The Knowledgeable Parent
Ideologies of Communication in Swedish Health Discourse
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Academic dissertation for the Degree of Doctor of Philosophy in Scandinavian Languages at Stockholm University to be publicly defended on Friday 24 March 2017 at 13.00 in sal G, Arrheniuslaboratorierna, Svante Arrhenius väg 20 C.

Abstract
This thesis explores the communication of health knowledge among new parents in Sweden. Based on three separate studies, the thesis employs a selection of theoretical concepts and methodological approaches, mainly originating from mediated discourse analysis and linguistic anthropology. Study 1 takes a broad view on the object and asks how knowledge circulates and emerges in a particular arena for parental knowledge. Drawing on nine months of online fieldwork on a discussion forum thread for expectant parents, the study shows that communication of knowledge is engendered by entextualizations and recenterings of previous experiences, including encounters with discourse. This fact challenges categorical conceptions that construct some sources of health knowledge as trustworthy and others as unreliable, and thus, potentially harmful. Study 2 narrows the focus to professionals typically perceived as producers of parental health knowledge, namely, midwives who give prenatal education classes. Drawing on a dataset comprising observations of classes as well as interviews with midwives, the study throws analytical light on anticipatory discourse, that is, discourse designed to dictate and influence the future, and elucidates some of the ways in which midwives prepare the participants for their upcoming delivery by discursively constructing links to these future events. Study 3, finally, takes the perspective of a single individual in whose life several forms of communicated parental knowledge converge as she becomes a mother. The study focuses on a period during which this individual struggles with breastfeeding problems. A combination of the notions of interdiscursivity and the historical body is here employed to grasp this experience as shaped in relation to discourse regarding child care and health. Looking at narrative data through this lens, the study shows how this individual connects failure to follow official breastfeeding recommendations to failure to perform child care in an appropriate way. At heart, the study makes a case for the moral loading of health knowledge and cautions against the assumption that authoritative medical knowledge is the only means for taking action that a new mother might need. In conclusion, the present thesis utilizes a combination of theoretical and methodological tools from MDA and linguistic anthropology to enable a discourse analysis of health communication that privileges a view of language in use as accumulating vis-à-vis engendering meaning over time and in relation to social action. Invoking the notion of ideologies of communication, it demonstrates that parents’ knowledge about their children’s health is a non-neutral issue, and that instrumental aspects of parental health knowledge can never be isolated from moral ideas regarding how particular parenting practices are to be carried out. At the same time, the thesis points out that while representatives of institutions of the welfare state may produce messages to communicate health knowledge, the knowledge obtained by individuals is the product of myriad discursive encounters and other experiences, of which the discourse produced by representatives of state institutions constitutes only one share.

Keywords: child care, health communication, knowledge, language ideology, linguistic anthropology, mediated discourse analysis, parenting, sociolinguistics, the welfare state.

Stockholm 2017
http://urn.kb.se/resolve?urn=urn:nbn:se:diva-139562

ISSN 0562-1097

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To Niko, and everyone who loves her
Acknowledgments

“Without people, you’re nothing,” says Joe Strummer. Concurring with this view, I want to acknowledge those who have been part of my experience of writing this thesis. While only some will be mentioned by name, so many have contributed to making this experience rewarding, fun, and possible.

My supervisors, Mona Blåsjö and Anders Björkvall, have put significant effort into this project. They have helped to structure my work and provoked me to obtain balance by consistently asking critical questions. Thank you both. Caroline Kerfoot conducted a review of the manuscript at a late stage; her combination of sharp-sightedness and kindness gave me much-needed fuel to get to the finishing line. Thank you. Three people have been my indispensable allies on this journey: David Karlander, Maria Rydell, and Linus Salö. I could not have done this with the same joy, confidence, and quality without the three of you. Thank you for reading numerous drafts and for attempting to understand my objectives and analyses even at times when they were obscure to me. Thanks also to Cecilia Falk and Pia Nordin for editorial support, and to Lamont Antieau for attentive language editing.

This work is shaped by conversations and email exchanges with many generous colleagues. This group includes Henning Årman, Maria Bylin, Karin Hagren Idevall, Kenneth Hyltenstam, Rickard Jonsson, Olle Josephson, Valelia Muni Toke, Catrin Norrby, Martin Persson, Karin Tusting, and Karolina Wirdenäs. The doktorandkollokvium and the språkbrukskollokvium at my home department offered regular meeting points for stimulating discussions. Members of the audience provided me with helpful comments when I presented this work at the following events: Sociolinguistics Symposium 20, Jyväskylä 2014; Linguistic Landscapes 7, Berkeley 2015; Stockholm Roundtable in Linguistic Anthropology 1, Stockholm 2015; BAAL SIG on computer-mediated health communication, London 2015; Sociolinguistics Symposium 21, Murcia 2016; Explorations in Ethnography, Language and Communication 6, Stockholm 2016, and seminars at Linnaeus University, Stockholm University, and Uppsala University. These experiences were possible thanks to financial aid by the Gålö and Wallenberg Foundations, as well as local funding from my home department.

Finally, to my family, thank you for all the manifold ways in which you support me. Indeed, I would be nothing without you.

Stockholm, February 2017
Linnea Hanell
The thesis is based on the following studies:

1 Introduction

The present thesis explores the communication of knowledge. This is done by investigating how health knowledge for new parents is circulated, negotiated, and utilized in discourse, that is, language in use, with a view to showing how certain forms of discourse may support and be imagined to support practices during the initiation into parenthood. The three separate studies that constitute this thesis, all set in the national context of Sweden, investigate this issue in different ways, comprising practices online and offline, inside and outside of institutional settings, and adopting the perspective of health practitioners – midwives, in particular – as well as of new parents – particularly mothers. What I will do in this introductory chapter is provide a broad contextualization of parenting and knowledge communication in Sweden. I will also summarize the studies, including the methodologies and theoretical frameworks they draw from, as well as bring together the arguments presented in the studies, so as to synthesize the thesis as a whole.

1.1 Knowledge and health communication

Civic knowledgeability is an important characteristic of the Swedish welfare model. Historically in Sweden, large-scale health policy goals have often been addressed by means of information campaigns intended to change behaviors among the general public, such as to encourage individuals to eat differently, to introduce them to new hygienic routines, or to take care of their children in better ways (Johannisson 1994b). Indeed, Swedish modern health politics has been successful in producing a healthy population. What was once a poor country with short average lifespans and high mortality rates among children now performs well in international comparisons (Elmér 1963). For example, a survey published in The Lancet (Lim et al. 2016) that included 188 countries ranked Sweden as the third most health-progressive country. Likewise, in assessing the wellbeing of mothers and children globally, the annual Mothers’ Index published by the organization Save the Children ranked Sweden fifth in the world (“The Urban Disadvantage” 2015). Health standards in Sweden, then, are generally good, and while there is more than one reason for this fact, it is interesting to note that it coincides with health politics characterized by health information campaigns that aim to provide citizens with significant knowledge to take care of their own health.
Underlying these politics is the supposition that the state can produce a healthy population by giving citizens sufficient knowledge to create and re-create their own health with their actions (Briggs and Hallin 2007). Foucault’s notions of biopolitics and governmentality (e.g. 2008) are helpful in uncovering the power structures invoked when citizenship is juxtaposed with health and knowledge, as the success in keeping oneself healthy then appears to be “the daily sign of the adherence of individuals to the state” (Foucault 2008, 85). Correspondingly, illness becomes a sign of the irresponsibility of the individual. These Foucauldian ideas are distinctly related to communication in that they involve a set of interested beliefs about communication that dictates how individuals should relate to certain forms of messages. Briggs (2011a) shows how such beliefs make the world interpretable in such a way that illness seems like the natural consequence of the individual’s failure to follow widely available health recommendations. Following Briggs’s work, the notion of ideologies of communication is employed in this thesis to refer to models showing how discourse is capable of lodging meaning in order for it to be conveyed between individuals who are expected to relate to it in certain ways.

A basic assumption here is that all social agents engaged in discourse formulate such models of how communication works and ought to work, which shape the ways in which they engage in discourse in terms of how they speak, write, listen, and read, and ultimately how they subsequently act in relation to discourse. This is an issue of fundamental consequence to any social approach to discourse and communication. While this issue is partly related to the rich body of scholarly work dedicated to language ideologies – socially positioned, symbolically and materially invested beliefs about language (see Kroskrity 2010; Woolard 1998) – it has been less common to focus the analysis on ideologies of communication, that is, the exchange of meanings with linguistic and other semiotic means. Here, the work of the anthropologist Charles Briggs constitutes a lucid exception (2005, 2007, 2011a, 2011b, 2013; Bauman and Briggs 2003; Briggs and Hallin 2016; Briggs and Mantini-Briggs 2016; see also Agha 2011; Grossberg 1982; Harris 1981).

Knowledge is another ideological concept that circulates in the discursive practices investigated in this thesis, and which is employed here to assemble the phenomenon under study. While the fundamental epistemological question of what knowledge essentially is lies beyond the scope of this empirical investigation, it has been necessary to work with a commonsensical understanding of this concept in order to identify communicative practices that are meaningful to study. Insofar as things exist as long as we treat them as existing, the phenomenon called knowledge is a distinct reality. It is a commonplace that prior to taking some actions we have a form of epistemic conviction that renders us confident that we know how to act, while we lack this confidence in relation to other actions.

Let me give an example in relation to parenting and health. New parents soon learn that their baby crying at the top of his or her lungs generally does
not call for a hospital visit, but may be addressed by feeding the baby or helping the baby get to sleep. However, the same parents might find themselves in a less confident position when a new circumstance arises, such as the baby suddenly getting a nettle rash. Not being able to interpret the sign that the rash constitutes, the parents might wonder not only what caused it and what treatment it requires (if any), but also with what level of concern they should address the situation. Under such circumstances, the parents might engage in some form of discourse in order to bridge the gap to subsequent action constituted by their lack of knowledge. They may ask someone a question, call a medical consultation hotline, search online, remind themselves of something they have read earlier, etc. After such discursive engagements, they may feel better prepared to proceed to act or make a decision.

To be sure, this is a recognizable process in many spheres of social life, and therein lies the phenomenon that we tend to refer to as knowledge. The understanding put forth in this thesis is therefore that knowledge is related to the capacity to engage in practice. Furthermore, discourse is taken to be a key means in the communication of knowledge. Mediated discourse analysis, or MDA (Norris and Jones 2005; R. Scollon 2001; R. Scollon and Scollon 2004), is a framework that addresses the interface between discourse and practice in which knowledge resides in this understanding. This framework has been helpful for designing the studies comprising this thesis, as it provides a methodology for studying discourse in the light of what people do with it, and how they relate to it in situations where it becomes meaningful.

The communication of health knowledge may seem like a project characterized by mutual interests. The state has a range of interests attached to keeping a healthy population that can work, earn a taxable income, and contribute to society, at the same time that private individuals generally have an interest in being free of illness and living long, prosperous lives. Likewise, parenting is also an issue of interest to virtually all individuals, as the family is the cultural arrangement in which the vast majority of people grow up, at the same time that it is a heavily politicized subject in contexts of nation-state building. However, this thesis will illustrate that this apparent harmony can be deceitful. While political interest in parental health knowledge privileges forms of knowledge that emanate from institutions legitimized by the state bureaucracy (Bourdieu 1994), individuals produce and obtain knowledge under several other circumstances, and increasingly so in the wired age. One way to unravel this entanglement of interests is to conduct a critical scrutiny of the very practices in which knowledge is communicated, as well as of the ways in which these practices are understood by the social actors involved. For this purpose, a close analysis of discursive practices provides valuable insight into the issue of health knowledge in early parenthood, and more generally into the ways in which health, knowledge, and communication become related in contemporary western societies.
1.2 Objective
In light of the introduction above, it is possible to narrow the scope of this sociolinguistic and linguistic-anthropological investigation. The objective of this thesis is to explore the conditions for the communication of health knowledge for new parents in contemporary Sweden. This is accomplished by bringing together three studies that address this topic in different ways. The present summarizing chapter seeks to unearth some of the ways in which ideologies of health, parenting, and communication shape the communicative practices studied, as well as to contextualize these ideologies historically.

1.3 Short introductions to the studies
The studies comprised in this thesis direct the spotlight onto processes involved in the communication of health knowledge for new parents. This subsection introduces each study briefly. The studies are thoroughly summarized in section 5.

- Study 1 approaches the topic by attending to the empirical object of an arena where numerous expectant parents come together. This arena consists of a discussion forum thread for people expecting a child in the same month, assembling more than 200 individuals who share experiences with each other by writing in the thread throughout the pregnancy. Drawing on the notions of entextualization and recentering, the focus here is on this discussion forum as an arena for knowledge to be constructed, circulated, and negotiated, ultimately asking how a phenomenon treated as knowledge emerges in discursive practice. A significant contribution of this study is that it points to the discontinuous hegemonies of parental health knowledge.

- Study 2 turns to one of the most widespread channels for communicating health knowledge to expectant parents, namely state-endorsed prenatal education classes given by midwives. With the framework for analyzing anticipatory discourse, it studies the ways in which the midwives, in these classes, construct links to the upcoming delivery of the participants. Combining this observational data with interviews with the midwives, the study illustrates how ideologies of communication shape discursive production.

