will provide insight into the relationship between their language use and an ideological view of pregnancy.

The emerging language trends in the survey will also form the basis of recruitment for a 15-20 sociolinguistic interviews. This will gain a comprehensive understanding of how participants discuss and narrate their pregnancy. Valentine (2016:3) argues that narratives in speech exist “to explain who we are”. Therefore, the analysis will focus on how the use of

stories, labels and metaphors can be to understand how gender affects the self-perception of queer pregnancy.

Timeline: *First Year:* Alongside reviewing the literature, the candidate will work with the London LGBTQ+ Centre to further develop the research framework. The linguistic survey of preferred terminology and discursive practices will be developed and launched during the summer, using connections and advertisement at the centre to aid recruitment. The survey will allow participant to express interest in being interviewed.

Second Year: The survey recruitment will take an estimated two months, after which the analysis of the terms and emerging data trends can be established. These trends will form the basis of interview recruitment to ensure a breadth of linguistic trends and queer experiences of pregnancy are covered. Over the following three months, the interviews will take place and be transcribed. All interviews will have a close transcription appropriate for narrative analysis.

Third Year: The analysis of the sociolinguistic interview data and survey results will be completed. This will be written up as the candidate's thesis. Additionally, on behalf of the London LGBTQ+ Centre, an accessible version of the key findings will be produced for the centre to use.

Dissemination: Directly through the partnership with the London LGBTQ+ Centre, the results can be disseminated within public circles as well as academic ones. The student will create pamphlets on the results to raise awareness about linguistic preferences for healthcare professionals. Furthermore, at the Centre, workshops can be developed to engage members of the LGBTQ+ community and discuss the research, along with developing into guides for navigating language about pregnancy. The public engagement will go hand in hand with traditional academic dissemination via participation in conferences specific to language and gender, such as those organised by the International Gender and Language Association, and the Lavender Languages and Linguistics.

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