- Study 3 builds on data produced by close ethnographic interaction with an individual through her first half-year of motherhood, and it focuses on a period of four weeks during which she struggled with breastfeeding problems. Combining the notions of interdiscursivity and the historical body, this study analyzes narrative data to show how this individual relates to and is positioned by discourse about breastfeeding and child
care. The encounters thus recentered involve both spoken and written
discourse, as well as both health workers and laypeople such as family
and friends. It becomes particularly clear here that what may be under-
stood as information easily acquires other values, heavily ingrained with
morals concerning child care, motherhood, and health.
2 Background

The following subsections sketch out a context for the present thesis. First, 2.1 gives a background to the empirical context of maternity care and parental health knowledge in Sweden, including historicizations of both parenting and public health information (2.1.1) and ideologies of public communication (2.1.2). Next, 2.2 provides a brief background to previous research on discourse and health knowledge, focusing on studies that deal with health interactions in relation to early parenting (2.2.1) as well as on studies that explicitly explore the ways in which health communication intersect with ideology.

2.1 Setting the scene: public communication and parental health knowledge in Sweden

Much information and other forms of discursive representation of knowledge for new parents in Sweden are offered through tax-financed institutional practices. Basic prenatal care is optional and free of charge, and involves enrollment at a maternity clinic, with regular meetings with a midwife from an early stage in the pregnancy (approximately week 10). Here, the midwife is expected to talk with the pregnant woman about topics such as nutrition, alcohol, drugs, and exercise, as well as perform basic medical examinations and answer any questions that the expectant parents might have (“Kunskapsstöd för mödrashälsovården” 2014). The basic prenatal care also includes at least one ultrasound examination and a prenatal education class (see study 2). The vast majority of Swedish expectant mothers have their delivery and postnatal care at a tax-financed hospital, at a cost of approximately 100SEK (10EUR) per mother and day, including meals. Any complications during pregnancy or delivery are covered within the same system. The child, once born, is normally enrolled at a child health clinic, which is free of charge and involves regular meetings with a nurse and, less frequently, with a pediatrician. A key channel for written institutional health discourse to private individuals is the non-commercial website 1177 Vårdguiden, which offers information and general recommendations on a wide spectrum of health issues, including those pertaining to

1 Swedish midwives are fully qualified nurses (three-year university program) with at least one year of professional nursing experience and a specialist degree in midwifery (an additional one-and-a-half-year university program).
pregnancy and infant care. This site is operated by a company jointly owned by Sweden’s county councils.

Thus, there can be no doubt that the Swedish welfare state occupies a central position in matters of pre- and postnatal care, as well as in matters of health more generally. Parents in Sweden have good access to a widely employed public healthcare service that, among other things, communicates knowledge about parenting. All agents mentioned in this subsection act under national health policy and law, through regulations by state institutions, including government agencies such as the National Board of Health and Welfare (Socialstyrelsen) and the Swedish Association of Local Authorities and Regions (Sveriges kommuner och landsting, SKL), as well as the Ministry of Health and Social Affairs (Socialdepartementet). Included in the national health policy are guidelines and regulations for what information should be given to parents, and in what form (e.g. “Information som avser uppfödning genom amning eller med modersmjölsättning” 2008; “Kunskapsstöd för mödrahälsovården” 2014; “Socialtjänstlag” 2016). Notably, one of the more prominent values in Swedish parental politics is gender equality between parents (“Jämställt föräldraskap” 2016).

Yet, while the state, through its institutions, occupies a strong position in practices of communicating knowledge to new parents, the state is not a monolithic source of knowledge. As is illustrated in study 1, the last 30 years of development in information technology have expanded the opportunities for non-experts to engage in discursive practices of producing, distributing, and navigating knowledge resources. To some extent, parents have, of course, always sought knowledge outside state-sanctioned sources (cf. Davis-Floyd and Sargent 1997) – even before there was such a thing as a state that could sanction some sources and discredit others (Foucault 1973; Johannisson 1990). Yet, health, parenting, and communication are all markedly politicized phenomena in Swedish society, the social and cultural setting for the studies comprised in this thesis. This politicization is all-encompassing, in that the ideologies invoked within the power field of the state regarding the communication of parental health knowledge prescribe a communicative behavior that regards all forms of communication on the same topic. Thus, even in non-institutional settings, such as the online discussion forum in focus in study 1, or the Instagram account figuring in study 3, the social actors involved simultaneously act within the cultural and political frame of the Swedish welfare state, characterized as it is by certain historically emerged ideas of how knowledge about health should travel through discursive contexts.

The following two subsections offer accounts of this historical emergence. This historicity points to ideological understandings of how communicative practices should be designed (2.1.2), but first it illustrates how the possibilities of communication have been imagined within the larger project of creating a healthy population (2.1.1).
2.1.1 The history of parenting and public health information

To most people, not least new parents, the care of small children constitutes what Douglas (1966, 4) calls “an inherently untidy experience” – metaphorically as well as literally. The vulnerability of an infant is obvious to anyone who has ever met one, and threats toward infants’ health by all means represent a concrete reality. As such, it is natural that the initiation into parenthood is an experience laden with hegemonic ideas about how various practices are to be carried out, with palpable punishment for purported transgressions. “It is,” as Douglas (ibid.) states in regard to these untidy experiences, “only by exaggerating the difference between within and without, […], with and against, that a semblance of order is created.” This position constitutes a lucid reminder in the study of historical instances of health discourse about parenting.

Foucault (1973) dates what he calls the birth of the clinic to the late 18th century. Around the same time emerged what could be called the first national health policy in Sweden, according to the historian of ideas Karin Johannisson (1994b). One of the key triggers to the first Swedish national health policy, according to Johannisson, was a census in the 1750s that indicated an alarmingly small population. In the quest to increase the population, the issue of public health was statified – brought under state control (Foucault 2008, 77) – and the main political aim was to reduce mortality, not least among children and infants. In Sweden, as elsewhere in Europe, the governmental production of civic health and hygiene has taken health information campaigns as one of the key resources (Sundin 1992). Thus, the health knowledge of citizens has been considered pivotal for producing a healthy population.

An early document of interest is one of the first books on child health ever published (Rosén von Rosenstein 1764). Written by the Swedish physician Nils Rosén von Rosenstein, considered to be the founder of modern pediatrics (Morriss, Boyd, and Franklin 2001), the book was disseminated widely and translated into many languages, among them English (Rosen von Rosenstein 1776). At a time when more than one out of five Swedish newborns died before reaching one year of age (“Historisk statistik för Sverige” 1969), Rosén von Rosenstein’s enlightenment mission was important and is generally considered to have been successful in changing these statistics for the better (Sjögren 2006). The recommendations in his book include both pharmaceutical remedies for common complaints and preventive measures, such as where to let the baby sleep. Situated at the dawn of the medical era of visibility – during which bodies could be openly read and interpreted (Foucault 1973) – it is interesting to note how bodily symptoms that could not be explicated with medical knowledge, in Foucault’s sense, were often mysteriously attributed to the vaguely immoral behavior of women, including both mothers and wet nurses. Attributing illness in children to female immorality was a common occurrence in Swedish peasant society, as illustrated by Frykman (1977). In a flagrant example, Rosén von Rosenstein accounts for suitable traits to look for
in the appointment of wet nurses and emphasizes the importance of a calm temperament. As support for this argument, he relates a case by hearsay, in which a one-year-old child was supposedly killed because of its mother’s decision to breastfeed while she was upset.

If she suffers herself to be exasperated, she should not suckle the child immediately, as it will grow indisposed, get convulsions, or some other dangerous disease, and often lose its life. Dr. Albinus speaks of a child, a year old, sucking its mother, when she was exasperated, the consequence of which was, that the child immediately got an hemorrhage […] and died. (Rosen von Rosenstein 1776, 7)

Johannisson convincingly illustrates how the female body has long been “an object for constant and necessary medical surveillance” (1994a, 39). The female body has been understood as less reliable than its male counterpart; it is mystical and erratic, and the bodily practices that par excellence designate the body as female – among them pregnancy, childbirth, and breastfeeding – have been understood as “states of crisis, potential zones of illness to be handled and controlled by doctors” (109–110). Thus, to inform mothers of potential pitfalls was of vital importance – for the sake of the mother and the baby, but also for political reasons. Parents, and mothers in particular, were those citizens who would “mold the new humans” (Key 1900, ix). It has been well established how the connection between child care and national politics has constructed motherhood as a patriotic duty (Kerber 1997; Petersen and Lupton 1996; see Westberg 2016 for an account of the Swedish situation specifically); Wolf explicitly connects rigorous breastfeeding ideologies and similar policing of the behavior of mothers to what she calls a maternal citizenship (2011, 67). The medical surveillance of the maternal body is thus a political act.

The modern Swedish welfare system was famously launched in the late 1920s under the banner of the folkhem – the people’s home (Hirdman 2010). This was an era of rationalization and strong faith in the viability of using health education to produce a healthy population, and thus decrease governmental costs on health care and sick leave. The word of the day was social hygiene, a notion that led to the assembling of a project to increase living standards by focusing on “the prevention of ill health instead of and in addition to the diagnosing and curing of illnesses,” as it was phrased in a commission of inquiry to create an Institute for the People’s Health (“Betänkande” 1937, 16). Connections were made between lifestyle and illness, with the mission being to create a healthier population by attending to areas such as “living standards, unfit food, hazardous labor, injurious habits, prejudices and errors on the upbringing and breeding of children, poverty, crime, etc.” (16–17). The project was marked by a palpable confidence that any errors could be overcome by the means of a “systematic enlightenment in hygienic matters” (31). Symptomatically, the goal of social hygiene is narrowed down to largely constitute a “folkuppostringsproblem”;

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3 English quotes from publications in Swedish are translated by me.
that is, an issue of public education and discipline (18). Indeed, the committee assumed that:

Experiences gained seem to suggest that the prevention of many illness conditions is often bound up with single individuals' knowledge and will to take care of themselves. (“Betänkande” 1937, 31)4

It was thus clear that an effective form of health information should be directed at motivating individuals to want to be healthy – and by motivating parents to want to have healthy children. Looking back at some initial attempts of this educative public health project, the committee saw particularly pleasing results in regard to the breeding of infants,5 an area where it had been relatively uncomplicated to "mobilize the individual’s will to wariness” (“Betänkande” 1937, 31). Child care in general was a particular area of focus for the project of social hygiene – one of the most important ones, in fact (17). Accordingly, parents were again pinpointed as one of the main targets for public health education. In a programmatic outline of the purportedly imminent demographic crisis of the day, Myrdal and Myrdal expressed the challenge thus:

Bad habits must be corrected, the unwise must be enlightened, the irresponsible awakened. It is here room for an extensive, societally organized action of public education and propaganda, which, if it shall be useful where it is needed the most, must be intensive and importunate and aim to utilize all sorts of channels to parents, who otherwise might have only narrow connections with the outer social world. (Myrdal and Myrdal 1934, 226)6

The expedition to induce good habits, wisdom, and responsibility, not least for parents, thus went through public education: in the name of rationality, the people needed to be taught how to act. Health was understood as the natural state of the body, and it was the responsibility of parents to protect their children from outer threats that might distort this condition. An illustrative example of a slightly later time is given by the medical doctor Lars Ström, who offers advice on how to keep a healthy home, starting from the following prerequisite:

The threat against the child’s health begins already before birth and the threat is substantial from the first day after the child has made its appearance in this inhospitable world. (Ström 1953, 285)7

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4 Swe: “Vunna erfarenheter synas giva vid handen, att förebyggandet av många sjukdomstillstånd ofta sammanhänger med den enskilda individens kunskaper och vilja att taga vara på sig själv.”
5 The dry-eyed gaze on the population is striking in the reference to “infant breeding” (Swe: “spädbarnsuppfödning”).
6 Swe: ”Dåliga vanor måste vridas rätt, de oförståndiga måste upplysas, de ansvarslösa väckas. Det är här utrymme för en omfattande, samhälleligt organiserad folkuppföstrings- och propagandaktion, vilken, om den skall komma till nytta där den bäst behövs, måste vara intensiv och pockande och söka utnyttja alla slags kanaler till förråd, vilka eljest kanske blott ha trånga förbindelseleder med den sociala yttervärlden.”
7 Swe: ”Hotet mot barnets hälsa börjar redan före födseln och hotet är stort från första dagen när barnet gjort sin entré i denna ogästvänliga värld.”
In sum, this historical account shows that health information has held a prominent place in Swedish health politics for as long as health politics has existed in the country. The political project of public health has presumed, as Johannisson puts it, that “health could be created, planned, and taught” (1997, 245). It is also clear that children within home environments have recurrently been the focus of information campaigns to improve civic health, and that parents therefore have been construed as some of the key receivers of the communicated messages.

Given this responsibility of state institutions to create and maintain civic health by the means of distributing information, it is interesting to note that communication between the state and citizens has been a prioritized object for linguistic inquiry in Sweden since the 19th century. This situation is what the next subsection examines.

2.1.2 The history of public communication

The proper way to write texts for the public is an issue that has yielded significant interest in Sweden since at least the middle of the 19th century (Lötmarker 1997; Teleman 2003). Here, comprehensibility has taken a prime position as a language ideological virtue. A relatively early and very influential exponent was the language scholar Adolf Noreen, who in his *Om språkriktighet* (‘On Appropriate Language’) claims that “the best use of language is that, which best conveys that, which is to be conveyed” (1895, 161). He describes this as a rational standpoint, as opposed to either a literary-historical one, whereby the norm for language appropriateness is the language use of a particular historical period, or the natural-historical one, where language is conceived as a living organism which is not to be interfered with (1895, 144ff). Noreen’s rationalistic axiom leads to implications such as “Inappropriate is what is not understood” (1895, 163). He thus yielded a language ideology that took the conveying of messages to be the primary function of language (Teleman 2003, 211) – an ideology with notable bearing in the modernist project of thinkers such as Francis Bacon and John Locke (Bauman and Briggs 2003).

In the 1930s, the Germanist Eric Wellander overtook the role as one of the most important advocates for this comprehensibility oriented language ideology (Wellander 1939, 1950; “Det statliga utredningstrycket” 1950; cf. Teleman 2003). In the 1960s, this trait in language became an overtly political issue as numerous scholars concerned themselves with investigations of how texts, especially those pertaining to the governmental and juridical sphere, could become easier to read and understand (Björnsson 1968; Ericsson and Molde 1967; Gunnarsson 1982; Josephson 1982; Källgren 1979; Platzack 1974). It was a line of research marked by optimism toward the possibility of bridging the gap between state authorities and citizens, thereby increasing democracy (Gunnarsson 2009). This trend of research was accompanied by practical handbooks on how to write more “comprehensible” public texts (e.g. Frick 1965), many of which were published by government agencies (Westman 1977; Nilsson 1983).
1978, Stockholm University initiated the Language Consultancy program, an educational program specialized for training professionals in the production and revision of public texts, with particular attention to clarity and comprehensibility.\(^8\) Plain language\(^9\) was soon established as a concept that comprises these core democratic values of public language (Ehrenberg-Sundin and Sundin 2015; Lind Palicki and Nord 2015).

After the early 1980s, there has been a declining interest in governmental texts and comprehensibility as topics for applied linguistic inquiry (cf. Josephson 2009). Meanwhile, the political interest in these issues remained, or perhaps increased, with plain language handbooks and surveys published by key political institutions such as the Ministry of Finance (Ehrenberg-Sundin et al. 1993), the Agency for Public Management (“På väg mot ett bättre myndighetspråk” 2001), and the Ministry of Justice (Hedlund 2006). In 2009, the ideology of plain language gained legislative status in the Language Act, stating as the 11\(^{th}\) paragraph does that the “language of the public sector is to be cultivated, simple and comprehensible.”\(^10\) It is under the responsibility of the Swedish Language Council to support the observance of this direction.

However prolific the plain language ideology is in contemporary Swedish language policy and planning, the everyday work for maintaining these values is still largely built on practical experience and scholarly insights from the 1970s and early 1980s (Ehrenberg-Sundin and Sundin 2015). As Lind Palicki and Nord frankly put it: “If we look more in detail at the foundations of the Swedish work for plain language, we have surprisingly little systematized, academic knowledge” (2015, 3). The last decade or so has seen a burgeoning renaissance for textual analyses of public discourse in Swedish (Lassus 2010; Lind Palicki 2010; Nyström Höög, Söderlundh, and Sörlin 2012), including specific attention being paid to the critical examination of plain language work (Lind Palicki and Nord 2015; Nord 2011; Wengelin 2015). Strikingly, however, while applied work on public texts and literacies has been quite prominent in the Swedish linguistic scene at least since the turn of the millennium (Edlund, Edlund, and Haugen 2014; Karlsson 2006; Karlsson, Landqvist, and Rehnberg 2012), this work has rarely been connected to the concept of comprehensibility in plain language work (but see Björkvall 2000).

To conclude, then, the idea that the production of public discourse should be striving toward comprehensibility has been both consistent and salient for more than 100 years in the mainstream discussion of public Swedish. As an ideology of communication, this model projects ideals of the ideational content as well as the reception of public discourse. Arguably, the language ideological virtue of comprehensibility primarily applies to discourse that aspire

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\(^8\) The Language Consultancy program is now (2017) offered at four different Swedish universities, each accepting around 25 new students every other year. Graduates earn a B.A. degree. I myself have graduated from this program at Umeå University.

\(^9\) Swe: “klarspråk.”

\(^10\) SFS 2009:600, official translation.
to convey messages (Teleman 2003, 211). Hence, the ideal reader of a comprehensible text is one who wants to understand and appropriate the meaning of the message, that is, one who is sympathetic to the author and wishes to be informed of its intentions (Bauman and Briggs 2003). In this way, plain language as an ideology of communication, while promoted with democratic overtones, predicates upon a hierarchic relation between representatives of the state as a provider of information and citizens as compliant receivers of it.

2.2 Research on discourse and health knowledge

Health is a distinctive theme in scholarship on communication and has, accordingly, attracted ample attention in many strands of communication research, such as applied linguistics, interactional sociolinguistics, and conversation analysis (Jones 2013). The research that I will present in this subsection shows in various ways that personal health is an ideological, distinctly politicized matter, and that this fact constitutes a significant frame for virtually all discursive practices in which health knowledge is communicated in one way or another. Health knowledge regarding fetuses and infants has a particular layer of moral complexity to it, because of the fact that the individuals whose health is to be promoted cannot themselves engage in behaviors to this end; instead, parents must perform the task of obtaining sufficient health knowledge to produce and maintain health in the infant body. The following subsection (2.2.1) goes through a selection of studies that address the communication of health knowledge for new parents in various forms. The subsection thereafter (2.2.2) brings forth two bodies of work that have inspired this thesis in the exploration of how ideology intersects with health communication.

2.2.1 Early parenting

Health communication and early parenting is an object of inquiry which has attracted much scholarly attention. In particular, the framework of conversation analysis has generated valuable insights into pivotal institutional conversations at the initiation into parenthood. Several such studies point to gendered structures in institutional communication with expectant parents in Sweden. Among these is Näslund’s (2013) study of how talk during deliveries, especially from the medical team, constructs the gendered family roles of mother, father, and son/daughter, thereby allotting individuals prototypical characters to live up to. A distribution of gendered family roles in Swedish maternity care is also evident in Bredmar and Linell’s (1999) study of consultations between midwives and expectant parents. Demonstrating how the (always female) midwives construct normalcy in pregnancy experiences by affiliating with the expectant mothers’ physical sensation of pregnancy, fathers, when present in
the consultation, become quiet, peripheral participants in institutional consultations regarding expectancy, including the preparation for delivery and parenthood. By the same token, Björk (2016), also drawing on Swedish data, shows how the biological status of pregnancy promotes the mother as the primary addressee in communication with healthcare institutions during the expectancy period, while the fathers interviewed in the study lament the sense of alienation that this communicational structure generates.

Many institutional interactions between health workers and expectant or new parents aim to secure the health of fetuses and newborns. This frame tends to generate a layer of morality that calls for careful interactional navigation. In relation to this, Heritage and Sefi (1992) explore some “dilemmas of advice” often involved in one of the key British settings for health communication to new parents, namely the health visitor service where nurses visit the homes of first-time mothers some ten days after birth. The “dilemma” that the authors identify is that the nurse is to give advice to the new mother while at the same time promote her confidence as a competent parent. As giving advice runs the risk of implying that the recipient is lacking in confidence, competence, or knowledge, the participants carefully navigate this potential face threat. Similarly, Heritage and Lindström (1998) analyze a potential zone of conflict in the same kind of health visitor consultations. Like many other institutional interactions concerning health, the narratives of the caretaker serve as a foundation of these consultations. In this case, the mother accounts for the baby’s health and the family’s parenting practices, such as how often the baby is fed, where it sleeps, and how it is dressed. As these narratives constitute the nurse’s primary insight into potential problems, the nurse is constructed as an advisor and an evaluator simultaneously. The mothers are thus hesitant to ask for advice as such a request “constitutes an admission of uncertainty” and may imply that she “lacks knowledge or competence concerning the issue at hand” (Heritage and Lindström 1998, 410). In slight contrast to this, however, Linell and Bredmar (1996) find that health workers tend to downplay issues of morality in favor of more institutional, administrative, or technical framings. This finding is based on data from midwives’ consultations with expectant parents in Sweden (see above, Bredmar and Linell [1999]). Here, the analysis focuses on how midwives orient to potentially sensitive topics that involve either the pregnant woman’s lifestyle (smoking and drinking habits, sexually transmitted diseases) or serious malformations of the fetus that give rise to discussions about abortion. The authors show several strategies that the midwives employ to handle this sensitivity. One prominent strategy of indirectness is what the authors call an “anonymization” of the involved parties, referring to the way in which the midwife adopts the voice of the healthcare system rather than her personal voice, and speaks about the topic (drugs, abortion, etc.) rather than about the individual parents present.

Silverman’s (1987) exhaustive survey of health communication practices in British hospitals explores, among other things, the interactional foundations of
patients’ decision making with regard to the case of parents of infants with a heart disease. Here, a democratic ideal requests decisions on surgery to be made by informed parents. In this process, the medical understanding of the infant’s health status has to be transformed as the doctor recontextualizes and presents it to the parents as information to draw on in order to make a decision about subsequent treatment. However, as Silverman shows, parents find the position allotted to them difficult to inhabit. Instead, they resist the right to make such a crucial decision; “a rational response,” it seems to Silverman, “to a situation which is totally outside their knowledge or experience and which involves choices with grave implications” (1987, 28). Implying that this structure of decision making demonstrates a disproportionate belief in the possibility of instantly communicating medical knowledge to parents, Silverman concludes that “any demand for ‘democracy’ looks misplaced” at such an early stage (1987, 28).

As Sarangi and Roberts note, a considerable number of sociolinguistic studies of health discourse and similar subjects “categorise communicative events by using the physical setting (...) as a basis” (1999, 5). This principle has generated privilege for an institutional perspective on the communication of health knowledge, and there are remarkably fewer studies that address issues of health knowledge from the perspective of caretakers, such as expectant parents. An exception is Papen’s (2008) literacy study of the texts involved in her own experience of becoming a mother. Papen draws on auto-ethnography to get around the problem that health-related issues tend to be “distressing, frequently embarrassing and not necessarily an easy matter to dwell on in an interview or to gauge through participant observation” (2008, 380). Keeping a diary throughout her pregnancy, she reflects upon how she relates to various forms of written discourse that she is offered by the maternity clinic or that she herself seeks. She notes that while she tried to use these texts to support decisions and make sense of her experience, she simultaneously struggled to perform – for health professionals as well as for herself – a relation to the texts that confirmed her self-image of being a well-informed and articulate patient (2008, 397).

Online contexts provide another opportunity to pry into experiences of encountering and building up health knowledge on particular topics, not least regarding parenting (Drentea and Moren-Cross 2005; Mackenzie 2017). In this area, Landqvist (2016) studies a thread from the discussion forum on Familjeliv.se (cf. study 1), which assembles a group of women who seek to become pregnant again after a previous terminated pregnancy. The study argues that long posts combining epistemic and affective stances contribute to “a context of benign openness” (Landqvist 2016, 103; cf. Suler 2004) that facilitates an exchange of knowledge.

In sum, the studies cited here provide several different accounts of the communication of health knowledge for new parents, often within the national context of Sweden. Many of these studies deal explicitly with the ways in which actors involved in these communicative practices handle ideological matters related to the interactional setting. These studies do not seek to get to the bottom of the
precise scope of these ideologies, or focus on how these ideologies shape the investigated communicative practices at a larger level. They do, however, show that ideologies pertaining to ideal parenthood are clearly present in interactions around parenting and health, and that actors involved in such interactions often seem to think about how to position themselves in respect to these ideologies.

2.2.2 Health communication and its intersections with ideology

A dilemma in institutional interactions of health advice, pointed out by Silverman (1987), is what health workers might understand as patient compliance. “Knowing what (as defined by medical knowledge) is in the patient’s interest and yet being unable to ensure compliance” is how Silverman defines this “classic” dilemma of doctors’ (1987, 234). Silverman here points to the lacuna easily overlooked between what habits are (understood as) most appropriate in relation to a certain health condition and the adoption of such habits by an individual patient. That is to say, just because the doctor might have an idea of what the patient needs to do in order to secure or regain health, simply telling the patient to do so might not be an effective way for the doctor to help this patient.

One way of reexamining the relationship between doctors’ orders and patients’ actions, in order to understand the nature of this apparent incongruity, is to focus the analysis on the relation between discourse and action, as is done in mediated discourse analysis. An important contribution that adopts such an approach is Jones’ work on discourse about sexually transmitted HIV among men who have sex with men (1997, 1999, 2002, 2008; Jones and Candlin 2003). This work reminds us how what might be considered a desirable behavior, such as condom use, does not exclusively depend on the knowledge of the involved actors. This work is particularly important in that it problematizes the idea that health communication is solely constituted by the task of linguistically packing a message, such as the recommendation to use a condom during casual sexual encounters, and serve it to an appropriate audience. Apropos of Silverman’s compliance dilemma, the obvious problem with this ideological construct is that would-be receivers of health communication messages do not necessarily act in accordance with gained knowledge. Jones (2008) points out that such common simplifications pertaining to the nature of health knowledge tend to generate health information campaigns where clarity is equated with convincingness. This results in brute scaremongering and intimidation tactics based on the assumption that as long as the message is sufficiently clear, it will lead rather straightforwardly to desired actions. Jones condenses this ideology as: “The ‘better’ the discourse (in the form of information) the better the health outcomes” (2013, 27). Analytically, this work draws on a neo-Vygotskian conceptualization of mediational means to insist that a piece of health information should be understood as “a means to take social action” (Jones 2008, 246) rather than as something that necessarily leads to a certain action. Adopting an MDA approach, this work offers a novel way for thinking about the complex reality
in which individuals take actions, and the ways in which these actions involve multiple links to discourse. In particular, retrospective narrative data proves to be fruitful for unpacking the complex linkages at play when individuals engage in a practice such as unprotected sex (Jones and Candlin 2003).

The work of Briggs recurrently attends to the question of how individuals involved in practices of health communication construct models of how communication works. Drawing on ethnographic as well as discourse-analytical data, his research illustrates that discourse, as it circulates, tends to become imbued with metadiscursive ideas of who should do what with it (Briggs 2011a). Together with Mantini-Briggs (Briggs and Mantini-Briggs 2003), he explores a devastating outbreak of cholera in Venezuela in the early 1990s, when this easily prevented disease, nevertheless, killed some 500 individuals, many of whom belonged to the indigenous Warao population. Drawing on ethnographic work in public health institutions as well as on close interaction with the Warao population, the authors expose how communicative practices of public health officials divided the population into groups of what the authors term *sanitary citizens* and *unsanitary subjects*. By this logic, some people, the so-called sanitary citizens, were imagined as knowledgeable and responsible, and therefore as appropriate receivers of messages informing them about pertinent health issues, such as the emanation of a cholera epidemic and the precautions that can protect one from it. Others, the unsanitary subjects, were imagined as ignorant and unreasonable, making the act of providing them with information and medical expertise to prevent cholera seem to be a waste of time. Like a twisted echo, these patterns were repeated when, some 15 years later, an epidemic of bat-transmitted rabies reached the same area (Briggs and Mantini-Briggs 2016). Again, the authors explore how inequalities in health and communication coexist, making some individuals appear to be natural targets for some kinds of diseases and therefore beyond the reach and responsibility of the public health apparatus. Briggs theoretically links communication with *biopolitics* (Foucault 2008) by thinking of communicative ideologies as producing what he calls *biocommunicable cartographies* (Briggs 2011a) or *biocommunicable models* (Briggs and Hallin 2016), that is, schemas that dictate who should produce biomedical knowledge, who should disseminate it, and how laypersons should relate to it. Within this conceptual framework, Briggs and Hallin show how news coverage of health issues in the US “maps an idealized ‘flow’ of health knowledge” (2016, 23) from researchers through physicians to patients.

In this way, the work of both Jones and Briggs offers ways for rethinking health communication by focusing, respectively, on the social actions in which a certain piece of discourse becomes treated as knowledge, and on the ways in which ideologies of how knowledge should travel through communicative practices can have severe consequences for the health of individuals.
3 Theoretical outlines

The notion of knowledge figures in the title of this thesis: the knowledgeable parent. This title raises questions, of course, of what it is that I understand as knowledge, and what it is supposed to mean to be knowledgeable. However, it is not the primary aspiration of this thesis to contribute with empirical insights into these notions themselves. Rather, my chief aim is to grasp how notions such as knowledge, information, and communication are conceptualized by people involved in discursive practices regarding health and early parenthood, as well as to illustrate why it matters that individuals engaged in communication have ideas about the very nature of communication and how it works in relation to knowledge.

Hacking (1975) makes the argument that language has become increasingly important in the classical philosophical problem of defining knowledge. It is sentences, he claims, that in modern philosophy serve as “the interface between the knowing subject and what is known” (1975, 187). This is an interface so powerful that it is possible to think of “discourse […] as that which constitutes human knowledge” (ibid.); or at least that “all knowledge depends on representation” in various forms, among which discursive representations are clearly prominent (Bauman and Briggs 2003, 8).

This section raises some pertinent theoretical issues in relation to the study of communication and parental health knowledge in Sweden. First, subsection 3.1 elaborates on the notion of ideologies of communication as a theoretical lens. Next, 3.2 limits itself to the concept of knowledge and its intersection with the notions of practice and discourse. Finally, 3.3 deals with mediated discourse analysis as a theoretical framework.

3.1 Ideologies of communication

This thesis draws on the notion of ideologies of communication to direct attention to the fact that people who engage in communicative practices commonly construct ideas about how communication works and ought to work. These ideas are taken to influence the ways in which people act and expect others to act in relation to discourse, and are thereby situated at the heart of the empirical interest of this thesis, namely the conditions for the communication of health knowledge for new parents in Sweden.

As shown above (section 2.1), Sweden is a country with a distinct history of using health information campaigns as a political means for producing a
healthy population. This is a political strategy that rests upon an immense confidence in the power of communication. It is predicated upon a linearity whereby health knowledge, produced in expert sectors such as universities and laboratories, and distributed through institutions such as government agencies and the media, is successfully communicated to laypeople, with the intended result being that they lead their lives in ways that maximize their prospect of health (Briggs 2005; Briggs and Hallin 2016). This common model of the idealized circulation of health knowledge has important implications.

In what Briggs calls an “Enlightenment fetishism for discourse,” sufficiently clear language is imagined as having the power to reveal the true state of the world (2005, 278). Applied to conceptions of the communication of health knowledge, this idea tends to invoke moral images of how individuals should relate to the knowledge supposedly communicated by particular sanctioned agents. Accordingly, Briggs calls for an analysis of how communicative practices related to health are “ideologically constructed in such a way as to make some people seem like producers of knowledge, others like translators and disseminators, others like receivers, and some simply out of the game” (2005, 274).

Such an analysis is quite relevant in relation to parental health knowledge.

The linear ideology of communication sketched here sets certain demands on language. In this model, the vessel of language is up to the task of transporting the entity of knowledge with as little distorting influence as possible, thereby subjecting language to the ideal of “an almost pre-Babel transparency” (Bauman and Briggs 2003, 24). Thus, the strong orientation toward “comprehensibility” in Swedish language policy and planning is interesting in relation to the dominant political idea that health knowledge is produced by experts and communicated by certain state institutions to citizens. While comprehensibility as a language ideological trait is (rather justly) motivated on democratic grounds, one can also note that it privileges only one direction of the communicative route between citizens and state institutions.

At the same time, as Agha points out, it seems that any act of communication “formulates models of semiotic activity to which its users orient during conduct” (2011, 164). Thus, to acknowledge the presence of ideologies of communication does not necessarily entail proving them false or inappropriate (cf. Briggs 1992). It is, however, fruitful to subject any model of communication to critical scrutiny, at the very least so as to avoid the pitfall of overtaking this model of the communicative practice under study, and thereby, as Agha puts it, “foreclose any possibility of its study” (2011, 164). Grossberg (1982) argues that works in communication theory commonly explain their object tautologically when they fail to engage in a philosophical examination of what communication essentially is. Instead of doing so, studies of communication often assume that meaning is a stable entity that can be transcended between speakers. Similarly, Briggs and Hallin point to the problematic construct of health communication as “hypodermic injections of knowledge into the minds of ignorant laypersons” (2016, 7; following Seale 2002; and Dutta 2010). The
problem with this conception is that it erases the political performativity of health communication (ibid.), obliterating that what is communicated is in and of itself “the product of social and historical processes” (Grossberg 1982, 84). Therefore, the study of discursive engagements deliberately designed to facilitate knowledge communication has much to gain by paying attention to how social actors involved in this discourse imagine the communicative practice at hand. This goes for producers of discourse as well for individuals who may understand themselves as situated on the reception side of this unidirectional construct of health knowledge communication. Again, it is important to stress that the objective here is not primarily to criticize these constructs, but to understand how the communicational practice at hand is understood by the social actors involved, and how this shapes the way in which they position themselves in relation to discourse and to the other parties in the communicational construct.

3.2 Practice, discourse, knowledge

In seeking out practices of communicating health knowledge to new parents, I have conceptualized knowledge as being related to the capacity to engage in practice, and as an effect that can be achieved in discursive exchanges. The notion of practice then refers to things that people do, including actions they perform and events they take part in. Discourse is understood as language in use, always involving people who do certain things with the ways in which they use language (Austin 1962). Thus, while not all practice is defined by discourse – to sew, for example, is to sew even if the person sewing simultaneously engages in a discussion about politics – all discourse is defined by practice; all discourse per definition does things (Cameron 2001).

While the work comprising this thesis is much indebted to Foucauldian reasoning, it does not subscribe to Foucault’s understanding of discourse as a (countable) notion reserved for critical inquiries of social constructions. Foucault famously defined discourses as “practices which systematically form the objects of which they speak” (1972, 49). In a somewhat more workable definition, Hall interprets this notion of discourse as referring to “a group of statements which provide a language for talking about – i.e. a way of representing – a particular kind of knowledge about a topic” (1992, 201). This is a notion of discourse chiseled out for employment in the study of ideas, accessible in the ways in which they are represented. Foucault’s work investigating topics such as madness or sexuality in history has benefitted greatly from this definition, where the representations of the topic are understood as constructing the topic itself (Hall 1997, 44). This thesis, in turn, is fundamentally a work in linguistics, and as is common within this discipline, discourse is here employed to refer to the situated use of language (Cameron 2001, 15). The object of inquiry in this work is not an idea revealed or constructed in some form of
language in use; rather, what is in focus is the social phenomenon of communication, understood as carried out through the use of language, that is, through discourse. Consequently, the notion of discourse drawn from here does not refer to a countable entity; discourse is the mass of the situated use of language.

What defines knowledge is one of the most fundamental questions in philosophy and scholarly thought. From the widespread definition of knowledge as “justified true belief,” commonly ascribed to Plato (Gettier 1963), many scholars have granted concern to the issue of distinguishing between belief or opinions and “true” knowledge (Ichikawa and Steup 2014). Likewise, the sociology of knowledge of Berger and Luckmann probes into “the processes by which any body of ‘knowledge’ comes to be socially established as ‘reality’” (1967, 15). Such issues are, however, not within the focus of this thesis. Here, the investigation of the communication of knowledge demands only a workable general definition of this notion, with bearing in the ways in which it is conceptualized by social actors involved in the communicative practices studied. On these premises, the present thesis understands knowledge as a discursive stabilization of previous actions and events (that may or may not include discourse themselves), which is used to take new actions. In this sense, knowledge is not a static trait, but a function that may be ascribed to an already existing piece of discourse or emerge in discourse as experiences are entextualized (Bauman and Briggs 1990; see also 4.3.1 below). A necessary effect of this stance is that knowledge cannot be identified as a feature in discourse without an understanding of how a certain piece of discourse relates to or is intended to relate to some form of action. Knowledge, therefore, does not reside in discourse, but is a function that can arise in actions taken with discourse.

3.3 Mediated discourse analysis and the conception of knowledge

Knowledge is an apt object for sociolinguistic analysis in that it is the prospective product of some of the key communicative practices in our lives, involving information, recommendations, and similar forms of discourse. Given that knowledge is manifested at the moment when individuals take action, a fruitful way for investigating this phenomenon is to attend to the intersection of discourse and action, as is the prime interest of mediated discourse analysis, MDA (Norris and Jones 2005; R. Scollon 2001, 2008; R. Scollon and Scollon 2004). Jones (2013) regards discourse as the “primary tool” for acting in social life, and because of this, he states:

11 MDA is closely related to nexus analysis, a term that tends to infer an elaborate methodological framework (R. Scollon and Scollon 2004), which I do not follow in this thesis. The theoretical foundations of MDA and nexus analysis are, however, largely identical.
It is hard to get a handle on why people act the way they do – whether, for example, they use condoms in casual sexual encounters, take vitamin supplements, apply sunscreen, or take their children to be vaccinated – without understanding how discourse mediates these actions, and how it makes some actions easier and others more difficult. (Jones 2013, 18)

A sociolinguistic understanding of knowledge, therefore, is wise to direct its attention to what people do with and in discourse. That is what the works comprising this thesis aim to do, drawing on the conceptual framework of mediated discourse analysis, as developed by Ron and Suzie Scollon (R. Scollon and Scollon 1979, 2003, 2004, 2005, 2007; R. Scollon 1997, 1998, 2001, 2008; S. W. Scollon 2003). The point of departure in mediated discourse analysis is the conception that a study of a social problem cannot take for granted any single setting, practice, or group of individuals as the central and most relevant object for inquiry. To Scollon and Scollon, taking this insight seriously at a theoretical and methodological level means attempting to understand how individuals, practices, and ideologies are and become linked to each other through semiotic cycles (R. Scollon and Scollon 2004). They suggest several theoretical concepts for conducting an analysis of these linkages. While many of them have served as helpful guideposts in the design of the studies in this thesis, two of them have been particularly useful for the explicit analysis: the site of engagement, and the historical body.

In MDA, communication is analyzed as unfolding within sites of engagement, that is, intersections in time and space that “make certain kinds of social actions possible” (Jones 2013, 57). Dating back to R. Scollon’s work from the mid-1990s (1997), this notion serves to unpack the intense intersection of people and practices in a particular space and time that is usually understood as “context.” Arguing that the concept of context is all too often used as a set premise for social action, Jones and Norris put forth the notion of sites of engagement to remind the analyst that aspects of the situation in which actions occur should be taken into the analysis itself, rather than be used as a stable backdrop (2005, 8). One of the virtues of this notion is that it points to the ways in which different communicative settings make certain forms of communication more or less likely to occur.

The notion of the historical body constitutes a useful concept for breaking with some common assumptions about the phenomenon of knowledge. Denying knowledge its autonomous and universal existence, MDA understands individuals as historical bodies constituted by their history of experiences and discursive engagements (Nishida 1958; R. Scollon 2008). This history re-emerges in every act that the individual takes, and this is where the phenomenon often referred to as knowledge is played out. Coined by the Zen philosopher Nishida in the mid-20th century (Nishida 1958; Nishida 1998), the concept is defined in MDA as “the accumulated physical and psychological history of the person which forms the basis for all actions” (R. Scollon 2008,
18). While the importance of understanding agents as historically constituted is widely acknowledged by social theorists – not least Bourdieu and his lucid concept of *habitus* (1990, 2001) – the notion of the historical body specifically strives to grasp how discursive encounters ground the individual in a history reaching way further back than the individual’s life. Nishida points out that the individual is grounded in history by virtue of the fact that the historical body “not only possesses hands but also possesses language” (2012, 134). Thus, discourse becomes “sedimented in the history and memory of the individual and manifested in ‘habitual’ practices” (Jones 2008, 245).

MDA effectively shows that the distinction between theory and method is difficult to draw. Accordingly, this framework will be further expanded upon in the next section, which addresses research design and methods.
4 Research design and methods

In health communication research, doctor–patient interactions have long stood as the prime target of investigation, so much so that Sarangi and Roberts deemed the area “over-researched” (1999, 12). Be that as it may, it is at least clear, as Jones points out, that many important interactions concerning health take place outside of clinics (2013, 88). Leaving the clinic reveals new ways for conceptualizing the communication of health knowledge as a research object and for finding rewarding methods for investigating it. This section addresses some methodological issues of relevance across the three studies. First, 4.1 deals with some methodological implications of using MDA to construct a research design. The subsection after this, 4.2, dwells on some ethical considerations of relevance to the project. Finally, 4.3, tends to methods more generally, including the potential advantages of approaching the research object from several different perspectives.

4.1 Grasping the cascade of discourse with MDA

In the title of their edited volume, Norris and Jones (2005) refer to mediated discourse analysis as the study of “discourse in action.” Methodologically, MDA stands out as a discourse analytical framework in that it urges scholars to start their analysis not with discourse, but with what it is that people do with discourse (e.g. R. Scollon 2008, 15). MDA is a framework for analyzing social actions by paying attention to the forms of discourse involved in action, or, conversely, for understanding discourse by looking at action. As stated by Jones:

Given the cascade of discourse that confronts us in our daily lives, perhaps the most important question a discourse analyst can ask is: “Where do I begin?” “How do I know which discourse is relevant and which is not?” (...) The only way to determine which discourse is worth analyzing, MDA argues, is to first understand what people are doing, and then to attempt to determine what role discourse plays in these actions. (Jones 2014, 39)

In the case of initiation into parenthood, there is truly a “cascade of discourse” that regulates practices of attending to the health of pregnant women and infants. These discursive practices may involve health workers and other official agents, or family members, friends, acquaintances, and others. Some pieces of discourse are intended to influence the actions of parents, while others may not always be understood as regarding parenting at all. Some discourse figures into

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12 See above, 3.3, for an introduction to this conceptual framework.
publications or prepared performances, while some is produced in social media interactions or in swift face-to-face encounters, and still other discourse is produced in heated discussions or in response to desperate requests for help. Where, then, to begin? What kind of research design can illustrate this multidimensionality of the communication of parental health knowledge in Sweden today? In the present research project, two of the included studies, studies 1 and 3, address the flow of discourse about parenting and health, while the remaining one, study 2, addresses actors who produce one of those instances of knowledge communication that constitute part of the cascade that new parents meet.

Firstly, the study of a discussion forum thread (study 1) offers brief insights into the discursive encounters of hundreds of individual expectant mothers. As the conversational tone of the discussion forum admits a certain level of intimacy in relation to emotional state, this dataset gives a sense of not only what forms of discourse people in this situation encounter, but also the conditions under which they might encounter it. In particular, this study benefits from the wide popularity of this discussion forum. The 231 individuals who contributed posts to the studied thread provide an indication of what people at the gates of initiation into parenthood “are doing”: what decisions they may be involved in, what worries and priorities they may have, and what questions they may seek answers to. Following this thread in real time throughout the pregnancy of the participants, I closely engaged in the developments of the interaction and took field notes to document what was occurring. This online fieldwork was important for attaining a sense of the *raison d’être* of the interaction in the forum thread, and more generally of the discursive engagements of expectant mothers. It made it more apparent how topics such as what foods or substances are safe to consume during pregnancy were enmeshed in feelings such as worry for the fetus, loss of control over one’s body, and loneliness in relation to non-pregnant individuals.

Another way to get a sense of the flow of discourse that new parents are faced with is by close ethnographic interaction with particular individuals, as was undertaken for study 3. In this study, the data that are analyzed comprise an individual’s narratives about experiences connected to a problem with breastfeeding that arose early in her motherhood. Dealing with this problem, she engaged in discursive practices ranging from consulting with health practitioners and reading breastfeeding recommendations from state institutions to discussing the problem with friends and family, addressing it in social media, and visiting websites for breastfeeding advocacy. Sharing these encounters directly with me in emails and interviews, as well as in social media posts, this individual produced narratives on her experiences relating to this discourse as a way of handling her breastfeeding problem. This method was useful in that it offered the opportunity to grasp the intensely *lived* experience of the individual. The narratives that this study draw on give valuable insight into how various forms of discourse directed toward, or otherwise encountered by, a new mother are made meaningful in her concrete, complex reality.
Taken together, then, while the observational data of study 1 have the virtue of diversity concerning the group of individuals participating, the topics discussed, and the forms of discourse recentered, this study admits only limited insight into how the participants make sense of various discursive engagements. Such a perspective is therefore an important contribution of study 3. At the same time, any study of an individual is obviously at risk of being too particular in scope, and a mapping of one individual’s discursive encounters will by necessity leave us asking how general the example is. In that sense, study 1 constitutes an apt complement.

One of the key foundations of MDA’s pragmatic conception of discourse analysis is Austin’s (1962) seminal reminder that speaking and writing are in and of themselves ways of doing things with discourse. Accordingly, study 2 takes heed of MDA’s methodological principles from another perspective. Here, the focus is on how midwives produce discourse to achieve an effect in their interlocutors, constituted by expectant parents who attend a prenatal education class. One of the effects that are sought is to prepare the expectant parents for the upcoming delivery, as well as to make them calm and confident before this potentially intimidating event.

All in all, the imperative of MDA to consistently maintain the focus on what people do with discourse offers a novel and inspiring way of rethinking the uptake of discourse (cf. Agha 2011). In this sense, MDA has had a fundamental influence on the research design of the three studies in that it has demanded attention be paid to the relationship between discourse and action.

4.2 Ethical considerations

Attention to ethics has been particularly pertinent in the two studies that involve private persons, that is, studies 1 and 3, both of which have been approved by the Regional Ethical Review Board in Stockholm.

In study 1, ethics was a particularly complicated issue. I chose to study the discussion forum thread incognito, that is, without announcing my practice of observation to the participants. The study required a highly active thread, and it would be impossible to secure that everyone who posted in the thread was informed of being under ethnographic observation. Had I announced my activity in a post, the result would therefore have been that only some of the participants knew of my activity, while others were unaware. A discussion about being studied would also have steered the thread away from being the resource of knowledge and support that the participants created it to be. Additionally, a post where I presented myself with name and affiliation would make the thread easier to identify by the readers of the study, thereby jeopardizing the anonymity of the participants. In turn, the article in which this study was

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13 www.epn.se/en
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reported takes measures to maintain the anonymity and integrity of the participants. The analysis of individual participants and their private matters is downplayed to privilege a study of the thread as a discursive space. As there is no linguistic analysis of how the posts are constructed, all quotes from the thread are used without their Swedish originals, thereby making it harder to find the thread by copying and pasting quotes to a search engine.

The academic study of personal struggle is always a delicate issue. In study 1, the focus of analysis was such that it was possible to sort out the (many) posts of distinctly sensitive character, involving reports of participants’ struggles with anxiety, relationship issues, and not least of all miscarriage. In study 3, however, my ethnographic engagement came to encompass a period in which my informant was struggling through a difficult time with breastfeeding problems. In dialogue with her, I decided in retrospect to focus my analysis on this very period. The value of the kind of narrative data produced in this study is that they provide insights into how the research participant makes sense of experiences (Ochs and Capps 2001). When using narrative data to understand the communication of health knowledge, it is therefore meaningful to focus on periods of some form of health-related turbulence, when the individual’s engagement with such communication is heightened and critical. Here, ethical measures include anonymizing the participant, but also involving her in the analytical work by inviting her to read and comment on drafts of the study.

4.3 Methods

Methods can be defined as “practices of enquiry, shaped by the questions we ask, and by what we experience” (Heller 2012, 24). According to this viewpoint, there is a substantial advantage in the opportunity of the compilation thesis to refresh the practice of enquiry for each study and ask new questions of the research object, shaped by findings yielded by previous questions. In this subsection, I will first present each of the three angles used to approach the object and then bring up two major methodological issues of relevance across the studies, namely the two general forms of data used: my observations of communicative practice, and the participants’ accounts of communicative practice (cf. Heller 2011, 44–48).

Firstly, the study of knowledge communication can focus on one specific arena per se. This approach facilitates an exploration of a particular locus where new knowledge is produced, and where, simultaneously, knowledge obtained elsewhere is recentered and thus dealt with in interaction. This is the approach of study 1, where the data are constituted by an online discussion forum thread for a large group of individuals brought together by the fact that they share an interest in a particular field of knowledge, namely child expectancy and preparation for a new baby.
Secondly, the study can foreground the intention to produce and distribute knowledge by looking at discourse that emanates from a particular position within an arena, which is intended to provide interlocutors with knowledge. That is the design of study 2, which draws on observations of midwife-led prenatal education classes as well as on interviews with the presenters to grasp how forms of discourse can be employed to communicate knowledge, or, more specifically, imbue a sense of preparedness in others.

Thirdly, the object of knowledge communication can be illuminated by taking the perspective of a given individual as an entry point to grasping the experiences of commencing a new sphere of social life. This angle is adopted in study 3, where data consist of a new mother’s narrative recenterings of discursive encounters. Such a dataset enables a study of the representations of knowledge that an individual in this position encounters. Furthermore, and more importantly, this dataset allows for insight into how these representations shape the research participant’s experiences of parenthood at the same time that they enable an advancement in knowledge and solutions to troubles.

Taken together, the three studies comprised in this thesis cast light on similar practices from multiple perspectives. While study 1 focuses on an arena as such, this arena is constituted by individuals such as the new mother followed in study 3, and one of the more common topics of the conversation here is what the participants have been told by health workers such as the midwives in study 2. Likewise, the individual followed in study 3 may spend part of her time in an online discussion forum and part of her time meeting official representatives of public health care, such as midwives giving a class for expectant parents – as well as in various other practices of knowledge communication.

Finally, the addressees of the anticipatory discourse explored in study 2 are individuals in the same life situation as the participants in the forum thread of study 1 and have the life situation of the individual in study 3 ahead of them. As such, this thesis approaches its object from three different angles, encompassing different methods, and thus thrice rejigging the lens so as to foreground vis-à-vis background different facets of the communication of health knowledge for new parents.

### 4.3.1 Observations of communicative practice

A kind of enquiry employed throughout the studies is the observation of practices in which discourse is utilized to communicate knowledge about parenting. In all studies, field notes constitute an important mode of documentation.

In addition to this, study 2 also draws on video recordings of classes. The other two studies obtain the observational data from online settings (in study 1, the thread; in study 3, the Instagram account). Such settings are relevant for sociolinguistic inquiry as they have become “embedded, embodied, and everyday” – to quote a title on methodology for online ethnography (Hine 2015). Furthermore, they also constitute convenient sites for such an inquiry, as the
interaction is often automatically saved and accessible for later. Long-stretching and highly active digital interactions such as the discussion forum thread explored in study 1 also offer a vivid set of representations of several individuals’ embodied experiences of pregnancy.

A central notion for the analysis of observational data within the scope of this thesis is *entextualization* (Bauman and Briggs 1990). This notion offers a comprehensive way of grasping the fundamental capacity of language to lodge transient actions and events, and make them into something more solid. Entextualized actions can, subsequently, be *recentered*, that is, be inserted into a new interactional setting through discourse. This pair of notions is most explicitly used in study 1. Here, to interpret a statement such as “Dialon powder might be good to have by the nursing table” as an entextualization means to track this piece of discourse back to prior actions that the poster has engaged in. To entextualize these actions in the form of that statement, then, is to give them “a decontextualized structure and meaning, that is, a form and meaning that are imaginable apart from the spatiotemporal and other frames in which they can be said to occur” (Silverstein and Urban 1996, 1). As Schutz and Luckmann have observed, such processes of “objectivation,” as they call the phenomenon, are elementary in the production of knowledge (1973, 264). This objectivation is essentially a discursive process whereby propositions are made on the basis of prior actions, thus transferring them from experiences to offer them as knowledge. Similar processes are fundamental for the production of the discourse analyzed in study 2, where midwives talk to expectant parents about their future deliveries. Likewise, the Instagram account included in study 3 is largely used by my informant as a way of entextualizing experiences of motherhood, and thus produce coherent narratives about it.

**4.3.2 Accounts of communicative practice**

The other main kind of data drawn on in the studies constituting this thesis is research participants’ own accounts of communication that they engage in. Including such data means departing from a view of non-linguists’ meta-discursive accounts as “misleading and disturbing factors of secondary explanations,” as Boas once saw them (1911, 71). On the contrary, in the quest to understand processes of communication, it is fruitful to not only observe communicative practices, but also “see how different participants culturally construct the game in which they see themselves as playing” (Briggs 2011b, 218).

Participants’ accounts of communicative practices are included in all three studies, albeit in rather different ways. In study 1, the observational data of the forum thread includes participants’ recenterings of discursive encounters, not least from institutional settings. In study 2, the audio-recorded interviews invited the midwives to reflect upon their own experience of producing discourse designed to prepare expectant parents for delivery. Study 3, in turn, builds on a dataset constituted by three forms of *narratives*, understood as
“verbalized, visualized, and/or embodied framings of a sequence of actual or possible life events” (Ochs and Capps 1996, 19). The research participant produced these narratives in social media, in photographic reports to me,14 as well as in audio-recorded interviews.

An important concept for the analysis of these accounts of communicative practice is what Foucault calls “the law of existence of statements, that which rendered them possible” (1991, 59). In contrast to seeking a “true” version of reality, this concept embraces the way in which individuals’ accounts of their experiences tell us not only about these experiences, but also about how they make these experiences intelligible. As posited by Jones and Candlin, a significant value in narrative accounts “is not that they are reflections of what really happened, but that they are reflections of how people understand and organize their reflections of what occurred” (2003, 201).

Hymes once famously charged certain instances of social research with the bad habit of “[assuming] that what there is to find out can be found out by asking” (1975, 18). This criticism is valid insofar as what research participants say in interviews is seldom appropriate for using as straight answers to research questions. Used in that way, as De Fina and Perrino (2011) observe, the interview is often conceptualized as a problem to overcome in the endeavor of using the interactional context of the interview to access the real world of which the interviewee speaks. This is, the authors firmly posit, a “false dilemma” (1). Rather, interviews are situated communicative encounters (Briggs 1986), or, as Heller aptly puts it, “what a certain kind of person tells another certain kind of person, in certain ways, under certain conditions” (2011, 44). Concretely, this stance means that the accounts of communicative practice included in this thesis cannot be used in the same way as documented representations of communication, such as video recordings or, for that matter, the lasting prints of digital interaction.

Using accounts of discourse in analysis is, however, a lucrative way of following Agha’s caution to not only analyze the uptake of discourse “from a focus narrowed to the moment of encountering it” (2011, 167). Rather, he recommends the analyst to look into the long-term ways in which a certain piece of discourse becomes meaningful for the individual in concert with other experiences and discursive encounters. Using concepts such as ideologies of communication (study 2) and the historical body (study 3), data constituted by research participants’ recenterings of communicative practices can then yield important and comprehensive insights about the conditions for the communication of knowledge.

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14 I asked my informant to take pictures portraying or illustrating a form of discursive encounter that she considered useful for building knowledge about parenting. She emailed these photographs to me along with brief captions.
5 Presentation of the studies

The present thesis approaches the issue of knowledge about parenting from three different sides, that is, with three different empirical objects, presented in three different papers. The following subsections summarize and comment on each one.

5.1 Study 1: Nine months of entextualizations. Discourse and knowledge in an online discussion forum thread for expectant parents

As Bourdieu holds, “the progress of knowledge presupposes progress in our knowledge of the conditions of knowledge” (1990, 1). A research project about the communication of parental health knowledge is thus wise to start by critically asking from where and under which conditions this knowledge emanates, as well as under which conditions it is utilized as knowledge. The first study in this doctoral project, co-authored with Linus Salö, thus explores the intersection of discourse and action where knowledge can be realized. This is done by studying how expectant parents relate to discourse in ways that merit labeling it communication of knowledge.

The site for empirical enquiry here is the discussion forum on Familjeliv.se, a popular commercial site for topics related to family life, which is visited by some 700,000 unique visitors every week, that is, the equivalent of 10% of the Swedish population between ages 15 and 74.15 The data that study 1 draws on come from a thread that assembles 231 participants who are expecting a child during the same month and who follow each other throughout pregnancy. As is usual, the thread was opened by a woman who had recently “plussed,” as the expression goes, that is, undertaken a positive pregnancy test (showing a plus sign). Those who participated from the beginning were thus merely four or five weeks pregnant when they joined. All in all, the thread was active for one year, primarily during the nine months of pregnancy, and it eventually hosted 11,420 posts made by the participants. The study builds on online fieldwork conducted during the active nine months, as documented in field notes and screenshots.

A primary concern in this study is how knowledge can be understood as a sociolinguistic object, and, narrowed down empirically, how the discussion forum thread can function as a knowledge resource for its participants. The

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15 Visiting statistics come from ORVESTO Internet, September 2014 (www.tns-sifo.se). The quota is based on the 2013 population statistics from Statistics Sweden (www.scb.se).
key thinking tools employed for the analysis are the notions of entextualization and recentering (Bauman and Briggs 1990), alongside the notion of cycles of discourse (R. Scollon and Scollon 2004; Jones 2013). Furthermore, the study attempts to grasp knowledge as an object locked amid struggles where manifold agents have stakes (Bourdieu 2000, 2014), here using the perspectives of Foucault (1971, 1973), as well as Johannisson (1997), to construct health knowledge as an ideological object. Another notion drawn on in the analysis is orders of visibility, a concept theme for the edited volume in which the paper was published, which proved apt for unravelling how the non-neutrality of the phenomenon of knowledge is reflected on the practices in which it is communicated.

Against the backdrop of this theoretical foundation, the study shows how participants entextualize actions and events that they have previously experienced or encountered discursively, and recenter them as posts in the forum thread. The study argues that this discursive process makes the participants’ prior experiences apposite for other participants to relate to as a means for taking actions. The article points to three prominent ways in which the thread encompasses discourse that could function to communicate knowledge.

Firstly, the participants exchange information about their personal lives, thereby entextualizing experiences seldom available in the more sanctioned channels for the communication of knowledge to new parents, such as maternity clinics and state-sanctioned websites for medical recommendations. This opportunity to entextualize somewhat mundane matters such as what supplies to obtain for the nursing table seems to be an important trait in the construction of discussion forums as knowledge resources.

Secondly, the participants provide each other with seemingly unsolicited reports about their everyday life and pregnancy progress. Such forms of communication can be seen as giving rise to phatic communion – the sense of companionship created by “a mere exchange of words” (Malinowski 1946, 315). This concept has experienced a significant revival with recent sociolinguistic analyses of online communication (e.g. the contributions in Blommaert and Varis 2015; Miller 2008, 2015). However, the analysis shows that, apart from that function, the ways in which participants habitually report private matters such as weight gain also open up what Scollon (1997) calls sites of engagement, that is, spaces for actions, for other participants to voice issues related to the same topic. That way, a swift report from one participant about her unexpectedly rapid weight gain can be picked up by other participants interested in the topic, and thus initiate a form of communication that, far from only being “a mere exchange of words,” is an important way for the participants to appropriate control over the bodily changes they experience.

Thirdly, the thread is frequently used to entextualize the mediation between discourse and action, in other words the process in which something said or written becomes treated as knowledge, or as a means for taking action. By recentering discourse from other settings, not least of all including maternity clinics and medical leaflets, the participants construct the thread as an arena
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for fleshing out the process whereby certain messages, as it were, lead to cer-
tain actions. Here, they discuss the veracity of information obtained else-
where, discuss the implications of propositions, and compare recommenda-
tions they have been given. An example demonstrated in the study shows how
two participants contest and problematize knowledge obtained from health
practitioners when it turns out that they have been given contradictory recom-
mendations for how to treat thrush infections during pregnancy. This way, the
forum thread is used as a site for the participants to enact a critical scrutiny of
the knowledge obtained from representatives of the official healthcare system.
The participants thereby subvert the dominant ideology of communication
prescribing knowledge to be produced in expert sectors and communicated by
state institutions to the population.

It could of course be considered problematic that this form of discursive
engagement disrupts and subverts previously more stable hierarchies of access
to health knowledge. One could argue that since medical professionals give
recommendations based on solid expertise yielded by years of training and
experience, it is meaningless for laypersons such as these pregnant women to
attempt to dissect the validity of the recommendations they are given. To appro-
propriate control over knowledge of one’s pregnancy indeed sometimes means
disregarding professional knowledge about this topic. The tension created
here – between online and offline, as well as between expert and layperson –
is tangible in contemporary metadiscourse about health (Bulled 2011; Briggs
and Hallin 2016), not least in relation to parenting (Powell et al. 2005).

While co-authored, the data drawn on in this study were entirely produced
and mostly analyzed by myself, and theoretical reflections concerning MDA
largely originate from my expertise. Salö, the co-author, contributed theoreti-
cal command of Bourdieusian sociology and was also active in unpacking the
logic of orders of visibility. The practice-centered approach of Bauman and
Briggs (1990) was something we had already elaborated on prior to this study
(Salö and Hanell 2014). Following Jones (2013), I positioned their conceptual-
izations of entextualization and recentering within MDA. This combination
of frameworks enabled us to historicize forms of communicated health
knowledge for new parents so as to better grasp the ideologies of communica-
tion related to the kind of online discursive exchange at hand.

To summarize, the prime object of inquiry in study 1 is an arena for the cir-
culation, production, and negotiation of parental health knowledge. The dis-
cussion forum thread investigated here constitutes an arena for discursive en-
gagement for the more than 200 participants who wrote in this thread throughout
their pregnancy. As such, the thread itself shaped their experience of pregnancy
and early parenthood, at the same time that it offered analytical insight into other
discursive engagements pertaining to this experience, as the participants re-
centered discourse obtained from healthcare settings and medical leaflets, as
well as from acquaintances and from other websites. This study makes a case
for the value of studying discourse as practice and process rather than as a product. With this perspective, this study takes knowledge to be something far more than “facts,” and it thereby shows how discussion forums do not necessarily compete with sanctioned channels for the communication of parental health knowledge, but can rather reinforce knowledge obtained elsewhere.

5.2 Study 2: Anticipatory discourse in prenatal education

One of the most widespread channels for the communication of health knowledge to new parents in Sweden consists of prenatal education classes, offered for free to all Swedish parents, and attended by roughly 90 percent of those who expect their first child (Fabian, Rådestad, and Waldenström 2004). Often entitled delivery preparation class, one of the main purposes of these classes is to prepare expectant parents for delivery. The issue that this study is concerned with is how prenatal education classes can be used as a means to prepare expectant parents for delivery. To address this issue, the study draws empirically on video recordings of two classes, comprising two 3-hour sessions each, and also on interviews with the midwives leading these classes. By paying particular attention to the production of this potential knowledge resource, the study looks into how knowledge and communication is conceptualized to produce discourse designed to prepare interlocutors for something deeply unfamiliar and potentially intimidating.

Video recordings of the two classes are analyzed in terms of content as well as form. This analysis is guided by Scollon and Scollon’s (2000) framework for the analysis of anticipatory discourse, where accounts about the future are analyzed with attention to stances taken toward the predictability of these future events, as well as toward the extent to which these future events are imagined as amenable to be influenced by social actors. Furthermore, the study adds a metadiscursive perspective to the analysis of the functions of this form of discourse. Here, interviews with the midwives are conducted so as to relate discursive form and content to ideologies of communication, that is, their constructed models of how communication works. The purpose of this inquiry is to grasp what understandings of communication become meaningful for professionals who attempt to prepare others by means of communication.

Mainly drawing on the interview data, the analysis teases out some of the most dominant ideologies of communication and, drawing on the lecture data, explores how these ideologies shape the way in which the midwives carry out their classes. A main cluster of ideas about communication regards what it potentially means to have “heard of” – that is, to have encountered discursive representations of – an event or phenomenon before experiencing it physically. To some extent, the midwives seem guided by the assumption that “anything

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16 Swe: “förlossningsförberedande kurs.”
you’ve met before isn’t as scary,” as one of them puts it. This assumption leads to brief, and sometimes more thorough, references to a vast variety of scenarios that may occur during deliveries, even though many of them are uncommon.

At the same time, another prominent idea states that some discursive encounters may, as it were, spin off in the minds of the audience and generate fantasies that render the expectant parents more afraid than before. Here, the metadiscursive reflections of the midwives bring up the potentiality of using different modalities in the presentation of potentially intimidating topics. For example, one of the midwives point out that the instrument called a vacuum extractor to many people “sounds” scary, while it may appear less intimidating when it is materially represented in the class for the audience to look at it.

Another strategy used to present intimidating objects is to construct the object as necessary by relating it to other, potentially more threatening topics. The example presented in the study is when one of the midwives shows a scalp electrode, an instrument used to monitor the heartbeat of the fetus during labor. Knowing that many expectant parents find the concept of this instrument somewhat distressing, the midwife presents the scalp electrode within a narrative from a tentative delivery room which is in potential turbulence. Here, the external devices otherwise used to monitor the fetus’s heartbeat are showing a slow heartrate. The midwife in this narrative struggles in vain to decide whether this is because the machine has accidentally picked up the mother’s heartbeat – in which case everything is fine – or if it is the fetus’s heartbeat – in which case its life is in peril. In this situation of substantial fear for the fetus’s life, the scalp electrode is presented as a tool with which the midwife can secure a safe signal, and thus as a solution to the problem.

A large portion of the classes is constituted by illustrations of the biological processes of labor. In these instances of medical imaging (Jones 2013), the midwives introduce the parents to medical understandings of what happens during labor. Here, the interview data show that communicative operations of describing biological processes that occur inside the woman in labor are imagined to make it easier to endure the sensed experience of delivery, both for the woman and for her witnessing partner. Contending that many people experience childbirth as “just one single pain,” one of the midwives motivates why she explains biological facts in detail during her classes. Then, what may be felt or witnessed as unprecedented pain during labor is conceptualized in the classes as a processual expansion of the pelvis to facilitate the expulsion of the fetus. Concrete strategies employed here include painting graphs of contractions on a whiteboard, painting the fetus within the uterus, and using a doll and a model of a pelvis to illustrate the pushing stage of labor.

To summarize, study 2 takes the example of prenatal education classes to explore a form of communication deliberately designed to provide expectant parents with knowledge so as to make them prepared for delivery. The dual
approach of combining observations of communicative practice with interviews about that very practice serves to explore functions of discourse as they appear to individuals who employ them for certain ends.

5.3 Study 3: The failing body. Narratives of breastfeeding troubles and shame

One of the circumstances under which individuals search for knowledge, and thus subject themselves to practices in which it is supposedly communicated, is when they consider themselves as having a problem they need to solve. Such a circumstance arises in study 3, which follows a new mother, Veronica, from pregnancy throughout the first five months of parenting. Two months into her motherhood, she begins to have problems with breastfeeding. Thus approaching the communication of parental knowledge from the viewpoint of an individual who is new to parenting practices, the objective of this study is to understand the uptake of communicated knowledge about child care and health.

The study draws on a threefold analytical framework. Firstly, the notion of interdiscursivity is employed to grasp the connectivity of various instances of discourse (Agha and Wortham 2005). Secondly, the notion of the historical body serves to provide a conception of the individual as a product of experiences and discursive encounters (R. Scollon 2008). Thirdly, the study draws empirically on narratives, defined as “verbalized, visualized, and/or embodied framings of a sequence of actual or possible life events” (Ochs and Capps 1996, 19).

The fieldwork was designed as a joint exploration of parental discourse. I explained to Veronica that the study set out from the assumption that discourse is a key resource in transformational processes from “not knowing” to “knowing” things regarding parenting practices. A significant part of the data collection was that Veronica emailed me photographs or illustrations of discourse that she encountered, through which she considered herself to gain new insights regarding parenting. In these and other emails, she sometimes produced lengthier narratives of current issues in her parenthood. I also followed Veronica on Instagram, a social media platform for sharing photographs, where Veronica actively constructed narratives of her life as a new parent. Furthermore, we met for interviews approximately once a month, during which emails and Instagram data partly served to structure our conversation. The three forms of narratives thus constructed in emails, on Instagram, and in interviews enabled the study to encompass not only a significant share of the discourse that she encountered, but also, and primarily, the meaning she ascribed to the discourse reported about (Jones and Candlin 2003; Ochs and Capps 1996).

We had already established the terms and routines for our collaboration when Veronica began to have problems with breastfeeding. Reporting about this condition in emails, photographic reports, text messages, Instagram posts,
and interviews, Veronica told a story of heartfelt despair over what she perceived as signs that she would have to stop breastfeeding, a prospect she connected to feelings of “panic” and “shame,” in her words. She explicitly stated that she felt that her qualification as a mother was on the line and asserted that she wanted to breastfeed for at least six months, tacitly adjusting to the official Swedish recommendations.

The analysis sets out to ground Veronica’s experience in discourse that she has encountered regarding breastfeeding and child care. Veronica’s initial reports from the period of problems focus on the baby and the baby’s cold, which is initially what had made breastfeeding troublesome. At this stage, Veronica relates this condition to “worries,” in her word. Later came a particularly rough day when Veronica did not manage to feed her baby for nine hours. Deciding to reach out for medical expertise on breastfeeding techniques, she called a breastfeeding clinic. In contrast to her agenda, however, the caregiver at the clinic was concerned to hear that the baby had had such a long interruption in feeding and recommended that Veronica take the baby to a hospital for a proper medical examination. Veronica did not consider this necessary and decided to disregard the advice. Simultaneously, she came to understand this consultation as a disappointment and the caregiver as rude. Notably, in an interview with me four days after this conversation, Veronica expresses that not being able to breastfeed is “one of those panic things for me really,” that she feels “rotten” if she can’t breastfeed her, that she “can really panic.” The way she guarantees that she “really” takes the problem seriously is here interpreted as connected to the decision to disregard the one direct medical advice she had been given. However, these feelings are not simply cosmetic attributes appropriated for show to appear like a good mother before others. At the same time that these feelings of distress serve as an assurance that she takes the problems seriously, she expresses regrets of how this anxiety is ostensibly transmitted onto the baby, making her uneasy at the breast when Veronica gets herself “worked up,” as she describes it. It was not before Veronica could be relieved of this responsibility that the problem could be disentangled and finally solved.

Exploring her story as an illness narrative that is constructed for me and others, as well as for herself (Capps and Ochs 1995, 175), it is evident in the data that Veronica persistently emphasizes that she is struggling. She poignantly describes the shame she senses over what she perceives as a failure to be a mother. Juxtaposing these observations of explicit emotional struggle with Foucauldian reasoning of the “imperative of health” (Foucault 1984, 277), the analysis proposes that expressing such negative feelings can be a way to assume responsibility over the potential failure to follow official recommendations and simultaneously produce a reassurance that one does everything possible to avoid such a failure.

To summarize, study 3 attends to a form of uptake of knowledge communicated to new parents. It builds on ethnographic interaction with the first-time
mother Veronica from her last month of pregnancy until the baby reached five months of age. Drawing on narratives from a period during which she had problems with breastfeeding, the study shows how this situation endowed her with sentiments of shame over what she perceives as a failure to perform motherhood. The notions of interdiscursivity and the historical body are employed to ground this experience in engagements with communicated parental health knowledge and to argue that shame is a sentiment that arises in the rupture of biopolitical ideologies construed in those practices. Expressing shame becomes a resource for Veronica to assume responsibility over failed motherhood, at the same time that it appears to obstruct her recovery to smoothly functioning breastfeeding.
6 Synthesis and conclusion

The objective in this thesis has been to explore the conditions for the communication of health knowledge for new parents. I have sought to accomplish this by looking at this phenomenon from various perspectives, studying parents as well as health workers, and observing discourse in action as well as interviewing actors about it.

Taken as a whole, then, what do the studies making up this thesis tell us about the communication of health knowledge? How can a sociolinguistic inquiry inform our understanding of the communication of health knowledge for new parents? In this final section, I shall address these questions and synthesize an account of the communicative practices that surround the knowledgeable parent.

6.1 Experiences of motherhood and their implications in the communication of parental health knowledge

The data drawn upon within the scope of this thesis are skewed toward female experiences of parenthood. This is chiefly explained by the fact that it is a female body that experiences some of the more corporeal practices related to the initiation into parenthood – pregnancy, childbirth, and breastfeeding – a fact that, in turn, seems to render discourse about this phase of social life more likely to relate to biological mothers than to other kinds of parents. Like so many other processes of bodies and nature, the initiation into parenthood follows a certain rhythm (R. Scollon 2005), and the initiation into biological motherhood seems to follow a significantly distinct one. As the studies contained in this thesis show, biological motherhood engenders a number of experiences exclusive to mothers, which other people in their life – including the other parent – can only do their best to empathize with. In this sense, experiences of emotional and physical sensations connected to early motherhood are similar to the way in which Scarry aptly described pain: “To have pain is to have certainty; to hear about pain is to have doubt” (1985, 13). Several of the participants in the discussion forum thread analyzed in study 1 voiced a sense of lonesomeness in the experience of bodily and social turbulence connected to pregnancy, which they could only to some extent share with their partners. Likewise, the individual followed in study 3 conceived of herself as so solely responsible for her child’s health that her perceived failure to follow official breastfeeding recommendations spawned the narration of a nightmare that her husband would be given sole custody as a consequence of her failure.
With this sense of lonesomeness in mind, there is reason to embrace the kind of assembly points that online sites make available. Social media platforms uniquely enable individuals to represent and share their experiences with others who are in a similar rhythm of vast corporeal, hormonal, and social change. Thus, it would be a cynical mistake to treat such forums as primarily existing for the purpose of communicating knowledge, however broadly that concept is defined. More often, knowledge is rather a byproduct of these discursive engagements, engendered by recenterings of experiences that social actors seek to share with people in a similar situation. However, in metadiscourse on the communication of parental health knowledge, representatives of state institutions that communicate health knowledge to new parents sometimes advise them against using certain channels, often digital ones and often dominated by non-professional participants. In this manner, new parents, especially mothers, are clearly positioned as receivers of parental health knowledge, while midwives and other health workers are construed as legitimate producers and disseminators of it (cf. Briggs 2005, 2011a).

The thesis also shows that discourse designed to communicate knowledge, not least when it concerns health and parenting, easily gets ingrained with moral-laden values and sensations concerning the proper way for individuals to relate to it. One consequence of this is that even if the epistemic message gets across – that it is important that infants are breastfed, and that they are fed at least six times a day, for example – this message may not render the recipient more ready to act if she uses it to impose moral evaluations of her present practice. This example, taken from study 3, reminds us that health recommendations change the division of responsibility for illness. Regardless of whether the recommendation is valid or not, health recommendations always construct a rationality of illness in such a way that individuals who fail to follow them may ascribe emerging or remaining illness to the fact that they did not act as they were supposed to, that is, in adherence to sanctioned knowledge.

Within the scope of this thesis, knowledge is understood as situated between discourse and action, or, more precisely, it is understood as discursive stabilizations of previous actions and events that are used to enable future actions. With this understanding, it becomes clear that the communication of knowledge is not only constituted by transmitting information, that is, by conveying a collection of facts whose veracity and reliability is maximized in particular channels. Instead, the communication of knowledge also arises in the capacity of discourse to enable individuals to act in relation to a given piece of entextualized experience. That way, the theoretical conceptualization of knowledge as a readiness to act helps explain why some individuals can gain important knowledge by engaging in casual interaction with other laypeople, even though they can obtain more reliable and secure information from other communicative settings.
6.2 Ideologies of communication in an epistemology of parental health knowledge

The concepts of parenthood, health, and civic knowledge all have long, intersecting histories within the Swedish welfare state. Converging as they do in practices of communicating parental health knowledge, they jointly constitute a decidedly ideological issue as parents are seen as producers of new citizens who can become healthy and strong by virtue of the parents’ knowledgeability and appropriate behavior. Therefore, this thesis posits that all knowledge about parenting and health is saturated with power and interest, and that discursive practices of communicating such knowledge invoke ideologies concerning parenting, child care, and health, at the same time that they invoke ideologies of communication itself. This ideological aspect of parental health knowledge cannot be separated from the more instrumental aspect. One of the most crucial investigations for understanding the conditions of the communication of parental health knowledge therefore concerns how such ideologies affect the ways in which the communicative practice unfolds.

Empirically, this conceptual locus is investigated by combining analyses of observations of communicative practice with analyses of people’s accounts of communicative practice (cf. Heller 2011, 44–48). The two forms of data mutually inform one another so that communicative practices reported by participants or observed in empirical data can be analyzed in relation to how the actors themselves construct this communication. Similarly, the participants’ accounts of communicative practice can in some cases be compared with my own observations of that practice and can always be used to tease out how this individual made sense of that practice in relation to other experiences.

The multipronged methodological approach of the studies furthermore engenders a particular movement in the analysis, insofar as similar communicative practices are elucidated from various points of entry, looking at it from the perspective of both individuals and groups, as well as both mothers and midwives. Study 1 takes a critical stance toward the common conception that knowledge circulating in online practices among laypeople is impure and potentially harmful, a stance that, arguably, upholds what Briggs (2005, 274) calls the “linearity of dominant ideologies of communication.” Meanwhile, study 2 turns the table by tending to the representation of state-sanctioned knowledge offered to individuals under circumstances similar to those comprised in studies 1 and 3. Here, it becomes clear that the midwives preparing expectant parents for childbirth attempt to construct the knowledge they offer on the basis of their professional experience of meeting parents at delivery wards. While the ideologies of communication upon which they sculpt their discursive production may not always tally with the ways in which the expectant parents relate to discourse, there is no prevalent power conspiracy at hand.
Midwives advising expectant mothers against using online sources (quite a common recommendation, it seems from anecdotal evidence) are likely to rationalize this stance on earnest observations of previous patients, perhaps ones who have demonstrated an anxiety that the midwife could trace to certain discursive engagements. That is to say, this metadiscursive recommendation may by all means be well-intentioned.

At the same time, one can note that this recommendation is ultimately predicated on the pervasive sender–receiver model of communication. As Agha argues, the conflation of medium, message, and meaning that this model implies “obscures the forms of recontextualization and recycling that count as their construal in social life” (2011, 168). In other words, invoking the uptake of discourse as reception means constructing individuals incumbent of the receiver role in such a way that all they can do is accept or discard the message.

Three fundamental notions from MDA have been helpful for producing a more complex model of communication and for unpacking the ways in which ideologies matter in discursive practice. Firstly, any instance of communication requires a site of engagement (R. Scollon 1997) that makes it possible; thus, communication does not start with conveying a message between two decided participants, but with the situation that they jointly construe. A setting such as a discussion forum, for example, gives rise to sites of engagements that facilitate certain forms of knowledge to be communicated, while similar sites of engagements are highly unlikely to arise in an institutional setting such as a midwife’s office. Secondly, thinking of language in use as constantly flowing through cycles of discourse (R. Scollon and Scollon 2004) is useful for the way in which this concept directs the searchlight toward actions and engagements that may precede and succeed a particular piece of discourse. Thirdly, the notion of the historical body offers a uniquely powerful concept for grasping the ways in which such links to other times and places are enacted at the level of individuals, who bring their own life trajectory to the set.

In sum, then, it is ever so important to understand the communication of knowledge when it is not only about knowledge, that is, when it is not only an instrumental resource for performing a clear-cut task. Pieces of health knowledge can easily become entangled with morality and, hence, feelings of shame in individuals who purportedly fail to live up to recommendations produced in respect to this knowledge. Naturally, this does not mean that health recommendations should be avoided, but it should be in everyone’s interest to achieve a deeper understanding of the uptake processes of such recommendations, where they are made meaningful in everyday life.
6.3 Final words

Foucault once stated that “I don’t write a book so that it will be the final word; I write a book so that other books are possible, not necessarily written by me” (Foucault 2001; translated by O’Farrell 2005, 9). First of all, Foucault’s works are certainly an important part of the rich collection of research on bodies, health, ideology, and morality that made it possible for this dissertation thesis to take the routes it has taken. In this spirit, it seems apt to briefly dwell upon the question of possible research trajectories for which the present thesis might have paved the way.

The first pointer I would like to raise pertains to the advantages of throwing analytical light on processes and practices rather than only on products. MDA, to be sure, provides analysts with a set of powerful theoretical and methodological tools fit for exploring the action and discourse that constitute social life. Likewise, the analytical toolkit put forth in linguistic anthropology contains a range of conceptual lynchpins that are theoretically as well as methodologically solid. For example, while notions such as entextualization and the ideology of communication certainly rest upon rich theoretical thinking, they also each offer a particular gaze for the conception and the subsequent exploration of discourse in the social world. In that sense, MDA, as well as linguistic anthropology, has been useful not only for analyzing existing data, but also, and at least as importantly, for directing the searchlight onto exciting facets of social life and for producing data from there.

Another potential direction is to expand the empirical scope by exploring other topics and themes. Indeed, exploring how the welfare state shapes knowledge and the communication of knowledge about certain matters is a rewarding inquiry. However, it leaves one wondering what divergences and convergences would arise in studies about knowledge on matters that are either counteracted by the state, such as the use of illegal substances, or on tabooed matters pertaining to mental illness, domestic abuse, sexuality, etc. Even if parental health knowledge – the topic of this thesis – is laden with ideology, it remains a remarkably unstigmatized subject, and, at that, a subject that concerns a vast share of the population. In relation to other matters, the state might not prioritize or be willing at all to produce sanctioned knowledge; in yet others, the state might want to produce and distribute knowledge, but to groups of citizens who are not interested. What characterizes practices of communicating knowledge on such matters?

One of the most pertinent theoretical, empirical, and methodological problems within the scope of this thesis regards how ideologies of communication shape communicative practices. While I have worked with this issue in different ways throughout the studies, and have attempted to provide, if not answers, then at least insights, this still seems like an issue upon which I have merely been able to scratch the surface. The question of how individuals and institutions order their communicative practices in relation to models of circulation
promises socially important as well as theoretically interesting insights for future research. On this note, I would like to close with a prompt by Mary Douglas, who points out that “If we remember that it is a practical interest in living and not an academic interest in metaphysics which has produced these beliefs, their whole significance alters” (1966, 111).
Sammanfattning på svenska

Denna avhandling studerar kommunikationen av kunskap om hälsa för nyblivna föräldrar. I tre olika studier gör avhandlingen bruk av en samling teoretiska koncept och metodologiska angreppssätt, huvudsakligen från medierad diskursanalys och lingvistisk antropologi, med målet att förstå villkoren för de kommunikativa praktiker som undersöks. Delstudierna belyser studieobjektet i olika perspektiv, genom att följa individer såväl som grupper och föräldrar såväl som vårdgivare, samt genom att bygga på observationer av kommunikativa praktik såväl som på deltagarnas egna utsagor om kommunikativ praktik.


Så en kort idéhistorisk fond (jfr avsnitt 2.1). Foucault (1980) menade, enkelt uttryckt, att kunskap och makt är samma sak, därför att de samverkar på sätt som i allt väsentligt förutsätter varandra. En välfärdsstat som Sverige kan

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17 MDA ligger mycket nära nexusanalys, en beteckning som brukar referera till ett detaljerat metodologiskt program (R. Scollon och Scollon 2004), som jag inte följer i denna avhandling. Den teoretiska och metodologiska grunden hos MDA och nexusanalys är dock till stora delar identisk.

Vad som beforskas i denna avhandling är alltså kommunikation och hälso- kunskap, och mer precis den kommunikation som omgärder kunskap om hälsa för nya föräldrar. Avhandlingen är inte huvudsakligen historisk, men en av dess viktigaste poäng är att nutida kunskapspraktiker är historiskt situerade. Nya arenor för kunskapsutbyte kan på så vis förstås i relation till mer hävdvunna arenor. De känslor som dagens föräldrar uttrycker inför aspekter av föräldraskapet kan kopplas till ideologier om hälso- kommunikation och barnavård med rötter hundratals år tillbaka i tiden.

I denna sammanfattning presenterar jag de tre studierna som ingår i avhandlingen, med fokus på teoretiska nyckelbegrepp och resultat, för att slutligen knyta samman studierna och peka på de sammantaget viktigaste slutsatserna av avhandlingen.

Studie 1: En diskussionsforumstråd för gravida


Empiriskt pekar studien på tre viktiga sätt på vilka tråden fungerar som en kunskapsresurs. För det första används tråden som en plats för att utbyta information om vardagliga erfarenheter. Eftersom erfarenheter från vardagslivet sällan entextualiseras i mer formella sammanhang är detta en viktig resurs för att deltagarna ska kunna ta del av handlingar och händelser som de inte har i sin livshistoria, och på så sätt förbereda sig för framtiden. I artikeln exemplifieras detta med att deltagarna ger varandra förslag på vad de kan skaffa till skötbordet innan barnet kommer.


För det tredje fungerar tråden som ett sätt för deltagarna att utmana etablerad kunskap genom att recentrera diskursiva möten i tråden. Deltagarna delger ofta

18 Svenskspråkiga citat från engelskspråkiga publikationer har översatts av mig.
varandra vad de tillägnat sig genom kanaler som är sanktionerade av välfärdsstatens institutioner, såsom landstingens webbplatser, mödravårdscentralen och liknande vårdinstanser. Denna recentrering av vårdbudskap möjliggör för deltagarna att diskutera hur de ska förhålla sig till information och rekommendationer, samtidigt som det möjliggör en kritisk granskning genom att olika budskap kan ställas mot varandra. På så sätt upptäcker två deltagare i tråden att de fått motstridiga rekommendationer angående behandling av underlivsvamp under graviditeten.

Ett centralt argument i studien är att dessa resultat utmanar kategoriska förståelser om att vissa källor för hälsokunskap är säkra, medan andra är potentiellt skadliga och därför olämpliga att använda. Studien visar att diskussionsforumstråden ger tillgång till kunskap som är svår att komma åt genom mer formella, sanktionerade kanaler. Dessutom visar studien att formella och informella kanaler inte är så distinkt separerade som de kan verka, eftersom en stor del av interaktionen i tråden behandlar information och rekommendationer som deltagarna fått från formella instanser. På det sättet kan engagement i ett diskussionsforum snarare förstärka den kunskap deltagarna fått från sanktionerade kanaler.

Studie 2: Förlossningsförberedande utbildningar

Studie 2 fokuserar på professionella aktörer som typiskt ses som producenter av hälsokunskap för föräldrar, nämligen barnmorskor som håller förlossningsförberedande utbildningar för blivande föräldrar. Utifrån en datasamling bestående av dels observationer av två utbildningar, dels intervjuer med barnmorskor som håller dem, undersöker studien det kommunikativa projektet att tala till andra om framtiden för att på så sätt förbereda dem för den.


Den funktionella analysen av antecipatorisk diskurs kompletteras i studien med ett metadiskursivt perspektiv, där barnmorskoras resonemang om vad de vill åstadkomma i kommunikationen ges analytiskt vikt. Här använder jag framför allt intervjuerna med barnmorskor för att koppla analysen av diskursens form och innehåll till kommunikationsideologier, alltså föreställningar om hur kommunikation fungerar. Detta angreppssätt bygger på Briggs (2011b, 218), som pekar på hur den akademiska förståelsen för kommunikativa processer kan gynnas av att inte bara analysera själva kommunikationen, utan också försöka ”förstå hur olika deltagare kulturellt konstruerar det spel i
vilket de ser sig som medverkande”. Analysen pekar ut några av de mest framträdande kommunikationsideologierna, för att sedan undersöka hur de formar barnmorskoras sätt att ge utbildningen.

En betydande föreställning om kommunikation gör gällande att diskursiva möten i någon mån kan ersätta, eller så att såga bli ställföreträdande för, levde erfarenhet. Därför berör barnmorskorana – ofta tydligt, ibland utförligt – en rad olika scenarion som kan inträffa under förlossningar, även om de är ovanliga. Potentiellt skrämmande händelser och fenomen blir således något som delta- garna åtminstone har hört talas om, det vill säga mött diskursiva representationer av.

Samtidigt uttrycker barnmorskorana i intervjuerna en misstanke att flyktiga diskursiva möten kan generera ett slags fantasier som gör deltagarna mer rädda för vad som komma skall. Här reflekterar barnmorskorana kring hur användandet av olika semiotiska modaliteter kan minska det skrämmande intrycket. En språklig representation av ett instrument som en sugklocka kan exempelvis vara mer skrämmande än en visuell eller materiell representation.

En grundläggande föreställning för själva idén att ha förlossningsförberedande utbildningar är att potentiellt skrämmande situationer som inte går att undvika kan upplevas som mindre negativa för individer som har kunskap om vad som händer och om varför det är nödvändigt. Utifrån denna logik ägnar barnmorskorana en stor del av kurserna åt att tala om förlossningssmärta genom att förklara biologiska processer kopplade till förlossning. Genom att bilda in föräldrarna till medicinska förståelser av förlossningsprocesserna hoppas barnmorskororna göra upplevelsen mer begriplig, så att den inte bara är ”en enda smärta”, som en av dem uttrycker det i intervjun.

Studien visar att barnmorskororna tenderar att tala om förlossningen som relativt förutsägbart. Även om de tillstår att det kan uppstå komplikationer som står bortom mänsklig kontroll så fokuserar de under kursen framför allt på hur deltagare som modern, hennes partner, och barnmorskan kan påverka förlossningens handlingsutveckling. Med detta fokus på agentivitet kan barnmorskororna dämpa föräldrarnas känsla av att sakna kontroll, vilken ofta plågar förstagångsföräldrar. Att tala om föräldrarnas agentivitet tjänar givetvis delvis till att förbereda dem för deras egna handlingar under förlossningen, men detta förklarar inte varför barnmorskororna talar om agentiviteten hos sig själva och andra vårdgivare. Här tycks funktionen snarare vara att signalera till föräldrarna att även om inte allt är förutsägbar så har barnmorskorans kapacitet att ta kontroll över situationen så snart det är klart vad som sker. Detta signalerar barnmorskororna inte minst genom narrativ som inkluderar turbulenta situationer från förlossningssalar, men som alltid slutar positivt, ofta tack vare barnmorskans framträdande agentivitet och professionella kunnande.
Studie 3: En nybliven mor med amningsproblem


Studiens data består av narrativ som Veronica producerar i tre olika former. För det första e-postade hon mig bilder som föreställde eller illustrerade diskurs som hon uppfattade som viktiga kunskapsresurser. För det andra följde jag henne på den sociala nätverkstjänsten Instagram, där hon för mig och ett hundratal andra följare konstruerade narrativ om sitt liv som förälder genom en kombination av bild och text. För det tredje träffades vi för intervjuer ungefär en gång i månaden. Utifrån dessa tre former av narrativ återskapar studien Veronica's förtvivlade berättelse om amningsproblemen och farhågan att hon skulle behöva sluta amma i förtid, vilket hon upplevde som ett mycket negativt scenario.

mig hur viktigt det är för henne att kunna amma tills barnet är minst fem–sex månader. Detta är ett amningsmål som sammanfaller med de officiella svenska rekommendationerna. Att inte klara av att nå upp till detta mål beskriver Veronica som "en sån här panikgrej för mig verkligen", som "en sån här skamgrej", som något som gör att hon känner sig "jättedålig".


Studie 3 belyser sammanfattningsvis hur diskurs förkroppsligas i individer som lever i relation till den. Det fall som berörs här utgör en tydlig illustration av att hälsokunskap är ett icke-neutralt fenomen, och visar att i den mån nyblivna föräldrar relaterar till diskurs från vårdinstitutioner i sina handlingar så är det inte bara auktoritativa fakta de behöver.

**Huvudsakliga slutsatser**

Denna avhandling undersöker hälsokommunikation för nya föräldrar i olika perspektiv. Avhandlingen visar empiriskt att medan representanter för välståndstatens institutioner kan producera meddelanden som kommunicerar hälsokunskap, så är den kunskap som individen bygger upp en produkt av en mängd olika diskursiva möten och andra erfarenheter, bland vilka välståndstatens språkliga meddelanden bara är en del. De kommunikativa uttryck som välståndstaten kan reglera i folkhälsopolitiska likväv som språkpolitiska insatser får på så sätt sin betydelse i relation till en mängd andra former av diskurs, som ligger bortom välståndstatens kontroll.

En central aspekt i avhandlingen är kommunikationsideologier, det vill säga föreställningar om hur kunskap ska produceras, cirkulera och tas emot. Många metadiskursiva utlätanden om hur föräldrar bör bygga upp kunskap om sina barns hälsa handlar i grund och botten om att de bör inta rollen som mottagare av kunskap som är producerad av experter, såsom medicinska forskare, och distribuerad av representanter för välståndstaten, såsom personer som arbetar inom vården (Briggs och Hallin 2016). Att föräldrar deltar i digitala miljöer
där de diskuterar hälsorelaterade frågor med andra föräldrar ses då ofta som inherent problematiskt – även om beläggen för detta än så länge får betraktas som anekdotiska; mer forskning om detta vore önskvärt. Visserligen finns det givetvis risker med att lita blindt på hälsorelaterad kunskap med oklara medicinska grunder, men avhandlingen visar att digitala miljöer för privatpersoner kan utgöra en mycket viktig resurs för personer som genomgår kroppssliga och sociala förändringar som andra i deras närhet inte alltid kan förstå. Samtidigt belyser avhandlingen också denna fråga från de professionella aktörernas perspektiv. Genom att studera barnmorskor i deras arbete att kommunicera kunskap till blivande föräldrar, och intervjuar dem om detta arbete, visar avhandlingen att även om hierarkiska metadiskursiva rekommendationer ibland kan vara missriktade så är det knappast fråga om någon överlagd maktkonspirations. Vad barnmorskorna ägnar sig åt är huvudsakligen att utföra deras är ett arbetet som möjliggör samarbetet för marknaden för den kompetens de besitter (t.ex. Bourdieu 1977).

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Linnea Hanell


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